with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD
Public
Forest Green Rovers Football Club
The New Lawn Stadium, Another Way, Nailsworth, GL6 0FG
Wednesday, 29 January 2020
Start: 10:00 - Finish: 14:00

AGENDA

Time	Agenda Item	Title	Purpose		Presenter
Opening Business					
10:00	01/0120	Apologies for absence and quorum	Note	Verbal	Chair
10:00	02/0120	Declarations of interest	Note	Verbal	Chair
10:05	03/0120	Compassionate Stroud	Note	Verbal	Katja Baczko
10:35	04/0120	Minutes of the meeting held on 28 November 2019	Approve	Paper	Chair
10:40	05/0120	Matters arising and action log	Note	Paper	Chair
10:50	06/0120	Questions from the public	Note	Paper	Chair
10:55	07/0120	Report from the Chair	Note	Paper	Chair
11:05	08/0120	Report from the Chief Executive Officer and Executive Team	Note	Paper	CEO
Strategic Issues					
11:10	09/0120	Developing our strategy	Note	Paper	Director of Strategy and Partnerships
11:20	10/0120	System wide update • Fit for the Future • One Gloucestershire ICS Lead Report	Note	Verbal Paper Paper	Chief Executive Officer
11:40	11/0120	Sustainable workforce	Note	Paper	Director HR and OD
11:50	12/0120	Future delivery of Mental Health and Learning Disability Services in Herefordshire	Note	Paper	Managing Director for Herefordshire
12:00	13/0120	Our merger - PME update	Note	Paper	Director of Finance
Performance And Patient Experience					
12:20	14/0120	Summary quality report	Note	Paper	Director of Nursing, Therapies and Quality
12:30	15/0120	Learning from deaths Q2	Note	Paper	Medical Director
12:40	16/0120	Guardian of safe working report Q2	Note	Paper	Medical Director

Time	Agenda Item	Title	Purpose		Presenter
12:45	17/0120	CQC Community Mental Health Patient Survey Results	Note	Paper	Director of Nursing Therapies & Quality
12:55	18/0120	Performance report/dashboard	Note	Paper	Director of Finance
13:10	19/0120	Finance report – Month 9	Note	Paper	Director of Finance
Governance					
13:20	20/0120	Terms of reference: Appointments and Terms of Service Committee	Approve	Paper	Trust Secretary
Items for Information					
13:25	21/0120	Resources Committee Summary 19th December 2019	Note	Paper	Committee Chair
13:30	22/0120	Quality Committee Summary 5th December 2019 and 9th January 2020	Note	Paper	Committee Chair
13:35	23/0120	Nomination and Remuneration Committee Summary - 9th January 2020	Note	Paper	Trust Secretary
13:38	24/0120	Minutes of Council of Governors meeting held on the 14th November 2019	Note	Paper	Chair
13:40	25/0120	Use of Trust seal	Note	Paper	Trust Secretary
Closing Business					
13:45	26/0120	Any other business	Note	Verbal	Chair
	27/0120	Date of next meeting Wednesday, 25th March 2020 Highnam Community Centre, to include AGM (for GCS)	Note	Verbal	All

AGENDA ITEM 04/0120

UNCONFIRMED MINUTES of the Trust Board
PUBLIC
held on **Thursday, 28 November 2019**
at the Friendship Café, Painswick Road, Gloucester, GL4 6PR

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

IN ATTENDANCE:
Kate Nelmes, Head of Communications
Michael Richardson, Deputy Director of Nursing
Simon Crews, Interim Trust Secretary
Lauren Edwards, Trust Advisor Speech and Language Therapy
Frankie Havens – Service User Support
Andy Telford, Deputy Director Adult Mental Health (Community)
Alex - Service User
Rose Burn, Treasure Seekers
Jan Burn, Treasure Seekers
Sue Massey - Trailblazers
Hilary Bowen
Said Hansdot, Governor Gloucester
Lavinia Rowsell, Head of Corporate Governance/Trust Secretary

APOLOGIES:
Colin Merker, Managing Director for Herefordshire
Jane Melton, Director of Therapies

1.0 CHAIR'S WELCOME

1.1 The Chair thanked the Friendship Café for hosting today's meeting recognising that the facility sat at the heart of the community that we serve. The next Board

meeting will be held at Forest Green Rovers FC. Board meetings would be held in community settings in the future.

1.2 This was the first Board meeting since the merger of the two organisations and the exciting and challenging agenda for the organisation can only be achieved with the support of the people we serve and the staff that work for the Trust. The Chair outlined the extensive engagement work that had been undertaken leading up to the merger, involving, inter alia, voluntary organisations, staff groups and other organisations the Trust has relationships with.

2.0 DECLARATIONS OF INTEREST

2.1 The Chair informed the meeting that she was now a Trustee of the GP Educational Trust.

2.2 Duncan Sutherland identified his appointment as Chairman of the Integrated Alliance Board for Herefordshire

3.0 SERVICE USER STORY

3.1 Alex attended the meeting to tell the Board her story concerning the services she had received during her long association with the Trust's services. The story took the shape of a question and answer session.

3.2 Alex had suffered symptoms from a young age and she referred in her answers to the impact on her life and how risks had been managed and reduced.

3.3 Alex identified concerns with the Recovery Team service where she felt the level of support needed was lacking. She did not wish to make any comment concerning the Crisis Service. Her most recent contact with services had been much better, staff had been made aware of her needs and she particularly appreciated the service she had received from the Kingfisher Treasure Seekers substance misuse team. There had been improvements in the service she had received more recently from the Recovery Team and with support from Psychology services.

The safety net provided by 'Treasure Seekers' had been very well received and the importance of personal contact and her ability to talk to individuals when in crisis was very helpful. She expressed concerns at the long wait for support from some services and that there were differences in the quality of service received depending on the point of contact. She said that she would benefit from 24 hours access to 'Treasure Seekers'. A comparison was made with the 24 hour service available in Bristol.

3.4 A representative from 'Treasure Seekers' was complimentary concerning the support and willingness to try new approaches from the Trust's substance misuse services. Andy Telford emphasised links with the third sector which paid real dividends and drew attention to the higher funding levels for the Bristol service which made comparisons difficult.

3.5 Alex was invited to become an "expert and experience user" to support the Trust in learning from service users experiences.

3.6 John Campbell, Chief Operating Officer [COO] referred to the support provided by the CCG and it was agreed that this should be acknowledged by the Chair on behalf of the Board.

3.7 Alex and the staff who had attended the meeting to support her were thanked for their informative and frank presentation.

3.8 **Agreed: Chair to acknowledge support received from the CCG**

4.0 MINUTES OF THE MEETINGS HELD ON 26TH SEPTEMBER 2019

4.1 The 2G & GCS minutes taken at the Trust Board meeting held on 26th September 2019 were accepted as a true and accurate record.

5.0 MATTERS ARISING AND ACTION LIST

5.1 Items identified on the action tracker had now been completed.

6.0 CHAIR'S REPORT

6.1 The Chair introduced Sue Mead who had been appointed as an Associated NED as previously agreed by the Board. This position will provide continuity and knowledge from the previous Gloucestershire Care Services Trust.

6.2 Appended to the Chair's report were details of the NEDs roles. It was noted that Duncan Sutherland's role on the Mental Health Legislation and Scrutiny Committee should be added pending the appointment of the GP NED.

6.3 A recent appointment to the position of Chair of the Integrated Care System had been made, but could not be announced due to the pre-election period.

6.4 An excellent Better Care Together event had recently been held.

6.5 Time had been spent at the Summerfield Charitable Trust where a better understanding of their work had been obtained. This is a charitable organisation who will be visiting our services in the future.

6.6 The Chair reported on the recent meeting of Governors to undertake a review and refresh exercise concerning their future work and engagement.

6.7 **Agreed: The Chairs report was received and noted.**

7.0 CHIEF EXECUTIVE'S REPORT

7.1 The CEO referred to his report which could in the main be taken as read.

7.2 He welcomed Sue Mead Associate NED to her new role.

7.3 In relation to the Corporate Governance function, the CEO asked Board members to recognise the extent of staff turnover and to make allowances in connection with the work of this department until normal staffing levels were in place. He welcomed Lavinia Rowsell who would be commencing duties early January.

7.4 The CEO referred to a number of underused Trust properties in Gloucester which he had approached the City Council about concerning a better use for these assets. A task and finish group was being established. Angela Potter, Director of Strategy and Partnerships [DoS&P] will be the lead Executive with Graham Russell and Duncan Sutherland representing the NEDs.

7.5 The Senior Leadership Network continues to operate. Chair and NEDs are welcome to attend. Events would be moving to bi-monthly from April. After taking soundings from the group and executive colleagues and in recognition of the increasing engagement of external agencies, consideration is being given as to how we may better strengthen engagement.

7.6 The CEO highlighted the importance of research, referring to the continued work being undertaken within the organisation.

7.7 The CEO was working on formalising links with universities where closer engagement would be important.

7.8 The national election period had constrained the Trust's ability to say more publically about the progress with Fit for the Future and arrangements for Herefordshire services.

7.9 In connection with strategic responsibilities it was confirmed that John Campbell, COO is responsible for emergency planning within the Trust.

7.10 In answer to Duncan Sutherland the CEO confirmed that he had spoken to colleagues concerning the future of Herefordshire Governors and their future involvement within Herefordshire. A solution was imminent.

7.11 **Agreed: The Chief Executive report was received and noted.**

8.0 QUESTIONS FROM THE PUBLIC

8.1 Within the papers there was a written response to a question raised by the public; however, this person had felt that the question he had put to us differed from the one recorded in our papers. Neil Savage, Director of HR & Organisational Development [DoHR&OD] agreed to make contact and clarify the exact questions.

8.2 Agreed: The DoHR&OD to provide a further response

9.0 SERVICE EXPERIENCE QUARTERLY REPORT

9.1 John Trevains, Director of Nursing, Therapies and Quality [DoNTQ] confirmed there were two reports due to the merger of the two organisations. Work was underway to integrate these reports in the future.

9.2 Two service user experience teams had been relocated and he provided further insight into the headlines included within the full report.

9.3 Effort was being placed on responding to complaints more speedily and taking lessons from complaints - an area where improvement was needed.

9.4 In answer to a question from Jan Marriott it was confirmed that whether an issue was a formal complaint or a concern was identified with the person concerned. There was Trust wide guidance on this matter. In addition confirmation was given that a process was being put in place to ensure lessons were learned from service quality visits and that appropriate action would be subsequently taken. In addition reports would be received by the Executive Team.

9.5 Marcia Gallagher drew attention to the large number of complaints linked to poor communication and asked whether the new organisation could tackle this. John Trevains, DoNTQ confirmed the commitment of the team to improving this problem and sharing learning and referred to consumer experience initiatives in certain areas which had shown benefits.

9.6 John Campbell, COO had recently attended an event which had highlighted the importance of professional staff hearing from users of their experiences. A focus should be on changing the relationship between professionals and users and carers. In response to a challenge to provide timeframes around implementation and improvement, the DoQ confirmed that a previous process had recommenced and he would be reporting progress in future quality reports to the Board.

9.7 **Agreed: The Service Experience Quarterly report was received and noted.**

10.0 QUALITY REPORT

10.1 John Trevains, DoNTQ invited his deputy Michael Richardson, Deputy Director of Nursing [DDoN] to introduce the attached reports. Due to the merger of two organisations there were two reports included. Work has taken place with service commissioners in order to support a more helpful end of year presentation.

10.2 Good progress was reported following the merger, by bringing together expertise from both organisations. The indicators within the report were highlighted and where dips in performance were evident a deep dive exercise was underway.

10.3 It was proposed to undertake a more granular approach to pressure ulcer detail and consideration is currently underway as to how best to present this. There had been a recent programme of displays within the Trust to focus on ulcer pressure management.

10.4 Clarification on waiting times for minor injuries was requested. The CEO confirmed that there had been successful recruitment to hopefully ease the problem, however, this was an issue for the Trust and we will be reviewing how we manage minor injuries pressures. It was agreed that an update report would be presented by John Campbell, COO at the Board's next meeting.

10.5 Sue Mead recommended a more forensic analysis of the issues surrounding ulcers. She believed the Quality Committee would benefit from this. She highlighted a distinction between acquired and unavoidable ulcers.

10.6 Delays in the reporting cycle and areas where the Trust is below trajectory needed urgent attention. The Executive was asked whether there was confidence that there would be greater momentum in these areas. Michael Richardson, DDoN reported that in connection with falls following a meeting with the head of community hospitals, greater assurance had been provided. Bedside recording had caused a level of inaccuracy.

10.7 In relationship to assessments for medication there are two separate assessments, one more immediate, and the other within 24 hours. Investigation into this matter had shown there to be recording anomalies.

10.8 Sue Mead drew attention to the benefit of benchmarking to aid understanding variations. She requested effort be placed on more detailed benchmarking, comparing our performance with peers.

10.9 Maria Bond confirmed that a deep dive presentation had provided significant information concerning pressure ulcer management.

10.10 Graham Russell drew attention to a newer event involving the extraction of an incorrect tooth. He believed this had happened on a previous occasion. This was reported to be mainly due to human error, but had led to an improvement in systems.

10.11 It was noted that oral health promotion was regarded as very good in connection with Learning Disability services. Jan Marriott questioned whether this would be commissioned in the future. John Trevains, DoNTQ confirmed that work locally was being undertaken to establish services that were important for service users, and that nationally oral health was seen as a priority. Neil Savage, DoHR&OD confirmed that a paper was to be presented to the next Work Force Group meeting in connection with promotion and training. Louise Moss confirmed that NHS England had made an approach to fund the commencement of an oral health programme. In connection with the extraction it was confirmed that this also involved a system partner.

10.12 Referring to paper item 10.1 concerning Mental Health and Learning Disability services, the quality measures on pages 15 & 16 showed a mixed picture. Discharge planning could be seen as an area of significant concern. Focused work in some service areas had demonstrated improvements and this work was to be revisited.

10.13 People feeling involved in their care was below target and work is already commencing with the relevant teams.

10.14 Restraint is receiving attention and new approaches are being reviewed in Learning Disability Services. A new appointee has experience in reducing restraint. A question was raised concerning whether it was capacity or perception that is involved in assessments and was this tested at the Quality Committee. John Trevains, DoNTQ explained there were four components and on one we are 10% below target. Work was on-going, but the figure demonstrated more work was needed. The Patient Experience Team was engaged on this matter.

10.15 The Chair noted that there was a marked difference in discharge performance between wards. She hoped that this would be picked up and given attention.

10.16 John Campbell, COO referred to suicide data pointing out that work was needed across the Integrated Care System as this matter was wider than this Trust's services. It was questioned whether the incident review process involved the criminal justice system and if there was an interface with our services. Marcia Gallagher wished to liaise with the DoQ outside the meeting concerning this, however, the DoQ confirmed there were good working relations and that he would have a more detailed look at the case in question.

10.17 **Agreed: An update report to be presented by the COO to the next meeting, on management of minor injuries**

Subject to the above agreed action the report was received and noted.

11.0 AUDIT OF COMPLAINTS

11.1 Maria Bond referred to the report. A greater focus was still needed on capturing learning from complaints and embedding this within the organisation. Standardisation of responses and styles would also be helpful. It had become apparent to her the very difficult situations that our staff face on a daily basis.

11.2 It was agreed that the DoQ would report back on the issue of more standardised complaint responses at the next Board meeting.

11.3 It was important to ensure that the random selection of complaints for scrutiny was across the complete Trust.

11.4 **Agreed: The DoQ would report back on the issue of more standardised complaint responses at the next Board meeting.**

Subject to the above agreed action the report was received and noted.

12.0 PERFORMANCE REPORT

12.1 Sandra Betney, Director of Finance [DoF] explained that there would be a move towards exception reporting with greater statistical analysis instead of the current traffic light reporting. The system would be more automated, but also involve engagement with services.

12.2 An interactive display is planned for the Resources Committee and other Board members were welcome to attend. It will allow drill down for more detail and will give a more detailed picture of what is happening at ground level.

12.3 Duncan Sutherland suggested it would be more helpful for numbers to be included in addition to percentages. The DoF confirmed that this was recognised and that feedback would be sought from the users. There was a timetable to more to a more consistent approach and review of KPIs. This would include a review of which KPIs should be included in reporting. This Board would need to agree the levels of reporting and whether more granular detail is done for other committees. The timetable demonstrated the timing for the receipt of information. This report aims to show the critical information that needs to be viewed. The COO confirmed that work was taking place with commissioners on the formulation of KPIs.

12.4 A question from Maria Bond concerned the Trail Blazer project and that the Trust was aiming for an 18 week target for March end. The target would be met by end of December, however, workforce gaps needed to be understood and addressed and this was being looked at. The CEO asked JT to make the paper available to members.

12.5 Neil Savage, DoHR&OD reminded Board members of the importance of fully understanding the impact that newly commissioned services has on our own resources. John Campbell, COO supported this view as new service introductions do impact on the delivery of our own core services and this needs to be fully understood and recognised by service commissioners.

12.6 Sue Mead drew attention to waiting times for Therapy Services. This is a long standing problem which needed examination. Long waits do matter. Continuity and learning from staff turnover and recruitment is important as is working practises.

12.7 Graham Russell referred to the school nursing team in Cirencester who had recently indicated to him that a large amount of their time is spent on safe-guarding issues. He had also heard that family support services were struggling and using locums and that the problems were caused by constant change of social workers preventing the building of relationships with clients. He referred to the high exclusion rates in schools and questioned whether incorrect assumptions were being made that strong support services would be available.

12.8 Members discussed the current pressure that the Trust is placed under in dealing with young service users where provision to meet needs is not always available. This was not an area that this Trust could solve alone, but we should work with partners and support them in this very important area. A strategic solution was needed. The CEO felt that this was an area that needed greater focus by the ICS.

12.9 John Campbell, COO was asked to provide details on the timescale for the strategy on children's services.

12.10 **Agreed: COO to provide details on the timescale for the strategy on children's services**

Subject to the above action the Board received and noted the report.

13.0 FINANCE REPORT

13.1 Sandra Betney, DoF explained that the Trust was required to produce a final set of accounts for the part year that Gloucestershire Care Services [GCS] operated. As a result the report contained two sections.

13.2 The GCS closing position was being reviewed by external audit and would then be referred to the Audit and Assurance Committee in February. In March it would be presented as part of a condensed AGM. Generally the position presented was as expected, but moving forward the Board would need to consider how this element would be reported.

13.3 In respect of the combined report a number of key areas were highlighted including the agency staff overspend and cost improvement programmes (CIP). This year's CIP was considered a low risk, however, posed a significant risk recurrently. The disparity in capital spend between GCS Trust and 2gether Foundation Trust was noted and that good progress was being made with certain capital underspends.

13.4 Duncan Sutherland noted long standing problems in meeting capital targets and hoped that now the two organisations had merged this could be improved. He questioned whether a deep dive exercise would be helpful via the Resources Committee.

13.5 The risks associated with the local health economy were recognised. The DoF confirmed that the 2019/20 position was manageable however; the challenge in reaching this position was significant. Graham Russell wished to thank the DoF and her team. The Board recognised that this had been a tough year.

13.6 Movements in use of agency staff could have a huge impact on the Trust's position. Similarly in connection with the Forest of Dean it is important to make sure there is correct provision both capital and revenue to ensure the facility and services are fit for purpose.

13.7 The CEO confirmed the high level focus on agency staffing confirming that the priority was 'safety first'. The DoHR&OD confirmed that he and the COO will be providing information on this at the next Resources Committee meeting. Marcia Gallagher was aware that the previous 2gether Board had made a conscious choice to employ agency staff to meet IAPT targets. The COO confirmed that this was contributory factor, but that recruitment and retention work had been successful.

13.8 **Agreed: The Board received and noted the report.**

14.0 BOARD ASSURANCE FRAMEWORK

14.1 The Chair introduced the Board Assurance Framework stressing that this was at a very early point of development, but was designed to provide the Board with an outline of the style and direction of travel. Simon Crews, Interim Trust Secretary confirmed that much further work was needed and that the paper provided the

starting point from which a fully developed BAF would emerge. A useful approach might be for the Board to spend development time building the BAF, although the strategic objectives which form the starting point of the BAF had yet to be finalised. The Board and Board Committees would receive further iterations of the BAF. He was asking the Board to agree the style and approach being taken and recommended that the Trust should adhere to the nationally recommended template as far as possible.

14.2 **Agreed: The Board supported the approach taken as outlined.**

15.0 LEARNING LESSONS TO IMPROVE PEOPLE PRACTICES

15.1 Neil Savage, DoHR&OD drew attention to a well published national case involving the suicide of someone following dismissal. The dismissal had been judged unfair. The review recommendations had been widely circulated. The NHSI are funding organisations to help review culture. The recommendations were outlined for the Board along with actions taken and planned.

15.2 Sumita Hutchinson referred to people's individual characteristics, questioning whether some level of predictability could be understood. Consideration was given to supporting people through more training for key staff.

15.3 Duncan Sutherland questioned whether a similar level of oversight could be introduced as is currently involved in the NED review of complaints.

15.4 The Chair questioned whether the Resources Committee could have a focused quarterly session involving the NEDs. The CEO supported NED engagement in this way with escalation where necessary.

15.5 **Agreed: The Chair agreed the matter be given greater consideration at a planned meeting in December involving NEDs**.

16.0 TERMS OF REFERENCE - RESOURCES COMMITTEE

16.1 The Chair reported that the Terms of Reference had been approved by the Board Committee and were now presented to the full Board for adoption.

16.2 **Agreed: The Board approved the Terms of Reference.**

17.0 TERMS OF REFERENCE - AUDIT & ASSURANCE COMMITTEE

17.1 The Chair reported that the Terms of Reference had been approved by the Board Committee and were now presented to the full Board for adoption.

17.2 **Agreed: The Board approved the Terms of Reference.**

18.0 TERMS OF REFERENCE - QUALITY COMMITTEE

18.1 The Chair reported that the Terms of Reference had been approved by the Board Committee and were now presented to the full Board for adoption.

18.2 **Agreed: The Board approved the Terms of Reference.**

19.0 GLOUCESTERSHIRE CARE SERVICES NHS TRUST CHARITIES - TRUSTEES' REPORT AND FINANCIAL STATEMENT FOR YEAR END 31 MARCH 2019

19.1 The financial statement for year-end 31March 2019 as presented was received and approved by the Trust Board.

20.0 STANDING ORDERS FOR THE PRACTICE AND PROCEDURE OF THE BOARD OF DIRECTORS

20.1 The Standing Orders which had been subject to only minor adjustment to reflect the new organisation were received and approved by the Trust Board.

21.0 COUNCIL OF GOVERNORS MINUTES - 18TH JUNE 2019

21.1 The minutes of the meeting held on 18th June 2019 were received and noted by the Trust Board.

22.0 2G MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE – SEPT 2019

22.1 The minutes of the meeting held on 11th September were received and noted by the Trust Board.

23.0 MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE – NOV 2019

23.1 The Board was made aware of a visit by the CQC to the Mulberry Ward at Charlton Lane.

23.2 The Board was asked to note potential slippage in training connected with Liberty Protection and Safeguarding.

24.0 QUALITY COMMITTEE SUMMARY – OCTOBER & NOVEMBER 2019

24.1 John Trevains, DoNTQ confirmed that there had been two meetings of the Quality Committee on 16th October 2019 & 7th November 2019 and the attached report provided an overview. This report highlighted achievements, how risk is being responded to and where improvements need to be made.

24.2 The pressure that services were working under was highlighted along with the use of agency staffing. There was a desire for a focus to be given to staff wellbeing.

24.3 The report highlighted a range of related service quality aspects and the potential impact across the organisation.

24.4 **Agreed: The Trust Board received and noted the report.**

25.0 AUDIT & ASSURANCE COMMITTEE SUMMARY – NOVEMBER 2019

25.1 The summary report from the Audit and Assurance Board Committee on 6th November 2019 was received and noted.

26.0 RESOURCES COMMITTEE SUMMARY – OCTOBER 2019

26.1 The summary report from the Resources Committee on 24th October 2019 was received and noted.

27.0 ANY OTHER BUSINESS

27.1 There were no further matters of business raised.

28.0 QUESTIONS FROM THE PUBLIC

28.1 There were no questions from the public.

29.0 DATE OF NEXT MEETING

29.1 Wednesday 29th January 2020, at
Forest Green Rovers Football Club, Carol Embrey Suite, The New Lawn Stadium, Another Way, Nailsworth, Gloucestershire, GL6 0FG

Signed: ……..….. **Dated: ……**

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

TRUST BOARD: PUBLIC SESSION - Matters Arising Action Log – 29 January 2020

Key to RAG rating:

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

Minute reference (Item No. & Date)	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
28 Nov 2019	08.2	Further response to be submitted to the member of public who had raised question.	Director of Human Resources & OD	29 January 2020	On agenda	
28 Nov 2019	10.4	Management of Minor Injuries pressures progress report.	Chief Operating Officer	29 January 2020	On agenda – CEO report	
28 Nov 2019	11.2	Standardised complaint responses for future Board meeting.	Director of Quality	29 January 2020	Update to be provided at meeting	
28 Nov 2019	12.9	Further details to be provided in the timescale for the Children's Services Strategy.	Chief Operating Officer	29 January 2020	Update to be provided at meeting	

AGENDA ITEM: 06/0120

QUESTION FROM A MEMBER OF THE PUBLIC – TRUST BOARD - JANUARY 2020

How does the evaluation report on Workforce Race Equality Standard (WRES), support and enhance the work of the Gloucestershire Health and Care NHS Foundation Trust in implementing the WRES.? How will the Trust evidence that the use of the WRES information has made a meaningful and positive impact to Workforce Race Equality at Gloucestershire Health and Care NHS Foundation Trust?

Trust response:

We have used a number of resources to inform our approach to the Workforce Race Equality Standard (WRES). These have included review of the 2019 "A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS" - the WRES Leadership Strategy, the Long Term Plan, evaluation of the legacy Trusts' NHS Workforce Race Equality Standard data and reference to the "Evaluation of the NHS Workforce Race Equality Standard". The latter provided an independent report on an initial evaluation of the national data in January 2019.

The Trust has a named Executive responsible for ensuring commitment and momentum, and, the Board as a whole has committed to delivering improvements in equality and diversity through its adoption of a Valuing Difference Leadership strategy and action plan, which includes the roll out of Reciprocal Mentoring across the Trust, the formation of a Valuing Difference Staff Network alongside the annual WRES report and action plan.

The WRES actions are being taken forward operationally by the Workforce Management Group chaired by the Director of HR and OD, and reported via the Resources Committee.

At the end of October 2019, the Trust received from Yvonne Coghill, the national Director - WRES Implementation Team - aspirational targets for our legacy Trusts. These have been initially considered at the November 2019 Workforce Management Group's meeting and will be incorporated into our 2020 action plan. These include 10-year ambition modelling and targets for increased recruitment of BME staff into more senior levels of the workforce. This action plan is expected to be signed off in February with progress being reported via the Workforce Management Group and the Resource Committee.

The Trust will measure progress via delivery of the WRES action plan, how colleagues rate the Trust on the related metrics through the Staff Survey, the BAME representation in senior roles, and the annual WRES report scores.

AGENDA ITEM: 07/0120

REPORT TO: Trust Board – 29 January 2020

AUTHOR: Ingrid Barker, Chair

PRESENTED BY: Ingrid Barker, Chair

SUBJECT: **CHAIR'S REPORT**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT

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

That the Board note the report and the assurance provided.

EXECUTIVE SUMMARY

Executive Summary

Since the last meeting we have continued to put in place key building blocks for the development of the "new" Board. We have had two Board Development sessions to take forward the development of the new strategic vision and direction of the Trust and work will continue on these in coming months, with co-production embedded into this work.

Another key building block has been our new Head of Corporate Governance, Lavinia Rowsell, taking up her appointment at the start of January 2020. I am delighted to welcome Lavinia to the team and look forward to her contribution as experienced governance professional. The importance of strong governance to support an effective well-led Trust is well recognised and I am sure Lavinia will help us ensure this is in place.

I would also like to thank Kate Atkinson, public governor since 2017; Stephen Wright, public governor since 2019; and Mike Scott, public governor since 2017 who have recently stepped down from the Council of Governors. I'd also like to congratulate our two most recently elected Staff Governors – Karen Bennett and Anne Roberts. Karen

and Anne, along with all of our other Governors (staff and public) play a vital role in holding the non-executive directors of the Trust to account for the performance of the board of directors. We are currently holding another election process for Staff Governors to fill vacancies in the Medical, Dental and Nursing staff class and the Health and Social Care Professions class. We are fortunate to have Simon Smith as our Interim Lead Governor during a period of 'Review and Refresh' for the Council. I am pleased to report that he has agreed to extend his term for a further six months.

My report also includes updates on:

- Working with our system partners
- Working with our colleagues
- National and Regional Meetings attended and any significant issues highlighted

CORPORATE CONSIDERATIONS	
Quality implications:	
Resource implications:	
Equalities implications:	
Risk implications:	

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	**Always improving**	**P**
Respectful and kind	**P**	**Making a difference**	**P**

CHAIR'S REPORT

1.0 INTRODUCTION AND PURPOSE

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

- Board
- Working with our system partners
- Working with our colleagues
- National and Regional Meetings attended and any significant issues highlighted

2.0 BOARD

2.1 Non-Executive Director Update

The Trust's Constitution allows for there to be a full complement of 7 Non-Executive Directors (NEDs). In addition to this the regulator's Code of Governance requires that "At least half the board of directors, excluding the chairperson, should comprise non-executive directors determined by the board to be independent."

Following our recent recruitment exercise in December, we are pleased to announce the appointment of Dr. Stephen Alvis MBChB (Bristol) 1982, DRCOG, MRCGP (FP Cert**)** as an Associate Non-Executive Director. Dr Alvis was a GP Partner since 1987. He also helps the Primary Care Trust as a Quality and Outcomes Framework Assessor. Dr. Alvis also undertakes surveys on behalf of the Healthcare Accreditation Programme and is a member of the Local Medical Committee Gloucestershire.

This, however, still leaves us with a vacancy for a 7th substantive NED and the Nomination and Remuneration Committee met on the 9th January to consider this and make a recommendation to the Council of Governors.

Their recommendation was put to the Council of Governors at their meeting on 21st January 2020 and received their unanimous support.

The recommendation of the Nomination and Remuneration Committee was that the Trust should proceed immediately to recruit a 7th NED. That having reviewed the skills and experience of the existing Non-Executive Directors, emphasis should be placed on recruiting someone who has a history of business and commercial experience. Following advice from the Director of Human Resources and Organisational Development it was recommended that the Trust should utilise the expertise of a specialist recruitment firm from the national NHS Framework of providers, as this approach has resulted in the highest degree of success historically.

The remuneration for this position will be in line with the approved pay structure for NEDs.

2.2 A Board Seminar was held on 3rd December, which was the first of three sessions scheduled where the Board will be focusing on developing a new strategic vision and direction for the Trust. Two further sessions were held on 15th and 16th January 2020 where we continued to work on developing a strategic framework.

3.0 NATIONAL AND REGIONAL MEETINGS

I attended the NHS Providers Chairs and CEOs meeting on 5th December where we had presentations on Provider Collaboration; an update on the Clinical Review of Access Standards, along with strategic and policy updates.

The Clinical Review of Access Standards is an issue of key interest to Trusts and service users, reflecting an ongoing review of access standards to ensure that they measure what matters most to patients, and clinically. The interim report was published in March 2019, setting out proposals to test new access standards in mental health services, cancer care, elective care and urgent and emergency care, to see whether they can be used safely and improve patient experience and outcomes.

Since then, the NHS nationally has been working to identify and support local teams to test how the different proposals work in the real world. A Clinical Oversight Group is helping guide the programme, as are individual advisory groups for each workstream made up of patient groups, national charities, and clinical representatives. This engagement, and the expertise that people have contributed throughout, has been an important part of this process, and will continue alongside further testing and evaluation. The update was a helpful summary of the current position and consideration of potential future changes to ensure as a Trust we are prepared for changes, and are already able to reflect on patient and clinical key drivers.

I attended the two-day NHS Providers Board Annual Strategy Sessions on 8th and 9th January where we were pleased to welcome Sir Ron Kerr as the new Chair of NHS Providers. Sir Ron's long and distinguished career in health service management, including ten years as one of the country's leading provider chief executives, with experience spanning acute, community and primary care services, as well as mental health and social care, provider, commissioning organisations and sustainability and transformation partnerships means he brings a stimulating and challenging perspective which we will benefit from during his tenure.

These events help to ensure NHS Trusts are working collectively to deliver the Long Term Plan and that time is not spent unnecessarily reinventing wheels when another Trust has been through a detailed process with proven good practice as an outcome.

4.0 WORKING WITH OUR PARTNERS

I have continued my regular meetings with key stakeholders and partners; highlights are as follows:

Along with the CEO, I attended a meeting of the Gloucestershire ICS Board on 12th December. Matters discussed included updates on Clinical Programme Group (CPG) priorities and the NHS Long Term Plan. The next meeting is scheduled to be held on 23rd January and a verbal update will be given at Board.

Following interviews held in November for the ICS Independent Chair, Dame Gill Morgan was successfully appointed and took up her position on 1st January. I held an introductory meeting with her on 9th January. Gill was Chair of NHS Providers until Dec 2019. Following a career as a doctor, Gill was permanent secretary of the Welsh Assembly government, chief executive of the NHS Confederation and chief executive of North and East Devon Health Authority. Gill is a fellow of the Royal College of Physicians and the Faculty of Public Health. This breadth of experience, and her respected national profile, will prove invaluable in supporting the further development of the ICS.

Along with the Director of Strategy and Partnerships (Angela Potter) I attended a regular meeting of the Gloucestershire Health Overview and Scrutiny Committee (HOSC) on 14th January 2020. The meeting considered matters relating to healthcare services across the county, including an update on Fit for the Future. This focused on the engagement exercise that has been undertaken, feedback.

A meeting of the Gloucestershire Health & Wellbeing Board took place on 21st January. The Trust was represented at this meeting by the Chief Operating Officer, John Campbell. Matters discussed included long-term plan update finalisation of the Gloucestershire Health and Wellbeing Strategy and Children's Health and Wellbeing Strategy.

I have been represented at a number of important Herefordshire meetings by Non-Executive Director, Duncan Sutherland, as summarised in the NED activity report later in this paper.

5.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

The Trust's excellent series of Better Care Together events have continued including:

4th December 2019 – "Personalisation: with you, for you". This is at the heart of everything that our new Trust aspires to achieve for the people who use our services. To support us and the wider Integrated Care System in further developing our aspirations to deliver truly personalised care, we heard from the internationally acclaimed inspirational speaker Chris Lubbe, who is currently working with NHS England supporting the promotion of personalised care.

These sessions continue to be key to how we develop our organisation as we move forward. We really appreciate the time that our community is giving to support these key activities – we really do need your continuing help to achieve our aims, and events like these will become part of our ongoing co-production processes. I recognise that many people are volunteers and certainly all are juggling a range of responsibilities which makes the level of engagement we are achieving even more remarkable.

Along with the Chief Executive, on 19th December I attended the Annual Carol Service at Tewkesbury Abbey. This was a very enjoyable event arranged by the Gloucestershire Constabulary, the Office of the Police and Crime Commissioner and Gloucestershire Fire & Rescue Service.

On 22nd January, the Chief Executive, Director of Strategy and Partnerships and I were invited to meet with the Leader of the Forest of Dean District Council, along with representatives from the Council where matters discussed included the new Community Hospital.

6.0 ENGAGING WITH OUR TRUST COLLEAGUES

I attended the Hereford Senior Management Network on 9th December where topics discussed included TUPE, Transitional work and governance arrangements and an update on community mental health service development.

I was very pleased to be invited along to the Wotton Lawn Hospital Therapy Department on 17th December as part of the panel judging the best mince pie and Christmas wreaths – a very enjoyable duty!

I visited the Dilke Hospital in Cinderford on Christmas Day to thank colleagues for working. Whilst there I encountered Santa (*Robert Young, Chair of the Dilke League of Friends*) delivering presents to patients.

I attended a meeting of the Mental Health Act Managers Forum at Charlton Lane Centre on 18th December, along with Non-Executive Director Jan Marriott. I and other NEDs have subsequently undertaken training on the Mental Health Act.

Whilst on the Charlton Lane site, Jan Marriott and I were also able to visit the Managing Memory team at the Fritchie Centre joining them for their Christmas lunch.

A Non-Executive Directors meeting took place on the afternoon of 18th December and was held at the Charlton Lane Hospital in Cheltenham. A series of regular meetings have been arranged for this year and all will be held within service venues.

I attended the Trust's Resources Committee on 19th December.

A meeting of the Council of Governors took place on 21st January where we undertook a strategy workshop led by Director of Strategy & Partnerships, Angela Potter, developing the strategic aims for the new organisation.

I continue to have a range of 1:1 sessions with Executive and Non-Executive colleagues as part of my regular activities.

7.0 NED ACTIVITY

Activities undertaken by the Trust's Non-Executive Directors are detailed below:

Graham Russell

- Board Seminar
- Better Care Together Personalisation event
- Meeting with NED Sumita Hutchison and Stroud League of Friends Chair Roma
- Walker
- Senior Leadership Forum
- Clinical Interview panel member
- Non-Executive Directors Meeting
- Resources Committee
- Estates Strategy Meeting
- Meeting with CEO and Trust Secretary
- Nomination and Remuneration Committee
- Board Strategy (2 days)
- Council of Governors
- Mental Health Act training session
- ICS Board

Jan Marriott

- Board Seminar
- Better Care Together Personalisation event
- Mental Health Operational Managers Meeting
- Quality Committee x 2
- Meeting with Interim Lead Governor
- Medical Education Update Mental Health Act
- Meeting with Freedom to Speak Up Guardian
- Mental Health Act Managers Forum
- Managing Memory Xmas Lunch
- Meeting with Sumita Hutchison, Non-Executive Director
- Resources Committee
- Non-Executive Directors Meeting
- Meeting with Head of Corporate Governance
- Consultant Clinical Excellence Awards
- ICS NED/Lay Member meeting
- Board Strategy (two days)

Maria Bond

- Board Seminar
- Better Care Together Personalisation event
- Telephone meetings with Director of Nursing
- Quality Committee x 2
- Visit to Independent Living Centre, Cheltenham
- Council of Governors meeting
- Task and Finish Group
- Board Strategy (two days)

Marcia Gallagher

- Board Seminar
- Better Care Together Personalisation event
- Mental Health Act Hearing Panel
- Autism Partnership Board
- NEDs meeting
- Meetings regarding ongoing complaint
- Meeting with Director of Nursing
- Meetings with Chair and CEO
- ICS NED/Lay Member meeting
- Board Strategy (two days)
- Task and Finish Group
- Council of Governors meeting

Sumita Hutchison

- Board Seminar
- Quality Committee x 2
- Meetings with Director of HR
- Meeting with NED Graham Russell and Stroud League of Friends Chair Roma Walker
- Resources Committee
- Board Strategy (2 days)
- Council of Governors
- Mental Health Act Training
- People Participation meeting

Duncan Sutherland

- Board seminar
- Hereford Senior Management Network x 2
- Meeting with Hereford CCG
- NEDs meeting
- Resources Committee
- Estates Strategy Meeting
- Hereford Health & Well-being Board
- Hereford ICAB
- Board Strategy (two days)

Sue Mead (Associate)

- Quality Committee x 2
- Non-Executive Directors meeting

7.1 Non-Executive Directors' Portfolios as at January 2020 – see table on Page 9.

8.0 Conclusion and Recommendations

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

NON-EXECUTIVE DIRECTORS' PORTFOLIOS – as at JANUARY 2020

LOCALITY	NON-EXECUTIVE DIRECTOR	CHAMPION	* AUDIT	CHARITABLE FUNDS	MENTAL HEALTH ACT	QUALITY	REMCOM /ATOS	RESOURCES
Tewkesbury	**Dr Stephen Alvis** (Associate)				✔ (Vice-Chair)	✔		
Herefordshire	**Duncan Sutherland**	• Safeguarding			✔		✔	✔
	Sue Mead (Associate)					✔		
Cheltenham	**Jan Marriott**	• FTSU • Learning Disabilities • Learning from Death			✔ (Chair)	✔ (Vice-Chair)	✔	✔
Cotswold	**Maria Bond**	• Emergency Planning	✔ (Vice-Chair)			✔ (Chair)	✔	
Forest	**Marcia Gallagher** (SID)	• Counter-fraud, Security and Procurement	✔ (Chair)	✔ (Vice-Chair)			✔	
Gloucester	**Sumita Hutchison**	• Equality and Diversity • Climate Protection		✔ (Chair)		✔	✔	✔ (Vice-Chair)
Stroud	**Graham Russell** (Vice-Chair)		✔	✔			✔	✔ (Chair)

*All NEDs are members but 3 are nominated as regular attendees

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 08/0120

REPORT TO: Trust Board – 29 January 2020

AUTHOR: Chief Executive Officer and Executive Team

PRESENTED BY: Paul Roberts, Chief Executive Officer

SUBJECT: **REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:			
Decision	Endorsement	**ASSURANCE**	**INFORMATION**

PURPOSE OF REPORT
To update the Board and members of the public on my activities and those of the Executive Team.

RECOMMENDATIONS
The Board is asked to note the report.

EXECUTIVE SUMMARY
This report is my second since the formal transition from ^{2}gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust to Gloucestershire Health and Care NHS Foundation Trust. We are continuing to move forward with even more concentration on the key driver for the merger – transformation. I am excited to see how with colleagues and service users and their families and carers we can make change our services to better meet their needs – something I know that I and the rest of the Board are passionate about. The Report also updates on:

- CEO Engagement
- Partnership Activities
- National and Regional meetings attended
- Herefordshire Integrated Working Update
- Brexit Preparedness
- Executive Update
- Operational Update

CORPORATE CONSIDERATIONS	
Quality implications:	Any implications are referenced in the report
Resource implications:	Any implications are referenced in the report
Equalities implications:	None identified
Risk implications:	None Identified

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by: Chief Executive Officer and Executive Team	**Date:** 21 January 2020

Where has this issue been discussed before?
Workforce Management Group
What wider engagement has there been?
As referenced in the report.

Appendices:	Report attached

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE ENGAGEMENT

I remain committed to spending a significant proportion of my time vising front-line services and meeting frontline colleagues in a variety of settings in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services. You will have seen from headlines in the papers the ongoing pressures which the NHS is responding to. Our Trust continues to play an important role in the Gloucestershire system with colleagues working committedly to meet the needs of our community.

I have continued to attend a range of meetings including:

Council of Governors meetings - these are reported on in the Chair's report and elsewhere in this agenda.

Corporate Induction – I welcomed new colleagues on 6th and 20th January, where I gave the Executive overview. I plan to attend, representing the Board, as many of these sessions as possible in the future as I am keen to demonstrate from day 1 that as an Executive team we are approachable and open to ideas. New starters have fed back positively this approach.

Senior Leadership Workshop – 16th December this was a workshop session which considered our leadership culture and focused on agreeing a response to the Interim People Plan and to implement the vision, values and behaviours of GHC
Linda Gabaldoni, Head of Organisational Development has been key in supporting this work. I was pleased with the energy and enthusiasm displayed at the session – reflecting how central these issues are to the effective operation of the Trust. This session fed into the Board Development Sessions in December and January.

Senior Leadership Network – two meetings have been held on 17th December and 17th January.

These sessions continue to be really helpful opportunities to discuss Trust and county wide issues across the wider Trust leadership.

Last report I updated on the Trust's excellent series of Better Care Together events

- 02 October – Focus on Learning Disabilities (Opportunity, Inclusion and Equality)
- 18 November – Our Joint Intent
- 27 November – Celebrating Community Assets, people, places and partners.

The output of these sessions have been an important element of the strategic sessions held by the Board.

We will continue with these events in coming months and the next will be in February. These are a core part of our commitment to co-production.

I attended the JNCF meetings on 6th December and 7th January. As usual this was an effective meeting with attendees prepared to raise concerns and issues – again a demonstration of the open organisation we are determined to foster.

I hosted a Team Talk session at Stroud Hospital on 13th January. Other members of the Executive cover other venues across the county and we pull together themes from feedback which again help to ensure effective communication across the Trust.
It was also an opportunity to recognise the work of colleagues which continues across the festivities. The way colleagues go the extra mile to make it a special time is much appreciated by service users and their families.

I attended a meeting of the Associate Medical Directors and Clinical Directors on 20th December. These sessions are a helpful way to understand their perspectives and activities.

On 22nd January Tim Gwilliam, Leader of Forest of Dean District Council, invited the Chair, myself and Director of Strategy and Partnerships, to meet with the council's leadership team to discuss progress with the arrangements for the new community hospital.

On 12th December, Bren McInerney invited me to accompany him on two visits. The first was to The Butterfly Garden in Bamfurlong. I was delighted to meet Chris Evans, the inspiring Founder, to hear more about the invaluable work the Butterfly Garden does. It is an educational, therapeutic and recreational scheme, based initially on gardening, but now offering much more. It is a project for people of all ages dealing with disablement of any kind. The second visit was to SkillZone in Tuffley, Gloucester. This is Gloucestershire's only interactive life skills village where people of all ages can learn how to keep themselves safe whether at home or in their community. They offer safety education and bespoke programmes for schools and community groups. Working with the voluntary sector, through projects such as this, helps to enable them to support our community holistically.

2.0 PARTNERSHIP WORKING

I continue to have regular meetings with the CEO of Gloucestershire Hospitals NHS Foundation Trust (GHFT) and the Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG). I also continue to attend regular meetings of the ICS Board and ICS Executive which are focused on taking forward our joint One Gloucestershire ambitions.

Resilience during this period of particular pressures on the NHS has been an issue of continuing focus, with regular meetings with senior colleagues across the health system to ensure joined up working.

I had an introductory meeting with the newly appointed Chair of the ICS, Dame Gill Morgan, on 7th January. More about Gill is in the Chair's Report.

Fit for the future
As I advised in my last report feedback from this programme had been delayed due to the General Election. We have now updated to the Health Overview and Scrutiny Committee on 14th January 2020 on the outcome of the engagement into Fit for the Future and the engagement for the Forest of Dean Hospital. Full detail of the report is available from their site here HOSC Papers Jan 2020

The focus of the engagement was to:

- test and develop ideas to support our planning for inpatient services in the new hospital;
- find out what's important to local people in accessing consistent urgent (not life threatening) advice, assessment and treatment;
- gather feedback on the range of outpatient and diagnostic services that should be provided in the new hospital;
- understand what's important to local people when accessing services in the new hospital

The feedback is informing our next stages of planning.

As part of my work with the Gloucestershire ICS, I continue to lead on three major strategic works streams including chairing a meeting of the Diagnostics Programme Board on 9th January and the Urgent Care Project Board (part of the Fit for the Future programme) on 17th January.

I was pleased to have a catch up session with Sarah Scott, Director of Public Health, on 6th January. Ensuring the work of the Trust aligns effectively to the public health agenda is important in ensuring that we get best value for the Gloucestershire health pound.

I attended a regular meeting of the Medical Staffing Committee on 3rd January 2020.

3.0 HEREFORDSHIRE INTEGRATED WORKING DEVELOPMENTS

Colin Merker, Managing Director of Herefordshire Mental Health and Learning Disabilities Services and Duncan Sutherland Non-Executive Director continue to be heavily engaged in working with colleagues in Herefordshire and Worcestershire to further develop partnership working. An update on this work is a separate item on the agenda.

Along with Colin Merker, I attended the Hereford Senior Manager Network on 9th December to ensure that staff have the opportunity to be briefed directly and raise concerns.

4.0 NATIONAL AND REGIONAL MEETINGS ATTENDED

I attended the West of England Academic Health Science Network (AHSN) Board meeting on 6th December which provided helpful information on the opportunities and ways we could do things differently.

5.0 EU EXIT

The Trust continues to follow national guidance on this issue and respond to information requests from the Department of Health and Social Care/ NHS England/Improvement.

6.0 EXECUTIVE UPDATE

I wanted to formally update on the current and future arrangements for Deputy Chief Executive. At the moment and until the end of March 2020, Colin Merker and Sandra Betney remain as my two deputies as they have been since I started in 2018, running the two previous Trusts. In April, Sandra will continue as the single Deputy Chief Executive following on from Colin's second attempt to retire!

I am also delighted to congratulate John Campbell, Chief Operating Officer on his selection to participate in the prestigious Aspiring Chief Executive programme**,** run by the Leadership Academy. It was an incredibly competitive process to be elected. and I am delighted that John was successful.

7.0 OPERATIONAL UPDATE

7.1 Review of Hospital Food

You may be aware that TV personality and Chef Prue Leith is conducting a national review of NHS hospital food, having been asked to do so by the Secretary of State for Health, Matt Hancock.

She has been visiting various hospitals and facilities for this work and on 10th January she was with us in Gloucestershire – at Charlton Lane Hospital, in Cheltenham, and the Vale, in Dursley.

The visit went very well and has received coverage on social media as well as from the local BBC – BBC Radio Gloucestershire and BBC Points West.

We are pleased to be able to play a part in this as we appreciate the vital importance of nutrition and hydration in our hospitals, and their impact on patient health, wellbeing and recovery.

7.2 X-Ray Provision Community Sites

In 2018 following significant staffing issues GHFT presented a paper to HOSC to temporarily reduce the opening hours of x-ray at community sites. This meant:

- A reduction in weekday cover at Tewkesbury, Vale, Lydney and North Cotswolds Hospitals
- A reduction in weekend cover at Stroud Hospital
- A change of days across Dilke Hospital

GHFT have continued to actively recruit and use bank, agency or overtime where possible and appropriate in order to offer more hours at community sites. We saw an improvement in opening hours during 2019 and this has continued into 2020; whilst we are not at pre-2018 opening hours it is a significant improvement. The table below shows the pre-2018 opening days in blue and the 2020 opening days in red.

For the most part this is a sustained position with the exception of Tewkesbury and North Cotswolds where one day a week is dependent on additional staff availability and therefore cannot be guaranteed.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Cirencester	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes
Stroud	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/Yes	Yes/**No**	Yes/Yes
Tewkesbury	Yes /**Sometimes**	Yes/Yes	Yes/**No**	Yes/Yes	Yes/Yes	NA	NA
North Cotswolds	Yes /**Sometimes**	Yes /**Sometimes**	Yes /**Sometimes**	Yes /**Sometimes**	Yes/**No**	NA	NA
Lydney	Yes		Yes		Yes	NA	NA
The Vale		Yes			Yes	NA	No/**Yes**

An outstanding concern is the timeliness of x-ray reporting and we continue to meet with colleagues at GHFT to agree joint standards and ways to improve the process.

8.0 Conclusion and Recommendations

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 09/0120

Report to: Trust Board - 29 January 2020

Author: Angela Potter, Director of Strategy & Partnerships

Presented by: Hazel Braund, Programme Director, Better Care Together

SUBJECT: **DEVELOPING OUR TRUST STRATEGY**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:			
Decision	Endorsement	Assurance	**INFORMATION**

PURPOSE OF REPORT

This report outlines the process that the Trust is following to engage colleagues, service users, carers, partners and wider stakeholders in developing the Trust's Strategy for the next five years.

RECOMMENDATIONS

The Board is asked to note and support the ongoing activities and timetable to develop the strategy through conversations and engagement with staff and wider stakeholders

EXECUTIVE SUMMARY

The Board has agreed that the Trust should move forward a process to engage colleagues, service users, carers, partners and wider stakeholders in developing the Trust's priorities for the next 5 years.

The approach taken should be consistent with the Trust's values, in particular its commitment to listening to those who deliver care, who use our services, carers, partners, stakeholders and all those who have an interest in the current and future provision of health and care in Gloucestershire.

Stage one of the engagement process will run from December 2019 to March 2020, when a paper will be taken to the Trust Board sharing a draft Mission, Vision and set of Strategic Aims and priorities that have emerged from the engagement process.

The Trust Board has undertaken 3 development days focused on the future strategy and direction for the Trust. This work has been undertaken in conjunction with the key

elements of Stage One of engagement which are set out in Appendix A. The ongoing co-creation of the strategy will run in parallel with, and be informed by the organisational development plan which includes embedding of the Trust's values, partnership working and co-production.

CORPORATE CONSIDERATIONS	
Quality implications	Consideration of quality implications and service user outcomes is at the heart of the strategy development.
Resource implications:	Resources have been identified to support the engagement process from within the existing teams and from existing budgets. The identification and allocation of any resources investments for the delivery of the strategy will be made through the annual planning process.
Equalities implications:	The Social Inclusion Team is leading engagement with seldom heard and hard to reach groups in our communities. The Strategy will take into account health inequalities across a number of strands.
Risk implications:	None Identified.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	P	Always improving	P
Respectful and kind	P	Making a difference	P

Report authorised by:	**Date:**
Angela Potter, Director of Strategy & Partnerships	20/01/20

Where has this issue been discussed before?
Board Development & Executive Committee
What wider engagement has there been?
Engagement is ongoing and the paper describes the different elements of this.

Appendices:	Appendix A – Strategy Development Timeline

DEVELOPING THE TRUST'S FIVE YEAR STRATEGY

1.0 INTRODUCTION

Gloucestershire Health and Care NHS FT is a newly created organisation that now needs to set out its longer term direction and ambitions and clearly articulate its mission, vision and strategic aims and priorities.

To date the focus of attention has been on completing the transaction to enable the creation of the new integrated trust with the emphasis on creating a *Transforming Organisation.* The approach has deliberately not emphasised what the organisation needs to strive for or achieve in terms of overarching ambitions and more granular strategic goals and milestones. It is important that these are co-produced and wholly owned by the new Trust Board, our 4,000 colleagues and our patients, service users and stakeholders and therefore can only truly happen once all parties are fully wedded and bound by being part of the single integrated organisation from October 2019.

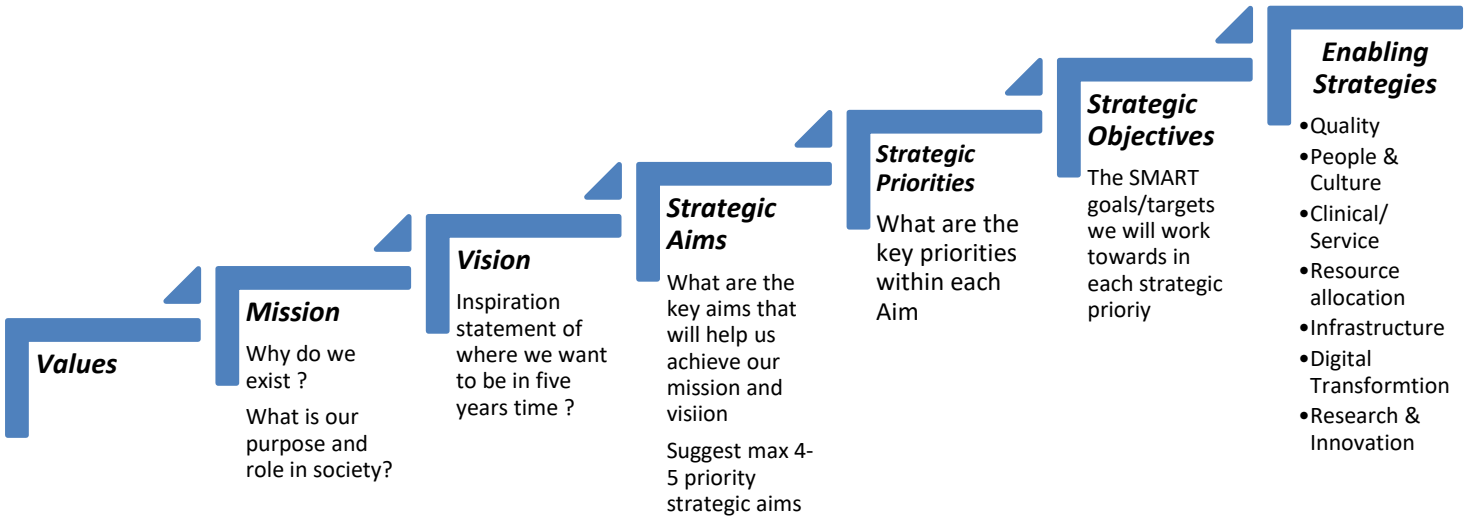
This paper outlines the work required to enable the development of the Strategy and the key success factors that need to be considered.

2.0 STRATEGY DEVELOPMENT PROCESS

Our strategy will build on the values work undertaken to date and the visioning work that the shadow board have already undertaken. In addition, we will adopt best practice guidance, including the Monitor Strategy Development Framework and learn where appropriate from those CQC Outstanding organisations that have well refined and embedded strategic frameworks.

The Trust Board have agreed the following components in terms of the development of the strategy at their development session on the 14/15th January. These are outlined below in Figure 1 below. A previously agreed timetable for strategy development is set out in Appendix 1.

Figure 1 – Strategy Components



The Trust Board has undertaken three development days focused on the future strategy and direction for the Trust. This work has been undertaken in conjunction with the key elements of **Stage One** of engagement which are:

a) Internal engagement (including colleagues, Governors, Members and Experts by Experience):
- On line survey
- Paper survey and collection points available for those for whom on line is not convenient
- Team discussions using resources (presentation and capture sheets) provided by the Strategy & Partnerships team in conjunction with support from the Communications & Engagement team
- Workshops at sites across the Trust
- Senior Leadership Network discussions

b) External engagement:
- Stands at 17 sites across the county for a day or half day
- Workshops and focus groups for Experts by Experience, seldom heard groups and other stakeholder groups
- Discussions and stands at scheduled meetings and events according to needs and wishes of the groups
- Perception Review delivered by external provider to ensure confidentiality and neutrality in reporting, including 20 to 30 in-depth interviews with key partners identified by Trust and on-line survey offered to approximately 200 stakeholders and partners
- Better Care Together conference on 19th February for colleagues, partners, service users, carers, stakeholders to share and discuss emerging priorities.

Stage Two of the engagement process will run from April to the end of June and will be used to test out the priorities identified in the first stage and move forward the next level of detail towards implementation of the strategy.

The ongoing co-creation of the strategy will run in parallel with, and be informed by the organisational development plan which includes embedding of the Trust's values, partnership working and co-production.

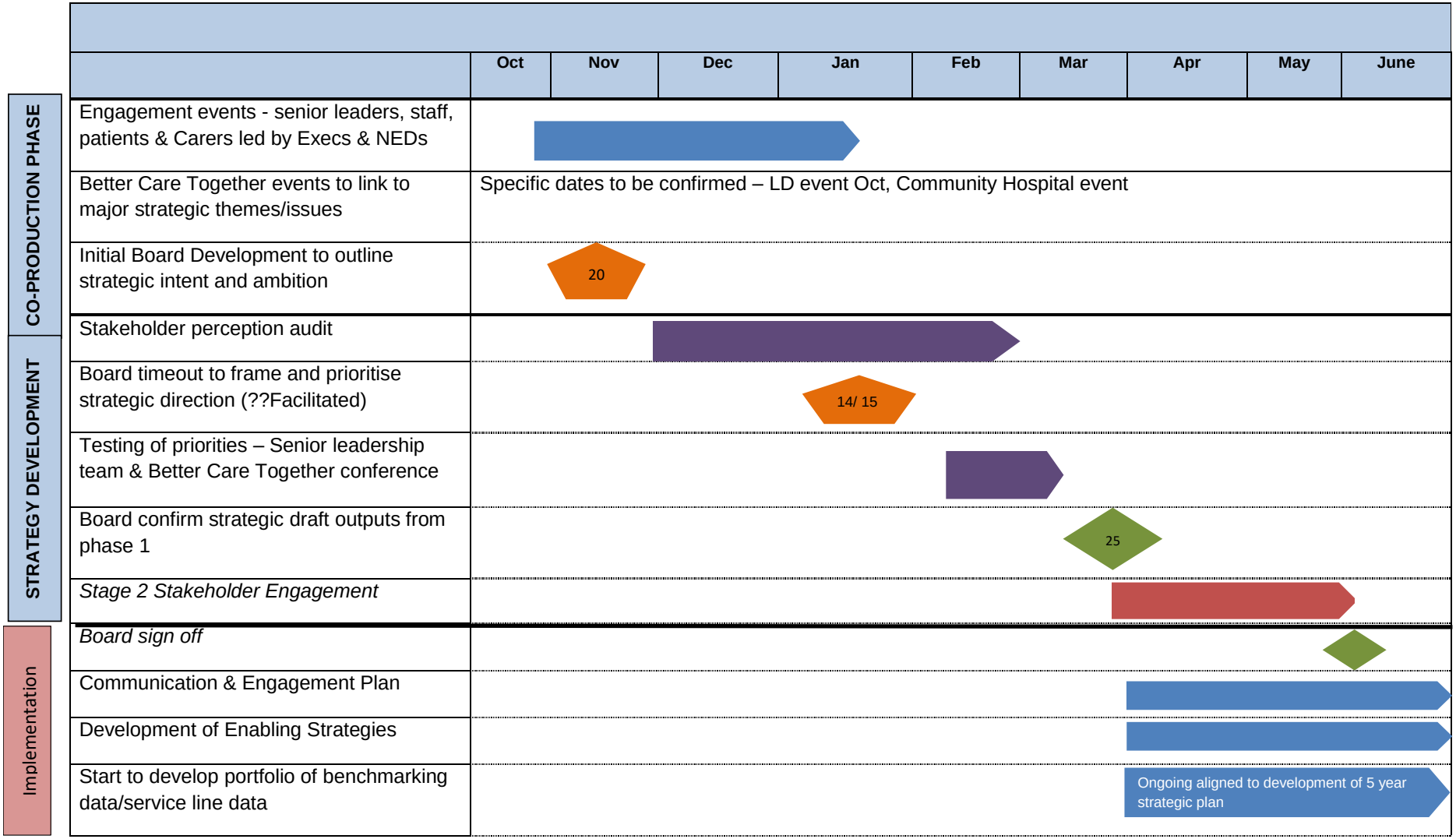
It is important for us to be able to determine and monitor that the emerging strategy will meet the current and future needs of the organisation therefore the following measures of success have been proposed;

- Staff and stakeholders can recognise their voices in the Trust's strategy
- A bold, ambitious and aspirational strategy that has a clear and realistic delivery timetable
- Clearly supports the ongoing development of a *Transforming organisation*
- The strategy is clear and relevant to everyone
- All staff are clear about the part they play in implementing the strategy through clear and measurable actions
- Partners and stakeholders are clear about GHC's role in the system

3.0 Recommendations

The Board is asked to note and support the following;

- The ongoing activities and timetable to develop the strategy through conversations and engagement with staff and wider stakeholders


Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
June
CO-PRODUCTION PHASE
STRATEGY DEVELOPMENT
Implementation
Engagement events - senior leaders, staff, patients & Carers led by Execs & NEDs
Better Care Together events to link to major strategic themes/issues
Specific dates to be confirmed – LD event Oct, Community Hospital event
Initial Board Development to outline strategic intent and ambition
20
Stakeholder perception audit
Board timeout to frame and prioritise strategic direction (??Facilitated)
14/ 15
Testing of priorities – Senior leadership team & Better Care Together conference
Board confirm strategic draft outputs from phase 1
25
Stage 2 Stakeholder Engagement
Board sign off
Communication & Engagement Plan
Development of Enabling Strategies
Start to develop portfolio of benchmarking data/service line data
Ongoing aligned to development of 5 year strategic plan

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 10/0120

Report to: Trust Board - 29th January 2020

Author: Angela Potter, Director of Strategy & Partnerships

Presented by: Paul Roberts, Chief Executive Officer

SUBJECT: **SYSTEMWIDE UPDATE**

Can this report be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement Assurance **INFORMATION**

EXECUTIVE SUMMARY

Fit for the Future

Discussions have been underway for some time regarding the timeline associated with the Fit for the Future pre-consultation business case and the Board were aware of the need to build in additional time to take account of purdah due to the General and Local elections.

Four domains are currently included within the Fit for the Future (F4TF) processes – general surgery; image guided interventional surgery; emergency and acute medicine and urgent care in the community. This paper provides an update on the timeline and the associated actions required.

The Trust Board will be asked to approve the Pre-Consultation Business Case prior to submission to NHS England/Improvement (NHSE/I) for stage 2 approval, following which it will be submitted to the Gloucestershire Health Overview Scrutiny Committee (HOSC) – a process to achieve this is currently being agreed.

One Gloucestershire Integrated Care System (ICS) Lead Report

The report attached provides an update to Board members on the progress to date of key programme and projects across Gloucestershire's ICS.

RECOMMEDATIONS

The Board is asked to

- Note the timetable and requirements for approval for the Pre-Consultation Business Case for the Fit for the Future programme.
- Note the ICS Lead report

CORPORATE CONSIDERATIONS	
Quality implications	Fit for the Future is a key delivery vehicle for the integrated care system change programmes and therefore has impact to all key stakeholders across the Gloucestershire Health and Care system.
Resource implications:	
Equalities implications:	An extensive programme of engagement has been completed with the public stakeholders and partners across Gloucestershire.
Risk implications:	

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by	**Date**
Angela Potter Director of Strategy and Partnerships	19/01/20

Where has this issue been discussed before?	**Date**
Executive Team Meeting	10/10/19 and 14/01/20

Appendices:	Appendix 1 – Fit for the Future Timeline v7 Appendix 2 – ICS lead report

DEVELOPING THE PRE-CONSULTATION BUSINESS CASE – FIT FOR THE FUTURE

1. Introduction

This paper provides an overview of the next steps associated with the development of the Pre Consultation Business Case (PCBC) for the Fit for the Future (F4TF) across Gloucestershire. A key work stream within this programme is the consideration of urgent care in the community for which the Trust is the main provider of services.

2. Progress to Date

A number of key milestones were delayed as a consequence of the General Election but significant progress continues to be made. An extensive programme of engagement has now been completed with the public, stakeholders and partners across the whole of Gloucestershire and the report from this exercise has now been completed and is available at https://www.onegloucestershire.net/yoursay/fit-for-the-future-output-of-engagement/

The engagement was an opportunity to seek views on the ways services could be organised to get the best urgent advice, support and care across Gloucestershire along with understanding the benefits of having two thriving specialist hospitals in the future in Cheltenham and Gloucester.

A number of key themes were noted from the engagement which include:

- Keep the A&E at Cheltenham Hospital
- Improve NHS 111 services
- Improve access to General Practice
- Ensure community urgent care options provide local, equitable access and are well resources with access to a range of diagnostics
- More joined up ways of working

A number of focused discussions also took place in the Forest of Dean (FoD) which were extended to give people a further opportunity to share their views on the development of the new hospital. Key feedback from the FoD sessions over and above the previous bullet points included;

- The number of beds needs to be clarified and consider fully the demographics and end of life care
- Transport is an issue for urgent care provision, particularly in the south of the Forest and there is a need to improve GP access to support urgent/out of hours care
- The current range of services provided at the Dilke and Lydney should be provided in the new hospital

3. Development of the Pre-Consultation Business Case

The longlisting process for all workstreams and the development of the hurdle criteria has been completed. This has enabled workstreams to develop the medium list of options that are being further develop. Appendix A includes an overview of the up to date timetable with notable key next steps including;

- 4th and 5th February – Solutions Appraisal for workstreams as appropriate to develop the shortlist of options that will move forward into the pre-consultation business case
- Feb – April – Development of the PCBC
- Trust Board's will be required to review and support the PCBC (exact approach to be determined) prior to submission to NHS England in April and the Health Overview and Scrutiny Committee in May for review and support.

One Gloucestershire
Transforming Care, Transforming Communities

FIT FOR THE FUTURE

NHS

Update

Date: Nov 2019

Programme Timeline: Engagement to Consultation

FIT FOR THE FUTURE

General Election (12/12/19)

Local Election (07/05/20)

Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20

Agreement to engage

Public & staff engagement

- FFTF booklet & survey
- Locality bus & stands (x24)
- **Involvement workshops* (x4)**
- **Locality workshops* (x7)**
- **Engagement hearing* (24/10)**
- GHFT Staff walkabouts, Intranet etc.

Engagement report

Solution development

- Emergency & Acute Care
- General Surgery
- Image Guided Surgery
- Community urgent care

Criteria development

- Assessment Criteria
- Long-list to medium-list

Pre-Consultation Business Case

- Integrated Impact Assessment (quality, equality & travel)
- Modelling (activity, workforce, finance)

Assurance

SW Clinical Senate (w/c 31/03/20)

Citizens Jury (20-24/01/20)

NHSE Stage 2 (23/04/20)

HOSC (19/05/20)

Solutions Appraisal (4-5/02/20)

Shortlist

Preferred Option(s)

Preferred Option(s) Approved

Decision making #1

CCG/GHFT/ GHC

CCG/GHFT/ GHC

ICS Board

ICS Board

Public consultation

Decision making #2

One Gloucestershire
Transforming Care, Transforming Communities

Criteria & Solutions development phase

FIT FOR THE FUTURE

General Election (12/12/19)

Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20

Public & staff engagement

- Emergency & Acute Care
- General Surgery
- Image Guided Surgery
- Community urgent care

31/10 Engagement report

17/10 Criteria Task & finish group #1

Issue guidance for criteria development; develop solutions appraisal process

Criteria development 01/10-05/11

12/11 Criteria Task & finish group #2

Review inputs from engagement report and Workstream groups and propose draft criteria for solutions appraisal

Clinical and non-clinical Workstream groups advise on revisions to draft criteria

Solution development 30/10-13/12

Long List

Clinical Workstream draft Long List

Solutions Appraisal 20/11-23/12

Medium List

Citizens Jury (20-24/01/20)

Solutions Appraisal (4-5/02/20)

Shortlist

Preferred Option(s)

£ Criteria development

High Level £ appraisal

Medium List modelling

Short List/ Option(s) modelling

£ & activity Baseline

Financial model preparations: assumptions, permutations etc.

Criteria development process

- Involvement and locality workshops reviewed Pre Consultation Business Case criteria
- Draft Criteria developed by Task & Finish Group
- Reviewed by:
  - Community Urgent Care Workstream
  - Emergency and Acute Medicine Workstream
  - Image Guided Interventional Surgery Workstream
  - General Surgery Workstream
  - New Models of Care Board including Primary Care
  - Resource Steering Group
- Engagement Report includes involvement and locality workshop feedback
- Criteria to be finalised by Task & Finish Group with recommendation to Programme Development Group and ICS Executives for approval

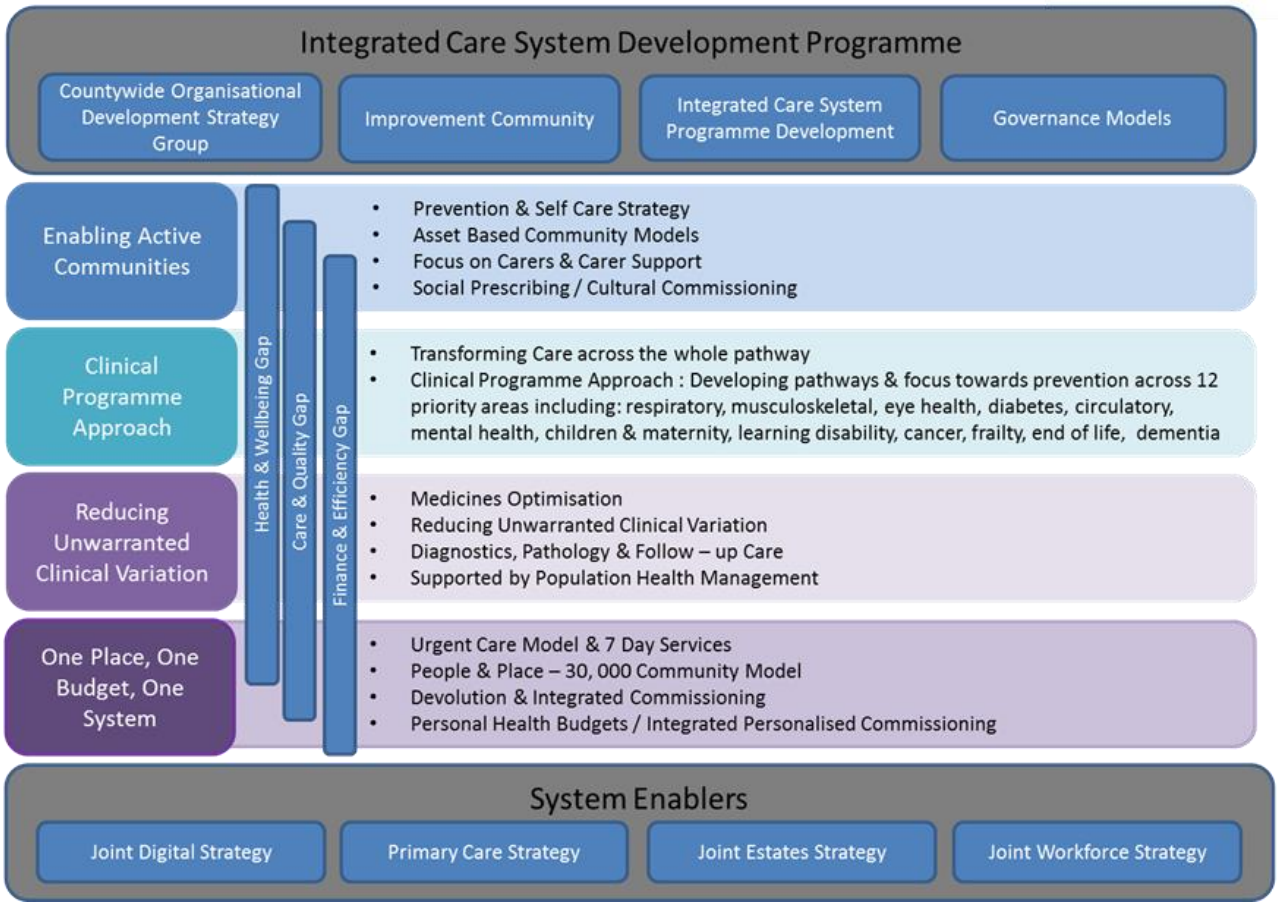
January 2020

One Gloucestershire ICS Lead Report

1. Introduction

The following report provides an update to the CCG Governing Body on the progress of key programme and projects across Gloucestershire's Integrated Care System (ICS) to date.

Gloucestershire's Sustainability & Transformation Plan commenced year three of four in April 2019. Priorities continue to be delivered across the main transformation programmes and we have reviewed the plans as part of our planning work on the One Gloucestershire Long Term Plan. In this report we provide an update on 2019/20 plans and the progress made against the priority delivery programmes and supporting enabling programmes included within the ICS. One of the roles of the ICS is to improve the quality of Health and Care by working in a more joined up way as a system.



Gloucestershire's ICS Plan on a page

2. Enabling Active Communities

The Enabling Active Communities programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector.

The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to improve health and wellbeing. It recognises that a more efficient approach to preventing ill health is very important. This will improve the health of the population and make an important contribution to the maintenance of sustainability in our ICS.

Key priorities for 2019/20 will align to the refreshed Health & Wellbeing Strategy and are split across the 4 main work streams: supporting pathways, supporting people, supporting places and communities and supporting our workforce.

Supporting Pathways

- The provider of the **Tier 2 Child weight management service** is in the final stage of developing a trial service for Gloucester and Forest of Dean. This includes establishing referral routes and developing ways of testing the programme. Tier 2 services focus on lifestyle changes to support healthy weight.
- **Tier 3 (specialist) Child weight management service** clinics are due to start in January 2020.
- As at the end of November there are now 12 people on the Gloucester Cohort and 8 people on the Cheltenham cohort as part of the **Blue Light Change Resistant** Drinkers project. There was more attendance at the Cheltenham meeting, with colleagues from YMCA, Police, Safe Spaces and Cheltenham Borough Homes.
- **Postpartum contraception -** Delivery of 'contraceptive counselling' continues. The service has achieved a delivery rate of 100%; with 100% of women attending the service accepting contraceptives.

Supporting People

- The **Self-Management - Live Better, Feel Better** has shown positive results for how people manage their conditions and report their progress and concerns to health care staff. The service has managed to reach the right people as planned.
- A project has been developed which focuses on improving the quality of ‘Stop Smoking’ services.

Supporting Places & Communities

The **Community Wellbeing Service (CWS)** continues to make a positive impact to individuals, with 4,314 referrals made since the service began nearly 3 years ago. Of these referrals, 73% of individuals have shown an improvement in their mental health. Staff within Primary Care and the CCG are working closely together to make sure we have staff in the right places.

We Can Move programme:

- Stroud district council have purchased 800 falls sets to train their housing staff. A total of 717 People have now received falls packs via community groups. These will help prevent people

from falling.

- There are currently 155 schools taking part in The Daily Mile. The 'Big Day' campaign registered 133 Gloucestershire primary schools, with a total of 26,380 children taking part. 27 of these schools had never run The Daily Mile before which was a fantastic outcome for this campaign.
- Barton & Tredworth women's steering group have linked to the Friendship Cafe Inspire women's project. Monthly female-only activity sessions and Wednesday Wellbeing Evenings are being planned. They are working with local activity providers to help train individuals.
- The first Active Travel session for staff was held and 2 new Action Learning Groups (young people and disability groups) took place in November. We are looking at how knowledge can be shared on line as well exploring the development of the 'We can move' website.

Strengthening Local Communities

- In the Cotswolds 13 local people have been trained to become Community Dementia Link Workers and in Gloucester City, Monday evening community engagement drop-ins are being run by an active resident. In the area. .

Supporting Workforce

- **Workplace Health and Wellbeing:** The Healthy Lifestyle Service has successfully recruited to the accreditor post. Work is underway to plan an official launch event for the new Gloucestershire accreditation.

3. Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to make sure services work together to redesign the way care is delivered in Gloucestershire. , By reorganising the way care is delivered and services that deliver this care we can make sure that people get the right care, in the right place, at the right time. During 2019/20 we have identified 4 clinical programmes which will be moved forward more quickly. These are Respiratory, Diabetes, Circulatory and Frailty & Dementia.

Respiratory:

Health Education England funding has been approved to continue education and training in 2019/20 across primary care, community and acute care. This includes developing bespoke training packages including diagnostics, management and preventative support for teams working in Primary Care.

Health Education England funding has been approved to support the education and training approach in 2019/20 across primary care, community and acute care. There are significant opportunities for education across community and hospital teams including Pulmonary Rehabilitation, Leadership and Asthma.

Educational video and podcast resources are being planned and developed for the Forest of Dean.

There has been an agreement to change the description for Home Oxygen Assessment and detailed planning is under way. This change will enable a joined up approach to supported discharge to be embedded across the respiratory specialist team.

Diabetes:

The new National Diabetes Prevention Programme (NDPP) provider ICS Health and Wellbeing is working well and there have been 650 referrals made since August 2019. The CCG is working closely with Primary Care Networks to look at ways to increase referrals onto NDPP and share good practice examples.

The pathway for children with Type 1 diabetes going onto Continuous Glucose Monitor is working with 50 children in receipt of this device. The device will help manage their diabetes and reduce its complications.

The 10 Year Diabetes Strategy has been finalised and has been approved by the Diabetes Clinical Programme Group in November 2019.

The virtual clinics held by the GP Clinical Champion are progressing and working well.

A diabetes integration workshop is taking place with Gloucester City in December 2019 to test the proposed way of working.

The CCG was successful in being awarded £40,500 for using volunteering approaches to appoint a person/s with a lived experience of diabetes to interact with others in community setting to improve health & wellbeing outcomes.

Circulatory:

An evaluation workshop for the Community Stroke Rehab Unit has taken place with a report and action plan to follow

Atrial fibrillation (AF) podcast has been recorded as part of action in Primary Care. All practices are in the process of completing a review of patients prescribed treatment for AF to provide assurance that patients are receiving the correct dose.

We are looking at the journey for patients with chest pain who go to hospital. This involves working with the Urgent Care team to identify ways to reduce emergency admissions for this condition.

Gloucestershire Hospital has commenced a quality improvement project to increase referrals to Cardiac Rehab.

REACH-HF project for home-based rehabilitation for patients with heart failure is on track, with positive feedback from patients so far.

The Nature on Prescription project for people who have had a cardiac event is now on the 2nd intake and referrals are starting to be received for the Forest of Dean as well as Gloucester,

Frailty & Dementia:

At the most recent Frailty Clinical Programme Group, the group agreed the approach to divide people into 4 groups (pre-frail, patients living with mild frailty, patients living with moderate frailty and patients living with severe frailty). The definition of these groups was agreed and the approach to looking at data and defining appropriate interventions was also agreed.

Health Education England funded Young Onset Dementia training which was delivered to Community Dementia Nurses and Dementia Advisors which was well received and outcomes included best practice examples and research.

The Community Dementia Dog project has been extended to 12 months based on positive outcomes from mid-point review. The most effective and beneficial referral source is Social Prescribing and it is hoped that this can be continued. The national Dementia Dog project in Forest of Dean has seen a mix of regular community Dog Days and home based interventions.

Focus on Stroke Early Supported Discharge (ESD)

The following case studies give some insight into the support the early supported discharge team and approach can give to stroke patients.

Mr T

Mr T was seen over a period of 3 years and is now walking independently, managing the stairs and his speech continues to improve. He has the flexibility to self-refer back to Assessment and Rehabilitation Unit as required. Mr T's discharge from the Dean Hospital was expedited by ESD therefore making cost savings and enabling him to get home which benefitted his wellbeing and rehabilitation. The severity/complexity of his stroke required longer term stroke specialist intervention and there was an overall improvement achieved with further rehabilitation. The fact that Mr T could access the Tewkesbury Assessment and Rehabilitation Unit after ESD and the community neuro physio specialist enabled him to achieve his goals of walking independently indoors, making a meal for himself, attending to his own personal care (therefore not being reliant on a package of care) and improve his cognition.

Mr C

Mr C benefitted from 12 weeks with ESD, preventing admission to another rehabilitation facility or needing to go out of county for treatment. Mr C had significant loss of independence with regards to his communication, personal care, mobility and had already had a long stay in hospital, he needed a significant level of input from the Occupational Therapists, Physiotherapist and Speech and Language Team over the 12 week period:

- At 6 weeks he was walking supported with one carer, but it was evident that he was unlikely to be independently mobile in the future. The additional 6 weeks enabled ESD to concentrate on getting him out of the house, exploration of potential interests/hobbies and onward referral for Electrically Powered chair.
- Mr C and his wife needed time to adjust to life after stroke. It was essential that ESD had adequate time to support this beyond the standard 6 weeks of service. At discharge Mr C and his wife felt well supported and that great progress had been made in the 12 weeks, with onward plans established.
- He significantly improved in confidence in his ability to transfer, balance and mobilise with supervision from his wife independently in his home environment.
-

Mr C did not fit into the mild to moderate category of stroke and as such did not meet ESD criteria. However, the team accepted him because it was his best interests to receive stroke specialist input and because there was no other appropriate community service available. Mr C would not have been able to attend outpatient services at 6 weeks as he was still unable to get out of the house, get in a car, and was too fatigued to have managed a session if he had been taken on hospital transport. Providing longer term intervention at home was definitely the most appropriate service for him.

4. Reducing Clinical Variation

The Reducing Clinical Variation programme looks to elevate key issues of clinical variation to ICS level. This will include having conversations with the public around some of the harder priority decisions we will need to make. This includes building on a different approach with primary care, promoting 'Choosing Wisely', thinking about how medicines can be used in a better way to reduce cost and waste, undertaking a review of diagnostic services and working to improve Outpatient services.

Key priorities for 2019/20 are

- We will continue to use the successful Prescribing Improvement Plan (PIP) to ensure that we continue to save money and improve benefits for as much of the year as possible. Actions include working with GP practices via the prescribing support team to identify and record beneficial changes to prescribing activity.
- We will continue to work with Hospital colleagues to consider areas including medication choice and how medicines are supplied so that benefits are shared across the ICS.
- Continue to include Medicines Optimisation topics within the annual Primary Care offer to support primary care colleagues to maximise savings available from prescribing in a better way
- Continue the successful provision of the Clinical Pharmacist team working within many GP practices by recruiting to fill current vacancies.
- Implement a two year programme Medicines Optimisation in Care Homes scheme, specifically in residential homes.
- Develop & improve mechanisms to allow GPs to access specialist opinion/advice and guidance.
- Develop appropriate alternatives to Hospital outpatient services where there are opportunities to manage patients in a less specialist and lower cost setting.
- Support changes to how Outpatient Care in delivered across the ICS Improve how money is spent to commission services through changing and developing relevant policy.
- Referrals to Hospitals will be triaged and managed using improved procedures. A review of diagnostic services across the ICS will be undertaken to support programmes of change.

What we've achieved so far:

- Work within GP practices is progressing towards achievement of the 2019-2020 Prescribing Savings target through the updated Prescribing Improvement Plan and Primary Care agreement which have been combined for the first time this year.
- Our team of Prescribing Support Pharmacists, Prescribing Support Technicians and Clinical Pharmacists are working with their allocated practices and provide support to help achieve prescribing savings for individual practices.
- Ongoing communication with the public around changes to medicines policies including the prescription of over the counter (OTC) medicines. OTC medicines information leaflet, relating to encouraging people to buy their own medications where possible, has been updated.
- Funding from the Primary Care Training Hub has enabled Gloucestershire CCG to run training days for GPs covering how to identify skin lesions and how to take high quality images. Training days were well received with a total of 96 GPs being trained. Further resources to continue to support learning have been provided on the G-care website.
- In Rheumatology the GP practices with high numbers of inappropriate referrals have been identified and agreed a programme of training with GPs in Forest of Dean to improve their knowledge of Rheumatic Disorders.
- Primary care pathology differences was investigated and presented at Reducing Clinical

Variation Board (RCV). The RCV Board agreed that a series of bitesize guides for primary and secondary care would be beneficial.

- The £200 million capital announcement for replacement of old (over 10 year at March 2019) diagnostic equipment resulted in the hospital receiving an allocation of new machines.

5a. One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative ICS approach to health and social care.

The intention is to enable people in Gloucestershire to;

- Be more self-supporting and less dependent on health and social care services,
- Live in healthy communities,
- Benefit from strong networks of community support
- Be able to access high quality care when needed.

New locality or Place led 'Models of Care' trials started in 2016/17. The trials were to 'test and learn' from this process including benefits, challenges and working across organisational boundaries. This led to the formation of 16 locality clusters/ Places across the county.

Key priorities for 2019/20 are

- Senior leaders from health and social care, locally elected government and non-professional representatives are working together to inform and support integration at Primary Care Network (PCN) level. This will help with unlocking issues and sharing responsibility for finding local solutions to deliver ICS priorities and tackling issues which arise for their population which can only be resolved by working together. .
- Clinically-led integration, involving staff and local people in decisions, to support more people in the community and out of hospital.
- Integrated Locality Partnerships (ILP) plan to deliver an approach which concentrates on their population which includes keeping people healthy (prevention) and public health. The agreed priorities will help to improve health and wellbeing for their population.
- Develop how teams made up of different health and social care staff will work together at a PCN level.

What we've achieved so far:

- The Population Health Management Programme across Cheltenham ILP has been well received and has gathered momentum. Each PCN has defined their patient cohort in conjunction with wider community partners.
- A planning event was held for Tewkesbury ILP in December and wider partners have been asked to suggest collective priorities in January and agree them during February. All Remaining ILPs have agreed collective priorities.

South Cotswolds Frailty Service

- Flu' clinic packs have been assembled and Wellbeing Coordinators have dates in their diary to attend the clinics.

- Work continues to look at identifying and supporting people who are at the End of Life. This includes supporting GP practices. Looking at how patients can be supported to call the Frailty Team directly. This will help make sure that resources are used correctly and free up Frailty team time
- Aiming to improve partnership working with Cirencester Community Hospital
- Development of a communications and training plan for the Ambulance Trust, to include Me @ My Best and training on managing frailty in urgent situations is being developed.

5b. One Place, One Budget, One System

Fit For The Future

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services into the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have.

Regular updates on the Fit for the Future Programme have been shared with HOSC, describing how the programme aims to deliver an integrated urgent care system and hospital centres of excellence to ensure we realise the vision for urgent care.

Our key deliverables for 2019/20 include;

- Continue to develop and refine the "Fit for the Future" strategy focussing upon development of same day urgent care services, Centres of Excellence and Integrated Urgent Care (Clinical Advice and Assessment Service).
- To further develop and deliver plans identified within the Emergency Department attendance (A&E) admission avoidance programme and length of stay management.
- To further develop and deliver plans which look at the journey patients take from the time they are admitted until discharge which will reduce bed occupancy of long stay patients by 25%:
- To further develop and deliver plans identified within the Community Admission Prevention programme.
- To further develop and deliver plans identified within the Find and Prevent programme.

Current progress

The Fit for the Future engagement was on 'pause' during the pre-general election purdah period but is now however, ready to resume conversations.

An independent Citizens' Jury will meet on 20th January to begin its work and look at how specialist hospital services in Gloucestershire could develop in the future. The Jury will sit for five days in public with participants reflecting the county's diverse population.

Jury members will consider feedback from the Fit for the Future public and staff engagement, together with evidence on the need for change across Gloucestershire's two main hospital sites – Cheltenham General and Gloucestershire Royal. They will hear from NHS staff working in the services, from public and patient representatives and from a variety of other speakers on relevant topics.

They will consider, and be asked for their views on, a vision for centres of excellence approach to providing hospital services. This approach reflects the way a number of services are already delivered across the Trust such as stroke, children's services and trauma and orthopaedics, which is serving patients well.

Following a period of advertising, 181 people applied to be a member of the Jury. 18 people were selected and are broadly representative of the people of Gloucestershire in relation to age, gender, education, ethnicity and postcode.

6. Enabling Programmes

Our vision for future Health and Social Care in Gloucestershire is supported by our enabling programmes. These are working to ensure that the ICS has the right capacity and capability to deliver on the clinical priorities which have been identified.

Joint IT Strategy: Local Digital Roadmap

- Cinapsis (an Advice and Guidance system), has now been rolled out to 58 practices across the county. This supports GPs and hospital consultants and other clinical staff communicating to support GPs with advice for patients on a quick turnaround.
- Joining Up Your Information (JUYI) is being viewed 240 times a day on average supporting the sharing of information across our health and care providers.
- 26. 08% of patients are now registered for online primary care digital services.
- A Children's & Young People Mental Health digital bid has been submitted for central support to develop an online portal for young people to manage their appointments, advice, message their therapist and access a moderated group chat

Joint Workforce Strategy

The following 2019/20 Workforce Development Projects have been signed off by Health Education England and therefore supported with funding;

- Advancing Practice,
- Apprenticeship Hub supporting us to continue to provide excellent apprenticeships in health and care roles,
- Support to the clinical programmes (see section 3)
- Primary Care Network (PCN) Health Coaching Skills Training,
- Gloucestershire Improvement Community Programme,
- Outpatients and Upskilling Allied Healthcare Professionals in Ophthalmology Clinics.

The Leadership Programme is progressing well and positive feedback has been received. In terms of cohorts;

- Cohort 3 (Urgent Care) has finished the programme;
- Cohort 4 (Dementia & Frailty) remains ongoing;
- Cohort 5 (CVD & Diabetes) remains ongoing; and
- Cohort 6 (Respiratory & End of Life Care) remains ongoing.

We held our first workshop to look at the whole system impact of the promoted new roles in primary care. This focused around pharmacists and working together as a system to support the best way to deliver these new roles.

Joint Estates Strategy

The ICS Estates Strategy is being developed which brings together updated organisational estates strategies of each partner organisation, as part of the long term plan. An updated Primary Care Infrastructure Plan with plans up to 2026 is being drafted and developed. The South Western Ambulance NHS Foundation Trust strategy for future estate provision will deliver a range of operational sites. These will consist of the development of new Hubs (Make Ready Centres) mainly close to Acute hospitals and supported by a network of Book On locations (staff start and finish shifts) and Spokes

(standby points). Each Hub will be subject to a detailed Business Case for approval by the Trust. The proposal for a new Minchinhampton surgery has been approved.

Primary Care Strategy

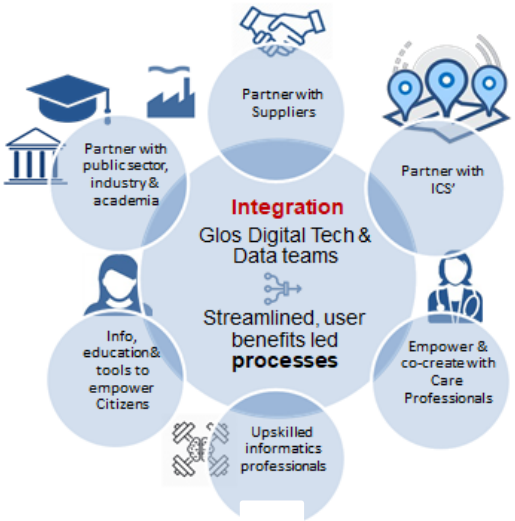
Our first ICS digital primary care priority is to have a main offer for all practices. It will test further digital improvements to establish the benefits for patients and GP practices. At the same time it will keep an eye to the future developments with 111 Online and the NHS App roll out.
The 2019-2024 Primary Care Strategy must demonstrate how the ICS will:

- enable services to remain flexible and sustainable,
- improve integration and partnership working,
- detail priorities and how these will be achieved,
- describe how Primary Care Networks will be the focus as the key enabler to the strategy.

Developing the Primary Care Workforce: A number of schemes are ongoing to help develop and improve the Primary Care Workforce. We have continued the Care Navigation trial with a training provider. Roles Reimbursement scheme is continuing with a Gloucestershire ICS stakeholder workshop for Pharmacy and Medicines Optimisation and this took place on 10 December 2019. There are Three GPs currently on the Health Equalities Fellowships scheme. The Primary Care Workforce website has been developed.

Focus on Digital Technology

Our vision is to work together to deliver digital convergence and collaboration across the ICS and to ensure that digital technology is one of the key drivers facilitating service transformation and sustainability. We will invest in a sustainable and underpinning technical infrastructure to support the delivery of transformational service changes, driven by care professionals and focused on empowering people to take control of their own health and care.



1. **Converge our digital, data and technology platforms, services and teams** to overcome funding, expertise and care co-ordination barriers.
2. **Closer formal linkages with clinical and transformation programmes,** to ensure the right solutions that are most likely to realise the greatest benefits are prioritised.
3. **The ICS governance to make system wide decisions will be refreshed** to increase visibility, co-ordinate investments and speed- up decision making.
4. **Starting to develop our skills in Agile digital delivery and user centred design processes** will increase the value of investments, visibility of progress and velocity.
5. **Developing career pathways and skills development programmes** will increase our expertise, retain more staff and attract new high quality people of high quality.
6. **Care CIOs will be developed and embedded into our delivery processes** to improve the design and adoption of digital services.
7. We can't do this alone, so **need to develop our partnerships with academia, industry, suppliers and other ICS'. Partnerships,** This will focus on raising our expertise levels, sharing effort, cost efficiencies and planning for the future.

So Far….

- The first phase of the new Hospital Electronic Patient Record went live in Gloucester Royal Hospital in December. This started with electronic documentation, tracking boards and a clinical record portal, which also allows access to a Shared Care Records. Time savings for staff as well as improved quality of care are already being evidenced, helped by a high level of engagement from nursing staff in In-patient wards.
- The clinician to clinician messaging pilot, called Cinapsis, has been rolled out to 68 GP practices and the frailty service. This allows GPs to seek specialist advice on patients that may need to be sent to urgent care services and dermatology services. Early feedback on the impacts are positive
- Funding has been awarded to the hospital and mental health services in Gloucestershire to implement Electronic Prescribing and Medicines Administration. This will improve safety and efficiency significantly compared to the paper based mechanisms in place currently.
- 40 new GP websites have gone live, including new capabilities to do online messaging from patients to the practices. A programme of support is being developed for best usage and benefits from increasing usage of digital primary care services.
- A new Gloucestershire Digital Technology professional network has been established called Glos Care Informatics. The Academic Health Science Network has sponsored the first two events and speakers have been lined up for the next two from national and local teams. The group aims to increase the network, skills and knowledge of technology and health care staff in the county. This includes introducing aspiring informaticians to the career pathways and opportunities to learn more.

7. Integrated Care System

As a Wave 2 Integrated Care System we are working towards increased integration to improve health and wellbeing, we believe that by all working better 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 local people.

The System Development work stream captures the work to develop the overarching ICS programme. The responsibilities of this programme are as follows:

- Provide Programme Direction to the Gloucestershire ICS
- Manage a Communications and Engagement approach on behalf of the ICS, including ensuring the Health and Social Care Act duties regarding significant services changes are met in relationship to the ICS
- Ensure the ICS has a robust resources plan in place that all ICS partners are signed up to and that is aligned to organisational level plans.
- To ensure that the ICS has clear governance and performance management in place to ensure the system can manage and oversee delivery.

Our key achievements made since the last report include;

- Dame Gill Morgan has been appointed as Independent Chair of the One Gloucestershire Integrated Care System (ICS) and has taken up her role in January 2020. Gill has enjoyed a long and distinguished career in the NHS and third sector at national and local level. She has extensive

leadership experience having held a number of senior roles including Chair of the Alzheimer's Society, Chief Executive of the NHS Confederation and Chief Executive of North and East Devon Health Authority. She has also been a Permanent Secretary in the Welsh Government. More recently Gill has been Chair of NHS Providers since 2014, Vice Chair of the Lloyds' Bank Foundation for England and Wales, Commissioner (Vice Chair) for the review of physical and sexual abuse in women suffering multiple disadvantages and is Patron of the Infection Prevention Society. We are excited to welcome her to the One Gloucestershire system.

- One Gloucestershire ICS Web 'Bitesize' Priority Summaries: A useful resource for community partners and health and care professionals these summaries cover everything from active communities to transforming services. The summaries cover what we are doing as a partnership, a case study and highlight our plans going forward. The first 16 summaries have recently been added to the onegloucestershire.net website and provide a 'bitesize' overview of ICS priorities. A further 13 are in production. The summaries can be found at https://www.onegloucestershire.net/
- The third draft of the One Gloucestershire Long Term Plan response has been submitted and the overall shift in compliance was positive. The plan is moving towards finalisation with a plan to publish a public facing guide and the full narrative plan.
- A number of system wide strategies are progressing rapidly including outpatients, digital, primary care, Health & Wellbeing Strategy and the Prevention & Inequalities Framework.

8. Recommendations

This report is provided for information and the Governing Body are invited to note the contents.

Mary Hutton
ICS Lead, One Gloucestershire ICS

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 11/0120

Report to:	Trust Board - 29 January 2020
Authors:	Becca Shute, Assistant to the Chief Operating Officer Alison Wilmott-Miller, Deputy Director of HR Neil Savage, Director of HR and OD, John Campbell, Chief Operating Officer
Presented by:	Neil Savage, Director of HR and OD Sian Thomas, Deputy Chief Operating Officer
SUBJECT	**SUSTAINABLE WORKFORCE UPDATE**

This Report is provided for:

Decision	Endorsement	**ASSURANCE**	**TO NOTE**

EXECUTIVE SUMMARY

This report sets out a summary of the Trust's current approach to a sustainable workforce. The report was requested following a related discussion item at the December 2019 Resources Committee.

The report's purpose is to provide an update and assurance to the Board of Directors around the Trust's strategy and actions, both short and long term, being taken to tackle and mitigate the challenges and risks of a sustainable workforce.

Essentially, the report presents its approach to a sustainable workforce through the following three components:

- **Temporary Staffing** (i.e. Bank and Agency) – looking at the current position, our recent refocus, the alignment of legacy Trust staff and central bank
- **Recruitment** – improving the pipeline
- **Retention** – keeping hold of our people

RECOMMENDATIONS

The Board of Directors is asked to consider this report and to support the outlined strategy.

CORPORATE CONSIDERATIONS	
Quality implications:	A sustainable workforce is an essential component in the Trust's delivery of quality services. Our approach to workforce is critical to safety, effectiveness and experience (both of patients and colleagues). It is also a core enabler or disabler of the three key CQC Domains of "Safe", "Caring" and "Well-led".
Resource implications:	Some 60 to 70% of provider trusts' income is spent on workforce salaries, with a further proportion on temporary staffing. NHS Improvement have set each Trust with an agency staff cap alongside individual caps relating to what trusts can pay agency workers.
Equalities implications:	Equality and diversity are a core element of the Trust's people management practices, policies and procedures, in particular for recruitment, development and retention.
Risk implications:	If the Trust does not keep a keen focus on in its immediate and longer term workforce delivery and wider approach it risks being able to deliver quality services in a sustainable way.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	**Date:**
Neil Savage – Director of HR and Organisational Development John Campbell, Chief Operating Officer	20 January 2020

Where in the Trust has this been discussed before?		
Resources Committee	Date	December 2019

What consultation has there been?		
	Date	

Explanation of acronyms used:	GHC - Gloucestershire Health & Care NHS Foundation Trust HEI – Health Education Institutes HEE – Health Education England NMC – Nursing and Midwifery Council HCPC – Health Care Professions Council NHSI/E – NHS Improvement and NHS England ABMG - Agency and Bank Management Group RN – Registered Nurse (RGN and RMN) RMN – Registered Mental Health Nurse RGN – Registered General Nurse PMO – Programme Management Office QSIR - Quality Service Improvement Redesign

SUSTAINABLE WORKFORCE UPDATE

1.0 INTRODUCTION

1.1 Following a workforce discussion item at the Resources Committee in December 2019, it was agreed that a further update report would be taken to the next available meeting of the Board of Directors.

1.2 This report has been produced in partnership by operations and human resources colleagues provides an update and assurances that appropriate action and oversight is in place to address the on-going challenges facing the Trust in relation to a sustainable workforce.

1.3 The Board should also be mindful that the challenges of a sustainable workforce experienced by providers across the NHS for many years is not something that is completely within its scope of control to resolve in view of the complexity and scale of the challenge, alongside the fact that much of the supply pipeline remains the responsibility of external partners such as HEIs and HEE.

1.4 By means of illustration, taking nursing within the wider NHS, there are over 40,000 nursing roles currently unfilled. This represents some 12% of the nursing workforce. A recent Health Foundation report suggests that this could hit 100,000 in a decade. Arguably, to tackle such an endemic challenge, five things need to happen simultaneously across the NHS to bridge the gap in the longer term: -

- Firstly, there needs to be more **local and overseas recruitment**. This presents challenges from the impact from Brexit and the yet to be finalised approach to post-Brexit overseas recruitment and work arrangements
- Secondly, the UK needs to **train more RN** nurses in its HEIs. This presents a double edged sword – with the assistance of additional recruits in the longer term, counterchallenged by providers having to resource the related additional student nurse placements
- Thirdly, providers need to be able to **retain** their current workforce. This needs further enticements, improved colleague experience and improvements in flexible working, alongside more flexible retire and return packages
- Fourthly, HEIs, regulatory bodies such as the NMC and HCPC, and provider need to continue working in partnership to **embed and develop new roles**. While good progress has been made, for example on Nursing Associates, Assistant and Advanced Practitioners, there is still much to do
- Finally, a further **cultural and behavioural shift** is needed to better embrace workforce transformation and different ways of staffing the provision of care. This includes a shift in the digital enablement of the workforce, through better use of e-rostering and e-job planning. It also includes less professionally territorial approaches and competency based role development

1.5 Encouragingly, the government has promised 50,000 more nurses, with 18,500 of these coming from retaining existing nurses, 12,500 new appointments from overseas, 5,000 via nursing apprenticeships and 14,000 through training routes. It has also promised to re-introduce the nursing bursary it previously removed.

1.6 What the Trust is currently doing to tackle the sustainable workforce challenges locally is outlined below and broken down into the following components:

- **Temporary Staffing** (i.e. Bank and Agency) – looking at (a) the current position, (b) our recent refocus, and (c) the alignment of legacy Trust staff and central bank
- **Recruitment** – improving the pipeline
- **Retention** – keeping hold of our people

1.7 Benefits in Temporary Staffing are expected to be realised within 3 to 9 months. Benefits in other aspects highlighted for Recruitment and Retention are longer term and range from realisation within 12 months for example, for improved exit and on-boarding processes, to 12 months for our local RGN pipeline, 12 to 24 months for our local RMN pipeline, circa 36 months for our physiotherapist pipeline and, in the case of more local junior medical supply, 7 years.

2.0 TEMPORARY STAFFING – CURRENT POSITION

2.1 The demand for bank and agency staffing across GHC has continued to rise throughout 2019/20, most notably within mental health and learning disability services.

2.2 This is the cumulative effect of continuous vacancies in Band 5 nursing posts in both mental health and community hospital services due in part to the national workforce challenges, and also an increasing demand on additional staffing to meet complex needs of the patient population, for example, through additional resourcing requirements for 'enhanced levels of observation and engagement'. Recruitment to Health Care Assistants also continues to present challenges in the current competitive employment market within the county.

2.3 In line with the national medical workforce shortages, our medical agency use has continued to increase. There also continues to be a need to utilise agency staff to full fill the requirements of the Improving Access to Psychological Therapies (IAPT) service contract but it is important to note that this is decreasing as part of our planned recruitment and retention strategy.

2.4 Current forecasts indicate an end of year position of £6.231m temporary staffing spend against an NHSI/E ceiling of £4.25m. While this is a similar challenge many NHS providers are facing, it is one that the Trust needs to urgently address.

2.5 This end of year position is expected to result in GHC receiving an Agency Risk Rating from NHSI/E of 3 (1 best, 4 worst) as a result of being >25-50% above the agency spend ceiling. This is not where the Trust would want to be on its ratings.

2.6 It is clear that the range of initiatives in development or early implementation will not reduce the current forecast end of year position.

2.7 It is also important to note that at present, as a result of multiple information systems, for example, two Electronic Staff Record subsets, two finance ledgers, two NHS Jobs accounts, two staff bank/central bank approaches, there are significant limitations in the ability to easily access the depth of information required to gain a comprehensive understanding of the current position and the influencing factors.

2.8 This results in a limited consistent understanding of the vacancy and turnover rate, the average duration of end to end recruitment process, the use of temporary staffing at team and service level across clinical and non-clinical services and presents difficulty collating and centrally monitoring the impact of the range of initiatives in train

to support the achievement of a reduction in agency spend and longer term, a sustainable workforce. Fully integrated reporting will be embedded in Q2 20/21.

2.9 As resources are focused on critical system integration in the short term, reports on workforce information have to be manually produced and combined from separate systems which is highly time consuming at a time when those same colleagues are focussing on a variety of system harmonisation projects. At present, due to these projects, there is a need to limit the information generated to that which is essential for service delivery which challenges the ability to report the wider position.

2.10 Sections 3 and 4 below outlines actions undertaken since December 2019 to ensure a better understanding of the current position is achieved and short term (6-9 months), high impact actions to reduce agency spend are implemented.

3.0 TEMPORARY STAFFING - REFOCUSING TO REDUCE AGENCY SPEND

3.1 It is apparent that in both organisations prior to becoming GHC the initiatives implemented have not resulted in a sustained reduction in agency spend, this has been hampered by limited operational engagement at a strategic level to drive change and limited availability of business intelligence to direct focus.

3.2 This is further compounded by the national workforce gaps and challenges.

3.3 Using this learning and aligned with Quality Improvement principles, a decision was taken to adopt a 'less is more approach' and commence a re- focused Agency and Bank Management Group (ABMG)

3.4 The Chief Operating Officer was asked by the Chief Executive Officer to lead the newly constituted group with enhanced and delivery focus from senior operational and human resources leads, the key priority is to reduce the spend on agency in line with NHSI/E ceiling.

3.5 The group operates as a project board with some members also leading priority work streams.

3.6 The work streams target areas of highest need and opportunity for short term (6 – 9 months) impact on spend reduction and are focused on the following three areas: -.

1. Recruitment processes: -

- QSIR review of end to end recruitment processes will report in February 2020 identifying further ways to shorten processes
- Positive risk taking approach for pre-employment checks to reduce delays in start date has been implemented

2. Service with highest use of agency staffing (Wotton Lawn Hospital)

- Proactive recruitment to achieve and maintain full complement of HCA peripatetic teams
- Addition of Band 2 HCA's to peripatetic teams and staff bank to capitalise on workforce supply
- Continue the use of master vendor contracts and guaranteed supply of RN's and HCA's through framework agencies
- Review and adjust "safe staffing" models to more accurately reflect need

3. Business Intelligence - developing a consistent approach: -

- Identify essential information required at service level
- Map current data gathering and reporting processes across services
- Streamline interim manual reporting process
- Develop consistent reporting for bank and agency usage across staff and central bank

3.7 The inaugural meeting of the ABMG was held in December 2019 and the meetings are scheduled on a fortnightly basis throughout 2020 to ensure focus is maintained and outputs achieved.

3.8 Given the higher level of agency spend on medical staff, the Trust is also piloting Locum's Nest over the next 6 months. Locum's Nest is an established mobile locum app that connects doctors to locum work in providers, whilst cutting out the inefficiencies and expenses of the agency middleperson. For a small supply fee, the Trust benefits from quicker and cheaper advertising of available shifts, that using the more traditional framework agencies. Progress with this will be overseen by ABMG.

4.0 TEMPORARY STAFFING - ALIGNMENT OF STAFF BANK AND CENTRAL BANK

4.1 The merger has provided the opportunity to review the functions of staff bank (MH/LD) and central bank (Physical health) and develop a new future joint model.

4.2 Led by the Head of Organisational Resilience, a program has commenced supported by the PMO, to bring together the two teams and streamline systems and processes and create one internal staff bank.

4.3 It is envisaged that this will enable the following outcomes: -

- Improved streamlining and enhanced recruitment and retention
- Enhanced compliance with training and ensured high quality workforce
- Improved consistency in processes for booking and management of agency staff including approvals for off framework agency.
- Bank staff enabled to work across both physical health and mental health/LD services where appropriate
- Increased efficiency and enhanced working patterns for the staff bank team
- More effective trust-wide reporting of bank and agency usage

4.4 The new combined service will be operational from 1st April 2020.

4.5 In addition to the above service development actions are in place to: -

- Ensure more consistent processes across the two teams to manage the allocation of bank and agency resources with a view to reducing the need for last minute off framework agency requirements
- Agree roles and responsibilities in managing agency contracts and ensuring effective communication with the staff bank team and operational services
- Review the 857 bank-only contract holders to ensure all are active, up to date with training and understand how the bank workforce align with the clinical requirements and translate into shift availability

4.6 The Board is reminded of its previous agreement to continue using off framework agencies in the event that their use is the only way safe staffing can be assured as a result of all other options having been exhausted by the bank.

5.0 RECRUITMENT - IMPROVING THE PIPELINE HEI RELATIONSHIPS

5.1 To tackle the longer term sustainable workforce challenges, GHC has continued to work closely with a number key HEIs alongside HEE to ensure improved pipeline for prioritised professional groups. Our partnerships include amongst others, University of Gloucestershire, University of West of England, University of Bristol, University of Birmingham, University of Worcestershire and the University of Bath.

5.2 Locally, while our wider HEI relationships remain critically important, two specific relationships have been of particular importance. With the University of Gloucestershire, the Trust has supported the development and implementation of local RGN, RMN and Physiotherapy degree courses as well as the Nursing Associate programme. The Trust works with partner organisations and the University through its membership of the Gloucestershire Strategic Workforce Development Partnership Board which is attended by the Director of HR and OD, and the Director of Nursing, Therapies and Quality. While it is early days for all the local programmes, there are good longer term benefits predicted for our local Gloucestershire supply pipeline as a result of these new programmes alongside the RGN programme. Similarly, with University of Worcestershire, the Trust has developed its relationship and supply pipeline of RMNs and Nursing Associates.

5.3 The Trust has significantly increased the number of RMN student placements in the past year by circa 60%. We have also offered RMN student nurse bursary packages with guaranteed jobs on qualification, student practitioner placement packages, and for RGN students, payment of student loan interest payments. These have not had the uptake we would have desired and further work is being done on future offers. While the provision of more student nursing placements is challenging in terms of the requisite extra support, supervision and their supernumerary nature, future growth in numbers are essential to ensure we have a sustainable supply pipeline.

5.4 In addition, as a partner with the University of Worcestershire, the Trust is supporting its development and application to become a future medical school. Through the Three Counties Medical School Partnership Group, we hope to have a very local pipeline to supplement the existing medical student and junior doctor supply routes of Bristol and Birmingham. If successful, the benefits of this will not be experienced for another 7 or 8 years at the earliest.

5.5 Further sustainable workforce benefits are expected from partner HEI's recent developments of higher apprenticeship in health (Assistant Practitioner) and Advanced Clinical Practice programmes (Postgraduate Certificate / Postgraduate Diploma / MSc).

SOCIAL MEDIA AND RECRUITMENT MICROSITE

5.6 All NHS trusts use the national "NHS Jobs" website. While this is now a well-established recruitment pipeline, and a platform which largely removed the need for Trust advertising budgets, it is a one shoe size fits all model. The legacy ²gether Trust previously benefited from both the added recruitment data and from sourcing

recruits through its own recruitment microsite with social media short films and local area benefits and information. A recruitment microsite is being redeveloped for our newly merged Trust and will be relaunched in spring.

5.7 The Trust and its ICS partners are exploring how they can better use the "Proud To Care Gloucestershire" recruitment website and promotion material to create a single brand and Gloucestershire-specific gateway for both health and social care roles.

5.8 Both legacy Trusts have also had some initial successes through the use of targeted social media campaigns, for example, via Facebook. These have translated into appointments and we are now planning wider more regular use of both geographical and profession specific targeted recruitment campaigns.

RECRUITMENT EVENTS

5.9 A planned programme is in place for local and national recruitment events in the first half of 2020. This builds on the successes of HCA events in 2019 and includes a weekend student nursing event, a Job Centre Guildhall event, a Stroud General Hospital physical and mental health recruitment day, and a stand at the Royal College of Psychiatrist's Annual Congress. Further events are being planned for later in the year. The return on investment from each of these will be carefully reviewed to inform future activities. However, the Congress has previously been successful in securing medical appointments.

5.10 The ICS Recruitment Group is exploring options in partnership with the Council's Lead for Disability Employment on available local employment schemes and promotional events to build on our NHS Pledge (Learning Disability Employment Programme pledge).

5.11 With the appointment of a new Recruitment and Retention post in the HR team in February 2020, a plan will be worked up for a systemic local school and college career event and fayre programme in the second half of the year.

RELOCATION EXPENSES

5.12 In September 2019, in advance of the merger, the legacy Trusts agreed a reviewed and refreshed Relocation Expenses Policy. This provides more flexibility for managers and new recruits to access support for moving into the area, including the option of travel expenses in lieu of relocation. Our adverts and recruiting managers now need to ensure they highlight the options to potential candidates.

6.0 RETENTION – KEEPING HOLD OF OUR PEOPLE

6.1 The Trust has just reviewed and refreshed its Flexible Working and Appraisal policies and practices – both of which are critical to retention.

6.2 The new Flexible Working policy provides a clear revised policy and guidance on all the different options that exist to enable colleagues to work flexibly. Additionally, the Trust has identified that it has 258 Special Class Status (SCS) and Mental Health

Officer Status (MHO) clinical colleagues. These are nursing, AHP and medical colleagues who can retire on full pension benefits earlier at the age of 55. Out of this total, 194 colleagues are in the age range of 41 to 55 and have yet to retire, while 64 have already retired and returned or simply continued to work. This is a legacy affecting a smaller number of colleagues who were part of the 1995 Pension Scheme. Some of those identified have already retired and returned to work with flexible packages. Clearly, the Trust needs to maximise its retention of these highly skilled and experienced colleagues, ensuring it does not unnecessarily lose them. To that end, the Trust is now rolling out a new flexible retire and return package. This has been successfully piloted in the legacy ²gether Trust, with, several RMNs and medical consultants returning to work for our services after retirement. This will continue to be a key component of our retention strategy.

6.3 The new Appraisal policy and documentation improves and simplifies the related processes. Alongside this, nursing and AHP services are being encouraged to develop their own local "career opportunity" trees, based on a model shared from Great Ormond Street Hospital. This will be used to pictorially inform both candidates and existing colleagues via the appraisal conversations. A similar "leadership opportunities tree" has been developed and is used to inform leadership development conversations.

6.4 Following on from the learning of being part of the NHSI Retention Cohort, the Trust is implementing two new survey methodologies. One is a new Retention and On-boarding Questionnaire 12 months into a new appointment with the Trust. The other is a revised Exit Questionnaire. These are being launched through February and March and will use electronic systems allowing for ease of current and historic reporting. Both will also offer face-to-face opportunities too. Options are also being scoped for further follow up contact with ex-employees 6 months after they have left.

6.5 This quarter we are also launching a broader colleague benefits package with partners Neyber and Vivup which is intended to support our core employment offer to benefit both recruitment and retention.

7.0 CONCLUSION AND RECOMMENDATIONS

7.1 The Board of Directors is asked to consider this report and to support the outlined strategy which aims to tackle, resolve or mitigate short and long-term workforce challenges.

7.2 Going forwards, Temporary Staffing, Recruitment and Retention, will be key components of the Trust's new "Best People" strategy now in development alongside the wider Trust strategy. It is recommended that regular progress updates are brought back to the Resources Committee, particularly in light of the challenges presented in this paper alongside the forthcoming publication later in January 2020 of the national NHS People Plan.

AGENDA ITEM: 12/0120

REPORT TO: Trust Board – 29 January 2020

AUTHOR: Colin Merker, Managing Director Herefordshire Mental Health and Learning Disability Services

PRESENTED BY: Colin Merker, Managing Director Herefordshire Mental Health and Learning Disability Services

SUBJECT: **FUTURE DELIVERY OF MENTAL HEALTH AND LEARNING DISABILITY SERVICES IN HEREFORDSHIRE**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT

The following provides Board colleagues with an update on our work associated with the transfer of Mental Health and Learning Disability Services in Herefordshire to Worcestershire Health and Care NHS Trust by 1st April 2020.

RECOMMENDATIONS

Board colleagues are asked to note the current position

EXECUTIVE SUMMARY/REPORT

Transition programme

The transitional work associated with the transfer of services to Worcestershire Health and Care Trust ('WHCT') continues at pace appropriate to the 31st March deadline and the work remains track. The key areas of focus are:

- Workforce: communication and TUPE arrangements
- Novation or cessation of third party contracts
- Operational management structures
- IT infrastructure and services
- Clinical and non-clinical information services

- Financial arrangements

This is work is led by WHCT as the incoming provider, but it continues to be strongly supported and informed by Gloucestershire Health and Care NHS Foundation Trust (GHC) to ensure that services transfer safely on the 1st April 2020.

There is a formal programme board and project team structure to direct and oversee the specific work streams.

A particular area of focus and of risk in recent weeks has been the Clinical Information Systems work steam, which requires further focus if it is to be completed on time. Whilst WHCT will continue to access the GHC "RiO" Clinical Information System until the end of June 2020, the migration strategy for information between "RiO" to "Care Notes" still needs to be finalised. GHC will continue to support this area of work closely and seek to escalate through the Programme Board if necessary.

CQC Registration and regulation

Helpfully our local CQC liaison team met with WHCT's local CQC liaison team to facilitate the handover of CQC reporting. WHCT and ourselves are supported by different regional teams within the CQC. The meeting provided further assurance to WHCT on a number of challenging issues which GHC has successfully managed in Herefordshire, for instance the environmental concerns about Oak House and the Stonebow Unit single-sex management issues.

Internally John Trevains' team are well advanced with the work required to deregister the services that will transfer to Worcestershire Health and Care NHS Trust.

On 21st January 2020, the outcomes of WHCT's CQC Inspection of late Autumn 2019 were published. Overall the Inspection outcome maintained the "Good" rating achieved by the Trust following their previous inspection in 2018.

The really good news from the inspection was that their CAMHS services have been rated as "Outstanding".

Unfortunately this is balanced with their Adult Community Mental Health Services being rated as "Inadequate". Sarah Dugan, the Chief Executive for WHCT had already shared some concerns about these services with our Herefordshire Senior Leadership Forum and advised that they were fully reflected on the Trust's risk register. GHC colleagues were assured that there is a robust action plan in place to deal with issues related principally to staffing challenges.

Further information in relation to the CQC inspection report outcomes has been shared

with Staff in Herefordshire and with Board members via separate correspondence.

Governor Engagement

The Herefordshire Governors continue to receive invites to, and attend the Herefordshire Senior Leaders Forum so that they are briefed on matters alongside the Herefordshire Senior Leadership Team.

They also attend smaller Governor meetings with Colin Merker and Duncan Sutherland to discuss more detailed issues. Recently the governors met with HealthWatch and WHCT's Director with responsibility for Patient/Service User and Carer involvement, Sue Harris, to discuss:

- The future arrangements for Governors and wider membership
- The continuing engagement of Herefordshire Experts by Experience and volunteers.

A wider engagement day is being planned for late February/early March 2020.

Continuing engagement of colleagues

In addition to appreciation and farewell events being arranged in March 2020 by the CEO and Chair of GHC, in order to ensure staff feel fully welcomed into WHCT, were supporting WHCT in facilitating a series of staff welcome and induction days which are being arranged for the 4th, 9th and 30th March 2020.

The collaborative working arrangements that have been put in place between GHC and WHCT should continue to ensure that staff feel involved, informed and able to influence the process.

CORPORATE CONSIDERATIONS	
Quality implications:	A successful transfer of leadership is required to support the continued successful delivery and development of Mental Health and Learning disability services in Herefordshire. As the transfer of services is progressed, we need to ensure that there is no detrimental impact on either services in Herefordshire or Services within the wider Gloucestershire portfolio of the Trust
Resource implications:	The Herefordshire contract income will cease on the 1st April 2020 and the Trust will need to have resolved issues associated with the removal of corporate contributes by that time.
Equalities implications:	Need to ensure services in Herefordshire are treated equitably until the point of transfer
Risk implications:	Loss of focus in either Herefordshire or Gloucestershire due to transition. Financial planning around cost recovery. Staff moral during transition.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind		Making a difference	**P**

Report authorised by: Colin Merker, Managing Director Herefordshire Mental Health and Learning Disability	**Date:** 22 January 2020

Where has this issue been discussed before?
Board Meeting - November 2019 Executive meetings – ongoing 2019/20
What wider engagement has there been?
Wider engagement continuing with Herefordshire colleagues and Governors through workshops, meetings and 1-1 meetings.

AGENDA ITEM: 13/0120

REPORT TO: Trust Board – 29 January 2020

AUTHOR: Sandra Betney, Director of Finance

PRESENTED BY: Sandra Betney, Director of Finance

SUBJECT: **OUR MERGER – PME UPDATE**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** Information

PURPOSE OF REPORT

To update the Board on the work of the Programme Management Executive (PME) in discharging its strategic intent responsibilities with a view to providing a final review to the March Board.

RECOMMENDATIONS

To note the assurance and update provided in this report.

EXECUTIVE SUMMARY

The PME is the executive group which led on delivery of the merger and now on integration of the two antecedent Trusts as part of the Strategic Intent. This update is part of the process of ensuring delivery of the Strategic Intent is safely 'handed-over'.

The Report explains that the Director of Strategy and Partnerships will act as the executive champion and quality improvement lead, that strategic themes will provide guidance to colleagues as to improvement priorities and that progress will be monitored and communicated without stifling innovation (see Appendix 1).

The Board is invited to note that programme delivery largely met and in some areas improved, on the financial assumptions described in the full business case and that the risks and issues have been either closed off or, in very few cases, transferred.

Assurance is provided regarding quality assurance and the meeting of the obligations provided through the various board memoranda. The Board will be required to submit its quality assurance certificate to meet a 1st April 2020 deadline, a draft for approval will be provided to the March Board.

The Board is invited to note that there will be a period of considerable system integration around March and April but that appropriate communications, training and issue management procedures are being put in place.

As part of its monitoring of workforce post-merger, PME confirmed the need to provide renewed focus on leadership and personal development through-out the management layers and to review GHC structures on a dynamic basis.

GHC is developing a 'Thoughts from our Journey' presentation to assist other merging Trusts and the content of the 'what went well' and 'particular challenges' slides is included for information.

PME is assured that it will have fully served its purpose by 1 April, will be submitting a final review to the March Board and be seeking at that point agreement for PME to be stood-down as an executive working group with effect 1 April 2020

CORPORATE CONSIDERATIONS			
Quality implications	N/A		
Resource implications:	N/A		
Equalities implications:	N/A		
Risk implications:	N/A		
WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by: Sandra Betney, Director of Finance	**Date:** 20 January 2020

Where has this issue been discussed before?
What wider engagement has there been?

Appendices:	Appendix 1: Our Merger – PME Update

AGENDA ITEM: 13/0120

APPENDIX 1

OUR MERGER – PME UPDATE – JANUARY 2020

INTRODUCTION

1. Purpose

To update the GHC Board on the work of the PME in discharging its strategic intent responsibilities, as lead-in for a final review at the March Board. The update reflects the current PME focus which is to provide a stable platform and boost the launch of GHC strategy development and implementation. It takes in the following areas:

- 'Governance'
- Progress and performance
- Finance
- Risks and issues
- Quality assurance
- Obligations and undertakings
- Integration
- Culture, values and workforce

2. Introduction

PME is the executive group which historically reported to the Strategic Intent Leadership Group (SILG) and led on delivery of the transaction to merge the two Trusts and the subsequent workforce, culture and system integration. Learning from other transactions identifies significant risk of momentum being lost after merger, the vision becoming blurred and the organisation reverting to pre-merger behaviours. PME is developing the plan to safely 'hand-over' delivery of the strategic intent to mitigate against this risk.

HANDOVER

3. Governance

The PME membership evolved as need changed and currently comprises the GHC executive chaired by the Director of Finance (Co-Deputy CEO) and provides, in effect, a 'ring fenced' and focussed executive team agenda. Post-PME, responsibility for delivery will remain with the executives, both individually and collectively with coordination through the CEO's routine executive meetings as required. Whilst Quality Improvement will become 'business as usual' it will still need some form of governance and championing if it is to compete with the daily operational pressures. This executive leadership and focus will be provided by the Director of Strategy and Partnerships reporting to the Resources Committee and through the Improving Care Group to the Quality Committee.

4. Progress and Performance

The executives have considered how best to set, measure or report performance and progress, primarily as a means of supporting governance. Options considered ranged from the highly directive performance management system advocated by NHSI to the entirely informal option, maximising on colleagues freedom to innovate. The formal option was discounted as being counter-productive, resource intensive, inhibitive on innovation and not in keeping with Trust co-creating and co-production vision. Whilst there was support for the 'hands off' approach note was taken of the experience at NELFT where it was found that some guidance and prioritisation of colleague initiatives had been of significant benefit. PME executives agreed that whilst GHC should do nothing that threatened to stifle innovation it would be helpful to offer colleagues some support and guidance. The CEO and Director of Strategy and Partnerships have outlined the use of strategic themes to help guide (rather than prescribe) GHC development and this along with the desire to be in a position where success can be communicated, led, to the selection of a light touch option. The Director of Strategy and Partnerships will be the executive responsible for overseeing the collation and presentation of success to the Resources Committee and through the Improving Care Group to the Quality Committee. The steps will be:

- Revise and collate proof of concept initiatives
- Manual collation of project deliverables contained in PMO sponsored projects
- Manual collation of improvements (delivered or intended) indicated in Life QI
- Grouping of initiatives from above steps to help indicate what is of 'bottom-up' interest to help inform strategy development
- Stored as central resource by the Communications Team
- Over-view report prepared by Director of Strategy and Partnerships. Ad-hoc quantification will be provided, if required (though this will not be the default) by the Business Intelligence function.
- Periodic release as communications items and an intranet update.

5. Finance

The £1.3m programme delivery budget approved by the Board in 2017 closes on 31 March 2020. The Board is invited to note:

Non-Recurrent Costs

- **Merger Programme Delivery** The merger programme was delivered at £0.341m under budget, driven mostly by underspends in project coordination and support.
- **Transition Costs** Non recurrent transition costs were £0.136m higher than planned due mainly to additional phase 2 exit costs of £0.254m. The planning assumption had been of no redundancy costs during that stage of restructuring.
- The additional non-recurrent transition costs can be more than offset by the £0.341m underspend in the merger cost budget.

Recurrent Costs and Savings

- The measures taken as a result of the merger are expected to deliver a recurrent saving to GHC of £0.996m
- The forecast recurrent savings anticipated in the FBC were in the order of £1.265m.
- The variation of £0.269m is largely attributable to:
    - decisions taken to provide additional capability to the medical structure (£0.323M)
    - A £0.275m cost pressure brought about by the extension of those IT systems and software operated by GCS which we have subsequently selected to roll out across GHC. We had initially hoped to be able to fund this from savings achieved by bringing IT services in house but will now be funding it from recurrent savings instead.

6. Risks and Issues

The Board will be aware that PME maintained and managed a comprehensive risk and issues register**.** The vast majority of risks have now either failed to materialise or been mitigated to an extent that they can be removed. In those few cases where it is felt a risk to GHC remains these have been passed to and discussed with an appropriate risk owner.

7. Quality Assurance

Changes, improvements and initiatives will be subject to the quality assurance system implemented by the Director of Nursing, Therapies and Quality. Further guidance as to when and how quality and equality impact assessments should be completed has been issued and compliance will be monitored. Quality assurance reports will be submitted to the Quality Committee and will include the impact of any significant change and Quality Improvement activities. The GHC Board is required to submit its post-transaction quality certificate to NHSI within 6 months of merger (ie by 1 April 2020). The version submitted to NHSI on merger will be updated by the Head of Corporate Affairs for approval at the March Board.

8. Obligations and Undertakings

PME has been overseeing completion of those items which arose from the advisory recommendations of Grant Thornton and the NHSI or were undertakings given in the FRP or Quality memorandum. The vast majority of items have subsequently been completed as the reporting procedures and quality systems are put in place. Any residual items will continue to be tracked by the executive team with any risks and issues escalated to the Resources and Quality Committees as required.

9. Final Integration

There are some areas of integration which for technical or procurement reasons won't be completed in this financial year. Whilst their delivery will be the responsibility of the

relevant executive there are areas of dependency which will need continued coordination by the Transition Director until the end of March 2020. There will be a

number of system changes, notably around corporate systems and workforce data (especially ESR) whose effects will be felt by colleagues in the period from mid-March to end of April 2020. There is a risk that this system go-live period will be as impactive, as Day 1, potentially more so. A programme of user familiarisation training, tailored to those that need it, has been developed and a communications and issues management plan similar to that for Day 1 is being put in place. Any residual activity required beyond March will be documented and agreement reached on executive ownership.

10. Culture, Values and Workforce

PME has been monitoring the impact of merger on the workforce through the Pulse Survey and more recently through workforce reporting. It has not established a direct link, though turbulence does seem to be greatest in the corporate services and a deep dive was held into that aspect. As a result it was decided to provide renewed focus on leadership and personal development through-out the management layers and to review GHC structures on a dynamic basis.

11. Lessons Identified

GHC is developing a 'Thoughts from our Journey' presentation to support other Trusts in their mergers. The key lessons are summarised in the tables below:

WHAT WE DID WELL

- A strong case, aligned to national priorities, passionately owned by the Boards and successfully shared with colleagues
- Done by us, not to us and with co-delivery
- Colleagues believed in the cause and were prepared to 'dig deep'
- Cultural alignment started early and with high profile
- A committed and disciplined approach to 'passing the exam'
- Relationship with NHSI regional team
- Integrating early and visibly, no pause or unravelling post-merger
- Minimal redundancies below Board level
- Merging of best practice
- Phasing in before and after merger rather than big bang
- Preparation for Day 1, Month 1, year-end potential trip hazards
- Maintaining an eye on the real prize – transformation not the merger
- Setting out the Transforming Organisation and proving the concept
- Communications and pulse check – an integral part not just a tool

PARTICULAR CHALLENGES

- We might not know yet – but we are ready
- Simultaneously meeting both BAU and Change pressures
- Communications – 'poor signal zones'
- Allowing for co-development
- Overcoming the notion of winners and losers
- Individual uncertainty and concerns
- Quantifying benefits
- A tense wait for last minute Ministerial sign-off!!
- Allowing for recovery and consolidation?

12. PME STAND-DOWN

The PME, individually and collectively is assured that it will have fully served its purpose by 1 April 2020, that the appropriate steps have been taken to ensure that any remaining risks and issues have been properly transferred and that systems are in place to provide the required governance and assurance.

13. RECOMMENDATION:

The GHC Board is invited to note:

- the arrangements made to close or transfer any remaining PME matters and to continue to drive the strategic intent
- that it will be invited to agree at the March Board that PME be stood down as an executive working group with effect 1 Apr 2020 (this report will be updated by way of final review).

AGENDA ITEM: 14/0120

Report to:	Trust Board – 29 January 2020
Author:	John Trevains, Director of Nursing, Therapies and Quality.
Presented by:	John Trevains, Director of Nursing, Therapies and Quality.
SUBJECT:	**QUALITY SUMMARY REPORT – DECEMBER 2019**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT

To provide the Board with a summary assurance update on progress and achievement of quality priorities and indicators in both Physical and Mental Health Services.

RECOMMENDATIONS

The Trust Board is asked to discuss, note and receive the December 2019 Quality Summary Report.

EXECUTIVE SUMMARY

This report and attached appendix provides an overview of the Trust's quality activities inclusive of April to December 2019 data. It is a summary report combining information from the two Trusts, prior to merger, reporting systems into a single format for the Board. This report will be produced monthly for Board, Quality Committee and Operational Governance Forum information and assurance.

Historical quality reporting has been maintained to ensure existing quality schedule and contractual arrangements can be reported against for 2019/20. A more detailed Mental Health and Learning Disabilities service quarterly quality update is scheduled to be completed in February in line with previous reporting arrangements.

Physical Health Services

Safety and Patient Experience

- Friends and Family Test response rate increased in December to **10.1%** compared

to **9.7%** in November.

- The proportion of patients indicating 'Likely' or 'Extremely Likely' to recommend our services increased slightly in December to **96.3**% compared to **96.0%** in November (Apr-2017 – Dec-2019 mean **93.49%**).
- Safety Thermometer Harm free score increased in December to **92.5%** compared to **91.9%** in November, target 95%, and remains below the mean **93.75%** (Apr-2017 – Dec-2019).
- Based on new harms only, the Trust achieved harm-free care of **98.1%** in December, compared to **96.9%** in November, target 98%, and above the mean **98.03% (**Apr-2017 – Dec-2019); significantly higher than the national benchmarking average for November of 89.9%. For Board information we are aware that Safety Thermometer reporting may be removed as a national indicator in the 2020/21 national contract.
- No post-48 hour Clostridium Difficile infections in December.
- 4 SIRIs were declared in December and are currently being investigated.

Quality Priorities

- Our acquired pressure ulcer quality metrics continue to make progress and are on trajectory
- Deteriorating patient monitoring has made a significant positive improvement in Q3
- Quarter 3 data for Catheter Management and Wound Care is on track to be reported for the next monthly report
- MUST scores and End of Life Template require additional attention regarding data quality and completion of tool is not at required levels

Quality Dashboard

- The Trust compiles a quality dashboard covering the Community Hospital Inpatient and Minor Injury and Illness Units, updated on a monthly basis and displayed within each of the units. In terms of underperformance we are seeing reduced variance between sites which is an encouraging picture. Work is in progress to reduce this variance.

Mental Health And Learning Disability Services Quality Indicators

Please note a further detailed update for Board will be provided as part of the Q3 Mental Health and Learning Disability Services quality report update. This is scheduled to be compiled in February 2020 when all required data is available and will be presented at March Board.

Positive progress is being made in the delivery and achievement of Trust Quality Indicators

The following indicators are currently being achieved

- Improving personalised discharge

- Care Programme Approach reviews occur for all service users who make the transition from children's to adult services
- User experience survey
- Reducing suicides
- Reducing harm from absconding
- Reducing prone restraint using supine alternative
- Individual restrictive intervention plans - Berkley House

Quality Indicator Areas for improvement

Target 1.1 Improving the physical health care for people with schizophrenia and other serious mental illnesses; Compliance within the inpatient service is at **78%** against a target of **90%.**

- The Audit & Assurance Team will establish an electronic audit which will provide ward/team managers with weekly compliance data and actively promote intervention if required.
- A re launch of the Health & Lifestyle form is planned for February 2020 which will involve ward/team training and posters to be displayed around the Trust.

Target 1.2 Ensuring that people are discharged from hospital with personalised care plans.

48hr follow up is currently showing as 72%, this appears low compared to historical trends and will be subject to additional validation where we expect the score to improve.

Targets 2.1 & 2.4 (Survey questions)

We are non-compliant in some component areas respectively in Q2 & Q3 although cumulative compliance is achieved for year end to date.

This appears to be a consequence of significantly reduced response rates, including a zero return from Herefordshire Services in Q3 following diminishing returns in Q1 and Q2. Recovery actions are in place to seek to improve this for Q4.There is ongoing work to promote the survey during Q4 ahead of the new FFT and a new harmonised physical and mental health patient and carer survey being launched in April 2020.

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.
Equalities implications:	No issues identified within this report
Risk implications:	Specific initiatives that are not being achieved are highlighted in the report

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	**Date:**
John Trevains, Director of Nursing, Therapies and Quality.	20.01.2020

Where has this issue been discussed before?
Quality Committee December and January. Quality Assurance Group December
What wider engagement has there been?

Appendices:	Full Quality Report

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

Quality Report

Trust Board - 29th January 2020

Data for December 2019

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

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

Physical Health Services
(formerly Gloucestershire Care Services NHS Trust)

Data covering April to December 2019

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

Executive Summary

Gloucestershire Health and Care
NHS Foundation Trust

This report contains the Quality measures and Quality priority section from the previous Quality and Performance report. A separate report is produced covering the Performance metrics.

Are Our Services Caring?

- Friends and Family Test response rate increased in December to **10.1%** compared to **9.7%** in November.
- The proportion of patients indicating 'Likely' or 'Extremely Likely' to recommend our services increased slightly in December to **96.3**% compared to **96.0%** in November (Apr-2017 – Dec-2019 mean **93.49%**).

Are Our Services Safe?

- Safety Thermometer Harm free score increased in December to **92.5%** compared to **91.9%** in November, target 95%, and remains below the mean **93.75%** (Apr-2017 – Dec-2019) although this is based on a reducing sample size. Work is in progress to remedy this noting Safety Thermometer may be removed as a national indicator in 2020/21 national contract.
- Based on new harms only, the Trust achieved harm-free care of **98.1%** in December, compared to **96.9%** in November, target 98%, and above the mean **98.03% (**Apr-2017 – Dec-2019); significantly higher than the national benchmarking average for November of 89.9%.
- We had no post-48 hour Clostridium Difficle infections in December.
- 4 SIRIs were declared in December and are currently being investigated, 2 were related to the pregnancy advisory service; 1, wheelchair service and 1, was an acquired pressure ulcer in a community setting

Quality Priorities

Quality Priorities for 2019/20 included in this report are based on a mixture of metrics and audits. Where audits or actions are to be reported on a quarterly basis a RAG rating will be applied and updated during the quarter to provide an update of progress towards completion of audits or actions.

- Our acquired pressure ulcer quality metrics continue to make progress and are on trajectory
- Deteriorating patient monitoring has made a significant positive improvement in Q3
- Quarter 3 data for Catheter Management and Wound Care is on track to be reported for the next monthly report
- MUST scores and End of Life Template require further attention regarding data quality and completion of tool

Quality Dashboard

- The Trust compiles a quality dashboard covering the Community Hospital Inpatient and Minor Injury and Illness Units, updated on a monthly basis and displayed within each of the units. This is featured on page 14 of this report. In terms of underperformance we are seeing reduced variance between sites which is an encouraging picture. Work is in progress to reduce this variance

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
1	Friends and Family Test Response Rate	N - T	15%	14.5%	17.7%	19.4%	16.7%	15.1%	11.5%	15.9%	11.0%	9.7%	10.1%				14.1%		No - within SPC limits	G	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	92.7%	93.4%	92.7%	92.7%	92.7%	94.1%	92.6%	92.6%	96.0%	96.3%				93.7%		No - within SPC limits	G	90.7%
3	Number of Compliments	L - R	1,317	1,317	124	104	180	178	132	134	146	151	170				1,319			G	
4	Number of Complaints	N - R	42	42	6	5	6	2	5	3	3	6	2				38			G	
5	Number of Concerns	L - R	485	485	40	32	23	40	34	35	33	20	22				279			G	

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
6	Number of Never Events	N - R		0	0	0	0	0	1	0	0	0	0				1			G	
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		11	0	2	3	0	0	0	0	2	4				11			G	
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0	0	0				0			G	
9	Total number of incidents reported	L - R		4,443	398	410	342	424	371	344	378	383	410				3,460			G	
10	% incidents resulting in low or no harm	L - R		96.4%	97.2%	95.1%	94.4%	95.5%	95.7%	93.9%	93.9%	94.8%	92.9%				94.8%			G	
11	% incidents resulting in moderate harm, severe harm or death	L - R		3.6%	2.8%	4.9%	5.6%	4.5%	4.3%	6.1%	6.1%	5.2%	7.1%				5.2%			G	
12	% falls incidents resulting in moderate, severe harm or death	L - R		1.8%	3.1%	3.1%	2.9%	0.0%	4.9%	0.0%	1.6%	0.0%	1.5%				1.9%			G	
13	% medication errors resulting in moderate, severe harm or death	L - R		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				0.0%			G	
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	1*	15	0	0	1	1	1	5	1	1	0				10	G		G	
15	Number of MRSA bacteraemias	N - R L - C	0	0	0	0	0	0	0	0	0	0	0				0	G		G	
16	Number of MSSA Infections	L - R	0	0	0	0	0	0	0	0	0	0	0				0			G	
17	Number of E.Coli Bloodstream Infections	L - R	0	2	0	0	0	0	0	0	0	0	0				0			G	
18	Safer Staffing Fill Rate - Community Hospitals	N - R		100.2%	102.0%	100.7%	101.3%	99.7%	100.8%	99.7%	102.5%	101.3%	99.7%				100.9%			G	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	96.9%	99.5%	98.9%	97.0%	95.5%	96.1%	95.9%	96.5%	99.4%	96.1%				97.2%	G		G	
20	Safety Thermometer - % Harm Free	N - R L - C	95%	93.7%	94.3%	92.6%	93.4%	94.4%	93.5%	92.9%	93.7%	91.9%	92.5%				93.2%	R	Pg. 13	A	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.1%	98.3%	98.1%	98.4%	98.4%	98.5%	97.8%	96.9%	96.9%	98.1%				97.9%	G		A	89.9%
22	Total number of Acquired pressure ulcers	L - R		728	79	63	56	64	60	59	65	60	70				576			G	
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		671	74	59	60	59	56	54	64	54	67				547			G	
24	Number of grade 3 Acquired pressure ulcers	L - R		52	5	4	3	4	4	4	1	2	2				29			G	
25	Number of grade 4 Acquired pressure ulcers	L - R		5	0	0	0	1	0	1	0	4	1				7			G	

*In-month threshold (i.e. December)

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

Quality Priority | Are Service Safe?

1. Medication Incidents

Outcome: Improve learning from "no-harm" and "low-harm" medication incidents to enhance patient safety

NHS
Gloucestershire Health and Care
NHS Foundation Trust

This priority will enable (1) identification and theming of factors contributing/causing low and no harm medication incidents and (2) recommendations to address identified themes

Improve the learning from "no-harm" and "low-harm" incidents		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Actions		Establish a baseline of quality of reporting of harm reported medication incidents using quality audits - Completed, see below.			Quality Improvement working group will establish a training needs analysis on baseline data and agree actions required to improve quality of reporting			Implementation of actions agreed from Qtr. 2			A repeat audit of harm reported medication incidents will be performed to determine if the aims of the outcome have been achieved		
Low/no harm incidents have been investigated and closed by end of each quarter	Target				45%			60%			75%		
	No-harm medication incidents	Baseline: 32%			25%								
	Low-harm medication incidents	Baseline: 29%			57%								
Low/no harm incidents should state the medication involved	Target				91%			95%			100%		
	No-harm medication incidents	Baseline: 87%			85%								
	Target				80%			90%			100%		
	Low-harm medication incidents	Baseline: 71%			57%								
Low/no harm incidents should state the indication for the medication involved	Target				33%			66%			100%		
	No-harm medication incidents	Baseline: 0%			30%								
	Low-harm medication incidents	Baseline: 0%			0%								

Additional information:

Performance
There were 30 medication incidents with Community Physical Health Services responsibility reported in December.
- 2 resulted in low harm
- 28 resulted in no harm

SPC charts show the number of medication incidents, no harm medication incidents and low harm medication incidents to be within control limits (normal variation).

Actions
- Work is progressing with the Education and Learning team to develop medicines training (new starter and 3 yearly) refresher to be hosted on an electronic platform.
- The terms of reference for the new Medication Safety Group are being developed. This group will be focus on the Quality Priority and report to the Medicines Optimisation Group.

2. Mental Capacity Act

Outcome: Improve the usage of mental capacity assessments in our hospital and community settings to ensure that individuals who lack the ability to make decisions are the focus of any decisions made, or actions taken on their behalf

Mental capacity Act and DoLS operational practice
Reference – 559
Rating – 12

The philosophy of the Mental Capacity Act 2005 (MCA) is to ensure that individuals who lack the capacity to make specific decisions are the focus of any decisions, or actions taken, on their behalf. It is a legal requirement to carry out an assessment when a person's capacity is in doubt. MCA needs to become a "business as usual" exercise, to ensure that the Trust is compliant with legislation and to achieve optimum benefits to our patients and families. Metrics will focus on the completion of the MCA2 and Deprivation of Liberty Safeguards (DoLS) assessments for significant decisions.

MCA Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Has an MCA2 been completed for restrained or restricted patients in our community hospitals? (Baseline from March 2019 audit 11%. Measured from dip test audit mid quarter)	Target	15%			30%			60%			90%		
	Actual	33%			65%			92%			Audit available end March 2020		
Has a deprivation of Liberty Safeguards application been made for all patients who do not have capacity to consent to being restricted or restrained? (Baseline 22% from March 2019 audit)	Target	25%			40%			60%			90%		
	Actual	33%			55%			85%			Audit available end March 2020		

Actions:

- For the Qtr. 3 audit MCA 2s completed needs to be qualified, as 46% of those completed had been saved as final version, while 46% were recorded on SystmOne but were saved for future editing. This continues to be an issue, and the SNSA will feed this back to staff to encourage them to save as final version.
- The quality of the MCA 2 forms completed is variable, but it is encouraging that so far we have surpassed our target number, which indicates staff are confident and skilled in completing them.

3. "Better Conversations" and Personalised Care

Outcome: Develop a programme of personalised care planning to enable patients to manage their long term conditions more effectively

Personalised care is a priority in the Long Term Plan, with a stated objective that it should become "business as usual across the health and care system". In the ICS workforce strategy the vision is to see this facilitated by a health coaching approach, called "Better Conversations". It is noted that both the GCS and 2Gether NHS FT contracts for 2019-20 include a commitment to work with the GCCG to develop "5 core measurable statements for the ICS personalised care programme that define outcomes for patients and success". This programme will directly feed in to this growing body of work.

NHSE have committed to "*consider, develop and test the most appropriate personalised care activity metrics*" including the development of a new Long Term Conditions Patient Recorded Outcomes Measure (PROM).

The Patient Activation Measure (PAM) will be a key tool in these early stages. Patient "activation" describes the knowledge, skills and confidence a person has in managing their own health and care. The concept of patient activation links to all the principles of person-centred care, and enables the delivery of personalised care that supports people to recognise and develop their own strengths and abilities. Services included will be MacMillan Next Steps, Self Management, Diabetes Education, and part of the ICTs (Complex Care at Home and Berkeley Vale ICT where health coaching training has taken place).

Actions completed:

- Attended NHSE/I workshop on evaluation of personalised care.
- Sent 3 people on PAM Trainer training and introduced training in how to use PAM within Integrated Community Teams.

Better Conversations and Personalised Care Measures	Qtr. 1	Qtr.2	Qtr. 3	Qtr. 4
Number of care planning conversations taking place for the identified cohorts	Set by individual teams and based on relevance to patient cohort(s)	This is happening, however more work is required to report from SystmOne	SystmOne reports 7,148 patients with a care plan. Caution is required as definitions are not standard, and some eligible plans are not recorded on SystmOne.	Available end March 2020
Number of patients completing a Patient Activation Measure (PAM) questionnaire	Baseline: 1,500 per annum; target + 30%	Numbers are stable rather than rising but this is attributable to specific difficulties within 2 services and these are now resolved/resolving. Expect to recover lost ground	Trajectory now back on track. First 3 Quarters of 2018/19 = 552 people had PAM score; same period 2019/20 = 926 people had a PAM score	Available end March 2020
Number of patients completing a second PAM	Baseline: 500 per annum; target + 30%	This is increasing in line with target	264 compared to 420 at same point last year (Qtr. 3)	Available end March 2020
The use of PAM data to tailor interventions to further the personalisation agenda	Narrative reporting - commenced June 2019 in Complex Care at Home, MacMillan Next Steps	Progressing well. Embedded in 2 services and embryonic in others	Progressing well. Embedded in 2 services and embryonic in others	Available end March 2020
Delivery of a quarterly qualitative report detailing ongoing developmental activities and examples of good practice, patient stories and shared learning	Linked to quarterly PAM data; most teams dependent upon CCG feed and Qtr. 1 data; delivery expected during Qtr.2	Some case studies produced and shared with system partners as well as internally. Increasing anecdotal evidence of successes but failed thus far to produce "formal" report	Case Study report submitted to Clinical Quality Review Group (14 November 2019).	Available end March 2020

4. Catheter Management

Outcome: Quality Improvement programme to improve management of catheters in community settings

Long term catheters whilst beneficial for some patients are also associated with morbidity. Infections (including sepsis) and other complexities which include anxiety over unpredictability of catheter problems (e.g. sudden blockage), difficulties managing away from home (e.g., taking equipment on holiday), sense of physical restraint, limited clothing choices, interruptions to sleep due to discomfort or pulling, and self-identity issues.

It has been identified that some patients appear to have clinically unnecessary urinary catheters in situ; the above risks and problems can therefore impact on the safety, morbidity and quality of life of these cohorts of patients.

Catheter Management metrics	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4
Reduce the amount of community nursing contacts to patients between planned routine catheter changes to manage catheter associated problems.	Target	95% of baseline	90% of baseline	85% of baseline
	Set targets for use in Qtrs. 2 to 4 Baseline: 3,900 Contacts per quarter (1,300 per month)	5% reduction	Available end January 2020	Available end April 2020
Reduce the number of (clinically unnecessary) urinary catheters inserted in the community setting.	Establish baseline and set targets for use in Qtrs. 2 to 4 Delay due to determining percentage of patients whose first catheter insertions were not on GCS Nurse caseloads, or may have a positive TWOC* outcome	Delayed data capture continuing through October, report available November	Audit available end January 2020	Audit available end April 2020

* TWOC – Trial Without Catheter to determine if clinically indicated.

Actions completed:

- An audit of new catheter requests for October in the ICTs demonstrated:
  - 85% of all (33) new catheter requests received into ICTs in October were found to be clinically relevant and appropriate
  - Of the remaining 15% of people referred in October (5 people) their reasons for catheterisation were: 1 x End of life care – catheter was not inserted / 1 x reduce mobility – was catheterised in GHFT / 1 x post-operative, but not urology surgery – again decision to catheterise was taken outside of GHC / 1 x incontinence + dementia and cancer of the prostate (this may have been inappropriate but insufficient clinical information available to appraise) / 1 x undefined need patient (insufficient assessment information available to appraise)
  - 77% of requests were for male patients with clinical need, of those the majority will go on to have surgical intervention as such they would all be clinically appropriate catheterisations.
- We have now reviewed the draft of the countywide catheter passport and comments returned to lead in GHFT– asserting this needs to be a countywide document under the One Gloucestershire umbrella not branded to GHFT.
- A practice improvement poster is nearly completed by One Gloucestershire based on GHC work undertaken. This will be disseminated to all clinical areas, care homes and care agencies across the county.
- PDSA work is underway for small scale improvement in service areas as follows:
  - Evening & Overnight nursing – production of a standard equipment in the home list and to standardise equipment.
  - Complex Care @ Home – catheter education required for all colleagues as not all nurses in team.
  - Community Hospitals - knowledge on trouble shooting guidance e.g. CAUTI and Trial Without Catheter/retention trouble shooting, focus on untrained education (nothing currently available for HCA's).
  - ICTs – Bowel routine recording on clinical SystmOne template.
- A countywide continence formulary is in the final stages of development between the Continence Specialist Lead, the CCG and the Head of Community Nursing. This will standardise equipment in use, identify best value for money and reduction in unwarranted variation which will help improve practice. This is now appraised by the Trust and agreed. Delays in this moving forward are not of GHCs causing.
- Education offers for bladder and bowel assessment and care are now on ESR.

5. Wound Care

Outcome: Increase the quality of wound assessments and management countywide in order to reduce clinical variation and improve wound healing rates

Gloucestershire Health and Care NHS Foundation Trust

This priority builds on the 2017-2019 CQUIN which was put in place nationally following UK studies that identified inconsistencies in the assessment and management of wounds and the opportunities to improve both efficiency of working and patient outcomes.
There are two principle reasons why wound assessment has been targeted:

1. A need to improve the quality and consistency of care delivered.
2. A need to reduce the cost burden of wounds. Clinical practice and wound outcomes should ultimately improve.

The Trust has been working to improve wound care as per the 2017-19 CQUIN, performance from Qtr. 4 of year 2 of the CQUIN is used below as a baseline for the Quality Improvement.

Wound Care Metrics		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
To increase the number of patients who receive a fully compliant assessment (to the "leading change adding value" clinical assessment domains of the 2017-19 wound assessment CQUIN) on admission to Community Nursing caseloads, Complex Leg wound services, Podiatry Service or Inpatient Settings from baseline.	Target	**30%**						**40%**			**60%** by the end of Year 1 of the QI project. Metrics to be reviewed again if project goes in to Year 2		
	Actual	25.00%						Audit available end January 2020			Audit available end April 2020		
To increase the number of patients who have received a full wound assessment according to the "leading change adding value" Clinical Assessment domains of the 2017-19 wound assessment CQUIN AND whose wounds have healed within 4 weeks.	Target	**60%**						**65%**			**70%**		
	Actual	22.00%						Audit available end January 2020			Audit available end April 2020		

Actions completed:

A revised education offer for all aspects of wound assessment is under development – this includes all areas where wound assessment will be discussed and will be:

- Revised Tissue Viability education offers go live in January.
- We have trialled a new SystmOne wide wound assessment and treatment template for all services – next step is to appraise this to coding and data extract needs (reference costs).
- Working with the CCG on countywide clinical pathways and resources for all areas to aid clinical decision making, this is developing with multiple clinical pathways in development.
- Revised exceptions reporting form issued (on intranet for countywide use).
- Bespoke Tissue Viability education has been offered into Gloucester City ICT to support novice practitioners in wound assessment, this was identified in a number of reported incidents as required learning.
- Compliance to the revised wound formulary (issued April 19) is relatively good, with the exception of barrier cream use, work underway to reduce this and move patients to formulary advised products.
- A picture clinical decision making tool related to the new formulary has been issued service wide and well received.

6. Pressure Ulcers

Outcome: Build on our success of reducing pressure ulcers by working with the NHSI Stop the Pressure Collaborative framework. This will focus on specific community programmes to reduce pressure ulcers

The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Despite great strides in the past 2 years our aim will be to continue to monitor the number and incidence of pressure ulcers and to continue to drive our reduction plans forward. Metrics for measuring performance therefore are:

1. Pressure ulcers will continue to reduce across our patient facing services where our span of influence can have an impact.
2. Quality improvement methodology continues to target areas of high incidence and as a response to incident reports to understand the issues, current focus on Cotswolds, Cheltenham and Forest hospitals to showcase improvement. The PDSA cycle will report quarterly on these areas and will include a qualitative report.

Plans also include working collaboratively with GHFT and / or care homes where specific incidences or themes demonstrate the potential for system wide learning. Qualitative reporting will also include case studies where pressure ulcers have been managed and healed, following the patient journey and taking in to account other factors such as nutrition and hydration.

.

Pressure Ulcers		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Acquired Pressure Ulcers will continue to reduce across patient facing services where our span of influence can have an impact	Target (Number of avoidable acquired pressure ulcers over total pressure ulcers)	**8%** (2018-19 Q4 baseline 8.9%)			**7%**			**6%**			**5%**		
	Actual	8.6%			6.6%			5.9%			Audit available end March 2020		
	Number of acquired and avoidable pressure ulcers	37			24			24					
	Total number of pressure ulcers in audit	430			365			409					

Preventing Pressure Ulcers update:

- The quarterly metrics taken from Datix reports continue to evidence that clinicians are reporting and recognising skin integrity damage at earlier stages in patient's care journey. This is reflected in increased category 1 & 2 Pressure Ulcers and reduced occurrence of avoidable categories 3 & 4. This suggests that the posture and risk management approach to education is improving patient safety.
- Monthly deep dive review into all reported category 3 & 4 ulcers commenced in November.
- Deep dive into the pressure ulcers for Qtr. 3 that are recorded as developed or worsened under our care and categorised as unavoidable will be reviewed for themes and reported to the Quality committee in February/March
- Community Hospitals have completed their quality improvement PDSA cycle across the Forest Community Hospitals and this has rolled out to Tewkesbury and Cirencester hospitals.
- North Cotswolds professional leads in Physiotherapy, Occupational Therapy and Community Nursing have completed 2 workshops focused on risk assessment and posture for AHP's. This approach is a result of the #stopthepressure PDSA results which highlighted training to reduce avoidable harm should focus on holistic assessment and posture management.. Additionally this AHP approach is underway in Cheltenham with cross locality support from North Cotswolds

Risks
(Pressure Ulcers)
Reference – 562 - Rating – 12

Compliance with published standards from NHS Improvement (July 2018) and National Reporting and Learning System (NRLS) (March 2019) have been achieved. Definitions of acquired and inherited have been updated on the Datix incident reporting system. This has completed the outstanding actions from the gap analysis report for the Quality and Performance Committee (July 2018): Pressure ulcer developed or worsened during care by this organisation (previously: *acquired*). Pressure ulcer present before admission to this organisation (previously: *inherited*).

Benchmarking: In the 'Rate of new grade 2,3,4 avoidable pressure ulcers acquired in a Community Hospital setting per 1,000 occupied bed days' the Trust submitted a figure of 0.89 in November. The benchmarking figure is 1.01 for Community Hospital settings.

Gloucestershire Health and Care
NHS Foundation Trust

7. Nutrition and Hydration

Outcome: Increase the use of nutrition and hydration assessments in all appropriate settings in order for patient's to be optimally nourished and hydrated

The quality improvement group is adopting a Quality Improvement methodology and the metrics include:

- Patients will have a baseline MUST on admission to wards or clinical caseloads (the maximum time frame is 72 hours for in-patient settings or 2 visits for Integrated Community Teams - ICTs).
- An audit approach to measure performance will be used until more reliable reporting can be assured from SystmOne.
- Qualitative, quarterly reporting will also be included as part of the Quality Improvement approach (using a PDSA methodology). This will focus on reviewing samples of patients where MUST scores have triggered the need for interventions to establish whether patients are being managed appropriately and to a high quality. This will include all aspects of the patient's care such as food charts, supplements, referrals to dieticians and impacts on other aspects of care such as the prevention or healing of pressure ulcers.

Nutrition and Hydration metrics 2019/20 (performance from audit data)						
Service area	Baseline		Q1	Q2	Q3	Q4
ICTs	December 2018 audit 66%	Target	65%	70%	75%	95%
		Actual	66.0%	65.0%	60.0%	Audit end March 2020
Community Hospitals	March 2019 audit 80%	Target	80%	85%	90%	95%
		Actual	91.4%	76.0%	84.0%	Audit end March 2020

Actions completed:

- Electronic audit tool tested in Cirencester Hospital by senior clinicians; reported to be user friendly and time efficient.
- Request and tool sent to each Community Hospital Matron for snapshot data entry for each patient. Some data entries were confused, however these were removed from the sample to ensure they did not adversely affect the sample.
- Qtr. 4 priority is to further review the electronic tool and support clinical colleagues from Community Hospitals with data entry during January.

8. End of Life Care

Our aim will be to embed as "business as usual" with dedicated leadership.

End of Life Care improvements will continue to be reported during 2019/20.

- Percentage of patients on an End of Life template has not increased. Efforts are focussing on our Community teams as Community Hospitals consistently use the template in most cases.

End of life Care	Baseline	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Percentage of Community Hospital inpatients who have End of Life care recorded on SystmOne EoL template	81.0%	81.8%	100.0%	90.9%	83.3%	82.4%	86.7%	75.0%	77.8%	75.0%			
Percentage of all Trust patients who have End of Life care recorded on SystmOne EoL template	48.6%	52.1%	56.6%	55.2%	57.3%	59.2%	60.0%	55.1%	57.6%	48.3%			
Number of patients who have End of Life care recorded on SystmOne EoL template	n/a	76	82	74	82	77	69	75	76	71			
Number of patients who died in the month	n/a	146	145	134	143	130	115	136	132	147			

Actions completed:

- The exemption criteria has now been applied and although the completion rate for the Community Hospitals has improved, The criteria applied is: any unexpected deaths, or deaths within 24 hours of referral/admission, and patients referred to the Physiotherapy and Occupational Therapy services (with the exception of the Palliative Care Occupational Therapists).
- No significant improvement was seen in community nursing with the exemptions applied. A deep dive of al the patient records without EoL template for October has show that there are a number of deaths that should be excluded from the numbers. Unfortunately due to the way that the information is recorded we are unable to exclude these during the reporting processes. For October, out 66 patient record 18 patients died in the acute hospital, 4 in a hospice, 5 died unexpectedly at (no EoL indication in record)a and 13 died in nursing/care home (no EoL indication seen in record)
- ReSPECT launch countywide on 10th October 2019. Document is being used widely across Gloucestershire. Event being held in April to target Nursing/Care homes and GP to complete ReSPECT forms
- National Audit of Care at End of Life (NACEL): completed the collection of data and the audit is now closed. Poor return response rate, only one completed questionnaire received. This is significantly less than the response rate to local bereavement survey.

9. The Deteriorating Patient

Outcome: Continue to train and support front line colleagues to recognise and manage deteriorating patients to ensure that they are managed quickly and effectively

The metrics are:

- All patients admitted onto Trust caseloads (Community and Inpatients) will have their NEWS recorded as a baseline. This will be measured with a snapshot audit which also extracts information about deterioration, recognition of sepsis and appropriate escalation.
- The qualitative data from the snapshot) audits will establish whether rapidly deteriorating patients have been identified and escalated appropriately within the service where their care is being managed (according to the Trust policy action cards).

For some patients this will include looking to assess whether there were any challenges evident to colleagues identifying early enough that the patient was deteriorating and at risk of sepsis and to identify key issues that may be used to develop further measures for improvement. For example, this may be clinical practice such as the frequency of observations once a NEWS has raised above a certain threshold for a patient – or around ensuring the NEWS scale 2 is used is for patients who have COPD with a clinically diagnosed oxygen (O_2) deficit and therefore need prescribed oxygen (O_2) at an lower rate (88-92).

NEWS Recording Targets 2019/20 (performance from audit data)						
Service area	**Baseline**		**Q1**	**Q2**	**Q3**	**Q4**
Community Hospital In-patients	March 2019 audit 89%	Target	89%	91%	93%	95%
		Actual	92%	98%	98%	Audit end March 2020
ICTs	March 2019 audit 33%	Target	33%	40%	50%	60%
		Actual	54%	31%	70%	Audit end March 2020

Actions completed:

- Results for Qtr. 3 snapshot audit results from NEWS in the ICT's show an encouraging improvement.
- Community Hospitals removed from risk register due to their percentage compliance with NEWS assessments.
- Quality Improvement work with Community Nurses took place on December 3rd reviewing data and developed an informative process map and plan to address compliance. A follow up workshop is scheduled for January.
- A review of each locality's results to be shared with operational colleagues and a focus on areas that need support will commence in February/March.

10. Falls Prevention and Management

Our aim will be to embed as "business as usual" with dedicated leadership.

Gloucestershire Health and Care NHS Foundation Trust

The Trust will be participating in a national CQUIN associated with falls and especially with regards to:

- Lying and standing blood pressures
- Rationale for documenting prescribed hypnotic or anxiolytic medications
- Mobility Assessments

Falls Prevention and Management	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	YTD RAG
Quarterly national CQUIN. Percentage of patients meeting **all three** actions shown individually below:	80%		28.4%			43.8%			49.9%					R
CQUIN element 1: Lying and Standing Blood Pressure recorded on SystmOne at least once	80%	55.6%	51.3%	53.3%	60.8%	60.3%	67.3%	69.9%	63.9%	75.5%				R
CQUIN element 2: No hypnotics, antipsychotics or anxiolytics prescribed **or** rationale for prescribing documented	80%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				G
CQUIN element 2: Mobility assessment completed within 24 hours **or** walking aid provided within 24 hours	80%	41.5%	38.8%	50.3%	72.3%	60.3%	61.9%	67.1%	61.7%	61.2%				R
Mobility assessment completed at any time during inpatient spell	No Target	67.7%	74.5%	85.0%	94.6%	87.2%	85.7%	91.6%	87.5%	85.2%				
% of those assessed where a walking aid was not required	No Target	88.2%	83.7%	87.2%	85.4%	87.0%	88.1%	80.3%	82.5%	70.1%				
Post fall SWARM completed	80%	N/A	78.5%	79.4%	91.0%	90.5%	93.0%	91.8%	88.3%	85.9%				G

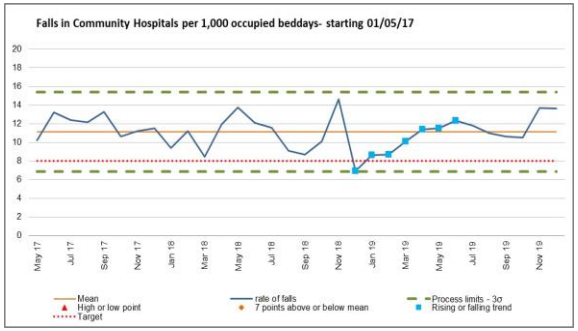
Actions required:

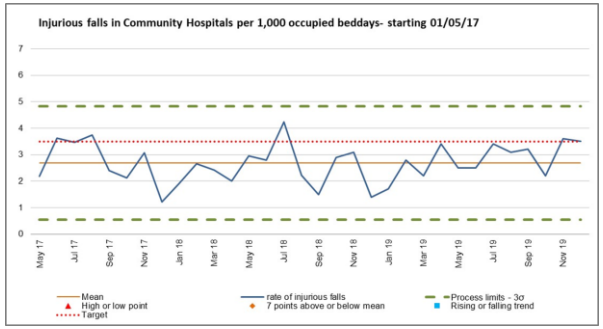
The national CQUIN identifies three key actions that should be completed as part of a comprehensive multidisciplinary falls intervention and result in fewer falls, bringing length of stay improvements and reduced treatment costs. The three key actions which must **all** be completed are:

- Lying and standing blood pressure recorded.
- No hypnotics or anxiolytics prescribed, or rationale documented.
- Mobility assessment completed or walking aid provided within 24 hours.

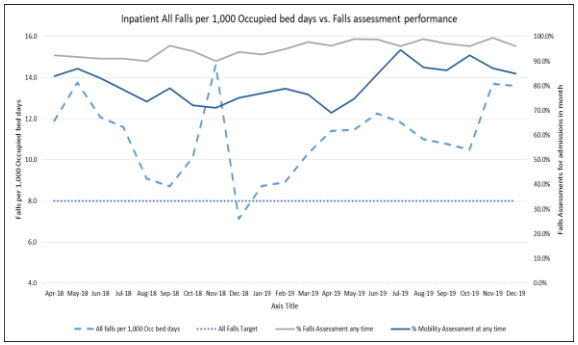
Actions completed:

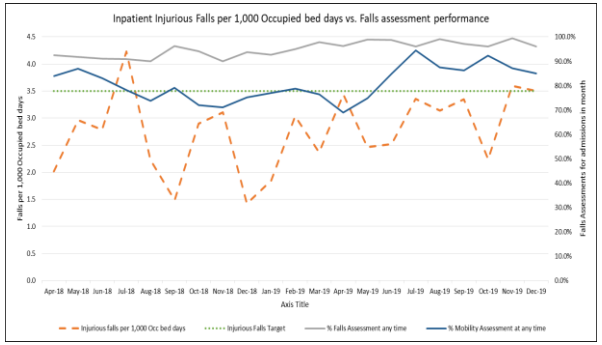
- Reminder to colleagues to ensure lying and standing blood pressure is recorded on SystmOne at least once during their admission (observations are usually recorded on the paper NEWS chart). Added box to SystmOne to enable 'not appropriate' to be selected, e.g. if patient hoisted or unwell/end of life. Suggestion to check that this has been completed before discharging a patient.
- There will be a focussed education programme throughout January to ensure colleagues are fully aware of all the components of and the rationale for the CQUIN – this will include a reminder that the initial mobility assessment must be completed within 6 hours of admission and that this can be completed by any registered professional – does not have to be a physiotherapist.





The SPC charts show all falls and injurious falls to be within control limit.
The internal target of 8 falls per 1,000 occupied bed days is above the mean in November and December 2019 following a low in October 2019 The target was only achieved in December 2018 suggesting this may need to be reviewed.
74.2% of all falls reported in the year to date are **without harm.**





The charts above show how performance in completing Falls and Mobility assessments during admission compare over time with rates of all falls and injurious falls.

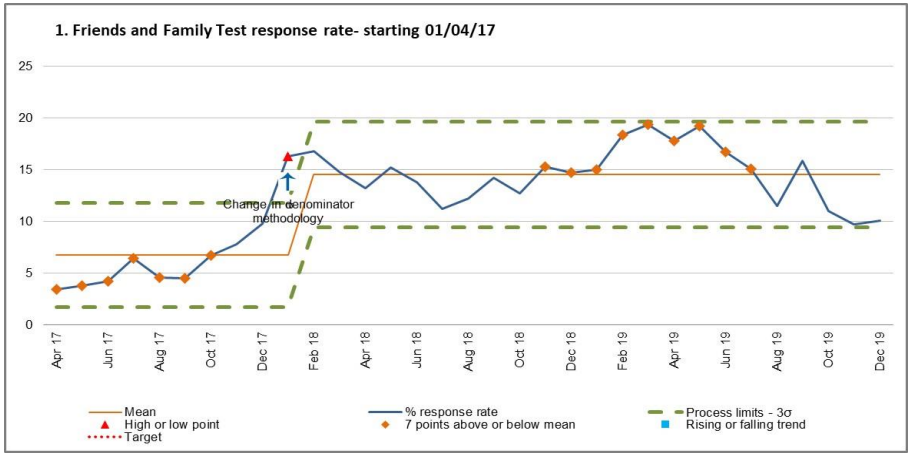
Quality | Are Services Caring?

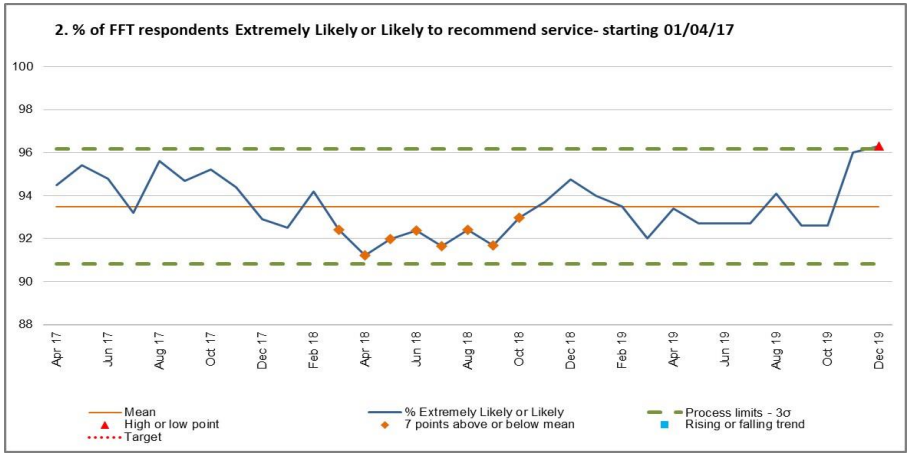
Patient Experience

Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
1	Friends and Family Test Response Rate	N - T	15%	14.5%	17.7%	19.4%	16.7%	15.1%	11.5%	15.9%	11.0%	9.7%	10.1%				14.1%		No - within SPC limits	G	
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	92.7%	93.4%	92.7%	92.7%	92.7%	94.1%	92.6%	92.6%	96.0%	96.3%				93.7%		No - within SPC limits	G	90.7%
3	Number of Compliments	L - R	1,317	1,317	124	104	180	178	132	134	146	151	170				1,319			G	
4	Number of Complaints	N - R	42	42	6	5	6	2	5	3	3	6	2				38			G	
5	Number of Concerns	L - R	485	485	40	32	23	40	34	35	33	20	22				279			G	





Additional information related to performance

Friends and Family Test (FFT) response rate SPC chart shows a decrease in response rate since May 2019.

The percentage of FFT respondents recommending our services has been on, or close to the mean for seven months.

What actions have been taken to improve performance?

- The recent decrease in the FFT response rate is mainly due being unable to send the FFT surveys by email and SMS, which has significantly reduced the responses received in a number of services. This was originally down to web issues, however, as part of the recent changes where we have moved over to Office 365, it would now seem that we need an Office 365 mailbox including in the process so that we can send emails out to non GHC domain email addresses. This needs will be resolved by Countywide IT services.

- December satisfaction rate has improved from November (96.0%) at 96.3%, and is above to year to date figure of 93.7%.

Note: there is no formal benchmark for the level of 'extremely likely'/'likely' response to the Friends and Family Test, but the average from NHS Benchmarking Network for December is 90.7%.

SPC charts for Concerns, Complaints and Compliments show the following:
Concerns – Number of Concerns within normal variation.
Complaints – Number of Complaints within normal variation.
Compliments – Number of Compliments within normal variation based on the recalculated mean.

Exception Report | Are Services Safe?

Safety Thermometer

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? RAG Key: R – Red, A – Amber, G - Green

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
20	Safety Thermometer - % Harm Free	N - R L - C	95%	93.7%	94.3%	92.6%	93.4%	94.4%	93.5%	92.9%	93.7%	91.9%	92.5%				93.2%	R	Pg. 13	A	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.1%	98.3%	98.1%	98.4%	98.4%	98.5%	97.8%	96.9%	96.9%	98.1%				97.9%	G		A	89.9%

Additional information related to performance

- The overall sample number has increased from 445 in November to 519 in December.
- Harm free care (new harms only) is above target at **98.1%** compared to **96.9%** in November.

What actions have been taken to improve performance?

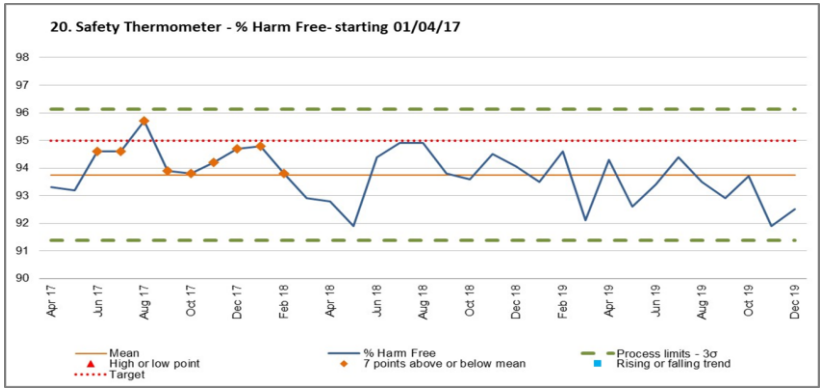
- Quality Improvement projects are being planned or currently underway to build on the success of reducing pressure ulcers over the past year which will align with our quality priorities for 2019-20.

There are three Quality Improvement projects currently in progress:

- North Cotswold ICT community nursing.
- Forest Community Hospitals.
- Alongside AHP's 'Everybody's Business' training on risk assessment & posture management. Project will focus on prevention of pressure ulcers by identifying those at risk across AHP professions. This has previously been highlighted as an issue.

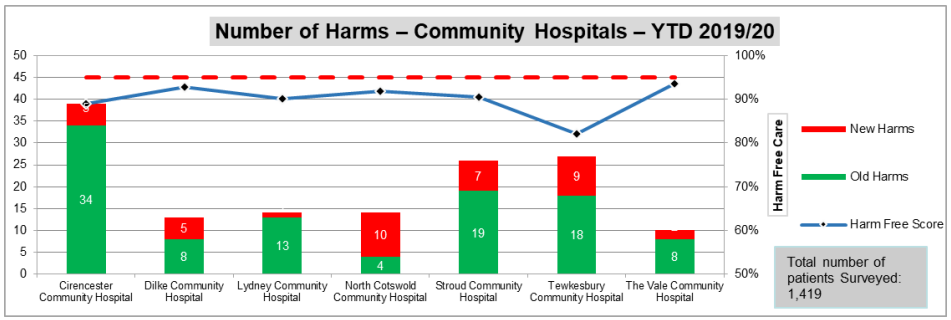
Risks
Pressure Ulcers
Reference – 562, Rating – 12

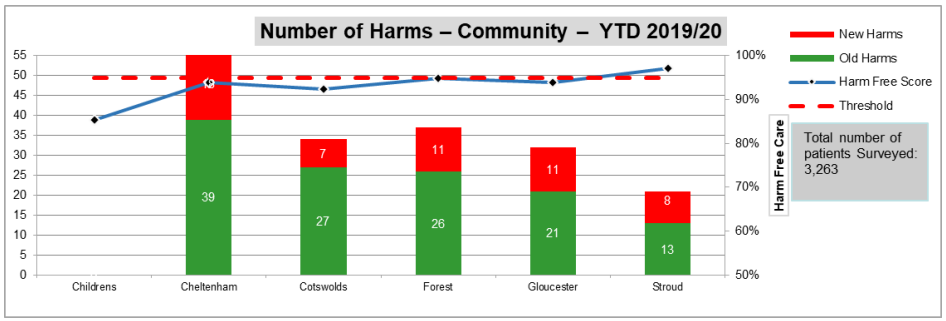
- **Benchmarking:** In the 'Safety Thermometer – Percentage of 'Harm Free Care (New Harms Only)' measure, the Trust submitted a figure of 98.1% in December. The benchmark is 89.9% for November.



Safety Thermometer Harm Free Care within normal variation. However target consistently missed.

SPC Charts have been reviewed for other harms: VTE harms fluctuate above and below the mean – but remain within control limits and are very low numbers. UTI / Catheter harms show a steady reduction over the period. Falls resulting in harm fluctuate above and below the mean – but remain within control limits and are very low numbers.





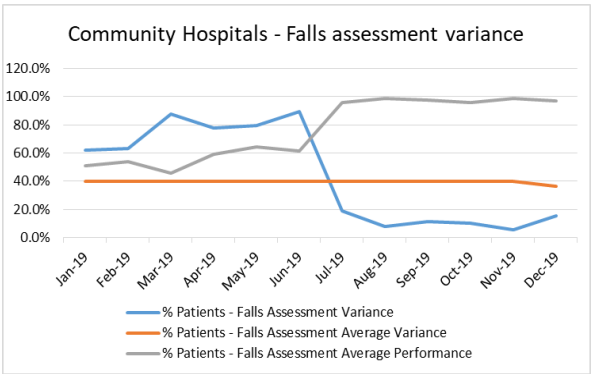
Quality | Are Services Caring?

Quality Dashboards

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Dec-19	Safe	Safe	Safe	Effective	Effective	Effective	Well Led	Well Led	Well Led	Caring	Caring	Caring
CoHos	% Patients - Blood Clot (VTE) Assessment	Pressure Ulcers Developed (Acquired)	% Patients - Falls Assessment	% Unplanned Re-admissions (CoHo 30 Days)	Number of Infections	% Days lost to Delayed Discharges	% Safe Staffing fill rate	% Staff up to date PDR	% Hand Hygiene Compliance	Compliments	Complaints	% in FFT say treated with Dignity & Respect
Trust Average	96.1%	1	96.1%	5.5%	0.0	4.4%						
Cirencester - Coln Ward	100.0%	0	84.6%	3.8%	0	1.9%	97.8%	92.1%	100.0%	7	0	100.0%
Cirencester - Windrush Ward	100.0%	0	100.0%	0.0%	0	0.0%	97.4%	64.5%	100.0%	0	0	100.0%
Dilke - Forest Ward	89.7%	1	96.8%	6.5%	0	14.7%	100.1%	97.5%	100.0%	20	0	100.0%
Lydney	93.3%	1	93.8%	0.0%	0	4.5%	99.6%	82.9%	100.0%	4	0	100.0%
North Cots - Cotswold View Ward	95.0%	0	100.0%	4.5%	0	0.0%	98.5%	82.9%	100.0%	0	0	N/A
Stroud - Cashes Green Ward	95.7%	2	95.7%	17.6%	0	7.8%	98.7%	93.3%	95.0%	1	0	100.0%
Stroud - Jubilee Ward	100.0%	2	100.0%	5.0%	0	6.8%	102.4%	71.4%	95.0%	5	0	100.0%
Tewkesbury - Abbey View Ward	100.0%	2	100.0%	0.0%	0	0.0%	100.2%	57.6%	100.0%	4	0	100.0%
Vale	92.9%	0	100.0%	0.0%	0	3.1%	103.6%	97.4%	95.0%	1	0	60.0%
Winchcombe	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	N/A
MIIUs	% Staff Trained in Resuscitation (Target: 92%)	Average Time to Initial Assessment (Target: 15 min)	% of shifts filled by agency staff	% Patients seen within 4 hours	% Unplanned Reattendances	% Referred on to A&E or GP (Target: 4.4%)	% Who say in the FFT they would recommend our services	% Staff up to date PDR	% Hand Hygiene Compliance	Compliments	Complaints	% in FFT say treated with Dignity & Respect
Trust Average			2.2%	99.5%	1.5%							
Cirencester MIIU	100.0%	10	0.8%	99.8%	1.9%	5.5%	97.4%	82.6%	N/A	1	0	98.0%
Dilke MIIU	100.0%	11	3.3%	97.5%	0.7%	8.5%	N/A	54.6%	100.0%	0	0	N/A
Lydney MIIU	100.0%	11	3.3%	99.7%	1.5%	6.5%	100.0%	88.9%	100.0%	0	0	N/A
NCH MIIU	100.0%	8	0.0%	100.0%	1.5%	3.9%	100.0%	100.0%	100.0%	0	0	N/A
Stroud MIIU	100.0%	13	5.0%	99.3%	1.3%	4.2%	94.8%	93.8%	100.0%	0	0	98.0%
Tewkesbury MIIU	100.0%	9	2.7%	99.8%	1.9%	12.4%	N/A	87.5%	100.0%	0	0	N/A
Vale MIIU	100.0%	9	3.8%	100.0%	1.4%	6.2%	100.0%	100.0%	N/A	0	0	100.0%

The Trust compiles a quality dashboard covering the Community Hospital Inpatient and Minor Injury and Illness Units, updated on a monthly basis (November 2019 data above). The figures are copied onto posters displayed within each of the units. The dashboard includes measures from the Safe, Effective, Well Led and Caring domains.

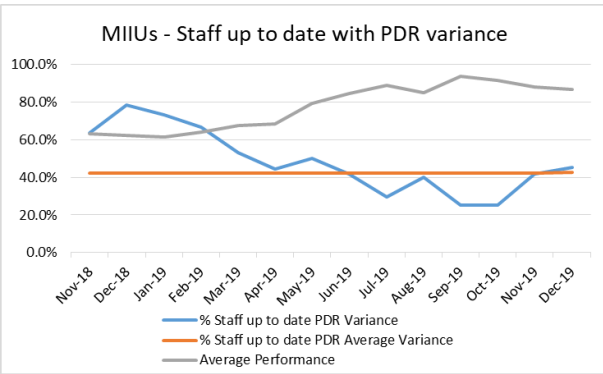


Analysis of the monthly data shows the variance in measures between the different sites over time.

Variance (blue line in the charts) is the monthly difference between the minimum and maximum for a measure across the sites. The red line is the average of this variance over time.
Average performance of the measure across the sites is in grey.

The left hand chart shows how the variance, between wards, of patients having falls assessments has decreased considerably over time while the overall percentage of assessments has increased. Indicating the improvement is across all sites.

The chart on on the right shows that while the variance of staff PDR being up to date has decreased over time, there is still a significant difference in performance between sites.



Physical Health Performance Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
CQC DOMAIN - ARE SERVICES EFFECTIVE?																					
Community Hospitals																					
26	Re-admission within 30 days of discharge following a non-elective admission**	N - R		8.2%	9.5%	11.6%	6.9%	9.8%	10.5%	11.4%	8.7%	5.3%	5.5%				8.9%			G	
27	Inpatients - Average Length of Stay	L - R		27.7	30.5	29.9	27.9	30.6	28.6	26.5	29.1	28.8	30.3				29.1			G	24.6
28	Bed Occupancy - Community Hospitals	L - C	92%	93.6%	94.1%	93.4%	95.0%	93.4%	94.6%	92.2%	95.9%	95.6%	96.2%				94.5%	A		A	91.7%
29	% of direct admissions to community hospitals	L - R		19.3%	18.9%	12.6%	10.4%	16.1%	7.7%	20.5%	17.4%	11.2%	7.1%				13.5%			G	
30	Delayed Transfers of Care (average number of patients each month)	L - R		2	2	2	3	3	2	2	2	4	5				3			A	
31	Bed days lost due to delayed discharge as percentage of total beddays	L - R	<3.5%	1.4%	1.5%	1.7%	2.8%	2.1%	2.6%	2.3%	3.6%	5.5%	4.4%				3.0%	G		A	9.6%
Childrens Services - Immunisations				2017/18 Academic Year	Academic Year 2018/19					Academic Year 2019/20											
31a	HPV Immunisation coverage for girls aged 12/13 years old (2nd Immunisation)	N - T	90%*	84.4%	84.5%	84.8%	85.1%	85.2%	86.5%	Programme commences in January 2020							86.5%	A		G	
31b	HPV Immunisation coverage for girls aged 12/13 years old (1st Immunisation)	N - T	90%*	87.7%	87.9%	88.3%	88.7%	88.9%	89.5%	Programme commences in January 2020							89.5%	A		G	
Childrens Services - National Childhod Measurement Programme				2018/19 Academic Year																	
31c	Percentage of children in Reception Year with height and weight recorded	N - T	95%*	97.7%	84.8%	91.2%	96.5%	97.7%	97.7%			14.9%	26.4%				26.4%	G		G	
31d	Percentage of children in Year 6 with height and weight recorded	N - T	95%*	97.2%	89.6%	92.1%	95.9%	97.2%	97.2%			22.6%	35.8%				35.8%	G		G	
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
Minor Injury and Illness Units																					
32	MIIU % seen and discharged within 4 Hours	N - T	95%	99.0%	99.1%	98.9%	99.5%	98.8%	99.3%	99.2%	99.0%	99.6%	99.5%				99.2%	G		G	
33	MIIU Number of breaches of 4 hour target	L - R		828	59	75	30	95	50	56	59	21	32				477			G	
34	Total time spent in MIIU less than 4 hours (95th percentile)	L - I	<4hrs	02:58	03:07	03:01	02:46	03:06	02:49	03:00	02:41	02:47	03:45				03:00	G		G	
35	MIIU - Time to treatment in department (median)	L - I	<60 m	00:34	00:34	00:35	00:31	00:36	00:24	00:32	00:31	00:30	00:12				00:12	G		G	
36	MIIU - Unplanned re-attendance rate within 7 days	L - C	<5%	0.9%	0.4%	1.5%	1.5%	1.3%	1.1%	1.4%	1.5%	1.1%	1.5%				1.3%	G		G	
37	MIIU - % of patients who left department without being seen	L - C	<5%	3.9%	1.1%	0.8%	0.8%	1.1%	0.7%	1.0%	0.6%	0.5%	0.7%				0.8%	G		A	
38	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:20	00:14	00:12	00:13	00:14	00:13	00:12	00:11	00:12	00:12				00:12	G		A	
39	Trolley waits in the MIU must not be longer than 12 hours	N - T	< 12 hrs	0	0	0	0	0	0	0	0	0	0				0	G		G	
Referral to Treatment																					
40	Adult Speech and Language Therapy - % treated within 8 Weeks	L - C	#	55.8%	69.4%	56.3%	53.6%	63.8%	69.7%	78.1%	81.3%	98.1%	83.5%				73.4%			A	
41	Podiatry - % treated within 8 Weeks	L - C	95%	97.2%	88.8%	81.2%	76.5%	82.1%	75.2%	68.1%	59.8%	71.5%	67.1%				74.5%	R		A	
42	MSKAPS Service - % treated within 8 Weeks	L - C	95%	96.5%	92.4%	87.7%	96.4%	95.1%	90.7%	90.5%	90.3%	94.3%	94.1%				92.8%	A		A	
43	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	89.7%	80.4%	69.1%	65.6%	64.1%	68.1%	71.2%	75.9%	74.6%	79.5%				72.1%	R		G	
44	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	82.8%	81.0%	81.9%	79.8%	80.7%	83.1%	72.8%	76.2%	82.8%	86.5%				80.5%	R		A	
45	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	75.5%	82.6%	83.7%	81.4%	84.6%	85.2%	85.6%	81.9%	88.4%	84.3%				84.2%	R		A	
46	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	93.5%	100.0%	97.2%	97.0%	95.8%	97.6%	96.2%	90.3%	100.0%	95.7%				96.7%	G		A	
47	Bone Health Service - % treated within 8 Weeks	L - C	95%	99.1%	99.4%	99.4%	100.0%	99.5%	100.0%	100.0%	99.4%	99.4%	100.0%				99.7%	G		A	
48	Contraception Service and Sexual Health- % treated within 8 Weeks	L - C	95%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%			G	
49	HIV Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		G	
50	Psychosexual Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%			G	
51	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L - C	70%	77.6%	78.4%	86.3%	89.0%	87.9%	81.4%	82.1%	81.1%	85.3%	88.1%				84.2%	G		R	
52	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.5%	90.9%	90.9%	67.3%	86.9%	97.1%	97.0%	98.8%	95.2%	97.9%				91.1%	R		G	
53	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	91.9%	87.2%	86.5%	90.4%	89.0%	85.8%	72.6%	76.6%	86.4%	92.1%				84.3%	R		G	
54	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.7%	97.9%	91.5%	91.7%	94.2%	97.1%	95.4%	95.9%	97.9%	97.3%				95.4%	A		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

Physical Health Performance Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
CQC DOMAIN - ARE SERVICES RESPONSIVE?																					
55	MSKAPS Service - % of referrals referred on to secondary care	L - C	<30%	15.9%	21.1%	20.5%	24.3%	24.5%	20.2%	21.7%	15.0%	11.4%	2.2%				18.3%	G		A	
56	MSKAPS Service - Patients referred to secondary care within 2 days of decision to refer onwards	L - C	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		A	
58	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	84.3%	100.0%	97.1%	100.0%	89.7%	90.3%	91.3%	94.4%	100.0%	100.0%				95.7%	A		A	
59	Stroke ESD - Proportion of patients discharged within 6 weeks	L - C	95%	97.0%	97.1%	84.6%	100.0%	93.8%	94.4%	93.8%	100.0%	88.9%	100.0%				94.7%	A		A	
60	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L - C		48.8%	45.1%	50.5%	49.2%	47.3%	46.6%	46.3%	45.2%	47.2%	51.2%				47.6%			A	
63	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		39,348	2,975	3,045	3,048	3,033	3,007	2,934	3,319	3,234	3,089				27,684			G	
64	SPCA % of calls abandoned	L - C	<5%	1.4%	0.9%	0.5%	0.9%	0.7%	1.1%	0.8%	1.8%	1.7%	1.7%				1.1%	G		G	
65	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L - C	95%	97.2%	97.9%	98.5%	98.0%	98.1%	97.1%	98.0%	95.4%	95.6%	95.9%				97.2%	G		G	
66	Rapid Response - Number of referrals	L - C	*2,786	3,905	346	318	333	356	329	335	300	326	345				2,988	G		A	
67	Wheelchair Service. Adults: New referrals assessed within 8 weeks	L - C	90%	26.9%	4.5%	23.1%	7.1%	40.9%	35.7%	68.8%	22.4%	15.4%	37.0%				28.9%			R	
68	Wheelchair Service. Adults: Priority Referrals seen within 5 working days	L - C	95%	20.0%	100.0%	0.0%	No priority Assessments	No priority Assessments	0.0%	100.0%	0.0%	7.1%	0.0%				13.5%			R	
69	Wheelchair Service. Under 18s: New referrals assessed within 8 weeks	L - C	90%	35.3%	50.0%	50.0%	50.0%	33.3%	0.0%	33.0%	44.4%	50.0%	100.0%				59.0%			R	
70	Wheelchair Service. Under 18s: Priority Referrals seen within 5 working days	L - C	95%	75.0%	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	No priority Assessments	0.0%	No priority Assessments				0.0%			R	
71	Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral	L - C	92%	31.8%	No Deliveries	100.0%	100.0%	0.0%	0.0%	50.0%	100.0%	33.0%	50.0%				64.3%			R	
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N - T	>99%	100.0%	100.0%	100.0%	100.0%	100.0%	95.9%	85.9%	98.8%	100.0%	94.0%				96.7%	R		G	
Cancelled operations																					
73	No urgent operation should be cancelled for a second time	N - T	0	0	0	0	0	0	0	0	0	0	0				0	G		G	
74	Number of patients who have had operations cancelled for non-clinical reasons that have not been offered another binding date within 28 days	N - T	0	0	0	0	0	0	0	0	0	0	0				0	G		G	

*In-month threshold (i.e. December)

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

Physical Health Performance Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
75	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	58.5%			52.0%			58.0%							55.00%	R		G	
76	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	84.6%			83.0%			88.0%							85.5%	G		G	
77	Mandatory Training	L - I	90%	85.90%	85.8%	86.62%	86.71%	86.40%	91.08%	90.02%	90.38%	90.12%	90.40%				88.61%	A		A	91.2%
78	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	77.1%	76.42%	77.72%	79.42%	82.22%	82.57%	80.35%	80.63%	80.14%	79.20%				79.85%	R		A	86.9%
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	90%	81.4%	81.24%	82.54%	85.35%	87.38%	86.72%	84.91%	85.84%	85.79%	84.82%				84.95%	R		A	
79	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.8%	4.90%	4.87%	4.82%	4.80%	4.76%	4.77%	4.78%	4.76%	4.74%				4.80%	A		A	5.1%
80	SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.3%	99.1%	71.00%	74.30%	76.50%	76.60%	76.60%	78.90%	89.60%	T					77.6%	R		R	

Additional KPIs

		Reporting Level	Threshold	2018/19 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2019/20 YTD	RAG	Exception Report?	DQ Rating	Benchmarking Report Nov Figure
81	Mixed Sex accommodation breaches			0	0	0	0	0	0	0	0	0	0				0			G	
82	Proportion of eligible children who receive vision screens at or around school entry.		20%*	98.2%								12.2%	22.4%				22.4%	R		A	
83	Number of AnteNatal visits carried out		N/A	1107	89	82	74	99	93	66	63	59	66				691			G	
84	Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%	88.6%	92.30%	91.40%	89.8%	92.00%	89.8%	91.10%	90.50%	93.60%	90.60%				91.2%	A		A	
85	Percentage of children who received a 6-8 weeks review.		95%	93.37%	96.5%	95.5%	94.20%	96.3%	95.1%	93.20%	94.50%	94.50%	94.70%				94.9%	G		A	
86	Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	83.4%	83.8%	83.0%	79.9%	85.8%	84.1%	88.4%	83.8%	86.6%	86.2%				84.6%	R		A	
87	Percentage of children who received a 12 month review by the time they turned 15 months.		95%	86.2%	89.4%	89.5%	91.50%	91.00%	90.70%	90.10%	90.60%	89.9%	92.40%				89.8%	R		A	
88	Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	80.2%	86.1%	84.3%	83.2%	81.6%	85.8%	85.9%	79.6%	82.0%	84.4%				83.6%	R		A	
89	Percentage of children who received a 2-2.5 year review using ASQ 3.		95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				100.0%	G		A	
90	Percentage of infants for whom breastfeeding status is recorded at 6-8wk check.		95%	99.2%	98.8%	97.7%	98.8%	99.2%	98.3%	96.5%	98.3%	98.4%	97.7%				98.3%	G		A	
91	Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	54.5%	53.5%	56.2%	54.6%	52.9%	52.6%	55.9%	57.7%	58.5%	56.1%				55.3%			A	
92	% of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks.		80%	81.4%	79.50%	82.6%	81.9%	80.5%	79.80%	81.0%	83.7%	79.90%	81.5%				81.1%	G		A	
93	Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)		N/A	3108	2044	2432	2314	2009	1908	1908	2094	1621	1266				1955			A	
94	Number of Positive Screens - GCS and Joint responsibility		N/A	2031	113	120	127	119	113	113	124	96	75				1000			A	
95	Average Number of Community Hospital Beds Open		N/A	194.3	195.8	196.0	194.7	195.7	195.4	194.8	195.5	195.5	192.6				195.1			G	
96	Average Number of Community Hospital Beds Closed		N/A	0.6	0.2	0.0	1.3	0.3	0.6	1.4	1.4	0.5	3.1				1.0			G	

*In-month threshold (i.e. December)

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Mental Health Services
(formerly 2gether NHS Foundation Trust)

Quality Indicator Data covering April to December 2019

Executive Summary

Gloucestershire Health and Care NHS Foundation Trust

This report shows the progress made towards achieving targets, objectives and initiatives identified in the Annual Quality Report**.**

Are Our Services Effective?
In 2019/20 we remain committed to ensure that our services are as effective as possible for the people that we support. For the second consecutive year we set ourselves 3 targets against the goals of:

- Improving the physical health care for people with schizophrenia and other serious mental illnesses;
- Ensuring that people are discharged from hospital with personalised care plans;
- Improving transition processes for child and young people who move into adult mental health services.

Do We listen And Act on Patient & Carer Feedback?

In this domain, we have set ourselves 1 goal of improving service user experience and carer experience with 4 associated targets.

- Were you involved as much as you wanted to be in agreeing the care you will receive? > 84%
- Have you been given information about who to contact outside of office hours if you have a crisis? > 71%
- Have you had help and advice about taking part in activities that are important to you? > 64%
- Have you had help and advice to find support for physical health needs if you have needed it? > 73%

Are Our Services Safe?
Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure that we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 5 goals to:

- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Reduce the number of prone restraints used in our adult inpatient services;
- To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual needs;
- Embed the learning from our reported serious incidents:

Targets Not Being Met

1. **Target 1.1 Improving the physical health care for people with schizophrenia and other serious mental illnesses;** Compliance within the inpatient service is at **78%** against a target of **90%.**

- The Audit & Assurance Team will establish an electronic audit which should provide ward/team managers compliance data on a weekly basis and actively promote intervention if required.

- A re launch of the Health & Lifestyle form is planned for February 2020 which will involve ward/team training and posters to be displayed around the Trust. This is to coincide with some minor changes made to the form to increase awareness around national screening programmes, but will also act as a reminder to staff to complete the form fully.

Risks

1. Target 1.2 Ensuring that people are discharged from hospital with personalised care plans. 48hr follow up is currently showing as 72% ,this appears low compared to historical trends and will need validating by the Information Team where we expect the score to improve .

2. Targets 2.1 & 2.4 (Survey questions) were none compliant respectively in Q2 & Q3 although cumulatively compliance is achieved. This appears to be a consequence of significantly reduced response rates, including a zero return from Herefordshire Services in Q3. There is ongoing work to promote the survey during Q4 ahead of the new FFT and harmonised physical and mental health patient and Carer survey being launched in April 2020.

Gloucestershire Health and Care NHS Foundation Trust

Target 1.1 To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment

Within Quarter 3, the Gloucestershire Health and Care NHS Foundation Trust has committed to offer a full cardio metabolic check to all inpatients and all SMI/CPA service users in the community. Our target for compliance remains at;

75% of community patients will receive the health check and will have any associated interventions offered if required.
90% of inpatients will receive the health check and will have any associated interventions offered if required.

An audit continues to establish if the six parameters of the Lester tool are completed, along with the recording of any interventions offered. The Quarter 3 audit shows:

76% of community patients have had these checks and interventions in place.
78% of inpatients have had these checks and interventions in place

We are not currently meeting the inpatient target

Actions completed:

Successful physical health clinics continue to run at Pullman Place and 27a St Owen Street, providing service users in the community access to physical health checks in an environment with staff who are familiar to them. Such is the success of the physical health clinics, a Physical Health nurse has been employed for one day a week to take a lead on developing the clinics further within Pullman Place.

The Trust has purchased nine ECG machines for the community hubs. These will provide the opportunity for routine ECG screening for possible cardiac anomalies for patients who are at an increased cardio metabolic risk, largely due to medication side effects and lifestyle factors. Training for staff to take ECG's has been provided by the Physical Health Facilitator, and refresher training for medics to interpret ECG's will be held internally by the Trust own Medical team.

Alongside this health screening work, Gloucestershire Health and Care NHS Foundation Trust continues to increase access to physical health treatment for service users. The Quality Improvement initiative 'Well Woman Wednesdays' at Wotton Lawn Hospital, where ladies are offered a full range of advice and success to cervical screening in house, has now been expanded to the community Hub. This has enabled service users to access this vital screening in an environment they are familiar with.

The recent Trust merger has offered further opportunities for staff to access community physical health services such as Tissue Viability, Community Diabetes Teams and District Nursing teams. This will enhance the services and opportunities available for service users and improve the knowledge of physical health for our mental health staff.

Actions Planned

- The Audit & Assurance Team will establish an electronic audit which should provide ward/team managers compliance data on a weekly basis and thereby promote timely interventions.
- A re launch of the Health & Lifestyle form is planned for February 2020 which will involve ward/team training and posters to be displayed around the Trust. This is to coincide with some minor changes made to the form to increase awareness around national screening programmes, but will also act as a reminder to staff to complete the form fully.

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Target 1.2 To improve personalised discharge care planning in:
a) Adult inpatient wards and
b) Older people's wards.

Discharge from inpatient units to the community can pose a time of increased risk to service users. During 2016/17 we focused on making improvements to discharge care planning to ensure that service users are actively involved in shared decision making for their discharge and the self-management care planning process. We have continued with this process. Identical criteria are being used in the services across both counties as follows:

1.Has a Risk Summary been completed?
2.Has the Clustering Assessment and Allocation been completed?
3.Has HEF been completed (LD only
4.Has the Pre-Discharge Planning Form been completed?
5.Have the inpatient care plans been closed within 7 days of discharge?
6.Has the patient been discharged from the bed?
7.Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?
8.Has the 48 hour follow up been completed?

Outcome:

Overall compliance for the Mental Health Inpatient Units across Gloucestershire and Herefordshire for Q3 was **79%**, compared to **75%** in Q2. This shows an increase of **4%** compliance across the Trust.

Overall compliance for Gloucestershire only for Q3 was **76%** compared to **72%** in Q2; this means that there has been a **4%** increase in compliance.
Overall compliance for Herefordshire only for Q3 was **82%** compared to **78%** in Q2; this means that there has been a **4%** increase in compliance.

During Q3 of 2019-20, there were 80 discharges from Herefordshire, and 158 from Gloucestershire. The total number of discharges from all Mental Health Inpatient Units across the Trust was 238.
We are currently meeting the target

	Criterion	Current compliance (Q3 2019-20)	Direction of travel and previous compliance
1	Has a Risk Summary been completed?	99%	⇔ 100%
2	Has the Clustering Assessment and Allocation been completed?	96%	⇧ 92%
3	Has HEF been completed (LD only)?	100%	⇔ 100%
4	Has the Pre-Discharge Planning Form been completed?	28%	⇧ 23%
5	Have the inpatient care plans been closed within 7 days of discharge?	45%	⇧ 26%
6	Has the patient been discharged from bed?	100%	⇔ 100%
7	Has the Nursing Discharge Summary Letter to Client/ GP been sent within 24 hours of discharge?	88%	⇩ 93%
8	Has the 48 hour follow up been completed if the Community Team are not doing it?	73%	⇩ 92%

Quality Priority | Effective?

Target 1.3 To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.

Gloucestershire Health and Care NHS Foundation Trust

The period of transition from children and young people's services (CYPS) to adult mental health services is often daunting for both the young person involved and their family or carers. We want to ensure that this experience is as positive as it can be by undertaking joint Care Programme Approach (CPA) reviews between children's and adult services every time a young person transitions to adult services

Outcome

During Q3

- In Gloucestershire 3 young people transitioned from CYPS to adult mental health services, all had a joint CPA meeting.
- In Herefordshire 1 young person transitioned from CYPS to adult mental health services, all had a joint CPA meeting.

We are currently meeting the target

Gloucestershire Services	Qtr. 1	Qtr.2	Qtr. 3	Qtr. 4
Joint CPA Review	100%	100%	100%	Available end March 2020

HerefordshireServices	Qtr. 1	Qtr.2	Qtr. 3	Qtr. 4
Joint CPA Review	100%	100%	100%	Available end March 2020

Quality Priority | User Experience

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Target 2. The local mental health survey (User Experience Quality Indicator) has an overall goal of improving patient and Carer experience with 4 associated targets:

2.1 Were you involved as much as you wanted to be in agreeing the care you will receive? > 84%
2.2 Have you been given information about who to contact outside of office hours if you have a crisis? > 71%
2.3 Have you had help and advice about taking part in activities that are important to you? > 64%
2.4 Have you had help and advice to find support for physical health needs if you have needed it? > 73%

Outcome :

Results show the combined totals for both Gloucestershire and Herefordshire mental health services

Analysis

Response rates have significantly reduced quarter on quarter for each county, which in turn impacts negatively upon levels of compliance.

Text messaging as a means of communicating and collecting survey responses ended in January 2019 when the contract with Healthcare Communications ended, although feedback/responses continued to be received for several subsequent months.

Significantly lower responses rates mean that singular + or – responses to questions bias the overall outcome dramatically.

Responses have dropped each consecutive quarter as follows:

- Herefordshire range **124** responses Q1 to **0 (Zero)** in Q3

- Gloucestershire range **97** responses Q2 to **10** in Q3

PALS visits to the Stonebow Unit in Hereford reduced from 3-2 in Q3 (a consequence of merger activity and relocation of the Service Experience Team to Edward Jenner Court.

As a balancing measure, the results of the 2019 CQC community mental health survey provides significant assurance of the Trust's delivery of high quality adult community mental health services.

We are currently meeting this target.

Actions Planned

- There is now a dedicated Survey Team in place to coordinate and promote patient and carer feedback .
- SNAP survey software will be the platform for managing the process going forward (GCS used SNAP very successfully) and core questions applicable in both mental health and physical health services have been agreed for use from April 2020.). This software solution enables us to design our surveys and distribute these in a number of ways including paper, online, mobile (tablets, mobile phones and kiosks). An action plan is in place.

Quality Survey Question	Qtr. 1	Qtr.2	Qtr. 3	Qtr. 4	Cumulative Outcome
Were you involved as much as you wanted to be in agreeing the care you will receive? **> 84%**	90%	79%	88%	Available end March 2020	86%
Have you been given information about who to contact outside of office hours if you have a crisis? **> 71%**	86%	74%	90%	Available end March 2020	83%
Have you had help and advice about taking part in activities that are important to you? **> 64%**	81%	74%	71%	Available end March 2020	79%
Have you had help and advice to find support for physical health needs if you have needed it? **> 73%**	82%	89%	71%	Available end March 2020	83%

Quality Priority | Safe?

Target 3.1 Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.

Gloucestershire Health and Care NHS Foundation Trust

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles.

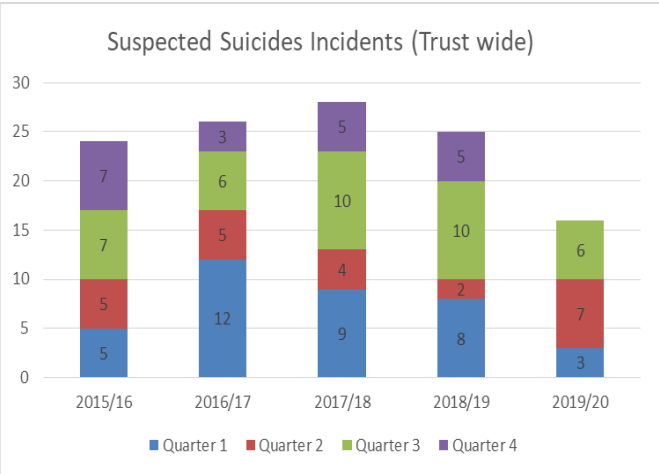
What we also know is that we are seeing more and more service users on our caseload year on year, so we measured this important target differently this year by reporting as a rate per 1000 service users on the Trust caseload.

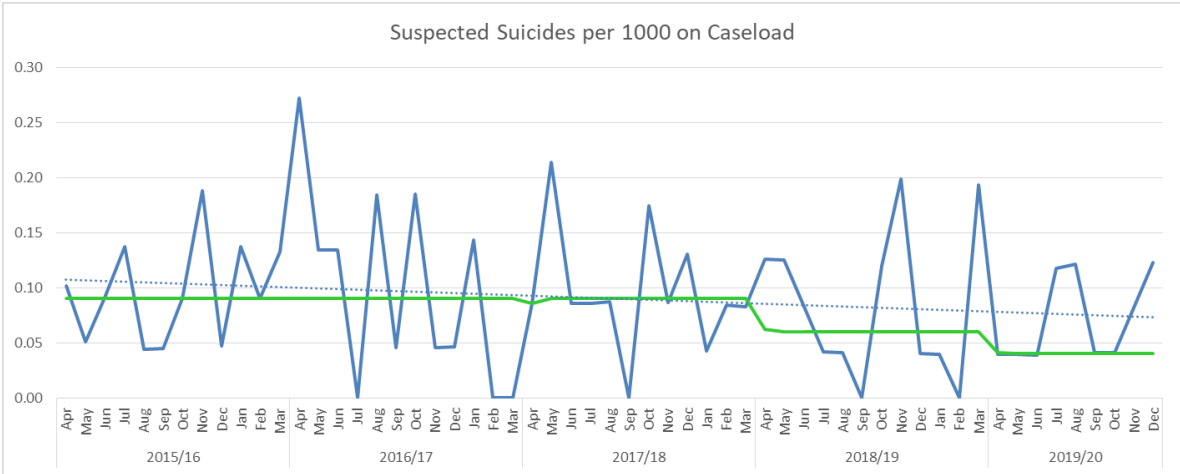
Outcome

The number of reported suspected suicides increased during 2016/17 to **26** suspected suicides and in 2017/18 further increased to **28**. We were pleased to report that by the end of 2018/19 the number had reduced and that we reported **25** suspected suicides. At the end of Quarter 3 2019/20, **16** suspected suicides have been reported , the lowest number for 5 years.

In terms of the rate per 1000 patients on the caseload, during 2015/16, 2016/17 and 2017/18 the median value was **0.09.** By the end of 2018/19 the median value reduced to **0.06** and at the end of Quarter 3 2019/20 this has reduced further to **0.04**.

We are currently meeting this target.





Target 3.2 Detained service users who are absent without leave (AWOL) will not come to serious harm or death.

Gloucestershire Health and Care NHS Foundation Trust

Much work has been done to understand the context in which detained service users are absent without leave (AWOL) via the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative. AWOL reporting includes those service users who:

1.Abscond from a ward,
2.Do not return from a period of agreed leave,
3.Abscond from an escort.
What we want to ensure is that no detained service users who are AWOL come to serious harm or death, so we are measuring the level of harm that people come to when absent.

Outcome

There are a number of factors which influence this, including open wards, increased numbers of detained patients in our inpatient units, increased acuity, and on occasion, service users who leave the hospital without permission multiple times. In 2017/18 we reported **170** occurrences of AWOL (142 in Gloucestershire and 28 in Herefordshire) . **190** occurrences were reported during 2018/19 (144 in Gloucestershire and 46 in Herefordshire), none of these led to serious harm or death.

At the end of Q3 2019/20, **160** occurrences have been report with none of these events leading to serious harm or death

We are currently meeting this target.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	71	46	13	**130**
Herefordshire	27	1	2	**30**
Total	**98**	**47**	**15**	**160**

Target 3.3 To increase the use of supine restraint as an alternative to prone restraint (on all adult wards & PICU)

Gloucestershire Health and Care NHS Foundation Trust

The use of prone restraint (face down) is sometimes necessary to manage and contain escalating violent behaviour, however it is also a response that has potential to cause serious harm to an individual. As a Trust we want to minimise the use of this wherever possible through therapeutic engagement and occupation in the inpatient environment; alongside effective de-escalation techniques and alternatives to prone restraint.

Outcome

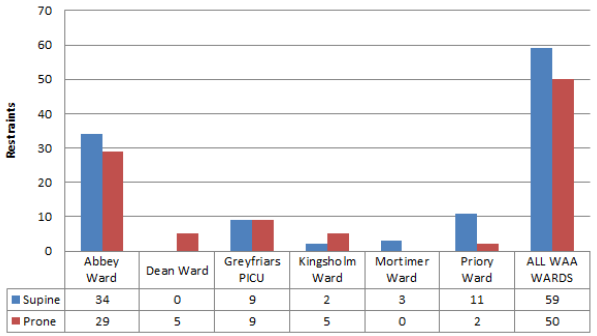
The Trust has a sub group focused on reducing physical restraint, in line with national guidance, reporting into our Quality Assurance Group. From reviewing our restraint data in detail over the past 3 years, we have seen a reduction in prone restraint and a positive increase in the use of supine restraint as an appropriate and safer alternative to prone restraint. This is due to active promotion of techniques used and additional training in the use of alternate injection sites.

Review of Q3 data shows that when restrictive techniques were required to safely manage a rapid escalating situation, **88.9%** of these resulted in the use of supine restraint, compared to **11.1%** requiring prone.

The pie chart below shows the spread of all physical interventions used on our adult wards and the PICU during Quarter 3 and it is reassuring to note that, wherever possible, the least restrictive practices e.g. seated or precautionary holds are used. Supine or prone restraint are only used when a person's safety becomes compromised.

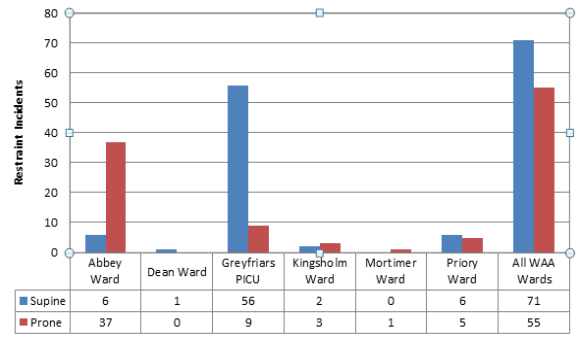
We are currently meeting this target.

Prone vs Supine restraints by inpatient ward (Inpatient Working Age Adults) - 2019/20 Q1



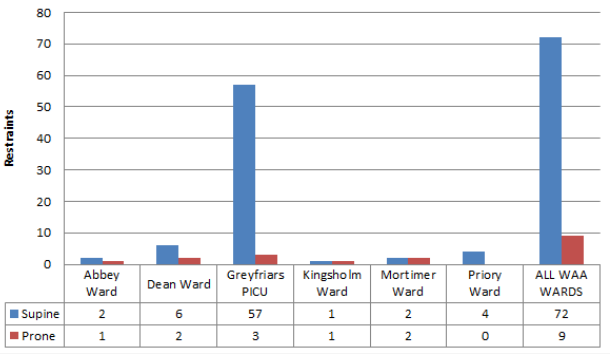
	Abbey Ward	Dean Ward	Greyfriars PICU	Kingsholm Ward	Mortimer Ward	Priory Ward	ALL WAA WARDS
Supine	34	0	9	2	3	11	59
Prone	29	5	9	5	0	2	50

Q2 2019/20 - Prone vs Supine restraints by inpatient ward (Inpatient Working Age Adults)



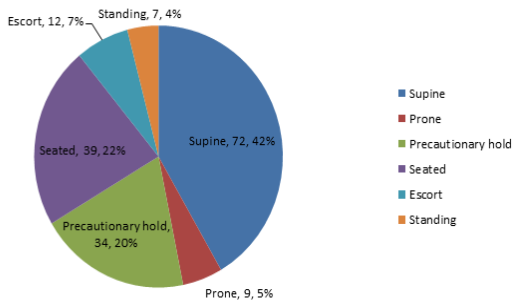
	Abbey Ward	Dean Ward	Greyfriars PICU	Kingsholm Ward	Mortimer Ward	Priory Ward	All WAA Wards
Supine	6	1	56	2	0	6	71
Prone	37	0	9	3	1	5	55

Q3 2019/20 - Prone vs Supine restraints by inpatient ward (Inpatient Working Age Adults)



	Abbey Ward	Dean Ward	Greyfriars PICU	Kingsholm Ward	Mortimer Ward	Priory Ward	ALL WAA WARDS
Supine	2	6	57	1	2	4	72
Prone	1	2	3	1	2	0	9

Q3 2019/20 Physical Intervention incidents by 'type of position used' (most restrictive) (Working Age Adults)



Gloucestershire Health and Care NHS Foundation Trust

Target 3.4 To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual needs.

The aim is for all patients to have a bespoke Positive Behaviour Management (PBM) assessment and care plan, written in conjunction with the Behaviour Support & Training Team, the PBM trainer within the staffing establishment at Berkeley House and the wider Multidisciplinary team. These plans must include sensory interventions formulated by an occupational therapist. The PBM assessment (Individual Patient Physical Intervention Technique Checklist) clearly identifies techniques to be implemented for each individual as and when proportional to the risk to self and others.

Outcome

Berkeley House currently has 7 patients all of whom have specific care plans for Positive Behaviour Management (PBM) interventions; these care plans are on RiO and a copy of an accessible care plan is available for the patient.

They also have Positive Behavioural Support (PBS) plans which contain detailed information regarding primary, secondary and tertiary strategies for each person. Within these plans are functional assessments of behaviours that individuals may display. These include what a good day looks like and individualised strategies to manage behaviours when a patient begins to show signs of distress.

Primary prevention strategies aim to enhance the service users' quality of life and meet their unique needs thereby reducing the likelihood of behavioural disturbances.

Secondary prevention strategies focus on the recognition of early warning signs of impending behavioural disturbance and how to respond in order to encourage the patient to be calm.

Tertiary strategies guide the responses required to manage behavioural disturbance and acknowledge that the use of proportionate restrictive interventions may be required to minimise harm

We are currently meeting this target.

Target 3.5 To further develop a quality improvement led approach to robustly embed lessons learned following serious incidents.

The Trust Serious Incident Review Process was reviewed during Quarter 4 2018/19 by Price Waterhouse Coopers (PWC) internal audit team. PWC assessed the effectiveness of the change in the Trust's Serious Incidents Requiring Investigation (reporting mechanisms, examined the processes in place for implementing relevant SIRI action plans and how lessons learned identified are shared across the Trust. The audit provided positive assurance regarding the quality of investigations and identified that there was a robust and effective mechanism to share lessons learned across the Trust, however there was scope to enhance the implementation in practice, embed the learning and the assurance mechanisms to determine effectiveness.

Actions Ongoing & Planned.

- Work is ongoing via the Nursing, Therapies & Quality Team regarding improving embedding lessons learned from serious incidents and this will be monitored and evaluated by the Quality Committee.
- Web based platforms for the dissemination of the learning from SIRIs are being explored, which would include confirmation that the recipient had both read the detail and taken any relevant action.
- An independent review of the Duty of Candour process was commissioned by the Director of Nursing, Therapies & Quality and undertaken during Q3. Recommendations have been made and implemented to improve this important process.
- The newly merged Clinical Governance & Compliance Team held a series of team workshops throughout November and December 2019 to review the legacy Incident Management (including SIRIs), Duty of Candour and Complaints processes from both GCS & 2G and begin harmonizing these in readiness to establish robust policy and practice to implement from April 2020. A further workshop will be held in January to consolidate the work on incident management and learning assurance processes.

We anticipate meeting this target by April 2020.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 15/0120

Report to:	Trust Board – 29 January 2020
Authors:	Zoe Lewis, Patient Safety Administrator
Presented by:	Amjad Uppal, Medical Director
SUBJECT:	**LEARNING FROM DEATH 2019/20 Q2**

Can this report be discussed at a public Board meeting?	Yes

This Report is provided for:

Decision	Endorsement	**ASSURANCE**	**TO NOTE**

PURPOSE OF REPORT

To update the Board on the work completed in the period July to September 2019 inclusive

EXECUTIVE SUMMARY

The data presented represents those available for the period July to September 2019 (2019/20 Q2).

162 mental health patient deaths were reported during 2019/20 Q2.

127 death incidents were screened and then closed without further review due to being open to solely ACI-Monitoring caseloads or excluded due to a primary diagnosis of dementia and over 70 years of age.

27 patient death incidents were subjected to the mortality review process and 6 were subjected to serious incident investigations.

From 1 October 2019, both physical health patient deaths and mental health patient deaths will be reported on a quarterly basis, following the merger of CGS and 2G.

RECOMMENDATIONS

The Board is asked to note the contents of this Mortality Review Report which covers Quarter 2 of 2019/20.

CORPORATE CONSIDERATIONS	
Quality implications	Required by National Guidance to support system learning
Resource implications:	Significant time commitment from clinical and administrative staff
Equalities implications:	N/A
Risk implications:	N/A

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	P	Always improving	P
Respectful and kind	P	Making a difference	P

Reviewed by:		
Amjad Uppal, Medical Director	Date	19/01/20

Where in the Trust has this been discussed before?		
	Date	

What consultation has there been?		
	Date	

Explanation of acronyms used:
MoReC – Mortality Review Committee LD MRG - Learning Disabilities Mortality Review Group SJR - Structured Judgement Review CRR - Care Record Review EOL - End of Life SI – Serious Incident CI – Clinical Incident MHA – Mental Health Act

1. INTRODUCTION

1.1 In accordance with national guidance and legislation, the Trust currently reports all incidents and near misses, irrespective of the outcome, which affect one or more persons, related to service users, staff, students, contractors or visitors to Trust premises; or involve equipment, buildings or property. This arrangement is set out in the Trust policy on reporting and managing incidents.

1.2 In March 2017, the National Quality Board published its *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*. This guidance sets out mandatory standards for organisations in the collecting of data, review and investigation, and publication of information relating to the deaths of patients under their care.

1.3 Since Quarter 3 2017/18, the Trust Board has received a quarterly (or as prescribed nationally) dashboard report to a public meeting, following the format of Appendix D, including:

- number of deaths
- number of deaths subject to care record review (now SJR Part 2+)
- number of deaths investigated under the Serious Incident framework (and declared as serious incidents)
- number of deaths that were reviewed/investigated and as a result considered more likely than not to be due to problems in care
- themes and issues identified from review and investigation (including examples of good practice)
- actions taken in response, actions planned and an assessment of the impact of actions taken.

1.4 From June 2018, the Trust will publish an annual overview of this information in Quality Accounts, including a more detailed narrative account of the learning from reviews/investigations, actions taken in the preceding year, an assessment of their impact and actions planned for the next year.

1.5 This paper offers the subsequent iteration of data for the period July to September 2019.

2. PROCESS

2.1 All 2gether NHS Foundation Trust staff are required to notify, using the Datix system, the deaths of all Trust patients. This comprises anyone open to a Trust caseload at the time of their death and who dies within 30 days of receiving care from 2gether. Following discussion at Mortality Review Committee (MoReC) in and at countywide Mortality Steering Groups in both Gloucestershire and Herefordshire, it was agreed to exclude from active review those open for ACI Monitoring only and those with a primary diagnosis of dementia who are over 70 years old. MoReC had become very aware that older people with dementia die whilst this had resulted in very little learning from this cohort of patients. There will be a continued focus on those 70 years and under.

2.2 Mandatory mortality reviews are required for:

- All patients where family, carers, or staff have raised concerns about the care provided.
- All patients with a diagnosis of psychosis or eating disorders during their last episode of care, who were under the care of services at the time of their death, or who had been discharged within the 30 days prior to their death.

- All patients who were an inpatient in a mental health unit at the time of death or who had been discharged from inpatient care within the last month.
- All patients who were under a Crisis Resolution & Home Treatment Team (or equivalent) at the time of death (noting that these deaths will likely be categorised as Serious Incidents).

2.3 The format of a Mortality Review was modified following the publication of the Royal College of Psychiatrists Structured Judgement Review in January 2019. With regard to process detail, "Table Top Reviews" are now referred to as SJR Part 1, and "Care Record Reviews" are SJR Part 2+ (including parts 2-7). The RCPsych SJR is attached for reference. The parts of the review consider:

- Part 1 The allocation and initial review or assessment of the patient (this is usually completed within Datix only) resulting in a Mazars categorisation
- Part 2 The ongoing care of the patient, including both physical health and mental health
- Part 3 Care during admission
- Part 4 Care at the end of life
- Part 5 Discharge planning
- Part 6 An option for organisations to rate particular aspects of care the reviewers feel is necessary for that individual
- Part 7 Overall care

2.4 Based upon the information provided, patient deaths are assigned to one of the six categories developed by the Mazars report into Southern Health NHS Foundation Trust (2015) (Table 2.1).

2.5 Expected Natural deaths (EN1 & EN2) are sorted into those where there may be concerns and those where no possible concerns are identified. Unexpected Natural deaths (UN1 & UN2) are subjected to a case record review and sorted into those where there may be concerns and those where no possible concerns are identified.

Table 2.1 Mazars' Categories

Type	Description
Expected Natural (EN1)	A group of deaths that were expected to occur in an expected time frame, e.g. people with terminal illness or in palliative care services. These deaths would not be investigated but could be included in a mortality review of early deaths amongst service users.
Expected Natural (EN2)	A group of deaths that were expected but were not expected to happen in that timeframe. E.g. someone with cancer but who dies much earlier than anticipated These deaths should be reviewed and in some cases would benefit from further investigation.
Expected Unnatural (EU)	A group of deaths that are expected but not from the cause expected or timescale E.g. some people on drugs or dependent on alcohol or with an eating disorder These deaths should be investigated.
Unexpected Natural (UN1)	Unexpected deaths which are from a natural cause e.g. a sudden cardiac condition or stroke. These deaths should be reviewed and some may need an investigation.
Unexpected Natural (UN2)	Unexpected deaths which are from a natural cause but which didn't need to be e.g. some alcohol dependency and where there may have been care concerns These deaths should all be reviewed and a proportion will need to be investigated.
Unexpected Unnatural (UU)	Unexpected deaths which are from unnatural causes e.g. suicide, homicide, abuse or neglect. These deaths are likely to need investigating.

2.6 All Unnatural deaths (EU & UU) are discussed, individually with the Patient Safety manager to identify those that fall into the category of serious incidents requiring investigation, within statute, and according to the relevant Trust policy. Where there appears to be further information required or learning to be derived, incidents that do not require a serious incident review are notified to the relevant team manager for a clinical incident review. The remaining incidents are sorted into those where there may be concerns and those where no possible concerns are identified.

2.7 Where no concerns are identified, the Datix incident is closed without further action.

2.8 Where concerns are raised, the case is be elevated to the clinical leads for review and, depending upon the outcome, can be treated as a serious incident, referred for multiagency review or notified to the relevant team manager for a clinical incident review.

2.9 The data obtained will be subjected to a modified version of the structured judgement review methodology defined by the Royal College of Physicians and assigned to one of three categories:

- Category 1: "not due to problems in care"
- Category 2: "possibly due to problems in care within 2gether"
- Category 3: “possibly due to problems in care within an external organisation”

2.10 For those deaths that fall into Category 2, learning is collated and an action plan developed to be progressed through operational and clinical leads and reported to Governance Committee. For Category 3, the issues identified are escalated to local partner organisations through the relevant Clinical Commissioning Group lead for mortality review. For distant organisations, issues will be shared with the local lead for learning from deaths within the organisation.

2.11 All deaths of patients with a learning disability will be also reported through the appropriate Learning Disabilities Mortality Review Program (LeDeR) process, and deaths of people under the age of 18 will be reported through the current child death reporting methodology.

3. DATA

3.1 During 1 July 2019 – 30 September 2019 162 patients of ^{2}gether NHS Foundation Trust died (correct as of 13 January 2020). This comprised the following number of deaths which occurred in each month of that reporting period:

- 50 in July
- 62 in August
- 50 in September.

3.2 The terminology used to describe the stages of Mortality Review changed in December 2018 following publication of the Royal College of Psychiatrists’ Structured Judgement Review (SJR) documentation. The Mortality Review Committee (MoReC) adopted this methodology in January 2019 following discussion and agreement by the Mortality Review Committee (MoReC). The LD Mortality Review Group (LD MRG) have decided to continue with the

Care Record Review (CRR) of LD patient deaths in order to facilitate continuity with the LeDeR process.

3.3 Following discussion at MoReC in and at countywide Mortality Steering Groups in both Gloucestershire and Herefordshire, it was agreed to exclude from active review those patients open for ACI Monitoring only and those with a primary diagnosis of dementia who are over 70 years old. MoReC had become very aware that older people with dementia die as a natural consequence of the illness process resulting in limited learning from this cohort of patients. There will be a continued focus on those 70 years and under.

3.4 At the time of writing this paper, a total of 15 RCPsych Structured Judgment Reviews Section 2 (SJRs) at MoReC and Care Record Reviews at LD MRG had been completed.

3.5 The number of deaths in each month for which a Structured Judgement Review (either Section 1 and 2, or just Section 1), Care Record Review, Clinical Incident Review or a Serious Incident investigation was carried out was:

- 10 in July
- 10 in August
- 8 in September

3.7 The above figures do not include current open SJRs, CRRs, CI Investigations and SI Investigations from 2019/20 Q2.

3.8 At the time of writing this paper, 0 deaths representing 0.0% of the 162 patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided [2]gether NHS Foundation Trust to the patient (Table 3.1). In relation to each month, this consisted of:

- 0 representing 0% for July
- 0 representing 0.0% for August
- 0 representing 0% for September

3.9 In the case of 2 deaths, the mortality review process could not proceed due to GP practices failing to supply death information.

3.10 At time of writing, 5 deaths, which represented 3% of the 162 patient deaths during the reporting period were still open and undergoing mortality review (Table 3.2). 4 patient death incidents were awaiting death information, which includes waiting for toxicology results, and 1 was awaiting CRR at LD MRG. There were 0 open Serious Incident Investigations and 0 open Clinical Incident Investigations.

Table 3.1.Completed Mortality Reviews 2019/20 Q2

Mortality Review Closure Category		Month			Quarterly Totals
		July	August	September	
Closed - Mortality Review Criteria Unmet		37	48	42	127
Closed - Unable to Categorise		1	1	0	2
Closed Following SJR Section 1	Category 1: Not Due to Problems in Care	6	4	5	15
	Category 2: Possibly Due to Problems in Care within 2gether	0	0	0	0
	Category 3: Possibly Due to Problems in Care Within an External Organisation	0	0	0	0
Closed Following SJR Section 2 (MoReC) or Care Record Review (LD MRG)	Category 1: Not Due to Problems in Care	2	3	2	7
	Category 2: Possibly Due to Problems in Care within 2gether	0	0	0	0
	Category 3: Possibly Due to Problems in Care Within an External Organisation	0	0	0	0
Closed following Clinical Incident Review	Category 1: Not Due to Problems in Care	0	0	0	0
	Category 2: Possibly Due to Problems in Care within 2gether	0	0	0	0
	Category 3: Possibly Due to Problems in Care Within an External Organisation	0	0	0	0
Closed following Serious Incident Review	Category 1: Not Due to Problems in Care	1	3	1	5
	Category 2: Possibly Due to Problems in Care within 2gether	0	0	0	0
	Category 3: Possibly Due to Problems in Care Within an External Organisation	1	0	0	1
Monthly Totals		48	59	50	157

Table 3.2 Open Mortality Reviews 2019/20 Q2

Mortality Review Status	Month			Quarterly Totals
	July	August	September	
Awaiting Death Information (incl. tox results) for SJR Section 1	2	2	0	4
Awaiting SJR Section 2 (MoReC) or Care Record Review (LDMRG)	0	1	0	1
Open Clinical Incident Investigation	0	0	0	0
Open Serious Incident Investigation	0	0	0	0
Monthly Totals	2	3	0	5

4. LEARNING

4.1 Learning from Structured Judgement Reviews at MoReC during 2019/20 Q2

4.1.1 During 2019/20 Q2, following Structured Judgment Reviews of patient deaths, together with patient deaths brought for discussion only, MoReC has made the following Recommendations:

- Following the review of the expected death of an elderly inpatient at Stonebow Unit, the Committee noted that during the tos and fros to Hereford County Hospital, it was not clear in the notes that the patient continued to have capacity, which should have indicated a MCA assessment. Although the patient's family was included and were in agreement not to move the patient to a nursing home with best interests in mind, the Committee noted there was no evidence that a MCA2 was completed or that DoLS was considered. The Committee decided to reflect back to HfD Locality, via the locality's Deputy Medical Director, that frail and elderly inpatients need to have regular assessments of their capacity and where serious medical decisions are taken, they need to be accompanied by a MCA2.

- Following the review of the death of an elderly patient who had recently been discharged from CLH, the Committee noted that whilst an inpatient in CLH, the patient had been assessed as lacking capacity and was then discharged without a diagnosis of dementia. The Committee noted that no investigation took place to ascertain whether the patient was low due to depression. The Committee recommended that clinicians be more vigilant and think more holistically by considering all possibilities. This recommendation was taken to the OPS Consultants Meeting and also to the MHARS Team Manager. The Deputy Medical Director for Operations has agreed to facilitate Mini ACE training for psychologists going forward.

- Following the review of two expected deaths of inpatients suffering with dementia at CLH where usual doses of EOL medications struggled to control symptoms, the Committee noted that Palliative Care Consultant had recommended increasing doses above and beyond that of the norm. The Committee noted that patients dying of dementia seem often to require higher doses of EOL medications to control their symptoms and concluded that some research in this area would be worthwhile.

Mulberry Ward Manager has agreed to discuss with Palliative Care Nurses the possibility of research regarding doses of EOL medications for patients suffering with dementia, including an audit of what is currently being prescribed.

4.2 Learning from Care Record Reviews at LD MRG during 2019/20 Q2

4.2.1 Learning from deaths reviewed by the Learning Disability Mortality Review Group is currently developing.

4.3 Learning from Serious Incident Investigations completed during 2019/20 Q2

4.3.1 During 2019/20 Q2, 4 Serious Incident Investigations concerning patient deaths were completed. The Lessons Learned generated from the 4SI Investigations are as follows:

SERIOUS INCIDENT INVESTIGATION

LESSONS LEARNED SUMMARY SI-01-20

Incident Category:

Patient Death

What happened?

- **The patient was found hanged at home.**

What did the Investigation find?

- **The patient had been assessed as MEDIUM risk of suicide. This was in the context of experiencing high levels of anxiety with a background of a serious mental health diagnosis, rather than any indication of a specific plan or intention to end their life.**
- **The patient and spouse had been appropriately supported by community mental health services; they had declined informal admission to hospital on several occasions, partly due to distance from the inpatient unit. The patient was not detainable under the Mental Health Act.**

What can we learn from this incident?

- **The review had identified exemplary care from mental health services and other clinicians involved. This included consistent communication between the inpatients, community services and physical health services.**
- **The inpatient Physiotherapists and Occupational Therapist ensured that appropriate rehabilitation following a hip operation was in place.**
- **The teams worked closely to the Triangle of Care Model when working with and supporting the patient's spouse, who was fully involved with all decisions regarding the patient's care, treatment and level of risk. The spouse's own care needs were recognised and supported.**
- **When the couple went on holiday the Crisis Team offered details of local mental health services as well as providing daily telephone support.**
- **The spouse raised the importance of providing support and advice in regards to relevant benefits available to patients and their family when a hospital admission takes place, especially when the ability to continue receive an income is compromised.**
- **Medical staff to be reminded to use written information more if there is any concern that the patient might not remember the treatment plan at an appointment, and to ensure any changes in medication are clear.**

SERIOUS INCIDENT INVESTIGATION

LESSONS LEARNED SUMMARY SI-02-20

Incident Category:

Patient Death

What happened? ***(Describe the incident)***

- **An inpatient utilised a period of leave and did not return as planned, the patient was found hanged at his home address.**

What did the Investigation find? ***(What was done well? Did anything go wrong?)***

- **The patient had a long history of depression and anxiety and voiced fluctuating suicidal ideas and had made several attempts to end his life over a number of years.**
- **The patient received responsive care in the community with appointments being brought forward when risks increased.**
- **On admission, Consent to Share and next of kin details were gathered, but the next of kin details were not updated on RiO, which resulted in incorrect information being left on the system, which made contacting family difficult following an emergency.**
- **There was inconsistency in the documentation of risk. The risk level documented within the risk assessment was different to the recording within the Progress Notes.**

What can we learn from this incident? ***(What does this remind us about good practice? What can we change?)***

- **When informal patients utilise a period of leave, staff must agree with the patient and document what the expected return to the ward time is, and in the event of a patient being late, at what time the patient or their family will be contacted and an escalation process started.**
- **When next of kin, family and friends details are collected, staff should ensure that the information is updated on RiO.**

SERIOUS INCIDENT INVESTIGATION

LESSONS LEARNED SUMMARY SI-05-20

Incident Category:

Patient harm: Patient death

What happened? ***(Describe the incident)***

- **the patient was found deceased at her home after a suspected suicide**

What did the Investigation find?

- **The patient had a diagnosis of Emotional Unstable Personality Disorder. They had been supported over the last 5 years following the patient loosing custody of their son.**
- **The patient had been assessed as LOW risk of suicide. They had fleeting thoughts of ending their life, but had not acted on these for over the 16 years.**
- **The patient was not always concordant with prescribed medication and did not always take this as prescribed, and frequently did not attend outpatient appointments.**
- **In the 6 months prior to their death the patient reported to have experienced distressing memories of childhood abuse, had separated from their partner and had not attended appointments offered by the mental health services.**

What can we learn from this incident?

- **When incidents of alleged Domestic Violence are disclosed, clinicians must carefully document these within the patient record, together with their rationale for intervention or non-intervention, including the advice given to the patient**
- **When a patient has disengaged from a service and discharge is indicated, both the patient and their General Practitioner must be sent a letter with a summary of the care offered to date, the actual date of discharge, and any potential areas of risk to self or others and any handover of pertinent information to other professionals still involved. This must include a clear statement about the action to take, and who to contact, in the event of relapse or change with a potential negative impact on the person's mental well-being.**
- **When Teams are aware that a patient is potentially missing and the police are already aware, the MDT must clearly document a 'follow up' date for contacting the police for an update, and identify which member of the team will undertake this action.**
- **Staff to routinely revisit consent to share decisions and explore in detail which members of family this pertains to and in what circumstances.**

SERIOUS INCIDENT INVESTIGATION

LESSONS LEARNED SUMMARY SI-06-20

Incident Category:

Patient Death

What happened?

- **The patient was on holiday with their family in Canada when they found the patient hanged at the family's holiday home.**

What did the Investigation find?

- **The patient was diagnosed with a psychotic disorder, and experienced persistent symptoms of paranoid delusions and ideas of reference. The patient found it difficult to acknowledge that these experiences were the result of their illness and was not always concordant with prescribed antipsychotic medication.**
- **The patient used cannabis on a regular basis and at times to a high level. The patient's level of alcohol consumption appeared to have increased in the months prior to their death.**
- **The patient was provided with a comprehensive, responsive and compassionate service in line with expected operational policies and clinical guidelines.**
- **The staff involved in the patient's care demonstrated both care and consideration in the treatment they offered and were sensitive to the patient's experience of illness. This is also true of the family work which involved working with both the patient and their mother.**

What can we learn from this incident?

- **The investigation highlighted an improvement to be made to risk management planning with regard to the documentation of risk factors associated with the patient's disclosure about access to firearms. This is not considered contributory, particularly when balanced against the patient's international lifestyle and that access to guns in America is considered a fundamental right.**
- **It must be clearly documented in the RiO Risk assessment and management plan, where there is the risk of use of a firearm (especially when the patent has potential access to a firearm and is experiencing paranoid ideation).**

4.3.2 The Lessons Learned are routinely taken to Locality Governance Committee meetings for onward cascade. The SI Action-Planning Sub-Committee oversees the gathering of Assurance for each Action generated.

The Trust believes that by implementing the above actions, patient safety and quality of care has improved.

4.4 Learning from Clinical Incident Investigations Completed During 2019/20 Q2

4.4.1 There was no learning from Clinical Incident Reviews during 2019/20 Q2.

5. CONCLUSION

5.1 This, the Q2 report for 2019/20 of mortality review data under the Learning from Deaths policy and focusses on the progress made during Q2.

5.2 The now substantive Patient Safety Team Administrator continues to make a positive impact upon the mortality review process resulting in a more timely review of patient deaths, as demonstrated by the data contained in Tables 3.1 and 3.2, together with the output from MoReC (Section 4.1). Patient Safety Team Administrator's aim is to improve on this still further, whilst being mindful of the impact of Trust merger upon the mortality review process and her workload in other areas.

5.3 Mortality Review Committees have convened regularly since November 2018. However, whilst learning from these reviews is limited, the active review of patient deaths does provide assurance that End of Life Care and the care provided to our patients is of an excellent quality which seldom results in unexpected deaths, natural or otherwise.

5.4 As a Trust we are committed to the National Quality Boards (2017) Learning from Deaths guidance. The Trust ensures that it seeks to actively learn and implement changes in practice identified from reviews of death. The Trust is an active supporter of the Learning Disabilities Premature Mortality Review programme (LeDeR) in Gloucestershire and Herefordshire.

5.5 Learning from Deaths continues to provide vital guidance. As a Trust we are fully committed to recognising the need to improve services following learning from events both nationally and locally such as Gosport, Mid Staffordshire and the Learning Disabilities Premature Mortality Review (LeDeR), alongside our own local serious incidents.

6. MORTALITY REVIEW POST- MERGER

6.1 The Board is asked to note that from 1 October 2019, the learning from mortality review of the deaths of both mental health patients and physical health patients will be reported on a quarterly basis.

6.2 The Board is asked to note that from 1 October 2019, the former Gloucestershire Care Service's Mortality Review Group is known as the Physical Health Mortality Review Group (PH MRG) and the former 2gether Mortality Review Committee is known as the Mental Health Mortality Review Group (MH MRG). The name of the former 2G LD Mortality Review Group (LD MRG) remains unchanged.

6.3 Inpatient deaths of physical health patients are currently reported on MIDAS, however, from 1 April 2020, all patient deaths will be reported on the new joint Datix system, which will facilitate internal reporting, as well as reporting to NLRS and NHSI. Development of the relevant mortality review forms within the new Datix system is currently progressing.

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 16/0120

Report to: Trust Board – 29 January 2020

Author: Dr Nader Abassi, Guardian of Safe Working

Presented by: Dr Amjad Uppal, Medical Director

SUBJECT: **GUARDIAN OF SAFE WORKING QUARTERLY REPORT**

Can this report be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

EXECUTIVE SUMMARY

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

RECOMMENDATIONS

The Board is asked to **note**:

1. The report from the Guardian of Safe Working Hours.
2. The trainees and supervisors response time to reports remains a challenge although there is ongoing work in progress.

Corporate Considerations	
Quality implications	Any quality implications are clearly referenced within the report
Resource implications:	Any resource implications are clearly referenced within the report
Equalities implications:	Any implications are clearly referenced within the report
Risk implications:	Any risk implications are clearly referenced within the report

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	**Date:**
Dr Amjad Uppal, Medical Director	20th January 2020

Where has this issue been discussed before?	**Date:**
Trust Board Quality Committee	9th January 2020

Explanation of acronyms used:	HEE – Health Education England DME – Director of Medical Education GMC – General Medical Council CQC – Care Quality Commission

GUARDIAN OF SAFE WORKING QUARTERLY REPORT

1.0 CONTEXT

1.1 The safety of patients is of paramount importance for the NHS and staff fatigue is a hazard both to patients and the staff. The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed during negotiations with the BMA that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (junior doctors) to ensure safe working practice.

1.2 The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Quality Committee and Board or equivalent body that doctors' working hours are safe.

1.3 The work of the Guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

1.4 The Trust has invested in relevant software to help monitor the 'Exception Reports' in line with national guidance and the system is relatively well established in the Trust now.

1.5 The Guardian's quarterly report, as required by the junior doctor's contract, is intended to provide the Trust's Board Committee with an evidence based report on the working hours and practices of junior doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

2.0 THE GUARDIAN OF SAFE WORKING HOURS REPORT

2.1 Exception Reporting

The Trust uses 'Allocate' as the reporting software system, which appears to function reasonably well for this purpose. Since beginning of May 2019 till end of July 2019, 12 exception reports (11 from Gloucestershire and 1 Hereford) have been generated and a break down has been provided in the full report.

2.1.1 All of 12 reports in this period have been related to hours. We had 8 resolutions addressed by educational supervisor and 4 of exception reports have to be addressed by Guardian of Safe Working Hours. This is due to educational supervisor being on the extended sick leave, although they already met and agreed on the outcome but didn't enter the outcome.

- 1/12 No further action

- 9/12 time in lieu agreed
- 2/12 overtime payments agreed
- There was no need for work schedule reviews in this period.

2.1.2 We have recently been provided with the option of closing historical reports down and the Guardian is waiting to discuss this option in the Medical Education Board and Junior Doctors Forum to close them on agreement of all parties involved.

2.2 Locum Booking and Vacancies

2.2.1 During this period five on call shifts in Gloucester were covered by agency doctors and none in Hereford.

2.2.2 In this time period we had no long term vacancy or sickness on Hereford site but six of our trainees on Gloucester site not able to complete on calls as normal.

2.3 Fines

1.1.1 At this stage no fines have as yet been applied.

3.0 Challenges

3.1 Completion of Exception Reports / Knowledge of the System: Although there has been improvement in the number of reports but response times remains a challenge. We had only one of our twelve reports in this quarter closed in a timely manner and the rest were addressed by delay. The Guardian has arranged meetings with trainees of all grades to discuss the issues and explore the challenges and ways to improve. We already had a meeting with our core trainees and addressed some of the issues and also arranged another meeting with our advance trainees. The Guardian also has arranged to present in weekly academic programme to update educational supervisors of the procedure and also explore their difficulties and challenges. The Guardian will continue to support junior doctors and supervisors in resolving these issues as soon as possible.

3.2 Software System: The Trust uses a nationally procured system for medical staff rotas called ‘Allocate Software System’; this system is now used for Exception reporting. All our junior doctors and educational supervisors are registered with the system. There are some issues with the system, which are nationwide and not limited to our Trust, and have been highlighted to the software company.

3.3 Junior doctor rota: Since changing rota in Gloucestershire to working ‘waking’ nights there has been a significant decline in number of exception reports. There has been significant improvement in number of reports raised by trainees working in Hereford following increase time allocated to on-call call out hours.

3.4 Workload: The new contract does have workload implications for the Guardian, administrator, DME, Educational and Clinical supervisors when a trainee submits an exception report.

3.5 Administrative support for the Guardian role: The Guardian is assisted by administration from medical staffing and they have been very supportive in introducing the new system and answering queries from users.

3.6 Junior Doctors Forum: Our Junior Doctors Forum predates the introduction of the new contract and has been further strengthened by the Guardian and the DME meeting quarterly. The attendance by junior doctors has been variable despite a proactive approach by the current junior doctors' rep to engage colleagues.

4.0 EXCEPTION REPORTS AND FINES

4.1 There have been 12 exception reports during this period with 4 being addressed by the Guardian due to educational supervisor sick leave.

4.2 There has been no breach of contract to initiate any fines against the Trust yet.

5.0 CONCLUSION

5.1 All of our junior doctors now are on the new contract and committed to use the exception reporting system to ensure safe working practice. Information gleaned from the exception reports enables the DME to keep informed of the challenges and threats to the provision of quality Trainee placements at the Trust.

5.2 The Exception Reporting process allows Trainees to give the Guardian notice of working unsafe hours. It is important that these issues are resolved in a timely manner.

5.3 The Guardian of Safe Working Quarterly Report provides assurance that Trust is positively engaged with its junior doctors via a number of routes and meetings. There was a surge of exception reports at the start of the implementation of the new contract but this has improved significantly with better understanding of the system through regular presentations at Induction and educating trainees and their supervisors.

5.4 There has been significant reduction in the number of exception reports raised by trainees on both sites. This is the result of collaborative work by The Guardian of Safe Working, DME and medical staffing on rotas.

5.5 There are some ongoing issues regarding engagement of both trainees and educational supervisors which are being addressed through regular training updates.

6.0 RECOMMENDATIONS

6.1 The Board is asked to note the assurance provided in the report.

6.2 Ongoing issues are being addressed through regular training updates and initial training at trainees' Induction which is mandatory.

AGENDA ITEM 17/0120

REPORT TO:	Trust Board – 29 January 2020
AUTHOR:	Lauren Edwards, Deputy Director of Therapies and Quality
PRESENTED BY:	John Trevains, Director of Quality
SUBJECT:	**CQC SURVEY OF PEOPLE WHO USE COMMUNITY MENTAL HEALTH SERVICES - 2019 RESULTS AND ACTION PLAN**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT

- To summarise the results of the 2019 CQC national community mental health survey. These results provide assurance of the quality of adult community mental health services previously delivered by ²gether NHS Foundation Trust, now delivered by Gloucestershire Health and Care NHS Foundation Trust.
- To provide assurance that the results of this national survey have been used to identify areas of focus for practice development activity over the next 12 months.

RECOMMENDATIONS

The Board is asked to:

- Note the contents of this report
- Receive assurance of our delivery of high quality adult community mental health services
- Receive assurance that this feedback has been used to support areas for practice development

EXECUTIVE SUMMARY

Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and is an underpinning core value of Gloucestershire Health and Care NHS Foundation Trust and its legacy organisations.

In 2018, Quality Health was commissioned by ²gether NHS Foundation Trust to undertake the 2019 national Community Mental Health Survey, which is a requirement of the Care Quality Commission.

This paper outlines the Care Quality Commission's published results of the data analysis of the survey sample of people who used [2]gether's services. The CQC makes comparison with all 56 English NHS mental health care providers' results of the same survey. Results are published on the CQC website.

Only 2 Trusts were classed as 'better than expected' in 2019 and our Trust was one of them. We are the only Trust to have received this rating for the third consecutive year.

The Trust's results are '*better*' than the expected range for 11 of the 29 questions (38%) and '*about the same*' as other Trusts for the remaining 18 questions (62%) These results **represent a further improvement** when compared with our results from last years' service user feedback in the same survey (Better = 36%, about the same = 64%). The Trust is categorised as performing 'better' than the majority of other mental health Trusts in 7 of the 11 domains (64%) (last year: 5 out of 11, 45%)

The scores for 'feedback' are disappointing, although are '*about the same*' as other Trusts (the highest score in England was only 4.4). This will be a significant area of focus for development, with the work being led by the Patient and Carer Experience Department.

An action plan has been co-developed with senior operational and clinical leaders (see appendix 1). An infographic has been produced to support effective dissemination of findings to colleagues and local stakeholders.

Assurance
These survey results offer **significant assurance** that the Trust's strategic focus and dedicated activity to deliver best service experience is having a positive effect over time.

The action plan offers **significant assurance** that we are using the results of this feedback to guide further practice development activity.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	**Date:**
John Trevains, Director of Quality	20/01/20

Where has this issue been discussed before?
Quality Assurance Group - October 2019 Trust Board (earlier version without infographic or action plan) – December 2019

What wider engagement has there been?	
Liaison with relevant colleagues across the organisation in order to co-produce the action plan (appendix 1)	

Community Mental Health Services

RESULTS FOR HEREFORDSHIRE AND GLOUCESTERSHIRE

1.0 Background

1.1 The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. For the 2019 survey, 2gether NHS Foundation Trust was the named provider of these services, prior to the creation of Gloucestershire Health and Care NHS Foundation Trust. As has been the case for several years, the Trust commissioned Quality Health to undertake this work.

1.2 The 2019 survey of people who use community mental health services involved 56 providers in England, including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide NHS mental health services.

1.3 The data collection was undertaken between February and June 2019 using a standard postal survey method. The sample was generated at random using the agreed national protocol for all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2018.

1.4 Full details of this survey questions and results can be found on the following website:
https://nhssurveys.org/wp-content/surveys/05-community-mental-health/05-benchmarks-reports/2019/2gether%20NHS%20Foundation%20Trust.pdf

2.0 Scores for 2gether NHS Foundation Trust in 2019

2.1 The CQC results for the 2019 survey of people who use community mental health services were published on the 26th November 2019[1]. The Trust's overall results are summarised in Table 1 below.

2.2 Only 2 Trusts were classed as 'better than expected' in 2019 and our Trust was one of them. We are the only Trust to have received this rating for the third consecutive year.

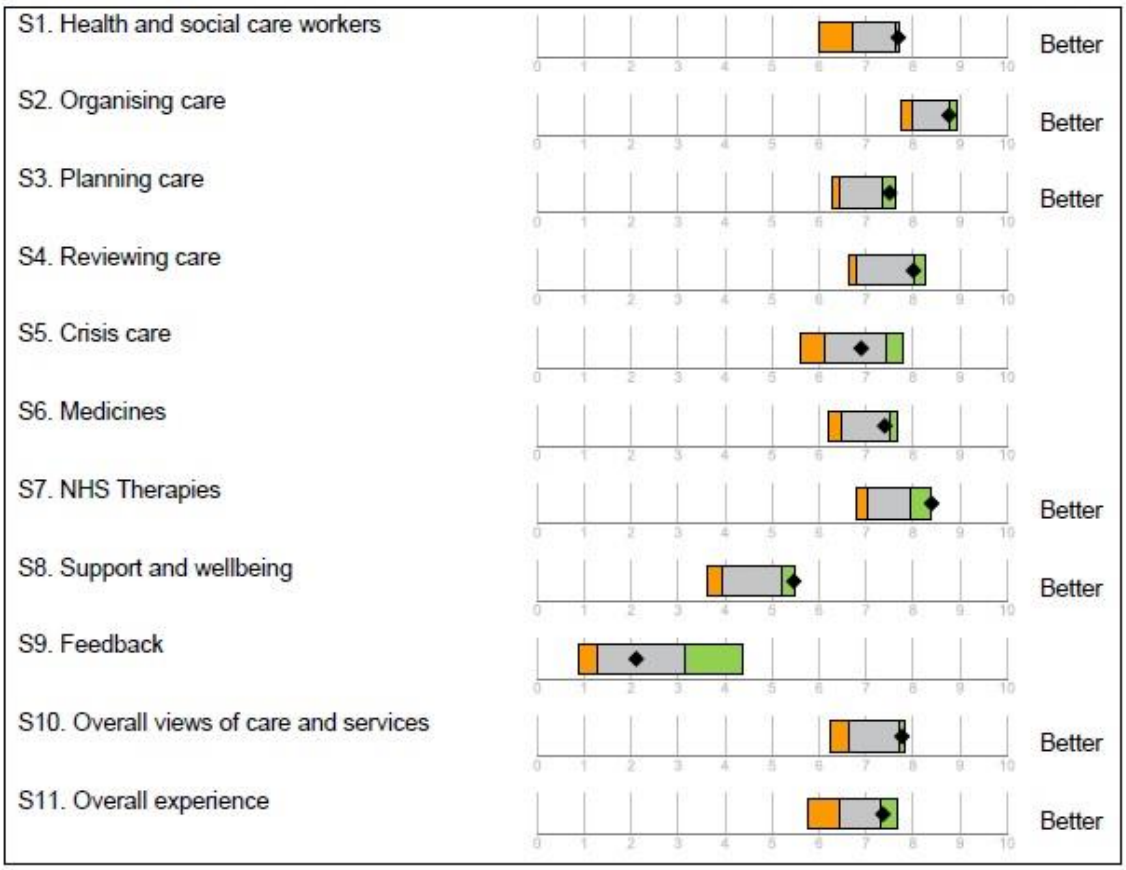
2.3 The Trust obtained the **highest Trust scores in England** on 6 of the 28 (n=21%) evaluative questions and on 4 of the 11 domains.

Table 1

[1] https://www.cqc.org.uk/provider/RTQ/survey/6

2019 Community Mental Health Patient Experience Survey
2gether NHS Foundation Trust

Section scores



Key to Table 1

Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
Worst performing trusts		

2.4 Our results are 'better' than most Trusts for 11 of the 29 questions (38%) and 'about the same' as other Trusts for the remaining 18 questions (62%) These results represent a further improvement when compared with our results from last years' performance in the same survey (Better = 36%, about the same = 64%).

2.5 An infographic of our results has been developed to share the results in a more accessible format with colleagues and local stakeholders.

3.0 Top areas for priority further development include:

3.1 Adult community mental health services provided by Gloucestershire Health and Care NHS Trust (GHC) scored well this year overall, being classed as 'better than expected' for the third consecutive year. However, there continue

to be areas where further development and continued effort would enhance the experience of people in contact with our services. For example, the results in the feedback domain suggest that further work is required in this area.

3.2 The 2019 survey scores and information from a range of other service experience information (reported to Board quarterly) suggest that actions being taken to enhance service experience over recent years are having a positive impact and that learning from feedback is being embedded into practice.

3.3 The following areas for further practice development have been identified:

- Giving people information about getting support from people with experience of the same mental health needs as them
- Discussing the possible side-effects of medication with people
- Asking people for their views on the quality of their care

4.0 Next steps

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

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

4.3 Where other organisations have scored well in particular areas we will collaborate and seek ideas to further develop local practice, particularly in relation to seeking feedback.

4.4 An action plan (appendix 1) has been co-developed with senior operational and clinical leaders and will be monitored via the Locality Updates regularly brought to the Quality Assurance Group.

4.5 The 2019 results will be provided for all colleagues through a global email which celebrates our successes and thanks them for their dedication. Further cascade will be undertaken through Team Talk across Herefordshire and Gloucestershire. The results will be cascaded to senior leaders for sharing with teams and for generating ideas for continued practice development. An infographic has been developed to share the results in a more accessible format.

2019 CQC Survey of people who use community mental health services

Gloucestershire and Herefordshire (previously delivered by 2gether NHS Foundation Trust)

NHS Gloucestershire Health and Care NHS Foundation Trust

827 people were sent the survey

273 people returned the survey

18 years plus

27% National response rate

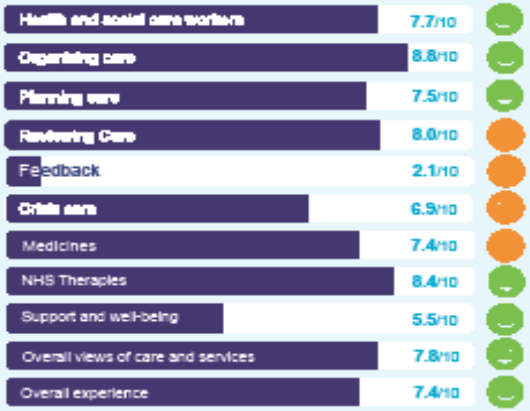
33% Our response rate

29 questions → **11** domains → **Our results:** In the top 20% of Trusts in 7 out of the 11 domains. 'About the same' as other Trusts in 4 domains.

Results of 11 domains

Each domain compared to other trusts

Better | About the same | Worse



Rated nationally as amongst the highest performing trusts for:

- Health and social care workers
- Organising and planning people's care
- Involving people in agreeing what care and therapies they will receive
- Giving help or advice with finding support for physical health needs, financial advice, work and activity.
- People's overall views of care and services
- People's overall experience

Areas for further focus:

- Giving people information about getting support from people with experience of the same mental health needs as them
- Discussing the possible side effects of medication
- Asking people for their views on the quality of their care

2019 CQC Survey of people who use community mental health services

Gloucestershire and Herefordshire (previously delivered by 2gether NHS Foundation Trust)

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Results for 29 questions

Each domain includes a number of questions. These are each compared to other trusts using this key:

Better | About the same | Worse

Health and social care workers	7.7/10
Enough time to discuss needs	7.7/10
Understand how mental health affects life	7.6/10
Aware of treatment history	7.7/10
Organising Care	**8.8/10**
Kept informed of who organises care	8.0/10
Able to contact Care Co-ordinator	9.7/10
Care organised well	8.6/10
Planning care	**7.5/10**
Agreeing the care received	6.7/10
Involvement in care planning	7.8/10
Personal circumstances considered	7.9/10
Reviewing care	8.0/10
Discussed how care is working	7.9/10
Decisions made together	8.1/10
Feedback	**2.1/10**
Asked for your views on care	2.1/10
Crisis care	**6.9/10**
Know who to contact out of hours	6.9/10
Get the care needed out of hours	6.9/10
Medicines	**7.4/10**
Involved in decisions about medicines	7.4/10
Discussed medicines purpose	8.0/10
Discussed possible side effects	5.6/10
Medicines reviewed	8.6/10
NHS Therapies	**8.4/10**
Therapies explained	9.1/10
Involved in deciding on therapies	7.7/10
Support and well-being	**5.2/10**
Help finding physical health needs support	5.2/10
Help finding financial advice/benefits support	5.6/10
Help finding or keeping work	5.4/10
Support to take part in a group activity	5.7/10
Involving family or friends	7.1/10
Information about support from others with similar experiences	3.8/10
Overall view and experience of services	**7.8/10**
Enough contact with services	6.7/10
Treated with respect and dignity	8.8/10
Overall experience	**7.4/10**
Overall good experience of services	7.4/10

Appendix 1: 2019 CQC National Community Mental Health Survey Action Plan

Area for development	Action	Timescale	Lead

Giving people information about getting support from people with experience of the same mental health needs as them	**Signposting**
	• Teams to access Social Inclusion Development Workers as information resources in order to provide more clients with information about local peer support opportunities e.g. The Cavern, Independence Trust peer mentoring scheme
	• Networking locality events (with 3rd sector organisations for colleagues, people in contact with mental health services, and their carers
	• Monitoring via Social Inclusion Annual Report.
	
	Recovery Colleges
	• Teams to promote peer-led Severn and Wye Recovery College courses to people with mental health needs and their families.
	• Develop more co-produced and co-delivered services within Gloucestershire, including new initiatives with the Alexandra Wellbeing House (developing a hub model for self-management) and the *Live Better to Feel Better* programme (promoting/enabling recovery from long term conditions, recognising the link between physical and mental health).
	• Monitoring via Recovery College Annual Report
	
	Peer Support
	• Trust to explore opportunities and models for peer support workers in clinical settings within the Trust, in line with the NHS Long Term Plan
	• Continue to develop links with seldom heard groups in order to encourage informal peer support networks
	• Ongoing supportive initiatives, including:
	  • *Collaborative working with the Independence Trust and Nelson Trust*
	  • *Recovery College Peer Support Worker mentoring Peer Tutors and Experts by Experience using the GROW model.*
	  • *Recovery and Discovery College co-producing and co-delivering all*
		February 2020 onwards
		
		Ongoing
		
		June 2020
		
		Ongoing
		
		Ongoing
			Clinical teams with support from Social Inclusion Team
			
			Clinical teams with support from Consultant OT for Recovery and Social Inclusion Team
			
			Recovery College Team, Consultant OT for Recovery, Social Inclusion Team
			
			Consultant OT for Recovery, Social Inclusion Team, Experts by Experience
			
			Consultant OT for Recovery, Social Inclusion Team, Experts by Experience

Area for development	Action	Timescale	Lead
	courses. Acknowledging and actively promoting the crucial role lived experience has to play in a person's journey to recovery. • *Recruitment to peer support opportunities in the Perinatal Team and Criminal Justice Liaison Team.* • *Ongoing consideration of the specific support, training and supervision needs of Peer Support Workers, championing a positive culture across Gloucestershire.*		
Discussing possible side-effects of medication with people	**Providing timely information** • Ongoing subscription to *Choice and Medication website,* allowing practitioners to share/print medication information leaflets for patients. This will be actively promoted and supported through the Drug and Therapeutics Committee. https://www.choiceandmedication.org/2gether • Raising awareness of the website and encouraging discussions re: possible side effects through regular communications, for example Indi-to-go and Medicines Optimisation Newsletter. Chair of Drug and Therapeutic Committee and Medical Director will raise awareness with medical colleagues	January 2020 onwards January 2020 onwards	Head of Medicines Optimisation/Clinical teams Head of Medicines Optimisation, Communications Team, Chair of Drug and Therapeutics Committee
Asking people for their views on quality of care	**Friends and Family Test** • Rollout of the new Friends and Family Test (FFT) to ensure regular feedback about care. • Copies of the FFT to be made available across all services. • People asked for feedback on discharge via SMS. • Launch of a carers FFT to seek feedback on the experience of carers who are in contact with our services • Communications campaign to raise awareness of our feedback mechanisms • FFT, Carers FFT, and Carers survey all available on Trust website **Leaflets and comment cards** • New leaflets and comment cards to be made available throughout all Trust services.	April 2020 onwards February 2020 onwards	Patient Survey Manager, Patient & Carer Experience Team, Communications Team, Lead OT for Carers Patient & Carer Experience Team, Communications Team

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 18/0120

Report to:	Trust Board – 29 January 2020
Author:	Chris Woon, Associate Director of Business Intelligence (BI)
Presented by:	Sandra Betney, Director of Finance
SUBJECT:	**Combined Performance Dashboard (Dec 2020/ Month 9)**

Can this subject be discussed at a public Board meeting? Yes

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

PURPOSE OF REPORT

This *combined* performance dashboard report provides a high level view of key performance indicators (KPIs) across the organisation. The layout, focus and formatting of this document continues to develop in line with our BI development plan. Particular attention is being placed on improving assurance narrative through business partnering and the operational engagement cycle.

This month's performance dashboard report brings together activity from our two legacy organisations into a single automated presentation. To offer reader clarity, the visualisation is separated into the following reporting sections;

- MH – National Requirements (NHS Improvement & DoH)
- MH - Local Contract Gloucestershire (including Social Care)
- MH – Local Contract Herefordshire
- Community - National Requirements (Gloucestershire)
- Community - Local Requirements (Gloucestershire)

Performance covers the period to the end of December (month 9 of the 2019/20 contract period). Where performance is not compliant, operational service leads are addressing issues and work is ongoing in accordance with our agreed service delivery improvement plans to address the underlying issues impacting performance.

RECOMMENDATIONS

The Board are asked to:

- Note the aligned Performance Dashboard Report for December 2019.
- Accept the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement.
- Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

EXECUTIVE SUMMARY

Your specific attention is drawn to the following 22 key community performance thresholds that were not met for December 2019:

Community - Nationally Reported Measures

- 31: Bed days lost due to delayed discharge as percentage of total bed days
- 31c: Percentage of children in Reception Year with height and weight recorded
- 72: Percentage of patients waiting less than 6 weeks from referral for a diagnostic test
- 80: SUS+ (Secondary Uses Service) Data Quality Validity (available in arrears)
- 82: Proportion of eligible children who receive vision screens at or around school entry
- 85: Percentage of children who received a 6-8 weeks review
- 86: Percentage of children who received a 9-12 month review by the time they turned 12 months.
- 87: Percentage of children who received a 12 month review by the time they turned 15 months.
- 88: Percentage of children who received a 2-2.5 year review by 2.5 years.
- 91: Percentage of infants being totally or partially breastfed at 6-8 weeks (breastfeeding prevalence)

Community - Locally Reported Measures

- 29: % of direct admissions to community hospitals
- 41: Podiatry - % treated within 8 Weeks
- 42: MSKAPS - % treated within 8 Weeks
- 43: MSK Physiotherapy - % treated within 8 Weeks
- 44: ICT Physiotherapy - % treated within 8 Weeks
- 45: ICT Occupational Therapy Services - % treated within 8 Weeks
- 53 Paediatric Physiotherapy - % treated within 8 Weeks
- 67: Wheelchair Service: Adults: New referrals assessed within 8 weeks
- 68: Wheelchair Service: Adults: Priority referrals seen within 5 working days
- 71: Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral
- 93: Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)
- 94: Number of Positive Screens - GCS and Joint responsibility

Your attention is drawn to the following 9 MH key performance thresholds that were not met for December 2019:

MH – National Requirements (NHS Improvement & DoH)

- 2.21: No children under 18 admitted to adult in-patient wards

MH - Local Contract Gloucestershire (including Social Care)

- 3.15: CYPS Referral to assessment within 4 weeks
- 3.20: Care plan audit to show dependent children and YP <18 living with adults
- 3.21: Transition of CYPS to Recovery Service – Joint discharge/CPA review meeting within 4 weeks
- 3.25: Percentage of CYP entering treatment in CYPs have pre and post outcomes recorded
- 3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week
- 3.39: Eating Disorders: Wait time for Adult Assessments will be 4 weeks
- 3.40: Eating Disorders: Wait time for Adult psychological interventions will be 16 weeks

MH – Local Contract Herefordshire

- 5.13: CYP Access: percentage of CYP in treatment

For Month 9, December 2019 workforce KPIs are as follows:

- Attendance was 95.11%, against an overall target of 96% (4% sickness).
- Statutory and mandatory training was 90.74%, just above the compliance target.
- Appraisal stood at 82.94%, 7% below a target of 90%. Medical staff appraisal was above this at 92.13%.
- Turnover stood at 13.19%, a modest reduction on the previous month's figure of 13.94%.

WIDER BUSINESS INTELLIGENCE UPDATE

Workforce Development

The Resources Committee receive detailed reports each meeting on the Trust's workforce Key Performance Indicators. These reports detail compliance over the last 12 month period for:

- statutory and mandatory training
- attendance / sickness absence and
- appraisal
- turnover

Detailed operational oversight of workforce KPI performance is through individual directorate Operational Governance Forums, the overarching Operational Governance Forum, development and change input through the Operational Development Forum. Escalation is via the Business Management Intelligence Group, Executives and Resources Committee as required.

Currently there are two legacy systems in place for the recording of appraisals and training – Learn^{2}gether and OLM/ ESR. Work is underway to combine the legacy systems into a single system. This is being project managed and is planned to be completed by May 2020.

On 26 October 2019 the two legacy databases from the Electronic Staff Record System (ESR) went through a 'technical' merge which means legacy information is now contained within one data base. Work has commenced on a wider ESR business consolidation project to build new work structures within the system so that seamless harmonised workforce reporting for the new Trust can take place without the current manual interventions. This work will also lead to commonality across all database systems to deliver a truly integrated 'BI stack'.

Business Intelligence Infrastructure and Reporting Development
To manage the significant development workload as we near April 2020, key tasks continue to be prioritised to ensure the continuity of business critical reports are maintained and business as usual functions protected.

The following tasks have been completed since the last Board update;

- Business as usual maintain
- Exception commentary now incorporated into historic data points with time stamps
- New pan-system database hierarchy proposal
- KPI Development Framework proposal to inform purposeful decision making for a range of stakeholders (portfolio review, service improvement plan programme, exception visibility and escalation lenses)

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

- Improved analytical and responsive narrative to support indicators in exception
- Reporting cycle delivery
- Dashboard visualisation capability further developed to include; threshold figures in place of variances, SPC and trend analysis visualisations for all services, benchmarking indicators and data quality flags (Q4 2019/20).
- The development of business critical operational performance reports (April 2020)
- Maintenance of JUYI community health data feed (April 2020)
- Commissioner led local contractual key performance indicator review (Feb 2020)
- Server capacity, infrastructure evaluation and development (Q3 2019/20).
- New Tableau front page navigation for all BI consumers (including legacy BI tools) (Jan 2020)
- Existing data source adjustments (to support data quality monitoring and historic activity) in new environment (Q4 2020).
- Data source replication (prioritisation for ESR, Integra and Datix) (Q4 2020, dependant on GL and ESR progress)
- Key financial reporting to support the new General Ledger (GL) for April 2020.
- Final legacy GCS reports migrated to Tableau (Q2 2020)
- BAU routine workforce BI reporting (Q1 2020 dependant on interdependencies of GL)
- Complete data sources replication for complimentary systems (Q3 2020)

- Supplementary system sources brought into BI reporting (Datix, Service Experience, Q4 2020)
- *Integrated* Business Intelligence Performance Dashboard (Q4 2021) for Board/ Resources Committee (incorporating full BI stack).
- Birtie decommissioning (Q4 2021)

PLEASE NOTE THAT THE DELIVERY OF THIS BI DEVELOPMENT TIMETABLE IS DEPENDANT ON THERE NOT BEING AN INCREASE IN DEMAND ON CURRENT CORPORATE/ OPERATIONAL BAU & ADHOC REPORTING.

Corporate Considerations	
Quality implications	The information provided in this report is 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 we provide.
Resource implications:	The information provided in this report is 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 we provide.
Equalities implications:	Equality information is included as part of performance reporting.
Risk implications:	There is an assessment of risk on areas where performance is not at the required level.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	**Date:**
Chris Woon, Associate Director of Business Intelligence	20/01/2020

Where has this issue been discussed before?
Business Intelligence Management Group (BIMG)
What wider engagement has there been?
From February 2020, corporate performance dashboards will be discussed through Operational Governance Forums (OGFs) and Performance & Finance (P&F) Meetings with Operational Service Leads.

Appendices:	- *Tableau Combined Performance Dashboard* - *HR Combined KPIs*

Performance Dashboard Report

Aligned for the period to the end December 2019 (month 9)

The Resources Committee is asked to:

Note the aligned Performance Dashboard Report for December 2019.
Accept the report as a significant level of assurance that our contract and regulatory performance measures are being met or that appropriate action plans are in place to address areas requiring improvement. Be assured that there is ongoing work to review all of the indicators not meeting the required performance threshold. This includes a review of the measurement and data quality processes as well as clinical delivery and clinical practice issues.

Performance Dashboard: *Mental Health - National Requirements (NHS Improvements & DOH)*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health - National Requirements Gloucestershire

		December	YTD	
2.21	No children under 18 admitted to adult in-patient wards	97.8% (-2.2%)	99.0% (-1.0%)	

Mental Health - National Requirements Herefordshire

		December	YTD	
2.21	No children under 18 admitted to adult in-patient wards	100.0% (0.0%)	99.0% (-1.0%)	

Performance Thresholds not being achieved in Month

2.21: No children under 18 admitted to adult in-patient wards (Gloucestershire)
A child known to CYPs Learning Disabilities was admitted to Maxwell Suite (136) following a social care placement breakdown. Social Care were unable to identify a placement to meet the Learning Disability needs and as it was not clinically appropriate for the young person to remain in the Maxwell suite they were admitted to Berkeley House. At the time of reporting, the young person continues to stay in Berkeley House.

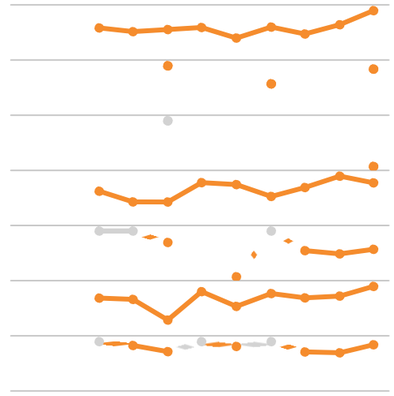
Performance Dashboard: *Mental Health - Local Contract (Including Social Care) Gloucestershire*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health - Local Contract Gloucestershire

		December	YTD
3.15	95% accepted referrals receiving initial appointment within 4 weeks (excludes YOS, substance misuse, inpatient and crisis/home treatment and complex engagement) (CYPS)	47.1% -47.9%	30.2% -64.8%
3.20	Care plan audit to show : All dependent Children and YP <18 living with adults know to Recovery, MAHRS, Eating Disorder and Assertive Outreach Services. Recorded evidence in care plans of impac..	63.3% -11.7%	57.6% -17.4%
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..	0.0% -100.0%	50.0% -50.0%
3.25	% of CYP entering partnership (treatment) in CYPS have pre and post treatment outcomes and measures recorded	40.0% -60.0%	32.7% -67.3%
3.37	Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week	60.0% -35.0%	60.0% -35.0%
3.39	Eating Disorders - Wait time for adult assessments will be 4 weeks	47.3% -47.7%	35.9% -59.1%
3.40	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	93.7% -1.3%	89.3% -5.7%



Mental Health - Social Care Gloucestershire

None

Performance Thresholds not being achieved in Month

3.15: CYPS Referral to assessment within 4 weeks
This does not align to national reporting guidelines therefore it has been proposed that this indicator is suspended like the two referral to treatment KPIs. Discussions with Commissioners continue.

3.20: Care plan audit to show dependent children and YP <18 living with adults
Compliance has seen a 20% increase since the last audit carried out at the end of quarter 2. Both Eating Disorders and Recovery performance has risen since the previous quarter. This is one of four targeted areas for improvement which the Trust is taking forward. Trust Service Directors continue to be given trajectories which will be monitored through the Delivery Committee. Audit results will be shared with Service Directors to help inform this improvement work.

3.21: Transition of CYPS to Recovery Service – Joint discharge/CPA review meeting within 4 weeks
There is one non-compliant record reported for December. The Recovery service has been asked to investigate.

3.25: Percentage of CYP entering treatment in CYPs have pre and post outcomes recorded
Although the service has an action plan in place to improve recording performance has fallen slightly in December. The service has been asked for comments.

3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week
There were 2 non-compliant cases in December. One client was unable to start treatment until day 10 due to an increase in urgent assessments at that time alongside the team's capacity. The other client was offered an appointment within 7 days but declined. Treatment started at the next appointment which was 14 days after referral.

3.39: Eating Disorders: Wait time for Adult Assessments will be 4 weeks
There were 20 non-compliant cases in December. In 17 cases the clients were seen at the first available appointment. These were between 5 and 6 weeks after referral. For the remaining 3 clients all were offered the 1st available appointments but due to DNAs and cancellations are reported as waiting longer than the current average 5 to 6 weeks wait.

3.40: Eating Disorders: Wait time for Adult psychological interventions will be 16 weeks
There was 1 non-compliant case reported in December. The appropriate treatment for this patient is IPT (Interpersonal psychotherapy) for which there is a waiting list. The client started their treatment at the first available appointment which was 21 weeks after assessment.

3.37, 3.39 & 3.40 Additional Commentary:
An increase in adult ED referrals continues but the service has recognised that more can be done to improve process, waiting list management tools are being better utilised and the service trajectory model has being updated to support the established recovery plan.

Performance Dashboard: *Mental Health - Local Contract Herefordshire*

KPI Breakdown

Mental Health - Local Contract Herefordshire

		December	YTD	
5.13	CYP Access: Number and percentage of CYP entering treatment (30% of prevalence)	68.2% -31.8%	78.9% -21.1%	

Performance Thresholds not being achieved in Month

5.13: CYP Access: percentage of CYP in treatment
The performance threshold for 2019/20 remains at 30% of prevalence which equates to 973 young people accessing treatment during 2019/20. We are 177 below the anticipated number required to achieve this at the end of December.

Much of core CAMHS work is indirect via consultation and advice, and the service are working to capture this activity within our clinical system more accurately as it is felt this will further improve performance. Commissioners are closely engaged in this pursuit.

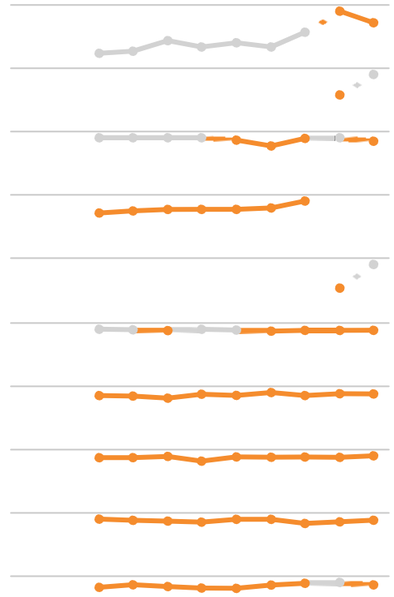
Performance Dashboard: *Physical Health - National Requirements Gloucestershire*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - National Requirements Gloucestershire

		December	YTD
31	Bed days lost due to delayed discharge as percentage of total beddays	4.4% 0.9%	2.9% -0.6%
31c	Percentage of children in Reception Year with height and weight recorded	114.8% 14.8%	87.7% -12.3%
72	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	94.0% -5.0%	96.6% -2.4%
80	SUS+ (Secondary Uses Service) Data Quality Validity (available in arrears)		81.6% -14.6%
82	% of eligible children who receive vision screens at or around school entry.	101.3% 1.3%	74.4% -25.6%
85	% of children who received a 6-8 weeks review	94.6% -0.4%	94.9% -0.1%
86	% of children who received a 9-12 month review by the time they turned 12 months	86.2% -8.8%	84.6% -10.4%
87	% of children who received a 12 month review by the time they turned 15 months	92.4% -2.6%	89.8% -5.2%
88	% of children who received a 2-2.5 year review by 2.5 years	84.4% -10.6%	83.6% -11.4%
91	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	56.0% -2.0%	55.3% -2.7%



31: Bed days lost due to delayed discharge as percentage of total bed days
December 2019 was the third consecutive month that the 3.5% target was not achieved (4.4%).

Community Hospitals that recorded bed days lost due to delayed transfer of care in excess of 3.5% in December were Dilke (14.7%), Stroud (7.4%), and Lydney (4.5%). North Cotswolds and Tewkesbury hospitals recorded zero bed days lost due to delayed transfer of care in December (second consecutive month recording zero delay days. NHS delays accounted for 131 and Social care 124 of the 255 delay days. Data quality and validation are high priority with more challenge from the Demand and Capacity team on the weekly Wednesday conference calls leading to more accurate reporting of DTOC. DTOC are monitored and escalated as appropriate both internally and externally with other partner organisations (e.g. adult social care). It is still felt that we are currently under-reporting and the higher levels in Stroud and the Forest are associated to a dedicated Discharge Coordinator and robust MDT review process. All stays over 30 days are reviewed.

31c: Percentage of children in Reception Year with height and weight recorded
The target of 30% of children in reception year to have height and weight measured by the end of December 2019 was not achieved. At the time the data extract was processed (7th January 2020) performance was 26.4%. Subsequent refresh of data has improved the November position previously reported as there were delays with loading data into the Thomson tool. The service have acknowledged that the threshold set for the year to date in 2019 (30%) was much higher than the same period in 2018 (18%) and with hindsight may have been too ambitious (although this has been achieved for children in Year 6). The rationale for this was to try and finish the programme earlier to allow more time for data cleansing before submission to NHS Digital. However, this does mean completing half of the programme within the first 3 months (November to January).

It should also be noted that 2 Health and Wellbeing Assistants will be leaving posts in January and February. There will be a gap between leavers and new starters being trained and competent. Consequently the threshold may be missed in the coming months.

72: Percentage of patients waiting less than 6 weeks from referral for a diagnostic test
The target has not been achieved in December (94% compared to greater than 99.0%). 3 patients waited longer than 6 weeks. During December GHFT took over the booking of Echo appointments (from 9th December). GHFT are booking patients into their available slots, using their staff and clinic times, thereby expanding patient choice to 7 days a week. GHFT staff are booking the patients into their system, and will then update the details on SystmOne. Despite this change the target was not achieved in December and early indications are that there is a risk to achievement of this in January.

80: SUS+ (Secondary Uses Service) Data Quality Validity (available in arrears)
Performance has improved following resubmission of data. Latest report from NHS Digital shows performance of 89.6% compared to target of 96.3%. There are a number of data quality issues within the Emergency Care Data Set data (missing investigation and treatment codes) and Admitted Patient Care Data Set (missing clinical coding diagnoses) which will be reviewed to improve future performance.

82: Proportion of eligible children who receive vision screens at or around school entry
The target of 30% of children to receive vision screens was not achieved in December. This programme is delivered to children in reception year in conjunction with the measurement of height and weight (metric 31c). Subsequent refresh of data has improved the November position previously reported as there were delays with loading data into the Thomson tool. The service have acknowledged that the threshold set for the year to date in 2019 (30%) was much higher than the same period in 2018 (18%) and with hindsight may have been too ambitious (although this has been achieved for children in Year 6). The rationale for this was to try and finish the programme earlier to allow more time for data cleansing before submission to NHS Digital. However, this does mean completing half of the programme within the first 3 months (November to January).

It should also be noted that 2 Health and Wellbeing Assistants will be leaving posts in January and February. There will be a gap between leavers and new starters being trained and competent. Consequently the threshold may be missed in the coming months.

85: Percentage of children who received a 6-8 weeks review
The target (95%) was missed in December 2019. Reasons for not meeting the target include parents declining the development review, movements in, and parental choice. If parents choose an appointment out of timeframe at a time and location that is convenient for them, this is accepted.

Public Health Nursing admin are now booking 6-8 week reviews to ensure that the visits are booked within timeframe and using text reminders as increase in no access visits (especially in Cheltenham, Stroud and Forest of Dean) as significant increase of no access visits and parental choice.

86: Percentage of children who received a 9-12 month review by the time they turned 12 months.
The target (95%) was missed in December 2019. Reasons for not meeting the target include parents declining the development review, movements in, and parental choice. If parents choose an appointment out of timeframe at a time and location that is convenient for them, this is accepted.

Significant improvement in the number of recording errors on SystmOne with Further support to be provided on a locality basis.

87: Percentage of children who received a 12 month review by the time they turned 15 months.
The target (95%) was missed in December 2019. Reasons for not meeting the target include parents declining the review, DNA appointments and then rebooked out of timeframe, children that have moved out of county, parental choice, and some DNA of a second appointment when no further appointments are offered.

88: Percentage of children who received a 2-2.5 year review by 2.5 years.
The target (99%) was missed in December 2019. Reasons for not meeting the target include parents declining the review, children moved into the county which would have been seen and had their review at the earliest opportunity, DNA appointments and then rebooked out of timeframe, movement out, parental choice to have review out of timeframe.

91: Percentage of infants being totally or partially breastfed at 6-8 weeks (breastfeeding prevalence)
The target (58%) was missed in November 2019.
Reasons for not meeting the target include parents declining the review, children moved into the county which would have been seen and had their review at the earliest opportunity, DNA appointments and then rebooked out of timeframe, movement out, parental choice to have review out of timeframe.

Additional Commentary 85, 86, 87, 88 and 91:
Capacity is an ongoing issue and the service is recruiting up to the Health Visitor trajectory, this is to recruit to 2.75 WTE Band 6 health visitors. Interviews took place in December. The service also has an action plan in place to improve reporting covering all key metrics. Public Health Nursing admin are now booking visits and reviews to ensure that the visits are booked within timeframe. New birth visits this focusses or recording and effectiveness of admin booking to ensure that the visits are booked within timeframe. The service are also promoting the service on social media and on the GHC Health Visiting website page to share the importance and value of the development reviews.

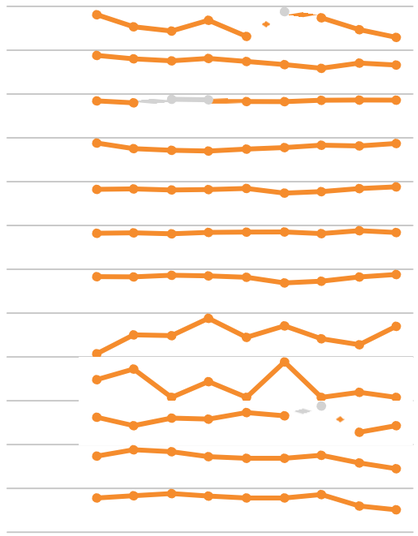
Performance Dashboard: *Physical Health - Local Requirements Gloucestershire*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health Community - Local Requirements Gloucestershire

		December		YTD	
29	% of direct admissions to community hospitals	7.1%	-11.9%	13.5%	-3.5%
41	Podiatry - % treated within 8 Weeks	67.1%	-27.9%	74.4%	-20.6%
42	MSKAPS - % treated within 8 Weeks	94.1%	-0.9%	92.8%	-2.2%
43	MSK Physiotherapy - % treated within 8 Weeks	79.4%	-15.6%	72.0%	-23.0%
44	ICT Physiotherapy - % treated within 8 Weeks	86.4%	-8.6%	80.3%	-14.7%
45	ICT Occupational Therapy Services - % treated within 8 Weeks	84.3%	-10.7%	84.0%	-11.0%
53	Paediatric Physiotherapy - % treated within 8 Weeks	92.1%	-2.9%	84.3%	-10.7%
67	Wheelchair Service: Adults: New referrals assessed within 8 weeks	37.0%	-53.0%	28.8%	-61.2%
68	Wheelchair Service: Adults: Priority referrals seen within 5 working days	0.0%	-95.0%	13.4%	-81.6%
71	Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral	50.0%	-42.0%	66.1%	-25.9%
93	Chlamydia Screening of Gloucestershire residents aged 15-24 (minimum positivity rate)	40.7%	-59.3%	62.9%	-37.1%
94	Chlamydia Screening - Number of Positive Screens	44.3%	-55.7%	65.1%	-34.9%



Performance Thresholds not being achieved in Month

29: % of direct admissions to community hospitals
Direct admission rate continues to decrease. December performance (7.1%) remains below the threshold (19%) based on 2018/19. This has an impact on average length of stay as direct admissions generally have a lower average length of stay than transfers from acute hospital. All Community Hospitals with the exception of Lydney (23.5%) were below the threshold in December. The Vale hospital recorded no direct admissions.

41: Podiatry - % treated within 8 Weeks
Target continues to be missed with performance of 67.1% in December. 227 out of 690 patients were seen outside of 8 weeks with 3 of these patients seen outside of 18 weeks. The current action plan, which is ongoing work has a focus on three main areas:

1. SystmOne process review and redesign to improve data quality and performance reporting.
2. Review and redesign care pathway by speciality level to improve efficiency including;
   a. triage process
   b. flexible rota's to meet specialist and locality need
   c. a focus on rebooking cancellation slots
   d. innovation in delivery models e.g. telephone assessments and MDT clinics
3. Redesign of workforce model based on demand and capacity modelling.

42: MSKAPS - % treated within 8 Weeks
December 2019 is the fifth consecutive month that the 95% target has been missed. Performance was 94.1%. 23 out of 393 patients were seen outside of the 8 week target with all patients seen within 18 weeks. Recruitment to vacancy has been successful so once induction programme completed service performance will further improve.

43: MSK Physiotherapy - % treated within 8 Weeks
Performance remains below target at 79.5% in December 2019, increased from 74.6% in November. 300 out of 1,463 patients were seen outside of the 8 week target, of which 5 were seen outside of 18 weeks.
Ongoing discussions continue regarding the mismatch of demand versus capacity, noting this is a similar issue across both Community MSK therapy providers.

44: ICT Physiotherapy - % treated within 8 Weeks
In December 86.5% of patients were seen within 8 weeks compared to target of 95%. 40 patients out of 296 were seen outside of 8 weeks, of which 15 were seen outside of 18 weeks (9 Cotswolds locality, 4 Gloucester locality, 2 Stroud locality). In the first 9 months of 2019/20, the ICT Physiotherapy service saw 63.4% of patients within 4 weeks of referral and 95% of patients within 17-18 weeks. When the activity in the referral centre is included, December performance increases to 90.1%.

There is an ongoing issue with vacancy recruitment, with overall pressure across all localities. Locum cover now available in some places, new allocations now distributed by management. Locums catch up with patients waiting

which in turn affects the longest waiters and Referral to Treatment.

45: ICT Occupational Therapy Services - % treated within 8 Weeks
In December 84.3% of patients were seen within 8 weeks. 54 patients out of 345 were seen outside of 8 weeks, of which 8 were seen outside of 18 weeks (5 Gloucester locality, 3 Cotswolds locality). In the first 9 months of 2019/20, the OT service saw 66.0% of patients within 4 weeks of referral. 95% of patients seen year to date were seen within 17-18 weeks. When the activity in the referral centre is included, December performance increases to 91.2%.

Vacancies, particularly in Gloucester locality and in more junior roles (i.e. Band 5) have also impacted on target achievement. The service has secured clinicians via temporary contract and are actively seeking locums, recognising there is a further 2 years in the re-structuring of the service model to align to the revised commissioning intentions and resources available. Recruitment difficulties continue due to the OT review.

53: Paediatric Physiotherapy - % treated within 8 Weeks
The target continues to be missed and has not been achieved since October 2018, but continued to improve in December 2019 to 92.1%, highest performance since March 2018. 18 patients out of 229 were seen outside of the 8 week target.

Internal recovery action plan in place, monitored by service lead and clinician actions reviewed in supervision. Additional capacity following recruitment has started to show some impact. The service is working with Business Intelligence team during January 2020 to finalise Demand and Capacity model.

67: Wheelchair Service: Adults: New referrals assessed within 8 weeks
Target continues to be missed. 10 out of 27 referrals were assessed within the 8 week timeframe.

Formal report, following the declaration of a second SIRI has been shared with Execs and CCG with detailed analysis of concerns and a further developed action plan. This has been developed alongside some 'quick wins' and an improved management structure and increased performance visibility.

68: Wheelchair Service: Adults: Priority referrals seen within 5 working days
Target continues to be missed. 9 priority referrals were received in December, none were seen within 5 working days.
Formal report, following the declaration of a second SIRI has been shared with Execs and CCG with detailed analysis of concerns and a further developed action plan. This has been developed alongside some 'quick wins' and an improved management structure and increased performance visibility.

71: Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral
Target continues to be missed. 1 out of 2 patient's equipment was delivered within 18 weeks of referral.
Formal report, following the declaration of a second SIRI has been shared with Execs and CCG with detailed analysis of concerns and a further developed action plan. This has been developed alongside some 'quick wins' and an improved management structure and increased performance visibility.

93: Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)
The minimum positivity rate for Chlamydia Screening of Gloucestershire residents aged 15-24 continues to decline during 2019/20 compared to 2018/19. There has been a stepped change down to the level reported in early 2017/18.
The service is investigating the reasons for this reduction.

94: Number of Positive Screens - GCS and Joint responsibility
Number of positive screens have continued to decline during 2019/20 compared to 2018/19.
This influences the (reducing) positivity rate (metric 93).
The service is investigating the reasons for this reduction.

with you.for you

Gloucestershire Health and Care
NHS Foundation Trust

Workforce KPIs

Month 9 (as at 31/12/2019)

All Staff Turnover - 12 month rolling rate %	13.19%
Attendance Rate - 2 month rolling %	95.11%
Sickness Absence Rate - 12 month rolling %	4.89%
AfC Staff Appraisal Rate (12 Month Rolling or YTD as report to Board)	82.94%
Medical Staff Appraisal Rate (12 Month Rolling or YTD as report to Board)	92.13%
Mandatory Training Completed (12 Month Rolling or YTD as report to Board)	
Number of up to date competencies:	5620
out of x Number of staff:	6193
	90.74%

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Agenda Item: 19/0120

Report to: Trust Board – 29 January 2020

Author: Stephen Andrews, Deputy Director of Finance

Presented by: Sandra Betney, Director of Finance

SUBJECT: **Finance Report for period ending 31st December 2019 Month 9**

Can this report be discussed at a public Board meeting?	Yes

This report is provided for:

Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT

To update the Board on the current month 9 finance position.

RECOMMENDATIONS

To note the finance position for the period ending 31st December 2019.

EXECUTIVE SUMMARY

- The month 9 position is a surplus of £1.630m which is slightly better than the planned surplus.
- The month 9 forecast outturn of £2.327m is £137k better than the Trust's control total. PSF accounts for £2.042m of this.
- The Trust has an Oversight Framework segment of 1 as at December 2019.
- The agency cost forecast is £6.231m which is £1.981m above the agency ceiling
- The cash balance at month 9 is £39.0m which is £3.8m above the plan.
- Capital expenditure is £2.109m at month 9, with the forecast at £6.275m.
- The Cost Improvement Plan (CIP) target for the merged Trust is £5.402m. The CIP amount removed so far is £1.545m.

CORPORATE CONSIDERATIONS	
Quality implications:	Any implications are referenced in the report.
Resource implications:	Any implications are referenced in the report.
Equalities implications:	Any implications are referenced in the report.
Risk implications:	Any implications are referenced in the report.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE ©?			
Working together	P	Always improving	P
Respectful and kind	P	Making a difference	P

Report authorised by:	**Date:**
Sandra Betney, Director of Finance	16 January 2020

Where has this issue been discussed before?	**Date:**

Appendices:	Appendix 1 – Finance report

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Finance Report
Month 9

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

Gloucestershire Health & Care Overview

Gloucestershire Health and Care
NHS Foundation Trust

- This first half of this report outlines the financial position for Gloucestershire Health and Care NHS Foundation Trust (GHC). For reference the financial position for GHC in the first half of the report is the combination of months 1-12 for [2]gether NHSFT and 7-12 for Gloucestershire Care Services (GCS). The second half of the report outlines the final position for Gloucestershire Care Services, months 1-6.
- The year to date surplus for GHC is slightly better than plan at £1.630m. The full year forecast is a surplus £137k better than the control total of £2.156m which is a similar position as last month, but there remains some risks to this. PSF accounts for £2.042m of the control total surplus.
- The revised agency ceiling for GHC is £4.250m. The year to date actual is £4.393m which is over the ceiling by £1.485m. The full year forecast spend is £6.231m, which is £1.981m, or 47%, above the agency ceiling, and leads to a 3 in the Single Operating Framework for the agency metric. This is a reduction of £115k on last month's forecast and puts the Trust £144k below the agency ceiling threshold of 50% above target where the Trust would score 4 on the agency metric.
- The Cost Improvement Plan (CIP) target for the merged Trust is £5.402m. The CIP amount removed so far is £1.545m, an increase of £0.268m on last month. The forecast is £3.402m.
- Capital spend for GHC is £2.109m. The plan for the merged Trust is £6.275m, a reduction of £570k on last month due to delays in the Montpellier ensuite scheme and slippage in a number of other schemes.
- Cash balance at the end of month 9 for GHC is £3.8m above the plan at £39.0m. All of the increase in cash relates to underspends on capital against plan.

Gloucestershire Health & Care Overview part 2

Gloucestershire Health and Care
NHS Foundation Trust

- A mid-year review of the financial position of the Trust has been undertaken during December based on the financial position at month 8. This is slightly later than in previous years due to the work undertaken on the merger process. Income and expenditure forecasts for the remainder of 2019/20 have been updated in light of performance to date and known changes from the assumptions that budgets were based upon. Cost pressures, developments, reserves, financial opportunities and delivery of savings have all been reassessed to give an up-to-date, clear assessment of the likely financial outturn position for 2019/20.
- A review of the cost Improvement programme identified a number of schemes that will not deliver the planned level of recurring savings. A workshop was held with senior managers to identify a number of alternatives proposals which are now being developed.
- The Trust is reviewing Herefordshire savings before the services transfer on the 1st April. To date the Trust has identified a number of savings and is assessing if there is a shortfall against the target that would need to be added onto next years savings programme.
- Work is underway to review the balance sheets of the two organisations before the end of financial year. This will focus on ensuring the approach to recording provisions, stock, capital assets, debtors and creditors are consistent and enable adjustments to be reflected in the end of year accounts.

Gloucestershire Health & Care Overview part 3

Gloucestershire Health and Care
NHS Foundation Trust

- The Trust has also reviewed the capital programme scheme by scheme to ensure the forecast is delivered.
- The capital and cash forecasts assume that the sale of 18 Denmark Road will take place in 2019/20. The sale is almost complete and is expected to go through in February.
- The conclusions of the review are that the assumptions underpinning the Trust's finance reported position at month 8 are robust and the Trust remains on track to deliver its financial control total.
- The financial position in December supports the findings of the mid year review and no new material issues have come to light.

GHC Income and Expenditure

Gloucestershire Health and Care
NHS Foundation Trust

The year to date performance at Month 9 is better than plan at £1.630m surplus.

The Trust anticipates it will meet its full year planned surplus of £2.156m.
A number of operational directorates are in deficit YTD, including Social Care, Entry Level (IAPT & Primary Mental Health nurses) and the Medical Directorate. A small number of Corporate directorates are in deficit YTD and forecast. This is predominantly due to the asset lives cost pressure, agreed non-recurrent costs funded by Trust underspends, and still to be identified savings.

	Aggregated 2g & GCS		2g months 1-9 and GCS mths 7-9			2g months 1-12 and GCS mth 7-12		
Statement of comprehensive income £000	2017/18	2018/19	2019/20			2019/20		
	Full Year Actual	Full Year Actual	Plan	Actual	Variance	Plan	Full Year Forecast	Variance
Operating income from patient care activities	220,232	228,678	117,413	120,131	2,718	175,304	180,121	4,817
Other operating income exc PSF	8,415	9,390	4,421	5,710	1,289	6,149	8,166	2,017
Provider sustainability fund (PSF) income	5,557	6,444	1,128	1,128	0	2,042	2,042	0
Employee expenses	(163,685)	(169,910)	(91,723)	(91,226)	497	(136,592)	(137,839)	(1,247)
Operating expenses excluding employee expenses	(74,613)	(63,303)	(27,713)	(32,098)	(4,385)	(41,805)	(47,405)	(5,600)
PDC dividends payable/refundable	(3,973)	(3,345)	(2,019)	(2,198)	(179)	(3,034)	(3,026)	8
Other gains / losses	9	120	39	149	110	57	199	142
Surplus/(deficit) before impairments & transfers	**(8,067)**	**8,074**	**1,546**	**1,596**	**50**	**2,121**	**2,258**	**137**
Add back impairments	15,731	(283)	0	0	0	0	0	0
Remove capital donations/grants I&E impact	105	(212)	43	34	(9)	69	69	0
Surplus/(deficit) inc PSF	**(2,405)**	**7,579**	**1,589**	**1,630**	**41**	**2,190**	**2,327**	**137**
Surplus/(deficit) exc PSF	**(7,962)**	**1,135**	**461**	**502**	**41**	**148**	**285**	**137**

GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		Aggregated 2g & GCS	2g months 1-9 and GCS mths 7-9			2g months 1-12 and GCS mth 7-12		
		2018/19	2019/20 Year to Date			2019/20		
		Full Year Actual	Plan	Actual	Variance	Plan	Forecast	Variance
Non-current assets	Intangible assets	2,819	2,454	2,460	6	2,269	2,283	14
	Property, plant and equipment: other	114,893	115,965	113,523	(2,442)	117,855	114,838	(3,017)
	Total non-current assets	**117,712**	**118,419**	**115,983**	**(2,436)**	**120,124**	**117,121**	**(3,003)**
Current assets	Inventories	288	288	245	(43)	288	245	(43)
	NHS receivables	9,051	8,769	11,575	2,806	8,511	8,456	(55)
	Non-NHS receivables	8,066	7,606	6,646	(960)	6,224	5,723	(501)
	Cash and cash equivalents:	32,474	35,219	39,031	3,812	33,682	27,317	(6,365)
	Property held for sale	500	500	500	0	500	500	0
	Total current assets	**50,379**	**52,382**	**57,997**	**5,615**	**49,205**	**42,241**	**(6,964)**
Current liabilities	Trade and other payables: capital	(1,780)	(1,155)	(476)	679	(1,655)	(1,784)	(129)
	Trade and other payables: non-capital	(11,184)	(11,702)	(12,181)	(479)	(11,190)	(1,996)	9,194
	Borrowings	(76)	(76)	(200)	(124)	(2)	(2)	0
	Provisions	(371)	(371)	(651)	(280)	(371)	(604)	(233)
	Other liabilities: deferred income including contract liabilities	(10,259)	(10,724)	(13,525)	(2,801)	(9,044)	(9,044)	0
	Total current liabilities	**(23,670)**	**(24,028)**	**(27,033)**	**(3,005)**	**(22,262)**	**(13,430)**	**8,832**
Non-current liabilities	Borrowings	(1,821)	(1,662)	(1,516)	146	(1,638)	(1,638)	0
	Provisions	(616)	(706)	(996)	(290)	(451)	(451)	0
	Total net assets employed	**141,984**	**144,405**	**144,435**	**30**	**144,978**	**143,843**	**(1,135)**
Taxpayers Equity	Public dividend capital	126,956	126,956	126,956	0	126,956	125,181	(1,775)
	Revaluation reserve	7,098	7,098	7,098	0	7,098	7,098	0
	Other reserves	(1,241)	(1,241)	(1,241)	0	(1,241)	(1,241)	0
	Income and expenditure reserve	9,171	11,592	11,622	30	12,165	12,805	640
	Total taxpayers' and others' equity	**141,984**	**144,405**	**144,435**	**30**	**144,978**	**143,843**	**(1,135)**

Capital – Multi-Year Plan

Gloucestershire Health and Care
NHS Foundation Trust

	2gether mths 1-12 and GCS mths 7-12								
	GHC Plan		YEAR TO DATE	FORECAST OUTTURN	Plan	Plan	Plan	Plan	Plan
£000s	2019/20		2019/20	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Land and Buildings									
Buildings	2,071		354	1,008	3,759	4,000	2,500	2,500	1,000
Forest of Dean	750		53	696	5,000	3,600			
Backlog Maintenance	1,874		804	1,853	1,393	1,300	1,050	1,050	250
Urgent Care	1		0	0	475	0	0	0	0
Information Technology									
IT Device and software upgrade	299		120	266	600	600	600	600	600
IT Infrastructure	1,575		696	1,672	1,828	409	1,400	300	300
Medical Equipment	**512**		82	780	280	1,030	1,030	1,030	3,330
Total	**7,082**		**2,109**	**6,275**	**13,335**	**10,939**	**6,580**	**5,480**	**5,480**

Year to Date capital spend is £2,109k, an increase of £246k on month 8.

Cash Flow Summary

Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	ACTUAL YTD 19/20		FORECAST 19/20	
Cash and cash equivalents at start of period		**33,553**		**33,553**
Cash flows from operating activities				
Operating surplus/(deficit)	3,645		3,831	
Add back: Depreciation on donated assets	34		34	
Adjusted Operating surplus/(deficit) per I&E	**3,679**		**3,865**	
Add back: Depreciation on owned assets	3,104		4,555	
Add back: Impairment	0		0	
(Increase)/Decrease in inventories	0		0	
(Increase)/Decrease in trade & other receivables	(863)		3,111	
Increase/(Decrease) in provisions	(100)		0	
Increase/(Decrease) in trade and other payables	2,506		(8,140)	
Increase/(Decrease) in other liabilities	86		(1,074)	
Net cash generated from / (used in) operations		**8,412**		**2,317**
Cash flows from investing activities				
Interest received	126		199	
Purchase of property, plant and equipment	(1,979)		(6,098)	
Sale of Property	0		529	
Net cash generated used in investing activities		**(1,853)**		**(5,370)**
Cash flows from financing activities				
PDC Dividend Received				
PDC Dividend (Paid)	(1,000)		(3,026)	
Finance Lease Rental Payments	(80)		(157)	
		(1,080)		**(3,183)**
Cash and cash equivalents at end of period		**39,032**		**27,317**

Risks

Gloucestershire Health and Care
NHS Foundation Trust

Risks to delivery of the 2019/20 position are as set out below:

Gloucestershire Health & Care Risks	19/20 Risk at month 09	Made up of: Rec		Likelihood
Delivery of Cost Improvements incl. Challenge Scheme CIPs	100	2,200		Almost Certain
Unidentified Planned CIP for Differential Schemes:	100	50		Possible
Agency costs increase above the forecast	0			Unlikely
VAT changes impacting recovery on Systm1 19/20 (FY £80k in position)	0	80		Almost Certain
QIPP risk share and milestones	500			Possible
CQUIN	0			Unlikely
Asset lives depreciation impact - 2g	0	450		Possible
Asset lives Dep'n & PDC impact - GCS acceptance (FY £540k in position)		540		Certain
Transfer of Herefordshire services		1,000		Likely
A failure to control costs due to some risks materialising leads to the Trust to miss its FTC and lose PSF	777			Unlikely
	1,477	**4,320**		

Health Economy Risks	Probability	Risk £000)	Opportunity (£000)
Delivery of GHFT control total	Likely	3,000	
Delivery of CCG control total	Likely	3,000	
System Control Total PSF Risk	Unlikely	99	
		6,099	

Single Operating Framework Ratings

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

Finance and use of resources rating Metric	Audited PY 31/03/2019 Year ending	Plan 31/03/2020 Year ending	Actual 31/10/2019 YTD	Forecast 31/03/2020 Year ending
Capital service cover rating	1	1	1	1
Liquidity rating	1	1	1	1
I&E margin rating	1	1	1	1
I&E margin: distance from financial plan	1	1	1	1
Agency rating	3	1	3	3
Risk ratings after overrides	1	1	1	1

Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire Care Services

Finance Report

April – September 2019

Overview

- No amendments to the reported position of GCS have occurred this month.
- The Final Accounts for GCS, months 1-6, are currently being audited by External Audit.
- No significant issues have been identified to date by the audit.
- The Trust ended the period with a surplus of £0.903m, in line with the plan.
- The agency ceiling was £1.116m and the GCS spend for months 1-6 was £1.116m.
- Cost Improvement Plan (CIP) target for GCS months 1-6 was £2.268m and the amount of savings delivered was £2.848m.
- Capital spend was £1,055k against a six month plan of £1.737m.
- Cash balance at the end of month 6 was £0.4m above plan at £18.9m. All of the increase in cash related to underspends on capital against plan.

Gloucestershire Care Services Income & Expenditure

Gloucestershire Health and Care NHS Foundation Trust

Statement of comprehensive income £000	2018/19	2019/20 Month 1 - 6		
	Full Year Actual	Plan	Actual	Variance
Operating income from patient care activities	112,668	56,834	57,131	297
Other operating income exc PSF	2,099	759	895	136
Provider sustainability fund (PSF) income	3,962	569	569	0
Employee expenses	(80,782)	(42,331)	(42,141)	190
Operating expenses excluding employee expenses	(31,719)	(13,926)	(14,689)	(763)
PDC dividends payable/refundable	(1,739)	(1,032)	(905)	127
Other gains / losses	(56)		(5)	(5)
Surplus/(deficit) before impairments & transfers	**4,433**	**873**	**855**	**(18)**
Add back impairments	885			
Remove capital donations/grants I&E impact	(249)	30	48	18
Surplus/(deficit) inc PSF	**5,069**	**903**	**903**	**0**

Surplus/(deficit) exc PSF	**1,107**	**334**	**334**	**0**

Control total including PSF	**3,078**	**903**	**903**	**0**

GCS Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		2018/19	2019/20 Year to Date		
		Full Year Actual	Plan	Actual	Variance
Non-current assets	Intangible assets	829	658	667	9
	Property, plant and equipment: other	63,315	63,475	62,794	(681)
	Total non-current assets	**64,144**	**64,133**	**63,461**	**(672)**
Current assets	Inventories	288	288	245	(43)
	NHS receivables	5,800	5,355	5,263	(92)
	Non-NHS receivables	2,978	2,978	3,667	689
	Cash and cash equivalents:	17,837	18,435	18,916	481
	Total current assets	**26,903**	**27,056**	**28,091**	**1,035**
Current liabilities	Trade and other payables: capital	(1,454)	(829)	(116)	713
	Trade and other payables: non-capital	(9,518)	(9,518)	(9,325)	193
	Borrowings	(76)	(76)	(200)	(124)
	Provisions	(371)	(371)	(751)	(380)
	Other liabilities: deferred income including contract liabilities	(389)	(389)	(1,291)	(902)
	Total current liabilities	**(11,808)**	**(11,183)**	**(11,683)**	**(500)**
Non-current liabilities	Borrowings	(1,593)	(1,487)	(1,368)	119
	Total net assets employed	**77,646**	**78,519**	**78,501**	**(18)**
Taxpayers Equity	Public dividend capital	80,276	80,276	80,276	0
	Revaluation reserve	4,679	4,679	4,679	0
	Other reserves	(2,398)	(2,398)	(2,398)	0
	Income and expenditure reserve	(4,911)	(4,038)	(4,056)	(18)
	Total taxpayers' and others' equity	**77,646**	**78,519**	**78,501**	**(18)**

Capital and Cost Improvement Programmes

Gloucestershire Health and Care
NHS Foundation Trust

Gloucestershire Care Services NHST CAPITAL PROGRAMME	Months 1-6		
	Plan £000's	Actual £000's	Variance £000's
Buildings	1,136	859	277
Backlog Maintenance	50		50
Urgent Care	25		25
Network Replacement	0	11	(11)
Laptops	100		100
Medical Equipment	426	132	294
Forest of Dean	0	53	(53)
TOTAL	**1,737**	**1,055**	**682**

Gloucestershire Care Services NHST COST IMPROVEMENT PROGRAMME	Months 1-6		
	Plan £000's	Actual £000's	Variance £000's
Trust 1.25% Scheme	1,372	1,372	0
Differential - Hospitals	84	178	94
Differential - ICTs	199	93	(106)
Differential - Countywide	318	446	128
Differential - CYPS	256	256	0
Differential - Urgent Care	2	4	2
Differential - Human Resources	32	32	0
Differential - Executive	1	1	0
Differential - Finance Directorate	4	4	0
Challenge Schemes - TBC	0	462	462
TOTAL	**2,268**	**2,848**	**580**

with you, for you

NHS

Gloucestershire Health and Care

NHS Foundation Trust

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 20/0120

Report to: Trust Board – January 2020

Author: Simon Crews, Interim Trust Secretary

Presented by: Lavinia Rowsell, Head of Corporate Governance and Trust Secretary

SUBJECT: **TERMS OF REFERENCE – APPOINTMENTS AND TERMS OF SERVICE COMMITTEE**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:

Decision **ENDORSEMENT** Assurance Information

PURPOSE OF REPORT

To seek Trust Board approval to the revised Terms of Reference for the Appointments and Terms of Service Committee.

RECOMMENDATIONS

The Board is recommended to adopt the Terms of Reference in order to ensure they accurately reflect the identity of the new organisation and in order for the Trust to be compliant with current national governance requirements, the Trust's Standing Financial Instructions and Constitution.

Corporate Considerations	
Quality implications	Reflects governance requirements
Resource implications:	Nil
Equalities implications:	Nil
Risk implications:	Failure to establish the Committee with agreed Terms of Reference would place the Trust in breach of the NHS Code of Governance and is a requirement set out in the Trust's Standing Financial Instructions and Constitution.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by:	Date:
Executive Team	10 December 2020

Where has this issue been discussed before?
Executive Team
What wider engagement has there been?
Executive Team

TERMS OF REFERENCE

THE APPOINTMENTS AND TERMS OF SERVICE COMMITTEE (FOR THE CHIEF EXECUTIVE, EXECUTIVE DIRECTORS AND VERY SENIOR MANAGERS) (VSMs)*

1.0 CONSTITUTION

The Trust Board (the Board) hereby resolves to establish a Committee of the Board to be known as the Appointments and Terms of Service Committee. The Committee has only those powers delegated by these Terms of Reference.

2.0 MEMBERSHIP

2.1 The Committee will comprise:

- The Trust Board Chair
- Three Non-Executive Directors (To include the Vice Chair)
- Chief Executive

2.2 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 persons absence the Committee will elect a Non-Executive Director from those present.

2.3 The Chief Executive will not be present when the Committee is dealing with matters concerning them.

3.0 QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least two Non-Executive Directors are present

4.0 IN ATTENDANCE

4.1 If requested, the Director of HR and Organisational Development and Director of Finance and Performance should be available to attend in an advisory capacity only. Any attendees will not be present when matters discussed affect them personally.

5.0 FREQUENCY OF MEETINGS

5.1 The Committee will convene as often as is necessary, but normally 6 meetings will be scheduled each year.

6.0 AUTHORITY

6.1 The Committee will advise the Board on the appointment, dismissal, remuneration and terms of service of the Chief Executive and Executive Directors of the Board.

6.2 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.

6.3 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).

6.4 Seek opinion from NHSI where required with reference to 'Guidance on Pay for Very Senior Managers in NHS trusts and foundation trusts'. (March 2018)

7.0 PURPOSE

Nominations role

7.1 The Committee shall, in respect of nominations:

7.1.1 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.

7.1.2 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.

7.1.3 Be responsible for identifying and nominating for appointment, candidates to fill Executive Director posts within its remit as and when they arise.

7.1.4 Be responsible for identifying and nominating a candidate, for approval by the Council of Governors, to fill the position of Chief Executive.

7.1.5 Ensure that Executive Directors meet the requirements of the 'Fit and Proper Persons Test'.

7.1.6 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.

7.1.7 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.

7.1.8 To consider the engagement or involvement of any suitably qualified third party or advisers to assist with any aspects of its responsibilities.

8.0 Remuneration Role

8.1 The Committee shall in respect of remuneration:

8.1.1 Establish and keep under review a remuneration policy for Executive Directors.

8.1.2 Consult the Chief Executive about proposals relating to the remuneration of Executive Directors

8.1.3 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.

8.1.5 Use national guidance and market benchmarking analysis in the annual determination of remuneration of the Executive Directors.

8.1.6 Approve the arrangements for the termination of employment of any Executive Director and other contractual terms, having regard to any national guidance.

8.1.7 Approve all redundancies which attract a monetary value over and above contractual entitlement.

8.1.8 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.

8.1.9 Oversee the performance review arrangements for the Executive Directors ensuring that each Executive Director receives an annual appraisal.

8.1.10 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.

9.0 CONFIDENTIALITY

9.1 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.

9.2 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.

10.0 REPORTING AND RECORDING

10.1 The Trust Secretary will minute the proceedings and resolutions of the meetings including recording the names of those present and in attendance.

10.2 The Chair of the Committee will submit a short report of each meeting to the next Board meeting for information or decision, as appropriate.

10.3 The Trust Secretary shall ascertain at the beginning of each meeting the existence of any conflicts of interests and record them accordingly.

10.4 Minutes of Committee meetings shall be agreed by the Chair prior to being circulated promptly to all members of the Committee unless a conflict of interest exists.

11.0 OTHER MATTERS

11.1 The Trust Secretary will provide administrative support to the Committee, including:

- Agreement of agenda
- The collation of papers
- Ensuring the minutes are taken and a record of matters arising kept and issues carried forward
- Ensuring that Committee reports are made available to the Board

12.0 MONITORING ARRANGEMENTS

12.1 The Board will review the Committee's Terms of Reference at least once every two years.

12.2 Annually the Committee will review its own performance and recommend any changes it believes are necessary to the Trust Board for approval.

*VSMs is defined by NHS Employers as 'other senior managers with Board level responsibility (March 2018)

Version Control

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

AGENDA ITEM: 21/0120

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Resources Committee

COMMITTEE CHAIR: Graham Russell, Non-Exec Director

DATE OF COMMITTEE MEETING: 19 December 2019

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT – MONTH 8

The Committee received the month 8 finance report. It was noted that there was a surplus of £1.272m, which was in line with the Trust's planned surplus. The Committee was assured that the forecast outturn for the Trust was £2.156m which was in line with the control total. For month 8, the cash balance was £39m, which was £4.5m above plan.

The risk ratings regarding QIPP and CQUIN targets were expected to reduce within the following month. The Committee was informed that the PSF would be received; however, the bonus for achieving the control total at the end of the financial year was not expected.

BUDGET 20/21 PROCESS

The Committee was informed that a business planning workshop had taken place in which the process was outlined along with consideration given to the national landscape and local issues relating to the amount of funding that would be available. The Committee noted that the submissions for the 20/21 Budget process were due to be submitted to NHSE/I by 10th January.

ANNUAL OPERATING PLAN & SYSTEM OPERATING PLAN 20/21 PROCESS/ GUIDANCE

The Committee was informed that the national guidance concerning the Annual Operating Plan had not yet been received by the Trust and that it was expected in January. The Committee was told that the plan would require System sign-off, which would tie in with the revised Long term plan submission deadline of 10th January 2020.

E-ROSTERING BUSINESS CASE

As part of a discussion on sustainable staffing the E-Rostering Business Case was approved by the Committee. The Committee ratified the proposal to move to using Allocate and noted that that this would aid safer staffing and that it should have a positive financial implication in regards to efficiencies in the long term.

OTHER ITEMS

The Committee also:

- Noted that action plans were in place relating to performance issues in podiatry and paediatric physiotherapy and improvements had already been achieved.
- Agreed the Digital Framework subject to an inclusion and alignment of the national paper on personalised care under the heading 'empower people.'
- Noted that internal auditors, Price Waterhouse Cooper (PWC) would be undertaking a review of Committee working at the beginning of 2020.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Quality Committee

COMMITTEE CHAIR: Maria Bond, Non- Executive Director

DATE OF COMMITTEE MEETING: 5 December 2019 and 9 January 2020

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

Quality Committee is meeting on a monthly basis for the first 6 months of the newly merged organisation to provide Board oversight of quality as the two organisations are brought together. The Board should note that until reporting systems are aligned as one organisation the Quality Committee will continue to review papers in line with the reporting timelines of the originating organisation.

COMMITTEE HELD ON 5th DECEMBER 2019 SUMMARY:

REVIEW OF QUALITY COMMITTEE RISKS

The Committee received an update of the risks scoring 12 and above relating to quality for both legacy organisations. Workforce risks remain the main and highest scoring risk. Assurance was given on how risks are managed and an update was provided regarding work to refine the new combined Risk Register and the establishment of the new Trust Risk Management Sub Group.

CLINICAL PRESENTATION – LEARNING FROM LEARNING DISABILITY DEATHS (LEDER)

The Committee received a presentation from the Gloucestershire Clinical Commissioning Group (CCG), "Learning from Learning Disability Deaths", providing details from the recent Gloucestershire Annual Report. The national annual report of 2018, showed that there were 4,302 deaths notified in England, 1,081 of these deaths were reviewed with 50% of these deaths deemed having received care which was good or better than standard. Gloucestershire is an area where LEDER reviews are better established and the local report shows that circa 80% of deaths reviewed within Gloucestershire had received better standards of care than the national average. The need for more reviewers was noted and the committee was updated on NHSE funding expected for 2020/21 to support the programme locally.

SERIOUS INCIDENT – PATIENT SAFETY MONTHLY UPDATE

The Committee received the monthly update on serious incidents (SIRI). There have been 3 SIRIs reported in November 2019, 2 of these were Mental Health SIRIs and 1 was a Physical Health SIRI. There have been 24 SIRI's this year to date. The Committee discussed how learning was being identified and subsequently embedded in practice. The Committee also challenged if there were any emerging themes.

SAFE STAFFING

Safe staffing information has been published for mental health services for the months of October & November in line with national requirements. Physical health service staffing data was also received for these time periods, but at a lesser level of detail as per historical arrangements. The Committee again noted that whilst safe staffing levels were maintained,

there is significant reliance on bank and agency workers, which is recorded on the Trust Risk Register. The Committee noted the lack of nationally required data available in regard to the community staffing levels and asked that the CCG and Executive Team consider how this might be locally addressed in the 2020/21 contracting round.

SAFEGUARDING QUARTERLY REPORT

The committee received the Trust quarterly safeguarding report. Trust safeguarding dashboards were presented with good assurance provided on reporting and training. Ongoing work is required to provide assurance for data quality in RIO record keeping and Mental Capacity Act related development work was noted. The committee was updated on staffing arrangements as part of merging legacy Trust teams, Herefordshire transfer arrangements and the appointment of the head of safeguarding post.

INFECTION CONTROL UPDATE REPORT

The Committee received an update report on new trust infection control arrangements. This included an update on team arrangements and reporting of infection control issues. A recent rise in C.Difficile cases was discussed and assurance given regarding the circumstances and safeguards in place. The Committee was assured to hear that all infection control policies for the new organisation have been merged. The new Trust Infection Control Committee is now established. Work is in progress in establishing a new combined work plan noting the needs of the new organisation.

MEDICINES OPTIMISATION UPDATE REPORT

The Committee received an update regarding medicines management arrangements for the new Trust. A robust medicines optimisation governance structure has been established post-merger. The Controlled Drug Accountable Officer role is established and embedded in the work plan of the Head of Medicines Optimisation. The Committee received updates on anti-microbial stewardship developments, medication safety and new development work regarding the allocation of national funding to support electronic prescribing in mental health services.

QUALITY ASSURANCE GROUP UPDATE

A verbal update was provided on the establishment of the combined Quality Assurance Group and how this will steward quality governance development and assurance for the Committee. Work has been conducted to ensure balanced membership from both organisations. Reports were received at the November Quality Assurance Group included a CQUIN update report, the review of the legacy quality accounts, update on flu vaccinations and an update from the Clinical Policy Review Group.

MEDICAL EDUCATION REPORT

The Committee received the annual medical education report. The report updated the committee on medical education work within the Trust and the development of the 3 counties medical school. The committee noted the challenges in medical education arrangements and relationship with staffing and capacity challenges. The Committee received assurance that the Medical Director is taking these issues seriously and work is ongoing to improving capacity and support for medical education.

COMMITTEE HELD ON 9th JANUARY 2020 SUMMARY:

REVIEW OF QUALITY COMMITTEE RISKS

The Committee received a verbal update on the work of the recently formed Risk Management Group and how work is ongoing to review and refresh individual risks. The Committee was advised that all risks continue to have appropriate controls in place and owners are well informed of their responsibilities.

UPDATE ON MENTAL HEALTH HOMICIDE INVESTIGATION

The Committee received notification of the completion of the Trust internal Serious Incident investigation into the tragic mental health homicide that occurred in May 2019. The report has been submitted to NHS England and the CCG for next stage review. NHSE will update the Trust in due course on any further action and independent reviews required. The Committee received assurance that learning to prevent reoccurrence was identified and work is in progress. The Committee will receive an update at the April 2020 meeting. The CCG confirmed verbally in the meeting that they were satisfied with the reports content and actions identified.

DEEP DIVE REPORT CATHETERS

The Committee received a Deep Dive report and presentation into the quality of care in regard to catheters in the community. The purpose of the deep dive approach is to provide additional focus on key Trust quality and patient safety matters. Good quality catheter care and reduction of associated infections is a quality requirement for the Trust. Non – Executive Directors challenged assurance that the Trust is working to ensure appropriateness of catheter usage, and questioned contributing factors increasing the usage of catheters. Assurance was provided on Trust approaches and the need to further challenge the appropriateness of catheters in the community. Ongoing work in collaboration with the CCG and Gloucestershire Hospitals Trust was described.

DEEP DIVE REPORT – FALLS PREVENTION (COMMUNITY HOSPITALS)

The Committee received a Deep Dive report regarding falls prevention work at our community hospitals. This report provided a range of information regarding quality improvement initiatives, progress and assurance related to the associated CQUIN for falls reduction.

SERIOUS INCIDENT REPORT

The Committee received the monthly patient safety serious incident update report. The Committee discussed the 7 incidents that were reported for December 2019, noting higher incidence compared to previous years December data. The Committee requested that a further update is received at the next meeting on related learning development work in progress.

SAFE STAFFING

The Committee received the regular Safe Staffing report for in-patient services. Workforce risks were noted alongside Trust actions in progress to address this. No staffing escalations to Director level were reported and assurance was provided on staffing levels being maintained. The Committee highlighted again that there is no data available for community nursing and this remains an area of weakness in regard to assurance.

QUALITY COMMITTEE DEVELOPMENT SESSION

The Quality Committee agreed at the December meeting that a development session would be held in January to review how the Committee was operating, to review the work plan going forward and the frequency of meetings. The Director of Nursing, Therapies and Quality provided a presentation on the work achieved to date (3 months) confirming that all areas of the

Quality Governance Framework and actions required in the Quality Governance Board Memoranda have been delivered; or there are plans in progress to deliver. A discussion took place on critiquing the annual work plan to achieve a balance of escalations of issues, enabling robust discussions of Trust quality assurance matters and how this links to Trust ambitions for transformation. The Committee highlighted the importance of the work of the sub-committees in providing assurance and raising areas of concern to the Quality Committee. The Committee agreed that these development sessions were useful for reflecting on the effectiveness of the Committee and reviewing the work plan. Quarterly Committee development sessions of an hour to be scheduled within the agenda.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

BOARD COMMITTEE SUMMARY SHEET

NAME OF COMMITTEE: Nomination and Remuneration Committee

COMMITTEE CHAIR: Ingrid Barker

DATE OF COMMITTEE MEETING: 9th January 2020

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

APPOINTMENT OF A 7TH NED WITH GP EXPERIENCE

The Trust's Constitution provides for there to be a full complement of 7 Non-Executive Directors (NED) on the Trust Board. Agreement had previously been reached to fill this vacancy with a NED with GP experience.

Following a recruitment exercise in December, the Committee noted the appointment of Dr Stephen Alvis as an Associate Non-Executive Director still leaving the Trust with a vacancy for a 7th substantive 7th NED.

The Committee agreed that arrangements to recruit to this position should commence immediately and that having reviewed the existing skills, and experience of current Non-Executive Directors, that there should be an emphasis placed on appointing someone with business and commercial knowledge and experience. The remuneration for this post should be in line with the Trust's previously agreed remuneration framework for NEDs. Further, and following advice from the Director of Human Resources and Organisational Development, that recruitment should be supported by specialists engaged from the NHS Framework, a practice that had delivered the greatest success previously.

The Committee would inform the Council of Governors of their decision at the Councils meeting on 21st January 2020 of the following decision.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to note the contents of this summary.

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Thursday, 14 November 2019

Abbeydale Community Centre, Glevum Way, Gloucester

PRESENT:

Ingrid Barker (Chair)	Katie Clark	Mervyn Dawe
Vic Godding	Miles Goodwin	Said Hansdot
June Hennell	Jenny Hincks	Bren McInerney (part)
Stephen McDonnell	Nic Matthews	Anneka Newman
Mike Scott	Jo Smith	Simon Smith (Interim Lead Governor)
David Summers	Stephen Wright	

IN ATTENDANCE:

Maria Bond, Non-Executive Director
Simon Crews, Interim Trust Secretary
Marcia Gallagher, Non-Executive Director
Marianne Julebin, Trust Secretariat
Kate Nelmes, Head of Communication
Angela Potter, Director of Strategy
Paul Roberts, Chief Executive
Lavinia Rowsell, Future Head of Corporate Governance
Graham Russell, Non-Executive Director (Vice Chair)
Neil Savage, Director of HR and Organisational Development
John Trevains, Director of Nursing, Therapies and Quality (part)
Bernie Wood, Deputy Director of IT & Systems

1.0 WELCOMES AND APOLOGIES

1.1 Apologies were received from Jan Marriott, Amjad Uppal, John Campbell, Sandra Betney, Sumita Hutchison, Helen Goodey, Cherry Newton, Lawrence Fielder, Jane Melton, Colin Merker, Carole Allaway-Martin, Kate Atkinson.

1.2 The Chair opened the first meeting of the Council of Governors of the new Trust by greeting all and welcoming newcomers. Paul Roberts advised he would cover for Colin Merker. Bernie Wood was representing Sandra Betney.

2.0 DECLARATION OF INTERESTS

2.1 Nic Matthews reported he is the new staff-side Deputy. David Summers confirmed he sits on the Herefordshire Health & Wellbeing committee.

3.0 COUNCIL OF GOVERNOR MINUTES

3.1 The minutes of the Council meeting held on 18 June 2019 were agreed as a correct record.

4.0 MATTERS ARISING AND ACTION POINTS

4.1 The Council reviewed the actions arising from the previous meeting and no comments or updates were received. Simon Smith (SS) requested that Council's agreement for the merger reached in the private meeting be publicly recorded. Ingrid Barker (IB) confirmed that the private minutes would be reviewed by Council in its private meeting later today following Council approval. Mervyn Dawe (MD) requested that individual governor comments be included for the record. The Chair recommended a further conversation in the private meeting to decide which comments should be included or redacted for public release. IB thanked Governors for their feedback from the June meeting. It was separately noted that papers had arrived in good time for this meeting.

ACTION: Conversation on redaction for private-to-public minutes (IB)

5.0 FORMAL BUSINESS

5.1 **Constitution**
Simon Crews (SC) confirmed that NHS Improvement had formally approved the amended Constitution requiring only one change: the word AND in the Trust's name in place of the ampersand symbol.

6.0 Terms of Reference for the Nomination and Remuneration Committee
SC asked Governors to approve the revised Terms of Reference for the Nomination and Remuneration Committee which had a minor change to reflect the title of the new organisation. APPROVED.

7.0 Standing Orders
Governors were asked to note the cosmetic changes to the Standing Orders – and approve the changes which reflect the title of the new organisation. APPROVED.

8.0 Appointment of Governor Observers
IB invited Governor Observers to the Trust's newly-configured Board Committees. There are vacancies on the Audit & Assurance Committee, the Quality Committee, with two vacancies on the Mental Health Legislation Scrutiny Committee and the Resources Committee. SS confirmed there had been a pre-meeting discussion about the role of Governors including their role as Observers. It was felt that there should be a formal Governor scrutiny framework. SS noted that the Observer role was a key action for Governors and recommended that broader spans of people are involved. It was agreed that current Observers will be in post for now and that SS and SC will issue new invitations and develop a formal Governor scrutiny framework. IB reiterated that public Board meetings are open to observation and Governors are hereby invited to attend. Please see dates on the back of the Agenda.

ACTION: SS and SC will send Governors a document explaining the role of individual Board committees and asking for expressions of interest to act as Observers. This will form part of the Governor scrutiny framework which SS, IB and SC will develop.

9.0 ELECTION UPDATE

IB informed the meeting that the Trust changed its Constitution prior to the merger to enable additional Staff Governors to be created, with ring-fenced spaces for GCS staff. SC confirmed that voting for Staff Governors concludes on 25 November. For Admin & Management there were seven nominations, four from GCS, and three from 2G. At least one position must be filled by a former-GCS member of staff. Governor elections for Health & Social Care, Dental, Nursing and Medical categories received no nominations. SC and IB proposed that external company Civica should run a further election to fill the remaining vacancies. June Hennell (JH) noted in hindsight that, as Governors, we could have had conversations with staff encouraging them to register while on site visits. MD queried the cost of the external contractor. SC responded that external contractors are commonly used for reasons of independent facilitation but did not have a cost to hand. IB and others commented that word of mouth was key for recruitment. A more focussed and detailed communications strategy for future elections should be considered.

ACTION: SC to arrange a re-run of the election through Civica and collaborate on a refresh of the communication strategy for election of Governors.

10.0 CHAIR'S REPORT

IB presented her September Board report covering the merger, regional and national partner working and an excellent meeting with the CQC Chief Inspector of Hospitals who was hugely impressed with the good practice at Wootton Lawn. IB also met with Chair of Worcestershire Health & Care for ongoing conversations which included the roles of Herefordshire Governors. IB has been party to the ICS process for appointing a new Chair for Gloucestershire (to be announced shortly). IB is stepping down from the Health & Wellbeing Board which Angela Potter will attend and report on in future. There is now good inter-connectedness between the Health & Wellbeing Board, the ICS and Local Enterprise Partnership for health and economic development work in the county. There was also an excellent tea party for volunteers and experts by experience.

10.1 **NED ROLES**

IB highlighted her paper showing NED portfolios and pointed out that some roles are statutory requirements. Governors' questions were invited. Mike Scott (MS) asked where we were with GP NEDs. NS responded this had been challenging but we now have two very experienced GP candidates and were finalising interviews on 2nd December. Appointing the right candidate would be critical. IB advised that the Review and Refresh meeting was happening later today and in future everyone will be given the opportunity to participate.

11.0 CHIEF EXECUTIVE'S REPORT

We are in a General Election phase and public organisations are not to initiate or comment on politically-contentious issues. Paul Roberts (PR) reported that it is an incredibly busy time in our newly-merged organisation that we have reached a milestone

and are wholly focussed on the future. We have many leaders and managers identifying opportunities and working well across the merged Trust. PR pointed out that NHS

Performance results had been announced today and that national targets have been missed, reflecting pressure in the system. PR praised the Governors for their site visits which staff value and very much appreciate.

11.1 PR welcomed Lavinia Rowsell, future Head of Governance and thanked her for her attendance today. PR also thanked SC for stepping in to help as Interim Trust Secretary. PR reported that Jane Melton is currently seconded to the ICS and Glos University leading on Therapies. Finally, in addition to business-as-usual, the Board's focus is on the three Ts: Transaction, Transition and Transformation. Objectives have been set across five areas: consolidation; instigating a strategy process; the Herefordshire transition; leadership, values and models for quality improvement; and urgently establishing our position within the Gloucestershire Integrated Care System, Integrated Locality Partnerships and Primary Care networks. We cannot achieve our objectives without working in partnership with others.

11.2 **DIRECTOR OF STRATEGY**

PR invited Angela Potter (AP) to talk to the strategy process mapping our future direction. AP reported that there is co-production with staff, service users, stakeholders and the Council of Governors to identify priorities for each of the localities being represented. By March we will test our findings and distil our thinking. We will undertake a stakeholder audit with partners such as the CCG and Regulators to understand what the system thinks of us and testing out our plans with them. PR thanked AP and requested Governors to look out for the diary dates for this.

11.3 **'Fit for the Future'**

PR commented that under 'Fit for the Future' we are mapping out plans for the Forest of Dean Hospital and the future arrangements for urgent care in community settings and these will be shared in due course, after the news moratorium is lifted. SS asked whether comment had been received about the chosen site for the hospital. PR, AP and Neil Savage (NS) confirmed that there had been positive comment and the idea had been well-received. IB said that the local council and MPs had been strongly supportive. IB advised that the hospital would be in the centre of Cinderford, Steam Mills Road on the site of a skateboarding park, which will be relocated. BI had heard a Radio Glos report highlighting transport issues with the site. MD asked if the hospital will be on a bus route and can we persuade transport providers to ensure that it is? AP said we cannot commission bus routes but we are in discussion with the CCG to see how these can be provided. In our other new hospital sites, bus routes had been created. PR commented that we are negotiating with Council regarding Lydney and a possible new primary care facility. PR assured Council that work on the long term plan published in January this year and many of these issues which cannot be reported on during the General Election news moratorium will be shared again in January 2020.

11.4 **Health and Wellbeing and forthcoming events**

PR reported that 1600 colleagues had completed the latest Health and Wellbeing survey with some really clear messages: 80% of respondents said they had issues with disrupted sleep patterns. As a Trust we will address the health and wellbeing of our

colleagues and issues regarding how we manage and communicate change. Bren McInerney (BI) mentioned that the Glos Chief Constable had raised the Health & Wellbeing levels of his force and there may be some cross-learning available. PR agreed that his team have done a fantastic job and in fact one of his deputies is coming to our next senior leadership meeting. Finally, PR advised of forthcoming events: University of Birmingham, Better Care 2Gether on the 27th and on the 4th December there are two events on personalised care (one in the morning, one in the afternoon.)

ACTION: Details of the events to be sent to Governors who wish to attend

Questions were invited and JH asked for clarification on the Governors' role in expressing personal opinions during the General Election period. PR confirmed that as long as you are not speaking on behalf of the NHS or the Trust, you may express your personal opinion.

12.0 GLOUCESTERSHIRE HEALTH AND CARE PRESENTATIONS

12.1 Presentation: Homeless Mental Healthcare - the people and the service

IB welcomed Andy Telford and said she had visited the mental health team and the homeless health care team based at the George Whitefield Centre who are commissioned separately. Andy presented a very interesting and saddening picture of rough sleeping in Gloucestershire. Andy said our particular local issues are: mean age of death on the streets of Gloucester is 45 for men and 43 for women, 24% rough sleepers in Glos are female and vulnerable to abuse. There are high levels of complex trauma and distress but only four with diagnosable mental health illness. There were 726 deaths across the UK in 2018 and this has risen 50% since records began in 2013. Our team find rough sleepers in the early hours and we have two 24-hour Rapid Assessment centres. Governors thanked Andy for his excellent presentation and his fantastic work and asked many questions. In response, Andy informed Governors that they use P3 and START to find flats and homes. Street homeless people are top of the list for emergency accommodation. Andy confirmed there is a Government plan to "eliminate" street homelessness by 2025 and new legislation is helpful in achieving this. The local team have made great progress in Glos and we've done it differently with quick throughput of people into normalised accommodation. Fortunately, for young Glos residents who leave the care system, we find they are not falling into street homelessness. The Governors expressed their gratitude and admiration to Andy.

12.3 Presentation: Quality and Clinical Governance in the new Trust, John Trevains

John Trevains (JT) stated that he was privileged to be leading and overseeing the quality governance system for the new Trust. Jo Smith (JS) has been very active and helpful in its development. JT provided an outline of the approach taken for the transition work and gave an update on mitigation of risk and the support provided to Herefordshire colleagues. We consulted with the NEDs, NHSI, External Auditors, internal and external stakeholders and other NHS organisations for best practice working and received great

feedback for what we have in place. JT spoke to the slides highlighting the new model which blended the high standards and good performance of both Trusts. JT shared a document on the new Quality Governance System with new groups marked in orange (please see Appendix 1). In addition to the new quality assurance groups, other changes include: locality operational governance reporting, the new "improving care" group for a refreshed focus on quality improvement, further enabling of Better Care Together, a requirement for co-production in all groups and we now have a resident Chief Pharmacist and a "Speak Up" representative for colleagues. Every single new group will have Expert by Experience involvement to achieve a truly co-produced system. We will roll this out to all teams who will receive training in quality improvement. We are having a sense check in six months' time to ensure all is working as planned, smoothly and efficiently.

In finishing, JT invited Governors to get in touch if they had any questions or wanted more information. Governors praised JT and his team for this solid performance and achievement. BI and JH asked why the patient experience group is not called patient and carers experience group? JT welcomed the challenge and said that while the group did include carers, it did not say so and the name will be changed. BI queried what policies are still not in place? JT responded that all our Day One essential policies were merged, in place and ready by Day One. All policies are on the Intranet and we now have a list of specific policies such as low secure forensic unit, still being completed and on an audit tracker until their deadline.

IB thanked Maria Bond, Jo Smith and Vic Godding for their work on the Quality Committee.

13.0 HEREFORDSHIRE SERVICES

13.1 PR represented Colin Merker for this report and gave particular thanks to Governors Miles Goodwin, David Martin and Cherry Newton who have been involved in the process. After a lot of discussion, the last board meeting of 2Gether decided to recommend to the CCG that they commission their mental health and LD services for Herefordshire from Worcestershire Health and Care NHS Trust. The Board were keen to get assurances for future resources and investment for Herefordshire and this has been received. We were also pleased to receive acknowledgement of the good work of the 2Gether Trust in the past. There is a meeting being set up with our Herefordshire Governors to talk about the continuing relationship. We have given assurances to our colleagues in Herefordshire that we will support them in a smooth transfer in April. IB invited questions from Herefordshire Governors. In response to a question, IB confirmed that any Herefordshire Governor could stand as a Greater England Governor after 1st April 2020.

14.0 ANY OTHER BUSINESS

David Summers asked whether the Trust works with schools and academies to promote mental health and wellbeing programmes. IB responded that there is a body of work being undertaken called "Trailblazer" and more information could be provided outside the meeting.

Appendix 1: Quality Governance System handout

COUNCIL OF GOVERNORS

MAIN MEETING ACTION POINTS

Item	Action	Lead	Progress
14 November 2019 Main meeting			
4.1	Conversation on redaction of comments for private-to-public minutes of September meeting	Ingrid Barker	Completed
8.0	All Governors to be sent a document explaining the role of individual Board committees and asking for expressions of interest to act as Observers.	Simon Smith and Simon Crews	Completed
8.0	Formalise a Governor scrutiny framework to monitor competence and contribution.	Simon Smith, Ingrid Barker and Simon Crews	
9.0	SC to re-run the election process through Civica and instigate a refresh of the communications strategy for elections.	Simon Crews	

AGENDA ITEM: 25/0120

Report to: Trust Board – 29 January 2020

Author: Simon Crews **-** Interim Trust Secretary

Presented by: Lavinia Rowsell - Head of Corporate Governance/Trust Secretary

SUBJECT: **USE OF TRUST SEAL**

Can this subject be discussed at a public Board meeting?	Yes

This report is provided for:
Decision Endorsement **ASSURANCE** **INFORMATION**

PURPOSE OF REPORT
To provide information to the Trust Board on the use of the Trust Seal, as required by the Trust's Standing Orders, reference section 7.3.

RECOMMENDATIONS
The Board is asked to note the use of the Trust Seal during the period 1Oct 2019 to 31 Dec 2019.

EXECUTIVE SUMMARY

The Trust's Standing Orders require that use of the Trust's Seal be reported to the Trust Board at regular intervals. Extract below:

7.3 The Chief Executive shall keep a register in which he/she, or another manager of the Trust authorised by him/her, shall enter a record of the sealing of every document. Use of the seal will be reported to the Board quarterly

During the quarter ending 31st Dec 2019 the Seal has been used on the occasions detailed on the attached schedule.

Corporate Considerations	
Quality implications:	Nil
Resource implications:	Nil
Equalities implications:	Nil
Risk implications:	There is a requirement to report the use of the seal to the Trust Board and failure to do so would be a breach of the Constitution.

WHICH TRUST VALUES DOES THIS PAPER PROGRESS (P) OR CHALLENGE (C)?			
Working together	**P**	Always improving	**P**
Respectful and kind	**P**	Making a difference	**P**

Report authorised by: Paul Roberts, Chief Executive Officer	**Date:** 14 January 2020

Where has this issue been discussed before?	**Date:**
N/A	
What wider engagement has there been?	**Date:**
N/A	

Appendices:	Appendix A: Register of Seals – 01 October 2019 to 31 December 2019

Register of Seals (01 October 2019 – 31 December 2019)

AGENDA ITEM: 25/0120

Date of Sealing	Document Description	No. of Copies	Document Signatory (1)	Document Signatory (2)
01.10.19	TR1. Churchdown Clinic: Transfer from NHS Property Services Ltd to Gloucestershire Health and Care NHS Foundation Trust	2	Sandra Betney	Paul Roberts
01.10.19	Cheltenham Dental and Podiatry Clinic: Transfer to Gloucestershire Health and Care NHS Foundation Trust.	0	Sandra Betney	N/A
01.10.19	Deed of covenant: George Moore Clinic, Hope House, North Cotswold, Tewkesbury Hospital, Vale Hospital	2	Sandra Betney	Paul Roberts
01.10.19	TR1. Private Suites, Winchcombe Medical Centre. Transfer from Gloucestershire Care Services to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Neil Savage
01.10.19	TR1. Southgate Moorings. Transfer from Gloucestershire Care Services to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Neil Savage
01.10.19	TR1. Independent Living Centre Transfer from Gloucestershire Care Services to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Amjad Uppal
01.10.19	TR1. Edward Jenner Court. Transfer from Gloucestershire Care Services to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Neil Savage
01.10.19	TR5. Portfolio transfer of 15 freehold titles to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Neil Savage
01.10.19	TR5. Portfolio transfer of 2 freehold titles to Gloucestershire Health and Care NHS Foundation Trust.	2	Sandra Betney	Neil Savage
01.10.19	TR1. St Pauls Medical Centre: Transfer from NHS Property Services Ltd to Gloucestershire Health and Care NHS Foundation Trust	2	Sandra Betney	Paul Roberts
22.10.19	Deed of covenant North Cotswold Hospital, Land adjoining Fosse way Farm	2	Sandra Betney	Paul Roberts

Date of Sealing	Document Description	No. of Copies	Document Signatory (1)	Document Signatory (2)
23.12.19	Transfer of property: Property 18 Denmark Road, Gloucester, GL13H2. Transferee-Reference SL 1007 Ltd – 69 Tweedy Road, Northside House, Bromley, BR1 3WA. Co Reg11870122	1	Sandra Betney	John Trevains
23.12.19	Sale of property – 18, Denmark Road. Gloucester GL1 3HR. Buyer-Ref SL1007 Ltd, 69 Tweedy Road, Northside House, Bromley, BR1 3WA Co Reg. 11870122.	1	Sandra Betney	N/A