

Quality Account 2021/22

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Part 1: *Statement on Quality from the Chief Executive*

Introduction

It is my pleasure to present the annual Quality Account on behalf of Gloucestershire Health and Care NHS Foundation Trust.

The report must be read against the backdrop of what continues to be the most challenging health emergency any of us have experienced in our lifetimes. Despite the difficulties posed by Covid-19, I am proud to say that our commitment to delivering high quality and safe services has never wavered.

Our recently launched Quality Strategy acts as a roadmap for both maintaining and improving quality in our Trust and every corner of the organisation is dedicated to ensuring we do so.

While many of our quality targets, such as CQUINs, were paused due to the pandemic we have not paused our own checks and balances and we constantly encourage feedback from our colleagues and the people who use our services. That feedback is used to ensure a continuous cycle of improvement and we also have a thriving Quality Improvement network which feeds into our services every day.

Covid itself has taught us a great deal, not least about Infection Prevention and Control, and in itself has driven us on to transforming the way we deliver some of our services. I'd like to thank everyone involved in keeping our services safe and delivering high quality care throughout the year – you have faced every challenge with care, compassion and commitment and we are fortunate to have such skilled and dedicated colleagues supporting the people we serve.

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

To the best of my knowledge the information contained in this report is an accurate representation of the year's events.

Best wishes,



A handwritten signature in dark ink that reads "Paul Roberts". The signature is written in a cursive, flowing style.

Paul Roberts
Chief Executive

Part 2.1: Looking ahead to 2022/23

Quality priorities for improvement 2022/23

The continued presence and constantly changing impacts of Covid-19 have required NHS providers to refocus services in order to facilitate meeting new sustained demands thus ensuring continued responsiveness around the challenges faced. It was agreed with the Clinical Commissioning Group (CCG) that the quality indicators and priorities for improvement established last year (21/22) would be brought forward to the current year (22/23). We have therefore agreed with our Trust Board and Governors to continue the following 9 GHC Quality Priorities. This enables the facilitation of an ongoing focus, shining a light on quality within the organisation and channelling improvements within care delivery in Gloucestershire.

The Trust is currently working with NHS Gloucestershire CCG to agree the quality schedule for 2022/23 and it is anticipated that we will focus our efforts by building on the priorities that were paused. These will run alongside the recovery work arising from the changes in services that were required to support our local community.

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

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

In support of our overarching quality ambitions our physical, mental health, learning disability, children’s and specialist services will continue with the following quality improvement priorities.

- Pressure ulcers (PUs) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PUs. Developing a PU collaborative within the One Gloucestershire Integrated Care System.
- Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data. Continuing to work towards developing a falls collaborative within the One Gloucestershire Integrated Care System.
- End of Life Care (EoLC) – with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county. This will support the 6 ambitions for Palliative and End of Life Care.
- Patient and Carer Experience – with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services.
- Friends and Family Test (FFT) – with a view to developing questions about services, building upon the 20/21 CQC Adult Community Mental Health Survey action plan to develop additional questions that capture views on quality of care.

- Reducing suicides – with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to support the aim for zero suicides within our mental health inpatient units by 2023.
- Learning disabilities – with a focus on the Hospital/Personal Passport utilisation, and continuation of the Oliver McGowan Tier 1 and Tier 2 training programme.
- Children's services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care.
- Embedding learning following patient safety incidents – with a focus on sharing and learning from experiences and investigations to develop and improve standards of care. Alongside Implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and aligned with quality management aspirations.

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

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

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

Review of services

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

Between April 2021 and March 2022, Gloucestershire Health and Care NHS Foundation Trust provided or sub-contracted the following NHS health services.

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

- One Stop Teams providing care to adults with mental health needs and those with a learning disability;
- Minor Injury and Illness Units MIU's
- Intermediate Care Mental Health Services (Primary Care Mental Health Services and Improving Access to Psychological Therapies – Lets Talk);
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services, Eating Disorders, Intensive Health Outreach Team, and the Learning Disability Intensive Support Service & Reablement
- Inpatient mental health and learning disability care.
- Community services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices; District nursing, Integrated Community Team, Rapid Response and podiatry etc
- In-reach services into acute hospitals, nursing and residential homes and social care settings;

- Seven community hospitals, provide nursing, physiotherapy, reablement in community settings;
- Health visiting, school nursing and speech and language therapy services for children;
- Other specialist services including sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability, Wheelchair Assessment and community equipment.

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

The income for patient care activities in 2021/22 represents 97% of the total income generated by Gloucestershire Health and Care NHS Foundation Trust for 2021/22.

Participation in clinical audits and National Confidential Enquiries

During 2021/22, there were 8 national clinical audits which related to mental health and physical health services provided by Gloucestershire Health and Care NHS Foundation Trust. There were no National Confidential Enquiries audit requirements during the reporting period.

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

The national clinical audits that Gloucestershire Health and Care NHS Foundation Trust was eligible and participated in during 2021/22 are as follows:

National Clinical Audits

Clinical audits	Participated Yes/No	Reason for no participation
Falls and Fragility Fracture Audit Programme: National Audit of Inpatient Falls	Yes	N/A
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation Audit	Yes	N/A
National Audit of Cardiac Rehabilitation	Yes	N/A
National Audit of Care at the End of Life (NACEL)	Yes	N/A
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Yes	N/A
National Clinical Audit of Psychosis (NCAP) Spotlight Audit on Physical Health and Employment	Yes	N/A
National Diabetes Footcare Audit	Yes	N/A
Sentinel Stroke National Audit Programme (SSNAP)	Yes	N/A

Participation

The national clinical audits and National Confidential Enquiries that Gloucestershire Health and Care NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Topic	Trust participation		National participation	
	Teams	% of cases submitted	Teams	Submissions
Falls and Fragility Fracture Audit Programme (FFFAP): National Audit of Inpatient Falls	Community Hospital Inpatients	Not yet reported	Information not available*	Information not available*
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Pulmonary Rehabilitation Audit	Pulmonary Rehabilitation Team	Not yet reported	Information not available*	Information not available*
National Audit of Cardiac Rehabilitation	Cardiac Rehabilitation Team	Not yet reported	Information not available*	Information not available*
National Audit of Care at the End of Life	Community Hospital Inpatients	100%	Information not available*	Information not available*
National Clinical Audit of Psychosis (NCAP) Early Intervention in Psychosis	Early Intervention Team	100%	Information not available*	Information not available*
National Clinical Audit of Psychosis (NCAP) Spotlight Audit on Physical Health and Employment	Adult Community Mental Health Teams	100%	53	4935
National Diabetes Footcare Audit (NDFA)	Podiatry Service	Not yet reported	Information not available*	Information not available*
Sentinel Stroke National Audit Programme (SSNAP)	Vale Stroke Unit	100%	Information not available*	Information not available*

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

Participation in National Confidential Enquiries (NCE)

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

Local clinical audit activity

Clinical audits	2020/21 Clinical Audit Programme	2021/22 Clinical Audit Programme
Total number of local audits on the audit programme	171	180
Audits completed (at year end)	42	65
Audits that are progressing and will carry forward	31	58
Audits taken off the programme for specific reasons	98	57

The Covid-19 pandemic has had an impact on clinical audit activity again this year with regards to the collection and return of data from clinical teams. An extensive review of the clinical audit programme has continued throughout the year in response to the pressures faced by clinical teams. All audits were reviewed and some non-essential audits were removed from the programme, ensuring that teams were able to focus on the Trust's clinical audit priorities for the year.

The reports of 65 local clinical audits were reviewed by Gloucestershire Health and Care NHS Foundation Trust in 2021/22. Below are examples from across the Trust that demonstrate some of the actions taken to improve the quality of healthcare provided by our services:

- **Recording of Household Members Audit**

A 2015 report by the National Society for the Prevention of Cruelty to Children (NSPCC) highlighted the need for practitioners to make active enquiries about the child's father, the mother's relationships and adults in contact with the child and to record these details. The Trust has identified recording the household members of patients/service users/children that we care for as an area requiring improvement.

Previous audits of Public Health Nursing records have shown variation in the recording of household members and highlighted the need for clarity about what information staff were expected to record. A quality improvement project was subsequently commenced to provide a systematic approach to improving the quality of record keeping in this area. Whilst an improvement was required across all services, the complexity of implementing changes across so many disciplines and different IT systems required a methodical approach testing out change ideas in one service and clinical system at a time. Successful change ideas could then be replicated and tested in different areas. The decision was made to start with Health Visiting teams as they are usually the first professional from the Trust to have contact with a new baby.

Two cycles of audit were undertaken during 2021. Some changes were implemented between the audits, including the distribution of guidance notes to staff members working with children to clarify their responsibilities around recording of household members, including what, where and how to record this information on the electronic patient record system. Following implementation of the changes, the re-audit showed improvements in the recording of the details of the child's father and the child's sibling(s) although further improvements are required.

Results from the re-audit showed that the recording of the names of other adults living in the child's household had decreased from the initial audit, as had the recording of the adults who hold parental

responsibility for the child in the groups and relationships section of the electronic patient record system.

Further changes are being implemented to improve the recording of household members:

- The safeguarding team are exploring the barriers to recording other adults in the household with individual staff members.
- Good practice is being highlighted and shared with practitioners.
- Practitioners are being supported to rectify any omissions in recording, with reminders being sent to staff if records are found to be incomplete.

Following implementation of these changes, a re-audit will take place in 2022/23.

• **Care and Maintenance of Central Venous Access Devices Audit**

The use of central venous catheters has increased in both the community inpatient/outpatient setting and patient's homes. Blood stream infections associated with central venous catheters have serious consequences for any patient especially those who are immunocompromised or extremely unwell with pre-existing conditions. To reduce risks related to central venous catheters, it is essential staff work within Gloucestershire Health and Care NHS Foundation Trust policy, maintaining national standards and procedures

An audit which looked at every patient receiving intravenous antibiotic therapy with a central venous catheter or peripherally inserted catheter over a three-month period in 2021 was conducted. The aim of this audit was to identify and ensure that standards of care are adhered to and that patient care and safety is at the forefront of clinical procedures.

Overall the re-audit showed an increase in compliance as a result of actions implemented following the previous audit. The audit findings demonstrate that all patients were given a full explanation regarding their treatment and central venous access device and all patients gave fully informed consent to treatment. Evidence in the patients' clinical records shows that 98% of patients were given the central venous catheter patient information leaflet, this has increased from 88% in the previous audit. Other areas that have improved since the previous audit are: measurement of the length of the patient's line every seven days, dressings and needle free access devices changed every seven days.

Only two areas of concern were identified: x-ray / ECG confirmation of line placement was only documented for 10% of patients (decreased from 62% in the previous audit) and evidence of the length of the line from exit site to needle free access device having been measured initially was present for 78% of patients (increased from 35% in the previous audit). These areas of concern have highlighted reoccurring themes, the main one being lack of information received from discharging wards at the local Acute hospitals where the lines were inserted. Not having this information has impacted upon results, despite efforts of the Intravenous Therapy team to obtain this information. During the audit period it has not always been possible for a member of Intravenous Therapy team to visit the ward to check patient notes for this data due to the Covid-19 pandemic.

Since the last audit both the Intravenous Therapy team and the vascular team from the acute trust have been working together to devise a Central Venous Catheter (CVC) passport which will aid information sharing between the teams. The introduction of the CVC passport was delayed due to staff shortages as a result of the pandemic but work will continue on this to ensure that the passport is in place for patients before the next re-audit in 2022/23.

• **Audit of NICE Guidance 89 on Venous Thromboembolism: Reducing the Risk for Patients in Hospital**

In 2021/22 a re-audit was conducted to assess adherence to the NICE guidance (NG89) on venous thromboembolism (VTE) within inpatient/Mental Health. The objective was to evaluate if patients at risk of VTE were being recognised, managed and systematically re-evaluated in concordance with NICE guidelines.

The audit findings show that overall compliance has improved compared to previous cycles of this audit. There was an increase in patients assessed for VTE risk within 24 hours of admission (from 71% of patients in the 2019 audit to 85% of patients in this re-audit).

Although only a small number of patients were identified as at risk of developing VTE, all patients who were considered for and/or started on prophylaxis were assessed for risk of bleeding before being offered pharmacological VTE prophylaxis. The paperwork for all patients who were started on pharmacological VTE prophylaxis was completed in line with NICE guidance. Evidence of re-evaluation of VTE prophylaxis in the case of a change in the patient's condition had also increased.

A decrease however was noted in evidence of multidisciplinary team (MDT) discussion of patients who were found to be at risk of developing VTE. Clerking doctors have been reminded of the need for the completion of VTE risk assessment on admission for all patients and throughout admission as clinically indicated. Reminders have also been sent to senior medical staff on the importance of VTE prophylaxis in order for this to be systematically assessed during patient ward rounds and MDT meetings.

As a result of this re-audit, changes have been made to the VTE risk assessment documentation on the electronic patient record system. This will make VTE assessment simpler for clerking doctors. A re-audit is planned for 2022/23 following implementation of these changes.

Participation in clinical research

Research activity in Gloucestershire Health and Care NHS Foundation Trust in 2021/22

The number of patients receiving relevant health services provided or subcontracted by Gloucestershire Health and Care NHS Foundation Trust in 2020/21 that were recruited during that period to participate in National Institute for Health Research Portfolio research approved by a research ethics committee was **353**. No target was set for 2021/22 due to the impacts of the COVID-19 Pandemic.

This participation was across **29** different studies in Mental Health, Infectious Diseases, Dementia, Renal, Ageing and Health Services Research. This level of recruitment is lower than the previous year's total of **1004** participants (from 22 studies). The Covid-19 pandemic led to the closure of a number of non Covid-19 related studies, which had an impact on our ability to recruit. However, one study that explored the psychological impacts of Covid-19 was a high recruiter and contributed over 700 participants to last year's total.

In 2021/22, the Trust registered and approved **40** studies in the following clinical areas:

- **25** in mental health services
- **6** in dementia services
- **3** in infectious diseases (including 1 COVID-19 study)
- **2** in Stroke
- **2** 'Other' studies (workforce related)
- **1** in Medicines for Children
- **1** in Public Health.

Although there is still a focus on mental health studies, the variety in other studies reflects the continuing benefits of the merger which will hopefully accelerate as we become more attuned to working around COVID.

The breakdown of study type included:

- **19** non-commercial portfolio studies
- **9** non-commercial, non-portfolio studies, of which **5** were service evaluations.

- 4 commercially sponsored portfolio studies
- 1 commercially sponsored non-portfolio study
- 7 academic/student projects

The increase in newly opened studies over 2020/21 is as a response to learning to work around COVID and an increase in studies that can be delivered and managed remotely.

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

GHC Research

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

Despite the impacts of COVID-19, we have continued to grow our commercial portfolio and, at time of writing, we have **10** commercially-sponsored projects either open or in set-up. We hope to continue building on this in 2022/23 and truly develop the Fritchie Centre as a centre of research excellence.

The Research Champion initiative started in 20/21 has continued through to the end of 21/22 and into 22/23. Although we have a smaller number of Champions, due to funding and attrition, we are planning to develop the role with an activity matrix to support the Champions in their role by providing a more focussed approach to the role.

Our partnership with Cobalt Health continues to support collaboration in research with people who experience Alzheimer's disease and dementia. Cobalt continues to fund two Research Nurse posts based at the Fritchie Centre, to support the development and opening of clinical trials for dementia. This funding will end from April 2023 after which the nurses will need to be funded from our NIHR Research Delivery allocation and Commercial income.

Budgets for 2022/23 have been announced and all Partner Organisations in the Clinical Research Network (CRN) West of England will receive a 3% increase on the 2021/22 budget. The total budget for 2022/23 is **£245,250** compared to **£238,107** in 2021/22.

On top of this, the Trust Research Budget was also in receipt of £92k (non-recurring funding) to support the delivery of commercial research in 2021/22, £20k of Research Capability Funding to support the wider research endeavour as well as money for the purchase of a new ECG machine and continued funding for the Research Champion Initiative.

Research Strategy

Our Research Strategy 2016–2020 is being rewritten as a Research and Innovation Strategy to help develop the Fritchie Centre as a Research Centre of Excellence as well as ensure Research and Innovation are firmly recognised as core Trust business.

Table 1 - New Studies Approved in 2021/22				
Project Short title	Project Full title	Disease area	Project type	Project site date open to recruitment

Evaluation of a compassionate minds therapy group adapted for online delivery	Evaluation of a compassionate minds therapy group adapted for online delivery	Mental Health	Academic/student	13/04/2021
Panbio™ COVID-19 Antigen Self-Test study	Clinical Evaluation of the Panbio™ COVID-19 Antigen Self-Test Device as an Over-The-Counter (OTC) self-test	Infection	Commercial portfolio	21/04/2021
Far Away from Home: A Surveillance Study	Admissions far away from home or to adult wards - understanding the impact of current practices for accessing inpatient care for adolescents with mental health difficulties: a surveillance study	Mental Health	Non-commercial non-portfolio	23/04/2021
Understanding Experiences of Feeling Exceptional: questionnaire study	Understanding Experiences of Feeling Exceptional: A Clinical Questionnaire Study	Mental Health	Non-commercial portfolio	29/04/2021
Understanding the risk perceptions of healthcare workers regarding their potential role in covid-19 transmission	Understanding the risk perceptions of healthcare workers regarding their potential role in covid-19 transmission	Infectious Diseases	Academic/student	13/05/2021
Patient safety investigation techniques in mental health trusts	Exploring the implementation of patient safety investigation techniques in mental health trusts in England	Mental Health	Academic/student	10/06/2021
The impact of face masks on stroke survivors	Masking care: a qualitative investigation of the impact of face masks on a stroke rehabilitation unit from the perspective of staff and service users with communication difficulties	Stroke	Non-commercial non-portfolio	10/06/2021
First Dental Steps Intervention - Feasibility Study	First Dental Steps Intervention: a feasibility study of a Health Visitor led infant oral health improvement programme	Public Health	Non-commercial portfolio	15/07/2021
STRATA	A multicentre double-blind placebo-controlled randomised trial of Sertraline for Anxiety in adults with a diagnosis of Autism (STRATA)	Mental Health	Non-commercial portfolio	22/07/2021
WN42171 POSTGRADUATE Study	An open-label, multicenter, rollover study to evaluate the safety, tolerability, and efficacy of long-term gantenerumab administration in participants with alzheimer's disease	Dementias and Neurodegenerative Diseases	Commercial portfolio	30/07/2021
The south Asian Dementia diagnosis	The south Asian Dementia diagnosis Pathway (ADAPT) - an online toolkit of enhanced interventions	Dementias and Neurodegen	Non-commercial portfolio	06/08/2021

Pathway (ADAPT) online toolkit		enerative Diseases		
Advanced Nurse Practitioner (ANP) Inpatient Service Evaluation	Advanced Nurse Practitioner (ANP) Inpatient Service Evaluation	Mental Health	Non-commercial non-portfolio	17/08/2021
Exploring a new Measure of Emotion Regulation - EMER	An online survey to explore the psychometric properties of a new and theory-driven measure of emotion regulation (the Perth Emotion Regulation Competency Inventory) when used in a range of clinical and non-clinical populations.	Mental Health	Non-commercial portfolio	17/08/2021
Service User Views on Digital Health Promotion in Youth Mental Health	The role of Digital Technologies for Health Promotion in Youth Mental Health Settings: A Survey of Service User Perspectives	Mental Health	Non-commercial portfolio	19/08/2021
Online peer support for people with Young Onset Dementia	An analysis of the use of online peer support by people with Young Onset Dementia	Dementias and Neurodegenerative Diseases	Non-commercial portfolio	02/09/2021
Mindfulness-Based Cognitive Therapy for IAPT Treatment Non-Responders	A randomised controlled trial to investigate the clinical effectiveness and cost-effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) for depressed non-responders to Increasing Access to Psychological Therapies (IAPT) high intensity therapies	Mental Health	Non-commercial portfolio	03/09/2021
4725 EVOKE plus-Semaglutide in people with early Alzheimer's disease	A randomised double-blind placebo-controlled clinical trial investigating the effect and safety of oral semaglutide in subjects with early Alzheimer's disease (EVOKE plus)	Dementias and Neurodegenerative Diseases	Commercial portfolio	07/09/2021
4730 EVOKE - Semaglutide in people with early Alzheimer's disease	A randomised double-blind placebo-controlled clinical trial investigating the effect and safety of oral semaglutide in subjects with early Alzheimer's disease (EVOKE)	Dementias and Neurodegenerative Diseases	Commercial portfolio	07/09/2021
Development of the Carer Recovery Questionnaire (CRQ)	Development and validation of the Carer Recovery Questionnaire (CRQ).	Mental Health	Non-commercial portfolio	09/09/2021
BEAMS-ID	Behavioural Interventions to Treat Anxiety in Adults with Autism and Moderate to Severe Intellectual Disabilities (BEAMS-ID)	Mental Health	Non-commercial portfolio	09/09/2021
PAR - Participatory Action Research	Enabling Student Placement Expansion for Nurses and Allied Health	Other	Academic/student	28/09/2021

	Professionals: Participatory Action Research (PAR)			
The identification and treatment of PTSD in young people	The identification and psychological treatment of PTSD in care-experienced young people: a survey of UK-based mental health professionals	Mental Health	Non-commercial portfolio	28/09/2021
Safer Online Lives	Safer online lives: use of the internet & social media by people with Intellectual Disabilities	Mental Health	Non-commercial portfolio	30/09/2021
Anxiety and Depression Group Service Evaluation	A service evaluation of a group intervention for anxiety and depression for family caregivers of people living with dementia	Mental Health	Academic/student	21/10/2021
AutOnOME: Gender and Neurodivergent Photo Elicitation Study	AutOnOME: an exploration of neurodiverse gender minority youth's online lives	Mental Health	Academic/student	22/10/2021
YNOLZ	YNOLZ - Tissue Solutions Research Tissue Bank	Infection	Commercial non-portfolio	22/10/2021
Shoulder instability in children: muscle activity and movement	Shoulder instability in children: understanding muscle activity and movement pattern differences	Meds for Children	Non-commercial portfolio	22/10/2021
Specific phobias in children with learning disabilities (SPIRIT)	Specific phobias in children with learning disabilities (SPIRIT): An adaptation and feasibility study	Mental Health	Non-commercial portfolio	28/10/2021
Survey of strength assessment and training in pulmonary rehab v1.0	Strength assessment and strength training in pulmonary rehabilitation: an online survey of services in England	Other	Non-commercial non-portfolio	02/11/2021
Qualitative examination of service users' perspectives of what it is like to be on an acute psychiatric ward	Qualitative examination of service users' perspectives of what it is like to be on an acute psychiatric ward	Mental Health	Non-commercial non-portfolio	12/11/2021
PETALS.	Patient Experiences of Treatment for Anorexia nervosa: complexities and insights.	Mental Health	Non-commercial non-portfolio	17/11/2021
Parents Plus Evaluation	An evaluation of the Parents Plus ADHD children's programme for parents of children aged 6-12 with ADHD.	Mental Health	Non-commercial non-portfolio	23/11/2021
Self-Harm in Eating Disorders	Self-Harm in Eating Disorders: A Mixed-Methods Exploratory Study (SHINE Study)	Mental Health	Non-commercial portfolio	06/12/2021

ASC Diagnosis Service Evaluation	Referral to Diagnosis - Evaluating the Experience of Receiving an Autism Spectrum Condition (ASC) Diagnosis from the ASC Service in Gloucestershire Health and Care NHS Foundation Trust	Mental Health	Non-commercial non-portfolio	08/12/2021
FASTBALL MCI	Fast-Periodic-Visual-Stimulation – a new technique for assessing memory in Alzheimer’s disease	Dementias and Neurodegenerative Diseases	Non-commercial portfolio	17/12/2021
Investigating the impact of NHS staff suicides on colleagues	Identifying the impact of a colleague’s suicide on NHS staff, and their support needs, to inform postvention guidance	Mental Health	Non-commercial portfolio	17/12/2021
Disentangling Emotional Processing from Regulation in Bulimia Nervosa	The Neural Bases of Emotional Processing and Regulation in females with Bulimia Nervosa: Disentangling Emotional Processing from Regulation	Mental Health	Non-commercial portfolio	25/01/2022
RECREATE: a cluster randomised trial	A multicentre cluster randomised controlled trial evaluating the clinical and cost-effectiveness of an intervention to reduce sedentary behaviour in stroke survivors incorporating an internal pilot phase and embedded process evaluation	Stroke	Non-commercial portfolio	01/02/2022
Art Therapy evaluation	Evaluation of Museum-based Art Psychotherapy Group	Mental Health	Non-commercial non-portfolio	16/02/2022
Barriers and solutions from the perspectives of specialist clinicians and support workers	Access to specialist community mental health services for individuals with learning disabilities: Barriers and solutions from the perspectives of specialist clinicians and support workers	Mental Health	Academic/student	09/03/2022

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

A proportion of Gloucestershire Health and Care NHS Foundation Trust's income in 2021/22 was conditional on achieving quality improvement and innovation goals agreed between Gloucestershire Health and Care NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. However due to the impact of Covid-

19 the national CQUIN scheme was paused and payments made to providers as part of the block payment agreement.

2022/23 CQUIN Goals

Liaison Diversion

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

Gloucestershire Health and Care National CQUINs

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

Statements from the Care Quality Commission

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

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

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

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

The CQC has not taken enforcement action against Gloucestershire Health and Care NHS Foundation Trust during 2021/22.

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

During 21/22 the CQC undertook MHA visits to all wards at Charlton Lane, we have received the recommendations made by the CQC following the visit to Chestnut Ward whereby the main themes from the MHA visits centred around our methods of sharing information, involving patients and carers in decision making and improving our communication channels to ensure that the “voice of the patient” is heard. The CQC acknowledged that there was good practice in these areas however also informed that it was evidenced during staff discussions that this did not always transfer to the written record. The inspectors were pleased with how the wards facilitated and managed the restrictions caused by the pandemic, ensuring that carers continued to be involved, and patients were cared for safely.

GHC was also part of a county wide inspection where the inspectors visited the emergency departments at Cheltenham General Hospital and Gloucestershire Royal Hospital, as well as our Minor Injury and Illness Units last November and December. They also inspected both the emergency operation centre and the emergency ambulance service at South Western Ambulance Service NHS Foundation Trust, the independent NHS 111 service and out of hours service run by Practice Plus Group, and adult social care services in the area.

CQC deputy chief inspector for hospitals, Nigel Acheson, said:

“Following our inspection of services in the urgent and emergency care pathway in the Gloucestershire area, we saw leaders and staff across all services were working well together in challenging circumstances. Some health services had responded to the challenges by introducing a number of same day emergency care services to try and reduce the pressure on the emergency departments we inspected.

“We found the system to be complicated. As a result, staff and patients weren’t always able to understand which urgent and emergency care service was best suited to their needs. This meant people sometimes attended the emergency department when they could have been treated more appropriately elsewhere.

“The urgent and emergency care pathways in Gloucestershire should be streamlined to ensure that people and staff are better able to understand the services available and allow people easy access to the right care. This will help create additional capacity as well as reducing the amount of calls to the 999 and NHS111.

“Ensuring the timely transfer of patients waiting in ambulances into the urgent and emergency care department was a significant challenge. System leaders should consider how they might better maximise the local authority’s experience to help free up space on hospital wards to enable patients to be transferred out of the emergency department to create space.

“Due to staffing pressures there are empty beds in care homes across Gloucestershire which could be used to support older patients to leave hospital as soon as they are able to. In turn this would free up beds in the hospital wards easing pressure on the waiting times there. This can only be achieved if the pressures placed on the workforce right across the whole system are addressed and we recognise that co-ordinating this could be challenging”

Across the system inspectors found:

- The NHS111 service was performing well, compared to the national average. However, a higher than normal staff sickness rate combined with an increase in the volume of calls higher due to the COVID-19 pandemic caused longer delays in giving clinical advice than had been seen before. However, the provider of this service, Practice Plus Group had an action plan in place to manage the risks involved and inspectors are monitoring its progress in taking this forward.
- The local directory of services used by staff in urgent and emergency care to direct patients to the right treatment and support was found to have inaccuracies and out of date information. This meant there was a delay in assessing patients and some patients were sent to the wrong services.

For example, the local directory of services had not been updated to ensure children were signposted to an emergency department with a paediatric service

- The community urgent care services in Gloucestershire were generally well run, there were still opportunities to improve patient flow through services to reduce delays, and ensure people are treated in the correct environment.
- During the inspection of South Western Ambulance Service NHS Foundation Trust CQC found some patients experienced a long delay in response to 999 calls. There were also delays in the handover from the ambulance crew to local hospitals due to a lack of available beds on wards meaning patients were waiting too long in emergency departments.
- Patients were also remaining in hospital for longer than necessary, due to delays in their discharge home or to other services. The reasons for these delays were complex and involved many different providers of health and social care.

There are separate reports for each Trust/service.

Overall, the inspection of our GHC Trust urgent care services was very favourable. Our report highlights areas of good practice not only in our Trust but with and alongside our partners in the county.

We are pleased that the inspection team recognised the skills and professionalism of our colleagues who work in our Minor Injury and Illness Units. The inspectors noted that staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them to get better. They also noted good management practices, safe provision of services, and that people could access the service when they needed it and did not have to wait too long for treatment.

Where inspectors identified areas for improvement, we have already or will be implementing the improvements in the very near future.

The inspection team rated our MIU service as 'Good' for all five domains. This is our first official rating for a physical healthcare service as GHC. Former GCS ratings do not form part of our GHC ratings and will only be added to our overall inspection ratings as and when they are inspected as GHC. This is the first time a former GCS service has been inspected since we merged.

Our overall Trust CQC rating also remains 'Good'.

Quality of Data

Strong intelligence informs high quality decision making. Data and information strengthen the effective provision of health and care and is essential to enabling service improvements and creating reliable insight. However, using data to augment direct care requires that data is high quality, timely, comprehensive, and accurately captured.

Gloucestershire Health and Care NHS Foundation Trust submitted data during 2022/23 as reported below (based on national position as of December 2022, month 9);

- The patient's valid NHS number was: **99.5%** for Emergency Care (ECDS); **100%** for Community Services (CSDS) and **100%** for Mental Health Services (MHSDS) and **100%** for Improving Access to Psychological Therapies (IAPT);
- The patient's valid General Practitioner Registration Code was: **99.2%** for Emergency Care (ECDS); **100%** for Community Services (CSDS), **100%** for Mental Health Services (MHSDS) and **100%** Improving Access to Psychological Therapies (IAPT).

Gloucestershire Health and Care NHS Foundation Trust has had a progressive year in building upon its clinical data quality arrangements to achieve the following:

- A newly integrated, single data warehouse platform which brings multiple data sources together from various clinical and corporate systems into one place. This now incorporates data from clinical systems, workforce systems, finance systems and the Trust's safety/incident reporting system. Utilising a single Trust hierarchy, this approach offers the organisation a master data table that offers significant intelligence potential for the years ahead. This opportunity will be further strengthened as more data sources such as e-rostering and training come into the warehouse in 2022/23.
- The rollout of a single visual analytics platform called Tableau now provides an automated suite of reporting tools across all community health services, realising data management parity with mental health and learning disability services. These support daily performance monitoring and early warning notifications so operational managers can observe and can be alerted to data quality anomalies;
- Automated Patient Tracking Lists have been built for all patients across physical health services to monitor waiting lists. These detail waiting times between contacts from referral to assessment and treatment across all major clinical systems and are currently being validated as part of a Trust-wide initiative to reconfigure the key clinical system SystemOne;
- Data quality is owned by operational services and system leads and supported through an improving network of corporate services business partners (e.g. Business Intelligence, Workforce, Finance and Quality);
- Service-level performance scrutiny and underlying data quality access will continue through item specific Performance Exception Action Plans (PEAP) and more broader Development Improvement Plans (DIPs), which review all aspects of service performance and data quality, focusing on demand, capacity, learning, outcomes, risks and issues.

Information Governance

Gloucestershire Health and Care NHS Foundation Trust's (GHC) 2020 to 2021 Data Security and Protection Toolkit (DSPT) submission was an overall score of Exceeding Standards, and was graded as green. It is worth noting that following the changes to the submission dates in 19/20, due to COVID 19, NHSX has kept to changed submission dates, the period of 12 months now covering Jul 20 to Jun 21. GHC is fully expecting to submit a similarly compliant return in June 2022 for the 21/22 year

Clinical Coding

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

Learning from Deaths

During 2021-2022, 657 Gloucestershire Health and Care NHS Foundation Trust (GHC) patients died.

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

172 in the first quarter;
181 in the second quarter;
172 in the third quarter;
132 in the fourth quarter.

By 6 April 2022, 55 case record reviews and 13 investigations had been carried out in relation to the 657 deaths included above.

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

31 in the first quarter;

14 in the second quarter;

21 in the third quarter;

15 in the fourth quarter.

2, representing 0.30% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

1 representing 0.58% in the first quarter;

0 representing 0% in the second quarter;

1 representing 0.58% in the third quarter;

0 representing 0% in the fourth quarter;

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

- Mental health patients; the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed;
- Learning disability (LD) patients; a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disability Mortality (death) Review (LeDeR) programme;
- Physical health patients; a range of questions based on SJR tools is being used to assess the standard of care provided to patients that die during an inpatient stay at a community hospital.
- The numbers above do not include open investigations and reviews.

Case record reviews are discussed at Mortality Review Group (MRG) meetings chaired by a Clinical Director and Quality Lead (Mortality, Engagement and Development), and the community hospital MRG meetings also extend an invitation to the County's Medical Examiner Service.

For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation was carried out, including Root Cause Analysis.

Learning

The Trust has identified the following learning points in relation to deaths reported in 2021/22:

Mental Health & Learning Disability Services

- An investigation into a mental health inpatient death identified that there was a misunderstanding of the patient's reasons for admission, the active risks being managed, and care plans developed to address the patient's care needs.
- There must be increased clarity and a robustness to communication and joint working with out of area inpatient facilities in order to support a seamless transition of care when an individual is being discharged is required.
- Patient information leaflets must be developed to inform service users of changes to service models, as, and when, these occur.
- More must be done to improve the routes in which GPs can access advice and guidance regarding specific patients.

- Inpatient units must review the risks and subsequent management of patient's property and personal belongings following admission.
- There is a need for improved understanding of the MARAC (Multi Agency Risk Assessment Conference) processes.
- The Bed Management Service needs to review its operational policy and practices to ensure improved referral and monitoring of patients who are waiting for a hospital admission.
- The Complex Emotional Needs Service will improve and develop the visibility of their profile on public facing information systems and internally to Trust clinical teams.
- The referral process between the First Point of Contact Centre (FPCC) and the GRiP Team (Early Intervention Service) requires improving to identify how routine and urgent referrals are effectively managed.
- Community Learning Disability Teams will improve the guidance given to service users/and/or their carers when equipment is being provided, placing particular focus on the safety risks associated.
- Patients that disclose physical health concerns should be encouraged to seek advice from their GP, if they lack capacity then best interest provisions should be used.
- When a patient is not at home for planned appointments or uncontactable, local police can be approached to undertake a welfare check.
- The Trust must agree its approach to the physical health monitoring of community patients by its community mental health or learning disability teams.
- When making a complex discharge where there are known complications and where there is follow-up in the community, communication with the agencies providing care in the community must be robust.
- Ensure that the role of the care coordinator is carefully explained and understood by all involved family members and use the Triangle of Care to promote best practice in engaging families or carers.
- Clinicians must be familiar with the requirements of the Trust's Clozapine Policy and routinely enquire about side effects and document these.
- Review of local demographic data for community mental health patients (age vs. deprivation) does show a correlation between reduced deprivation and living longer.

Community Hospitals

- Ensure that anticipatory medication is prescribed at the earliest time that end of life care is indicated.
- Ensure that ReSPECT forms are reviewed and updated on admission to community hospitals.
- With vascular causes of bowel problems, unless perforation occurs, patients do not necessarily become peritonitic, although there will be bowel symptoms present, such as

vomiting and diarrhea. Patients presenting in this way often have decreased urine output before the onset of an acute abdomen, which can be misinterpreted as urine retention.

- Ensure familiarity with Infection Prevention and Control policies and procedures and the management of patients with Clostridium Difficile.
- Where there is a potentially reversible and treatable cause, and there are specialists involved in the patient's care, it is appropriate for decisions regarding End-of-Life care to be specialist led.
- Be aware that deterioration in the context of necrotic wounds can be rapid.
- Allocate resuscitation responsibilities at the beginning of each shift and undertake a debrief following challenging and traumatic events.
- Learning from a case led to the development of a new Verification of Death Policy (replacing the ROLE & Care of the Dying Policies).
- Clinicians must be clear regarding the criteria for referral to the Coroner's Office.
- Wards should undertake CPR scenario testing whilst wearing flu hoods and PPE. When wearing flu hoods staff will need to speak clearly and loudly to each other.
- There is nothing in law that prevents a healthcare professional from being witness to a will, however, staff should be aware that they could potentially be drawn into an associated litigation case.
- For any advice regarding patient wills, and funeral arrangements for those patients without an identified NOK the GHC Legal Team can be contacted.
- The time that 'night' begins can mean different times to different people, so a personalised approach needs to be adopted. Where families identify that they do not wish to receive news of their loved ones death at night, please ask them for the specific times that they mean and ensure that this information is documented and understood by the ward team.

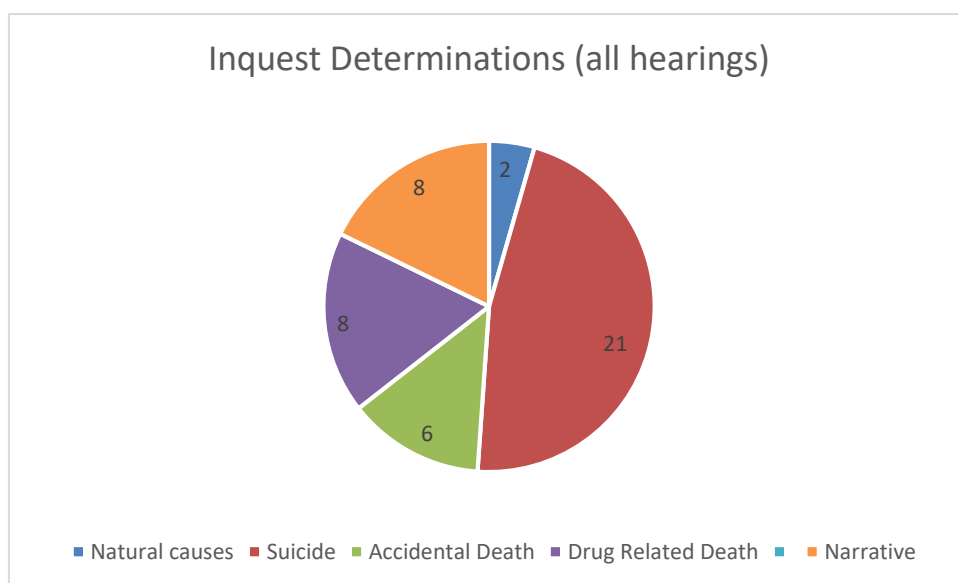
Covid-19

- It was valuable to have a robust Advance Care Planning (ACP) and/or ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) discussion with all patients at the point of admission (these are discussions with the patient about their preferences for care and treatment).
- Best contemporary practice was to undertake a medical assessment at the point of COVID-19 diagnosis, reviewing the patient in the round, identifying COVID-19 specific symptoms and re-reviewing to include a repeat assessment of ACP/ReSPECT if the patient were to become unwell with acute COVID-19. It was not always clear from patient notes if this was done in a timely manner.
- The use of oxygen and steroids in a community hospital setting was consistent with agreed local guidance and best practice at the time.
- Rationale for use of antibiotics for suspected bacterial superinfection was not always clear in the notes and perhaps reflects the fact that this was a new, relatively unknown, disease.

- Palliative care provided by the wards was to a high standard and there was excellent access to specialist palliative care services for advice and support.

Coronial Activity

During the reporting period, 46 inquests were heard (not all these deaths occurred during the reporting period) which touched on the deaths of Trust patients. The outcomes of these inquests are shown in the graph below. Based on the outcomes of inquests *suicide prevention* remains a key priority for the Trust.



No Prevention of Future Deaths Reports were issued to the Trust during 2021/22. This is a good indicator that the Trust implements appropriate recommendations following investigations and is able to assure HM Coroners, through evidence, that care is of a good standard and identified learning is robustly carried out.

Medical Examiner

Medical Examiner (ME) input into community hospital deaths commenced on 17 May 2021 and was also introduced at Charlton Lane Hospital from 1 December 2021. The ME service provides greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths and ensures the appropriate direction of deaths to the coroner.

Feedback from the ME service following its introduction was as follows:

“Overall, the interaction from ward doctors across the entire community hospital sites has been very good. We have not knowingly caused any delays to process and feel that the first few months have gone very well indeed. The ME service team continues to learn and grow in confidence in scrutinising deaths in the community as a result of GHC’s commitment to collaborative working ahead of the statutory footing next spring. Thank you!”

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

‘Care was brilliant, especially last night!’

'Care was amazing. Staff were very attentive, and she was grateful for everything staff did as well'

'The care was excellent and very good communication with staff. Happy with wording on MCCD and no concerns'

'The care was excellent, extraordinary, brilliant, outstanding in fact!! A lovely nurse held Dad's hand until the end as we had not arrived in time...'

'Amazed about the care. Felt very supported too. Everyone was so kind and caring'

One concern regarding End-of-Life care was flagged to the ME service by a family and this was progressed as a complaint via the Patient & Carer Experience Team.

Actions Taken

For all deaths which are investigated as either serious incident or clinician incidents, bespoke action plans are developed. These are progressed through monthly Action Planning Meetings facilitated by the Patient Safety Team and involving key operational staff and identified action owners. Key aspects of these are further explored through the Trust's Embedding Learning process, jointly facilitated by the Patient Safety Team and the Freedom to Speak Up Guardian.

Where there is novel learning following Structured Judgement Reviews at the Mortality Review Groups, *learning on a Page* documents are produced to reflect the learning from individual cases in a succinct and accessible format. These are disseminated throughout the organisation via the operational governance structures and are also presented in the quarterly Learning from Deaths reports.

Findings relating to the local demographic data for community mental health patients (age vs. deprivation) showing the correlation between reduced deprivation and living longer have been fed into the current workstream which is addressing community mental health team transformation.

Impact of Actions Taken

Due to the impact of the Covid-19 pandemic on both operational and corporate services during the reporting period, no formal assessment of the impact of actions taken relating to learning from deaths has been undertaken. This will be considered by the wider Quality Management Team throughout 2022-23 and used to inform the future year's clinical audit programme, in which the impact of specific actions can be measured.

Previous Reporting Period

By 4 April 2022, 32 case record reviews (18 via Mortality Review Groups and 14 via our investigation into hospital acquired Covid-19 infections) and 7 investigations completed after 31st March 2021 related to deaths which took place before the start of the reporting period.

0, representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using Structured Judgement Review (SJR). For deaths of:

- Mental health patients; the Royal College of Psychiatrists (RCPsych) Mortality Review Tool 2019 is employed;

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

For any deaths meeting Serious Incident or Clinical Incident criteria, a full Comprehensive Investigation was carried out, including Root Cause Analysis.

0, representing 0% of the patient deaths during the period 1 April 2020 – 31 March 2021 are judged to be more likely than not to have been due to problems in the care provided to the patient.

Part 2.3: Mandated core indicators 2020-21

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

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

	Quarter 1 2021-22	Quarter 2 2021-22	Quarter 3 2021-22	Quarter 4 2021-22
Gloucestershire Health and Care NHS Foundation Trust 0-15	0%	0%	0%	0%
Gloucestershire Health & Care NHS Foundation Trust 16 +	6.4%	7.0%	4.3%	5.7%

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

- The Trust does not have child and adolescent inpatient beds;
- Service users with serious mental illness are readmitted to hospital to maximise their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can be recalled to hospital if there is deterioration in their presentation.

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

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

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

	NHS Staff Survey 2018	NHS Staff Survey 2019		
Gloucestershire Health and Care NHS Foundation Trust Mental Health Services previously provided by 2gether (2G)	74.5%	73.4%		
National Average Score	61.5%	62.3%		
Worst Trust Score	37.8%	38.3%		
Best Trust Score	81.1%	75.7%		
	NHS Staff Survey 2018	NHS Staff Survey 2019		
Gloucestershire Health and Care NHS Foundation Physical Health Services previously provided by Gloucestershire Care Services (GCS)	76%	82.1%		
National Average Score	74.8%	78.3%		
Worst Trust Score	36.6%	35.6%		
Best Trust Score	82.9%	85.5%		
			NHS Staff Survey 2020	NHS Staff Survey 2021
Gloucestershire Health and Care NHS Foundation Trust			79.5%	78.6%
National Average Score			70.4%	64.9%
Worst Trust Score			47.2%	45.0%
Best Trust Score			84.2%	82.4%

- The GHC Trust score is marginally less than the previous year however we remain in the top quartile and well above the national average score which has significantly dropped. Also nationally, declines have been seen in all trust types, albeit that Ambulance Trusts saw the biggest decline, down from 75.0% in 2020 to 62.9%.GHC are keen to increase this rate in 2022.

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

	NHS Community Mental Health Survey 2018	NHS Community Mental Health Survey 2019	NHS Community Mental Health Survey 2020	NHS Community Mental Health Survey 2021
Gloucestershire Health and Care	7.7	7.7	7.7	7.7
Lowest score in England	5.9	6.0	6.4	6.3
Highest score in England	7.7	7.7	8.0	7.9

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

- Our results were 'better' than most Trusts for 12 of the 28 questions (43%) and 'about the same' as other Trusts for the remaining 16 questions (57%). These results represent a marginal decrease when compared with our results from last year's survey (Better = 45%, about the same = 55%), although a significant improvement from the 2019 survey (Better = 38%, about the same = 62%).

The Trust is categorised as performing 'better' than most of the other mental health trusts in 5 of the 12 domains (42%) (2020 survey: 8 out of 11, 73%) was placed within the top 20% performing Trusts in 9 of the 12 domains. Gloucestershire Health and Care NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Asking people for their views on the quality of their care.
- Have the possible side effects of your medicines ever been discussed with you?
- Were you involved as much as you wanted to be in agreeing what care you will receive?
- Does this agreement on what care you will receive take into account your needs in other areas of your life?

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

	1 April 2020 - 31 March 2021 ¹			
	Number	Rate*	Severe	Death
Gloucestershire Health and Care NHS Foundation Trust	12,386	235.8	50	19
National	424,986		1,590	2,864
Lowest Trust ²	2,008	21.4	0	0
Highest Trust	20,749	235.8	333	328

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

¹ Organisation patient safety incident reports - reporting dataset - incidents reported to the National Reporting and Learning System (NRLS) between 1 April 2020 and 31 March 2021 within the mental health cluster.

² Excludes NHS Trusts reporting in fewer than 8 of 12 months.

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

- On 1 October 2019, 2GETHER NHS Foundation Trust (RTQ; mental health cluster) merged with Gloucestershire Care Services NHS Trust (R1J; community cluster). The newly merged organisation was named Gloucestershire Health and Care NHS Foundation Trust (RTQ).
- Post-merger, GHC was allocated to the mental health cluster in the **National Reporting and Learning System (NRLS)** because the organisational code of 2gether was carried over to the new organisation. Trusts are allocated to either mental health cluster **or** physical health cluster which does not support the ease of benchmarking for an organisation like GHC which provides both mental health and community physical health services. This approach may explain the reason for GHC having the highest rate of incidents per 1000 bed days of any Trust in our health cluster.
- NHSE/I have currently placed Gloucestershire Health and Care NHS Foundation Trust in the mental health cluster within organisation patient safety incident reports, based on NRLS data. This designation may be revisited by NHSE/I in future publications.
- NRLS data is published yearly in September, to cover the most recent complete financial year.
- As of April 2022, April 2020 – March 2021 is the most recent period for which NRLS data has been published.
- In previous years, NRLS data was published by NHSE/I every 6 months in arrears, so more recent published data could be provided in the Quality Report. This is no longer possible due to the change in NRLS report publication frequency.
- Data for severe harm and death will therefore not correspond with the serious incident information shown in the Quality Account.

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

- Working with the Business Intelligence team to develop reports, accessible via Tableau to aid monitoring of incidents on wards and in community services to assist staff in identifying themes and trends and promote learning from incidents.
- Describing the 'as is' process associated with the management of incidents from the point of submission through to the conclusion of the incidents when further actions are required. This has led to the development of a set of actions with the aim of working with colleagues across the Trust to improve processes to optimise the learning from incidents.

Part 3: Looking back: a review of quality during 2021/22

Introduction

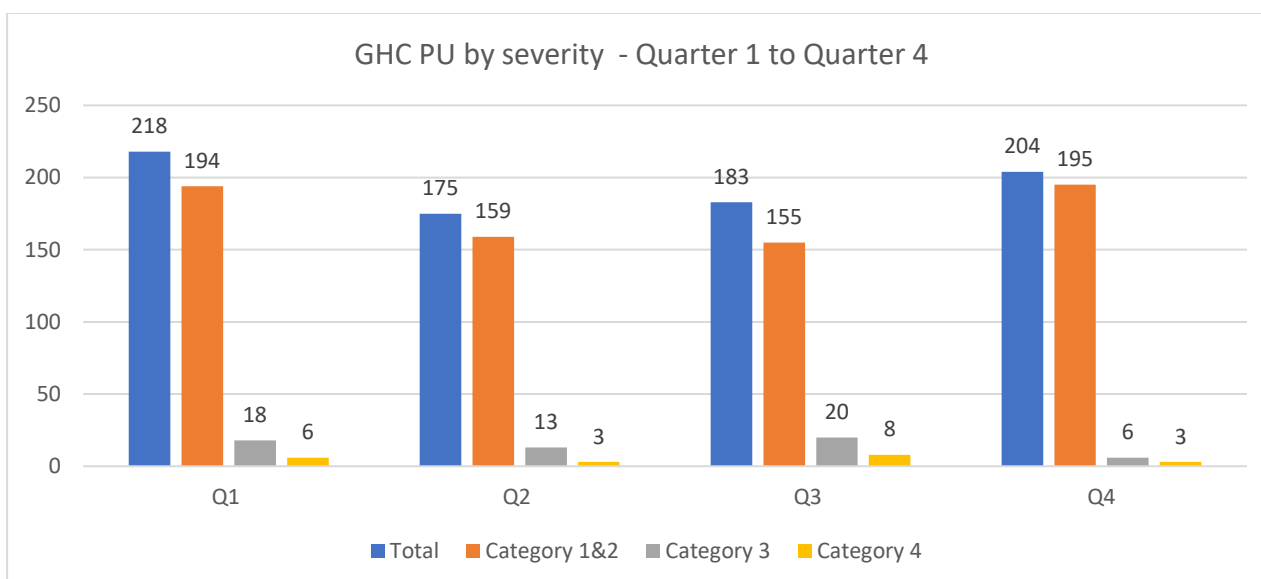
Despite there being no national or local commissioning requirements being set within the Trust quality schedule for this year (due to national Covid-19 disruption impacts) it was agreed with the Trust Board to set the following 9 GHC Quality Priorities. This is to facilitate an ongoing focus on quality for the organisation in order to improve care for the people we seek to serve in Gloucestershire, these priorities will carry forward to 22/23 and group under the three areas of Effectiveness, user Experience and Safety.

Priority	Description	Status
1	Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System.	H1- Achieved H2- Achieved
2	Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System	H1 - Achieved H2- Not achieved
3	End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advanced care planning and the ReSPECTV3 form, and increasing symptom management training for staff to support non - cancer patients.	H1- Achieved H2- Achieved
4	Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services improvement in completion times will be achieved quarter on quarter .	H1- Achieved H2- Achieved
5	Friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan .	H1- NA H2- Achieved
6	Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.	H1- NA H2- Not Achieved

7	Learning disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme .The trust aims to train 90% of our workforce .	H1- NA H2- Achieved
8	Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study .	H1- NA H2- Not Achieved
9	Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period	H1 - Achieved H2- Not achieved

SAFE	QUALITY PRIORITIES 2021-2022
Standard	1 - Pressure Ulcers (PU's) - with a focus on reducing incidence and severity through improvement in the recognition, reporting, and clinical management of PU's , developing a PU collaborative within the One Gloucestershire Integrated Care System
Performance	Target – the reduction quarter on quarter in the amount and severity of pressure ulcers within
Commentary	<ul style="list-style-type: none"> The context of the following commentary in relation reported pressure ulcer incidents should take into account the continued impact from the Covid -19 pandemic. There are three key factors that are driving an increase in number and severity of pressure ulcers; Circulatory changes following Covid infection, deconditioning of patients who live at home and have become more socially isolated and physical immobility during and following Covid infection. During Q1 there were 218 developed or worsened pressure ulcers, dropping to 175 similar in Q2, a slight increase in Q3 on Q2 was then recorded followed by an increase to 204 in Q4. Although the total final figure increased in Q4 from Q3 this figure was lower than the baseline Q1 figure therefore resulting in an overall 6% reduction. The number of category 1 & 2 pressure ulcers reduced from the Q1 baseline in Q2 and Q3 however returned to near Q1 levels in Q4. The numbers of Category 3 and 4 pressure ulcers declined over the year from Q1 (18) to Q4 (6) which is a reduction of 67% with a reduction in the numbers of category 4 pressure ulcers from Q1 (6) to Q4(3) thus showing a 50% reduction. The clinical pathways lead (CPL) continues to work with colleagues across the trust to highlight pressure ulcers as being “everybody's business” using signposting to educational resources, evidence from data and quality improvement methodology.

- The review of learning from 94 ICT PUQ responses over a 6-month period is complete. The findings give a more detailed insight into the reasons why some PUs develop and/or deteriorate despite good quality care delivered by ICT teams. Work is ongoing using QI methodology to establish a process for localities to work with the Patient Safety Team (PST) to understand monthly themes of learning and incorporate into established locality governance mechanisms.
- The active work with teams continues in terms of improving practice with monitoring and oversight of PU's developed in their own localities. Localities and inpatient units have met significant rising demand in pressure area care referrals from primary care, care homes and acute hospital transfers.
- Development of metrics for 22/23 are underway as is the continuation of the scoped work in relation to the PU collaborative which was halted this year due to Covid – 19 related pressures.



Target achieved H1 - Yes
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

SAFE	QUALITY PRIORITIES 2021-2022
Standard	2 – Falls prevention – with a focus on reduction in medium to high harm falls based on 2020/21 data . Developing a falls collaborative within the One Gloucestershire Integrated Care System
Performance	Target – the % reduction quarter on quarter in the number of medium and high harm falls within inpatient units.
Commentary	<ul style="list-style-type: none"> • The number of falls recorded resulting in medium to high harm in the first half of 20-21 (H1) compared to the similar timeframe in 21-22 evidenced

	<p>that there was a reduction of 25% (12 falls reducing to 9) and therefore the reduction target for H1 was achieved.</p> <ul style="list-style-type: none"> In the second half of the year (H2) the trend changes to display a rise in the number of falls of 137% (8 falls increases to 19 falls) when looking at the year on year data. Within this analysis there is a spike in Q4 where 14 falls have been recorded, this has been further explored and there are no emerging trends relating to specific patients or locations. There is continuing work being undertaken in relation to establishing contributory factors. Teams will be working colligatively across the organisation linking with QI and the Countywide Falls group to review data and establish any root causes or identify system improvements. Overall this year there has been a small increase in the number of incidents from the previous year of 8 however, as the actual numbers we are viewing are low the percentage increase appears disproportionately high at (40%) The Trustwide Falls Group is well established and fully functional, there has been a collaborative input to various workstreams including development and improvement of the falls and bed rails policy and input to the development and evaluation of the clinical reasoning tool and this work continues into 22-23.
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Year	No	Year	No
Q1 20-21	6	Q1 21-22	5
Q2 20-21	6	Q2 21-22	4
Q3 20-21	4	Q3 21-22	5
Q4 20-21	4	Q4 21-22	14

<p>Target achieved H1 - Yes Target achieved H2 - No Overall - Not achieved</p>
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<p>Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.</p>

EFFECTIVE	QUALITY PRIORITIES 2021-2022
Standard	3- End of Life Care (EoLC) - with a focus on refreshing the collaborative One Gloucestershire approach to improving EoLC across the county . This will support the 6 ambitions for Palliative and End of Life Care including improving systems to identify those eligible using the Supportive and Palliative Care Indicators Tool (SPICT), improving the access to advanced care planning and the ReSPECTV3 form, and increasing symptom management training for staff to support non - cancer patients.
Performance	Target – Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLC in our hospitals and in the community. The planned objectives and targets for Q2 Q3 and Q4 were achieved and are detailed below.

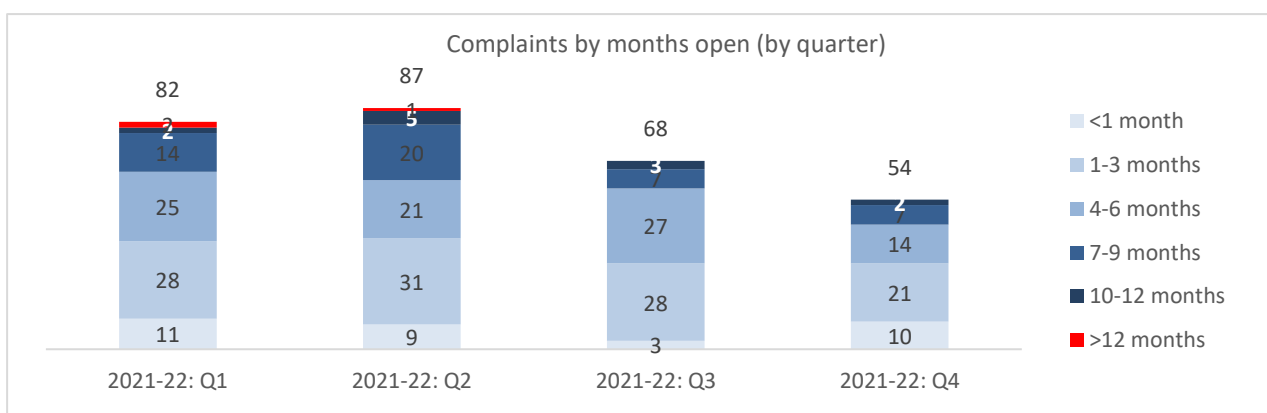
Commentary	GHC EoLc priorities align with the One Gloucestershire approach to improving EoLc across the county and support the Six Ambitions for Palliative and EoLc. Our aim is to enable all our staff to be compassionate, confident and competent in delivering EoLc in our hospitals and in the community.		
Quality Priority Plan	Q2	Q3	Q4
	Develop and agree metrics from baseline assessments	<p>Compassionate:</p> <ul style="list-style-type: none"> Develop early involvement in EoL concerns and complaints to recognise sensitivities and achieve early resolution. <p>Confident:</p> <ul style="list-style-type: none"> Develop Pre/post education and training confidence surveys <p>Competent:</p> <ul style="list-style-type: none"> Monitor number of people attending education and training Complete ReSPECT audit . Provide ReSPECT training 	<p>Compassionate:</p> <ul style="list-style-type: none"> Achieve a reduction in number of EoLc complaints Host celebration event of good practice/ compliments <p>Confident:</p> <ul style="list-style-type: none"> Develop and evaluate Pre/post education and training confidence surveys <p>Competent:</p> <ul style="list-style-type: none"> Monitor number of people attending education and training
Plan achievements - Reduction in number of EoLc complaints. Celebration event of good practice/ compliments	<p>Progress - The EoL lead is now involved in any complaints or concerns at an early stage to enable the families concerns to be addressed in a compassionate and timely manner and at a point where a real difference can be made to the care path for the patient. Data from 2020/21 compared to 2021/22 evidences a 60% reduction in the number of formal complaints that related to EoL. Unfortunately, it has not been possible to hold the celebration event however a Word Cloud is to be prepared and shared during "Dying Matters week" in Q1 of 2022/23.</p>		
Plan - Pre/post education and training confidence surveys	<p>Progress - The education programme (Masterclass in End of life Care) commenced on 2nd September. The classes were collaboratively developed following discussions with Community Hospital staff and District Nurse teams. Pre/post education confidence surveys were not developed however of those that attended 100% of attendees said the course outcomes were achieved and 69% stated that the course was either very beneficial, or beneficial to their present role plus very positive feedback was received from delegates.</p>		

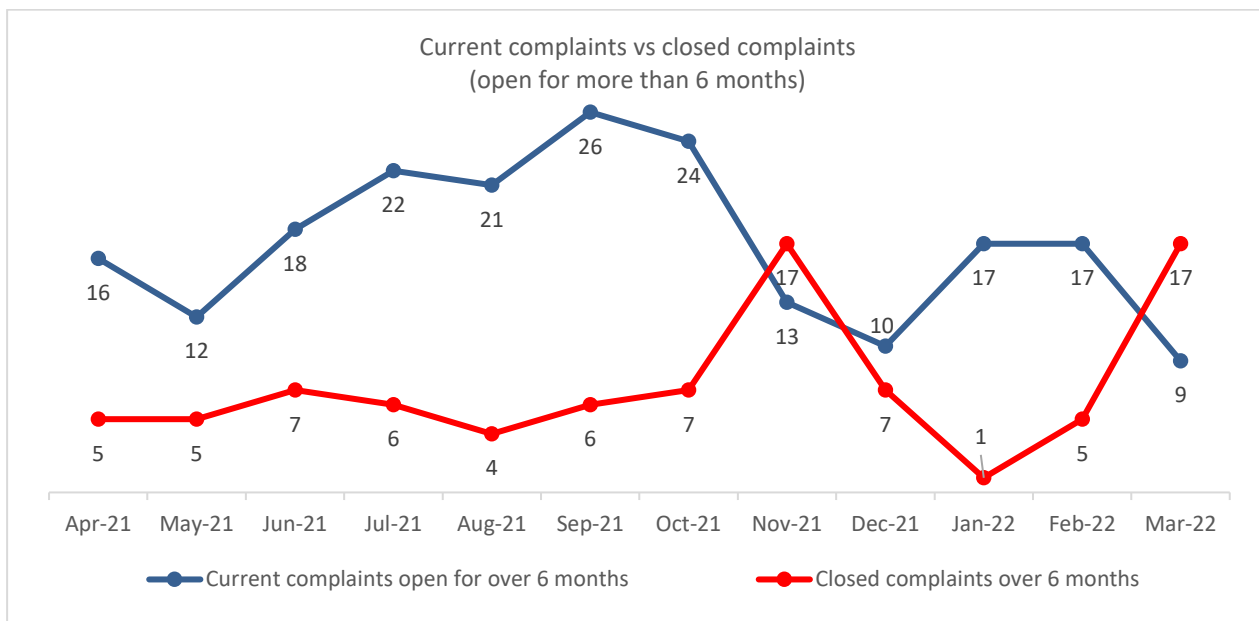
Plan - Number of people attending education and training	Progress – As at end of Q4 157 people had attended the End of Life Masterclass, the most popular class being 'Recognising when someone was dying' (37 attendees).
Plan - ReSPECT Training and Audit	Progress - Inpatients: 96% (220/228) of people had a ReSPECT form completed at the time of the audit with 89.7% of staff having received L2 training and 81% of eligible staff having received L3 training.

Target achieved H1 - Yes
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

PATIENT EXPERIENCE	QUALITY PRIORITIES 2021-2022
Standard	4 – Patient and Carer Experience - with a focus on incrementally reducing the time taken to provide a final response letter to people who have raised a formal complaint about Trust services improvement in completion times will be achieved quarter on quarter .
Performance	Target – Our aim is to achieve a % reduction in PCET response rates and resolution times. This target was achieved.
Commentary	<ul style="list-style-type: none"> At the beginning of the financial year (April 2021) there were 76 open complaints, 4 of which had been open for more than twelve months (5%), and 12 of which had been open for more than six months (16%). At the end of quarter four (March 2022) there were 54 open complaints, none of which have been open for more than twelve months (0%), and 9 of which have been open for more than six months (16%). Between 1st April and 31st March 2022 PCET received 120 complaints, and closed 138.





Target achieved H1 - Yes
 Target achieved H2 - Yes
 Overall - Achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

PATIENT EXPERIENCE	QUALITY PRIORITIES 2021-2022
Standard	5 - friends and Family Test (FFT) - with a question to ask people for their views on the quality of their care, as highlighted in our 2020 CQC Audit Community Mental Health Survey action plan .
Performance	Target – To establish a new question in the survey with a focus on “What really matters” to the patient .
Commentary Asking people for their views on the quality of their care	<p>Scoping exercise on Quality of Care</p> <ul style="list-style-type: none"> A scoping exercise will take place as part of the wider Community MH Transformation work to identify what is important and meaningful to service users and carers and What Matters to Me... <p>Friends and Family Test</p> <ul style="list-style-type: none"> Rollout of the new Friends and Family Test (FFT) to ensure regular feedback about care. Copies of the FFT to be made available across all services. Patients providing for feedback on discharge via SMS and email. Patient providing feedback via link on Attend Anywhere Launch of a carers FFT to seek feedback on the experience of carers who are in contact with our services – to be launched during Carers week in June 2021 FFT, Carers FFT, and Carers survey all available on Trust website Communications campaign to raise awareness of our feedback mechanisms <p>Leaflets and comment cards</p> <p>New complaints leaflets, posters and comment cards to be made available throughout all Trust service</p>

Action	Status
Scoping Exercise	<ul style="list-style-type: none"> This was identified as an aspirational piece of work within the 2020 CQC Community Mental Health Survey action plan, but not completed due to resource availability. Consideration will now be given as to how this may fit in with other relevant workstreams within the organisation with this now being taken forward through the current action plan following the 2021 CQC Community Mental Health Survey
FFT	<ul style="list-style-type: none"> We have achieved the implementation of the patient FFT and the carer FFT, but there is a new project now in place to look at the processes in order to streamline these and make them less labour intensive. This work is ongoing in collaboration with Snap Surveys, and the BI and IT teams. We are looking at implementing this over the next 6-9 months as there has not been resource available within the team to take this work forward, although plans are in place to address this. It is not possible to add additional questions to the current FFT, therefore a new question regarding quality of care can only be implemented when the process change takes place. Task and Finish Group commenced January 2022 with a view to project finalisation during Q1-Q2 2022/23. The current FFT question does encompass quality of care, although is broader: <u>The question currently asked is:</u> <i>Overall, how was your experience of our service</i> (this is the National FFT question) Answer options: very good -good – neither good nor poor – poor – very poor – don't know
Leaflets and Comment Cards	<ul style="list-style-type: none"> New complaints leaflets, posters and comment cards are now available and have been distributed across the Trust and are available at all locations.

Target achieved H1 - Yes
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

SAFE	QUALITY PRIORITIES 2021-2022
Standard	6 - Reducing suicides - with a focus on incorporating the NHS Zero Suicide Initiative, developing strategies to improve awareness, support, and timely access to services. We will work to the aspirations of the Zero suicide Alliance to support the aim for zero suicides within our mental health inpatient units by 2022.
Performance	Target – To establish an outcome of zero suicides within our mental health inpatients units by 2022

<p>Commentary</p>	<ul style="list-style-type: none"> •The Trust has a ligature reduction and management strategy that is focussed on this risk, presented to Quality Committee and Execs
<p>Plan 1 - The Positive & Safe Group will develop and deliver a work plan with a clear focus on suicide prevention, ligature reduction programmes, use of assistive technologies, and proactive and collaborative clinical risk management.</p>	<ul style="list-style-type: none"> • Positive & Safe Group has met monthly and has oversight of suicide prevention activity including routine review of themes and trends concerning self-harm and ligature incidents. • A new Clinical Protocol for Ligature and Near Hanging Incidents is in the final stages of development. • A Gap analysis re ligature reduction activity completed and used to inform Reduction of Ligature Risk Policy review. • Reduction of Ligature Risk Policy revised and approved July 2021. • Inpatient ligature audit 2021/22 is complete with action plans. Additional governance of progress is via quarterly Ligature Audit Action Planning Meetings chaired by Hospitals Directorate Service Director, with further oversight via quarterly Executive Led Ligature Reduction Management meetings. • Installation of new anti-ligature windows and door alarms at WLH as part of the Capital Programme began April 21 Regarding CLC, funding has been agreed to replace 48 ensuite bathroom doors, and door top and bottom alarms to 6 patient bedroom doors (2 on each ward). Work is scheduled for completion by the end of May 2022. • Digital Patient Safety Project Group established with a digital patient safety system case being developed . It is anticipated that the introduction of this technology will lead to a reduction in ligature incidents. • New Ward based suicide prevention champions have been identified at WLH. • Ligature cutters have been standardised across the Trust. <p>The Trust produces a monthly “ligature and self-harm” dashboard for operational services that reports and provides analysis of recent ligature issues for service leads in inpatient areas to help reduce risk</p>
<p>Plan 2 – To develop a comprehensive and robust training programme focussed on suicide reduction, suicidal thinking, assessment and</p>	<ul style="list-style-type: none"> • GHC now offers 2 online courses via Care to Learn: <ul style="list-style-type: none"> • ‘Suicidal Thoughts and Assessment’ – Having the Conversation.

<p>conversation. This will be provided for all grades of staff, across all fields, beginning with those working in inpatient settings.</p>	<ul style="list-style-type: none"> • 'We need to talk about suicide' – Health Education England. • In addition, the Positive & Safe Group identified 3 other freely available online course which are promoted in the 'It's safe to talk about suicide' leaflet' these are : <ul style="list-style-type: none"> • Zero suicide alliance www.zerosuicidealliance.com • 'Real talk' – Grassroots, • 'Suicide Prevention Awareness' – The learning pool • Statutory & Mandatory training for inpatient staff also includes assessing and managing clinical risks, searching of patients and observations and therapeutic engagement • An online training resource for undertaking inpatient ligature audits has been developed and will be launched in 2022/23
<p>Plan 3 – To fully integrate, where possible, experts by experience, carers and families in the action plan to improve overall outcomes and service delivery in keeping with trust values. To further promote existing good practice such as the Letter of Hope, Little Red Book and the Stay Alive app and also to develop and implement the Its safe to talk about suicide leaflet</p>	<ul style="list-style-type: none"> • The "Letter of Hope" relaunched and was circulated via the Gloucestershire Suicide Prevention Partnership Forum with a further 1000 copies printed. • An 'It's safe to talk about suicide' leaflet was developed based on the work at Exeter University Medical School with the Alliance of Suicide Prevention Charities originally produced in Devon. The GHC version was launched on World Suicide Prevention Day 2021 with 5000 copies being printed. During Q4, 3450 copies were distributed to Trust mental health services (inpatient and community) and 1200 have been provided to stakeholders including, GPs, voluntary sector services and colleges and schools. There are plans to develop a version of this leaflet for use within CYPS during 2022/23.
<p>Plan 4 – To develop specialist practitioner roles. The focus of the Advanced Nurse Practitioners will be working with complex patients at risk of harm, supporting ward teams and medical staff in assessing, managing and reducing risk inclusive of serious self-harm.</p>	<ul style="list-style-type: none"> • The appointment of 3 x Advanced Nurse Practitioners (ANPs) to work with complex patients at risk of harm in MH & LD inpatient units was completed who are currently undertaking training and development.
<p>Plan 5 – For the Inpatient teams to continues to assist in the provision of good follow-up and transition across teams to reduce risks and ensure safe discharges</p>	<ul style="list-style-type: none"> • 48hr follow up post discharge remains a KPI for the Trust and is monitored monthly via the Performance Dashboard. • There is further good practice amongst Crisis, Recovery & Early Intervention Teams with monthly completion of the community Suicide Prevention Toolkit, implementation of which is monitored via the Positive & Safe Group.

Plan 6 – To fully engage with the Gloucestershire Suicide Prevention Partnership Forum, neighbouring trusts and those further in the South to work together to share thoughts, ideas and experiences	<ul style="list-style-type: none"> GHC remains an active member of the Forum and inputs actively into the multiagency twice monthly 'real time' suicide surveillance group within the county. The Trust's Quality Lead attended the Regional Suicide Prevention Virtual Summit during Q3 to participate in sharing of ideas and experiences. During Q3, the Trust played an active role in the GSPPF tendering process for developing a Suicide Bereavement Support Service for the County. This service went live in March 2022. During Q4 colleagues from the GSPPF presented the findings from the countywide suicide audit to the Trust's Quality Assurance Group; learning from this audit is being progressed via the Trust's Operational Governance Group. <p>The Trust is participating in the National Patient Safety Improvement Programme for Mental Health and will embrace the change package for inpatient suicide prevention when this is launched in 2022/23.</p>
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GHC have worked diligently to support the initiatives and have achieved against the 6-point plan however regrettably there were 3 reported suspected inpatient suicides during 2021/22 which has caused us to score this indicator as "not Achieved".

Target achieved H1 - NA Target achieved H2 - N Overall - N
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Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.
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PATIENT EXPERIENCE	QUALITY PRIORITIES 2021-2022
Standard	7 - Learning disabilities - a focus on the Hospital /personal Passport utilisation, and roll out of the Oliver McGowan Tier 1 and tier 2 training programme .The trust aims to train 90% of our workforce .
Performance	Target – To achieve a target of circa 50% of the workforce to be trained at L1 by Q3 and 90% of the workforce to be trained at L1 by the end of Q4. To provide an update and focus on the utilisation of patient passports .
Commentary	<ul style="list-style-type: none"> We are delighted to say that HEE have advised that they consider the terms of our contract to have been met, despite a slight shortfall in anticipated attendance numbers. This was in consideration of the sustained effort of the different organisations/teams involved in developing and delivering the training, responses to bespoke need and the senior steer throughout the Trust, and in light of the Trust's engagement and commitment alongside the number of cancellations and people not arriving for training due to unforeseeable pressures.

- The Compliance level for all staff is currently at 62.4% however this figure rises to 67.3% of the target audience if Staff Bank figures are removed. The training compliance figure for Level 1 was above target position for the end of Q3 but shows as below target for Q4 however, there are mitigating circumstances to be considered, specifically the pause in the availability of webinars which has negatively impacted upon the number of people currently not showing as complete, in so far as they have completed the e-learning, but were awaiting the new webinar dates when staff availability to attend was reduced by winter pressures.
- There have been enormous amounts of positive feedback received in relation to the training, some of the quotes which come from social media (e.g. Facebook and Twitter) are shown below .
- We actively promote and share the My Health Passports however due to the impact of Covid the planned scoping work with other organisations such as the Hospitals Steering Group and Inclusion Gloucestershire was halted with the intention being to resume this workstream in 22/23.

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

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

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

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

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

Target achieved H1 - NA
Target achieved H2 - Yes
Overall - Achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

EFFECTIVE	QUALITY PRIORITIES 2021-2022
Standard	8- Children's Services - transition to adult services with a focus on ensuring a safe and prompt transfer between services, developing pathways, standardising practice, and reducing delays in care . Fidelity to the care pathways will be evaluated through participation in the NCEPOD study .
Performance	Target – To engage and report in line with the NCEPOD Study.

Commentary	<ul style="list-style-type: none"> As a trust we have been asked to support a NCEPOD submission around CYP with specific conditions transitioning to adult services. Data collection tools and methodology were circulated however in GHC we are not in a position to complete as we are unable to identify the cohort of children as we don't hold diagnosis codes in electronic records and also don't see CYP in our community hospitals . We have contacted the transition team who are leading and coordinating this project and they agreed to send cases from other trusts who have identified us as a partner in the care delivery . We still await receipt of our identified cohort and subsequently the submission and associated workstream will be carried over to 22-23.
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The reason that this target was not achieved is outside of the control of GHC therefore the required analysis work will be undertaken as soon as data is received which is anticipated to be in Q1 of 22/23.

Target achieved H1 - NA
Target achieved H2 - NA
Overall - NA

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.
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EFFECTIVE	QUALITY PRIORITIES 2021-2022		
Standard	9-Embedding learning following patient safety Incidents - with a focus on sharing and learning from experience and investigations to develop and improve standards of care . This will be measured through the numbers of post investigation embedding learning workshops delivered and the number of lessons bulletins issued. alongside implementation of the Civility Saves Lives initiative, with assurance measured against the project implementation goals and evaluation over the reporting period .		
Performance:	Target – To deliver 5 embedded learning events by the end of Q3 and 8 embedded learning events by the end of Q4.		
Commentary: There were 6 embedded learning sessions completed by Q3, with a further 1 delivered in Q4 measured against the target of 8 in year. The later booked sessions in Q4 were cancelled due to clinical need caused by winter pressures.	Team	Date of Reflective Session	Comments
	The Vale Hospital	29/04/2021	Session completed
	ICT TWNS DN	19/07/2021	Session completed
	AOT West	05/10/2021	Session completed
	North Cots Hospital	19/10/2021	Session completed
	Greyfriars PICU	21/10/2021	Session completed
	Kingsholm Ward / Glos Recovery	27/11/2021	Session completed
	FoD OPCMHT	09/03/2022	Session completed

Narrative	Number
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SI Incidents on a page included in Patient Safety Team 9PST) monthly reports since April 2021	20
Clinical Incidents on a page included in PST monthly reports since April 2021	4

The targets for this initiative were not met at year end (Q4) in relation to the delivery of the planned embedded learning events although they were on target at the close of Q3. This slippage was caused by the cancellation of the later events in Q4 at the request of individual teams as a response to clinical need caused by winter pressures. These planned sessions have been rescheduled for Q1 of 22-23.

Civility Saves Lives

This is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance. Incivility and rudeness are surprisingly common and, on the rise, thus patient safety outcomes are affected and there is a negative impact on clinical performance. This project has been delayed however will be delivered as a coproduction approach with seven teams to design and implement a programme. The aim is to drive behavioural change and associated benefits for patient safety and to be a great place to work. The first engagement session is planned for 27 April 2022.

Target achieved H1 - Y
Target achieved H2 - N
Overall - Not achieved

Next steps: Continuation of the Quality Priority to 22-23 and associated reporting of year on year analysis.

Quality Dashboard Highlights

The Quality Dashboard is designed to inform Commissioners, Board, and Senior Management of progress made and hot spots for improvement in relation to a large and varied set of key indicators that are in use throughout the Trust including indicators relating to physical health and mental health data sets. The dashboard has grown and evolved throughout 2021/22 and we are pleased to report that throughout the pandemic, this important report has been maintained, the dashboard is a dynamic document that responds to data trends and highlights difficult issues along with celebrating success and has provided assurance that services are consistently maintaining their focus on quality.

There are negative fluctuations in some compliance levels with sickness showing an anticipated increase across the organisation by approx. 3% in year which correlates with increases in community sickness levels, and increasing wait times becoming evident due to increased demand and acuity of patients, however recovery is now being seen in Mandatory Training where the Trust internal target was reached or exceeded in each month of the last quarter and Appraisal figures which have seen a rise over the year. Work is underway to ensure that these key measures continue to show improvement and provide assurance that the high standards of care we strive to achieve are being met.

Tewkesbury Minor Injury and Illness Unit has been temporarily closed to allow the unit to be used to facilitate the delivery of Neutralising Monoclonal Antibodies, which is a new treatment given intravenously to people who have Covid-19 and are at risk of becoming seriously unwell.

The international recruitment project has been maintained throughout the year with 31 nurses now in the UK, 26 RGN inpatient nurses, 2 RGN community nurses and 3 RMN inpatient nurses. A further 14 offers of employment have been made, 8 of which are offers made to RMN's. Good progress continues to be achieved with developing new routes for RMN recruitment from overseas and the Trust is part of a new South West NHS Mental Health nursing recruitment collaborative. Follow up work is

undertaken post recruitment to ensure that the new members of staff are settled and are enjoying their roles with full pastoral support being offered. New recruits have shared their positive stories with the public, taking part in local radio interviews.

Covid Mass Vaccination Project

The Gloucestershire Health and Care NHS Foundation Trust (GHC) Outreach Vaccination Team, work in collaboration with system partners to support the delivery of the Covid Vaccination Programme within Gloucestershire in three core areas of delivery:

- The delivery of the 1st round of 12-15-year-old School Based Programme (76 schools visited, 9000 young people vaccinated)
- Held outreach vaccination clinics in areas of low vaccine uptake and hard to reach communities (over 1300 people vaccinated, 87 clinics held and more planned)
- Offering Covid vaccinations to GHC staff and patients including inpatients, housebound and other priority groups (people with learning difficulties, the homeless and those with severe mental health issues)

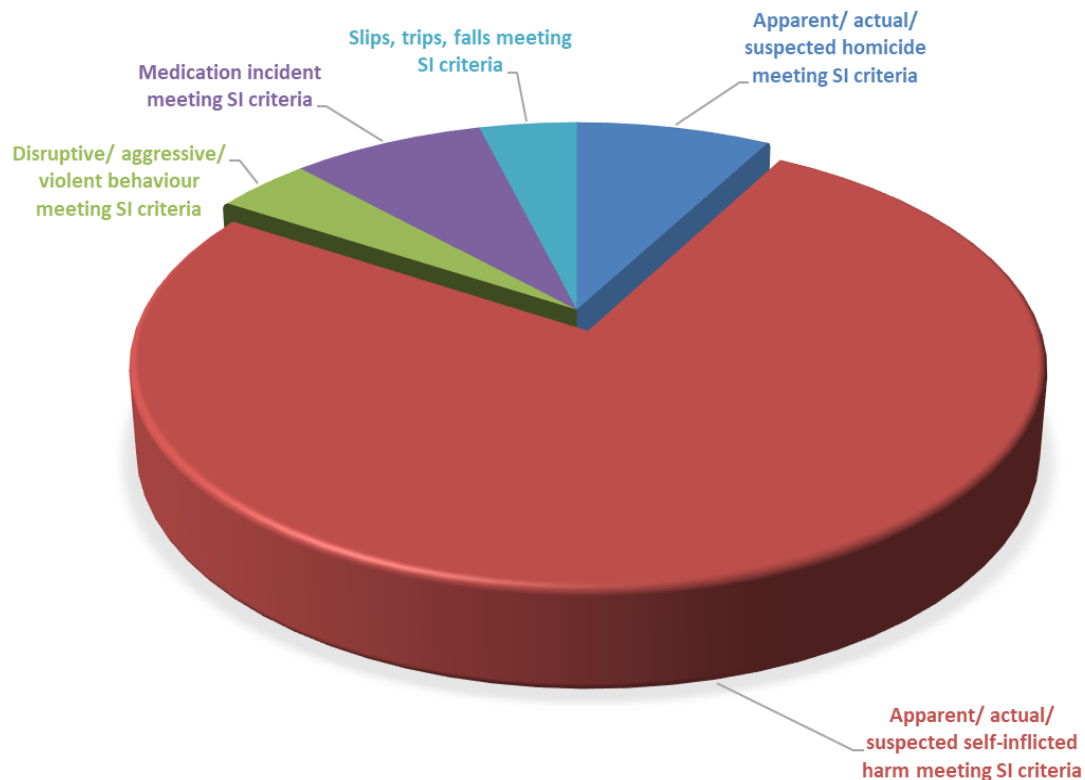
The Outreach Vaccination Team continue to actively champion vaccination uptake and outreach within Gloucestershire through ongoing engagement with community leaders/networks and partner organisations.

Serious Incidents reported during 2020/21

Mental Health Services

By the end of 2021/22, **26** Serious Incidents Requiring Investigation (SIRI) were reported by the Trust. The classification of these incidents reported are shown below.

MENTAL HEALTH SERIOUS INCIDENTS BY TYPE 2021/22



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

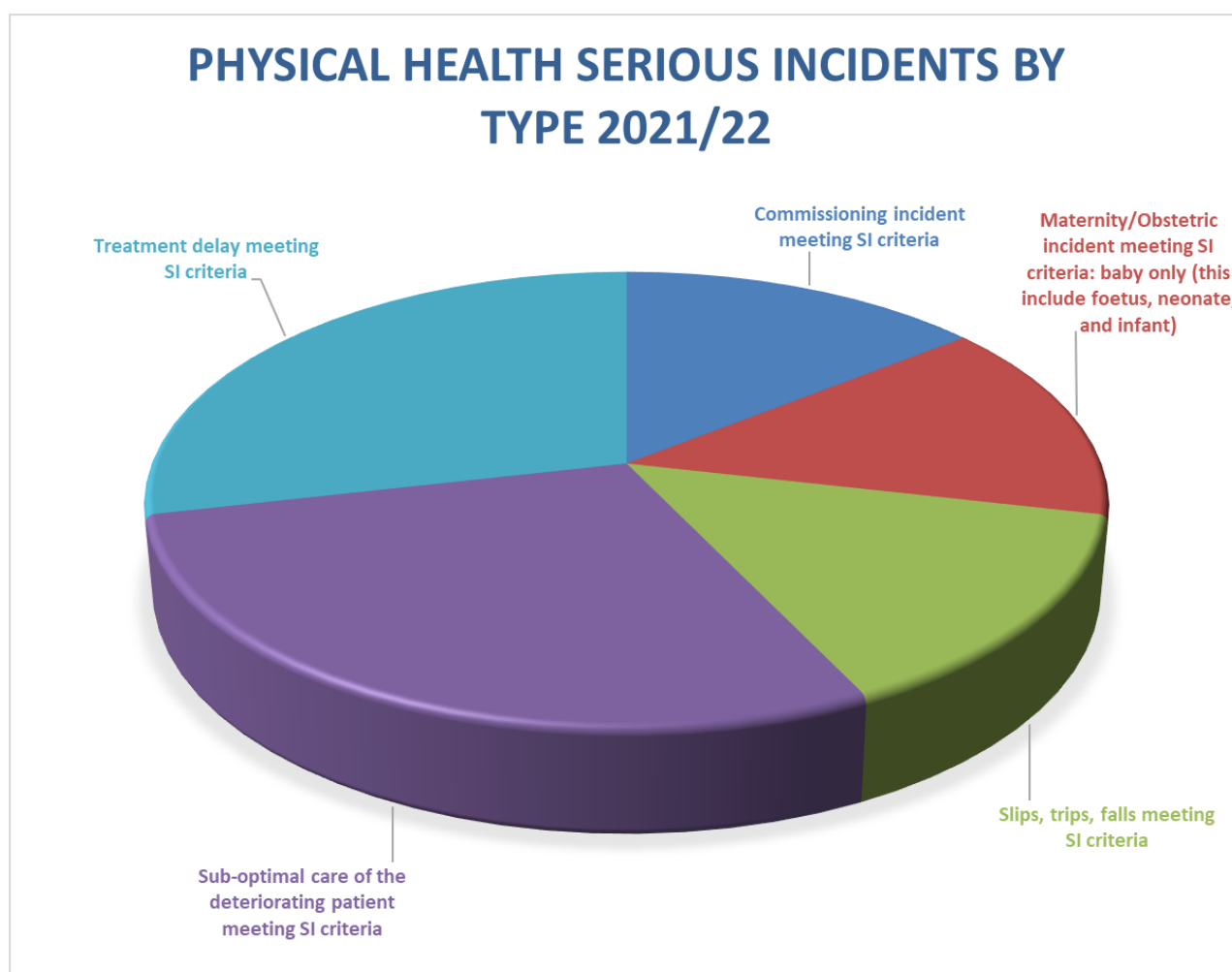
19 incidents related to self-inflicted harm and do refer to suspected and attempted suicide incidents. 10 such incidents resulted in the patient's death. 2 Mental Health Homicide incidents were declared during 2021/22.

During 2021/22 the core group of Family Liaison Officers (FLOs) was reduced to 4 (from 11 during 2020/21) clinical staff, due to staff leaving the Trust and also unavoidable redeployment to posts where it was no longer possible for them to sustain this additional responsibility. This has led to 4 families not being provided with the additional support of a Family Liaison Officer following a Mental Health related bereavement. However, the clinical team and serious incident investigators provided the offer of additional supportive contact with these families. In the past two months, 4 new clinicians have come forward to train as Family Liaison Officers. Funding to attend appropriate PABBS (Postvention Assisting those Bereaved by Suicide) training provided by Suicide Bereavement UK has been secured, and one FLO has recently taken on a new bereaved family. The next steps for the FLO service development are to continue to focus on recruiting more FLOs and to expand the service to include a broader range of incidents and their families.

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

Physical Health Services

For 2021/22, the Trust reported **7** Serious Incidents Requiring Investigation (SIRI). The classification of these incidents is seen below.



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

There have been 2 incidents relating to sub-optimal care in MiiU Departments which resulted in 2 patient deaths which met SIRI criteria. The Maternity/ Obstetric incident related to a deteriorating infant open to Health Visiting Service.

Duty of Candour

All Serious Incidents Requiring Investigation (SIRIs) are managed as notifiable safety incidents and are reported to the Care Quality Commission (CQC) via the National Reporting and Learning System (NRLS) and to the Gloucestershire Clinical Commissioning Group (GCCG).

When a SIRI has been declared, Regulation 20: Duty of Candour (CQC, 2015 & 2021) is implemented by the Trust. Duty of candour is the act of being open and honest with patients and their families when avoidable harm has happened in our care. It underpins a safety culture which exonerates blame and focuses on learning which leads to improved patient outcomes and patient experience.

Duty of Candour applies to incidents that are confirmed as “moderate,” “severe,” or that have resulted in the unexpected death of a person who is receiving care from our services. Duty of candour is

overseen by the Trust's Quality Assurance Team and any concerns in its application are escalated to the relevant Associate Director for further review.

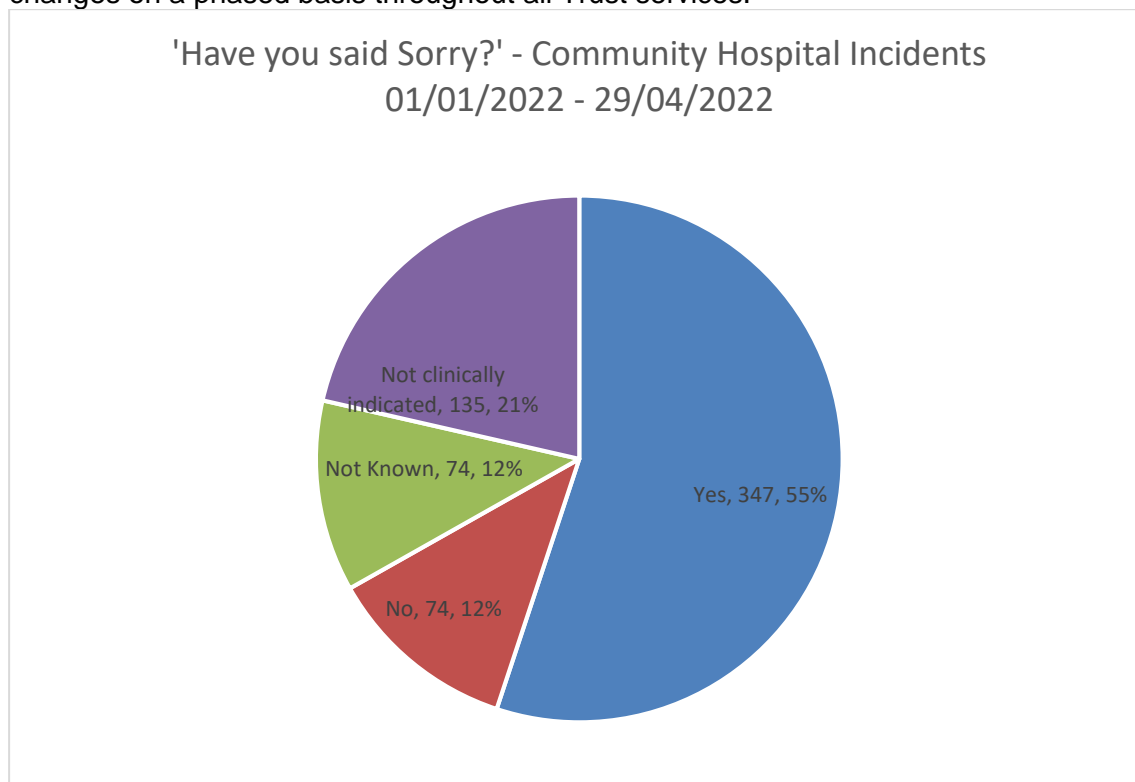
In order to provide a proactive approach to duty of candour, the Trust launched a "Saying sorry" campaign at the end of 2021. A global email was sent to all Trust colleagues stating that in the event of a clinical incident, making a verbal apology to the patient and/or their relative or carer is **always** the right thing to do; irrelevant of the level of harm.

The Trust supports openness and transparency from "Ward to Board" in order to improve outcomes for patients, their families and carers, our colleagues, and indeed the organisation as a whole. The "Freedom to Speak Guardian" and the "Civility Saves Lives" campaign are among the mechanisms to embed a "just culture" and underpin the principles of duty of candour.

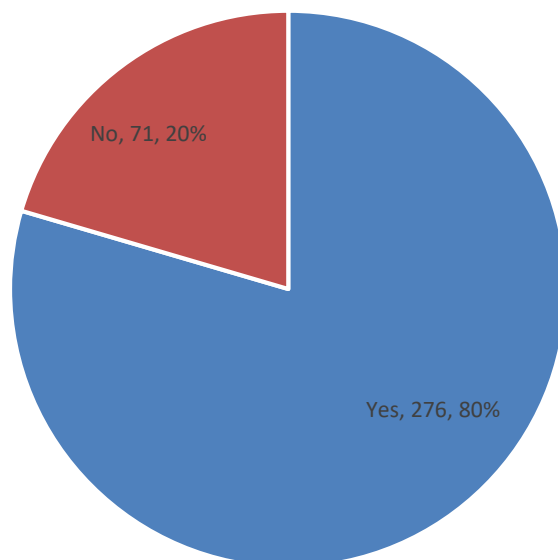
In March 2021, the CQC published their updated guidance following a public consultation in 2018. People shared examples of positive and negative experiences surrounding duty of candour. They referred to "cover ups" – whether real or perceived, and that the lack of an apology compounded the level of harm that they had experienced following the initial incident. This is frequently cited as "secondary trauma" in related literature. However, when the duty of candour had been carried out well, people felt that they had received a "heartfelt apology", that the care provider had been "honest from the outset", that "it was not a tick-box exercise", and there was learning assurance that measures had been put in place to prevent the incident from happening to others.

To support this piece of work, the Duty of Candour Policy was revised to incorporate the most up to date CQC guidance and recent research in this field. This document refers to and includes the "Saying sorry" leaflet published by NHS Litigation. This invaluable resource provides clear guidance to healthcare professionals on how to make a meaningful apology to patients and/or their "Relevant Person" when an incident has occurred.

To assess the effectiveness of the campaign, the inpatient units at our Community Hospitals for Physical Health agreed to trial minor changes to the Trust's incident reporting form to promote "saying sorry." Following a review of the findings, it is anticipated that the Patient Safety and Learning Team alongside the Quality Assurance and Clinical Compliance Team will endeavour to replicate these changes on a phased basis throughout all Trust services.



'Have you recorded your apology in clinical notes?' -
Community Hospital Incidents 01/01/2022 - 29/04/2022



Physical health care in mental health settings

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

This year we have had an increased focus on the Annual Physical Health Check for people with SMI. Funding was secured to employ 3 x HCA's to provide these important checks within the community setting and a centralised list of eligible patients has been compiled to ensure all patients are now offered an annual check. Our Lead Physical Health Nurse for MH/LD has been working closely with the CCG and NHSE to introduce digital technology to increase the uptake of the checks, and this work has had a positive impact on the recognition of the importance of these checks within the Trust.

We continue to offer a bespoke service for improving physical healthcare to patients who find it difficult to access traditional physical health services provided by the NHS. Whether this be providing hands on care at home, health screening outside of the usual setting or being a patient's advocate to enable reasonable adjustments to be made to attend mainstream services, we aim to provide parity of esteem for all our patients.

Work in progress for 2022/23 include launching hand-held ECG devices which would enable staff to record a patients' ECG monitoring by using two fingertips in 30 seconds rather than the traditional 12 lead ECG recoding which involves undressing and takes approx. 15 mins. This has potential benefits not only in time saved, but also patient comfort and dignity.

Work has also begun to look at rolling out a 'Menopause Matters' awareness programme for our patients and staff. This will be developed by our physical health in MH/LD nurse and one of our MH Consultants. It is hoped to get support and advice from CCG colleagues around this valuable piece of work.

Rapid Response Team

The Rapid Response Team is a countywide service which offers 24hour clinical assessment for patients who are acutely unwell and at risk of admission to hospital. The service has developed significantly over the past 7 years and now has 36 clinicians, practicing at a specialist and advanced level and who have a varied multi-disciplinary background.

The team receives referrals from clinicians, including primary and secondary care as well as ambulance and community services and 111. They have a direct referral process in place for nursing homes across the county to prevent avoidable hospital admissions

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

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Freedom to Speak Up

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

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

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

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

The Freedom to Speak Up Guardian is supported by a network of Freedom to Speak Up Champions, who play an important role in encouraging colleagues to speak up at the earliest reasonable opportunity. They will signpost colleagues to the Freedom to Speak Up Guardian while championing the Freedom to Speak Up agenda and upholding the Trust values.

Throughout this year 2021-22, a total number of 54 cases were raised by colleagues through the Freedom to Speak Up Guardian. To note that in 2020-21 120 cases were raised through the Freedom to Speak Up route, compared to 60 in 2019-20. 20-21 were unprecedented times and the data is in line with similar size organisations. The Freedom to Speak UP Guardian role is part of a much bigger picture, supporting our organisational culture to make speaking up everyone's business. In relation to the NHS Staff Survey 2021 colleagues' ratings are generally positive and encouraging for speaking up. To be a Great Place to Work, we need to aim to be a top quartile as a best performer, and the development of our new Freedom to Speak Up strategy will support this ambition.

Learning from speaking up is fundamental to an open and honest culture. An example of learners who spoke up identified some local and organisational learning in line with work progressing nationally, RePAIR (reducing preregistration attrition improving retention) – the Freedom to Speak Up Guardian was invited by a fellow from Health Education England to support this work for the South West in supporting students to speak up. The Impact of Covid19 study completed last July identified

that whilst students are aware of how to raise concerns, a significant number were unsure or would not do so. At the RePAIR Showcase event in March 2022 the work was presented alongside the Guardian role and some best practice within the Trust, Speaking Up – A Professional Skill. This will be embedded throughout the organisation in 2022-23 for all learners.

Other options available to colleagues within the Trust include:

Paul's Open Door - Paul's Open Door is a confidential portal to share with our Chief Executive any issues colleagues think he should be aware of or ask for a response to something they are concerned about. There are also opportunities to make suggestions for improvement.

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

Our Freedom to Speak Up Guardian continues to Co-Chair the South West Guardian Network, and is a respected leader locally and nationally, with a brilliant track record of promoting and encouraging the development of a 'speaking truth to power' culture. They challenge the system in a way that ensures that they are respected by colleagues far and wide, and continues to contribute to both local and national work.

Staffing in adult and older adult community mental health services

Adults and older adults

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

IAPT:

- We continue to invest significantly in recruitment and retention of trained staff alongside the rolling IAPT Trainee programme, to ensure a sustainable and resilient workforce that can meet the needs of the service and National Programme. Let's Talk have had a rolling advert to recruit Psychological Wellbeing Practitioners (PWP) and High Intensity (HI) Therapists. The service is operating a blended model between remote and office-based working. We are working closely with Health Education England to agree expansion and replacement targets for trainee PWP and HI therapists and have a detailed recruitment, succession and retention action plan. Let's Talk is currently in the process of exploring a range of options that will establish our future access trajectory and support reduction in our waiting lists whilst maintaining our good recovery rates.

Perinatal:

- The team now have a Trauma arm of the service in place and have recruited a midwife substantively into the service. The team are receiving significant additional investment during 22/23 and will be recruiting circa 16 additional WTE staff members. This will allow the team to continue to work towards the long-term plan ambitions. The team have a plan in place which has been agreed with commissioning colleagues to be achieving 8.6% access targets during 22/23 increasing to 10% during 23/24: whilst also working towards wider national targets, including working with birthing people for up to 24 months postnatally, increasing access to psychological interventions and working with partners of birth people.

Individual Placement Support:

- The team are returning to face to face contacts whilst maintaining IPC guidelines. The team have recruited into vacant posts and are continuing to recruit with additional investment planned for 22/23. An additional deputy team manager has been recruited and the team are

now recruiting to an additional employment specialist role. The service achieved their access targets for 21/22. With additional recruitment and relaxing of Covid restrictions it is anticipated they will also achieve access targets for 22/23.

Community Mental Health (Gloucester City Intensive Support):

- The Complex Emotional Needs Service (CEN) commenced in October 2021 and have employed Lived Experience Practitioners to compliment the small multidisciplinary team. The co-produced service is working systemically to support all services within and outside of GHC to provide an improved pathway for people experiencing Complex Emotional Needs using trauma informed approaches. Developments include a carers' support group, an open access drop in service and a range of initiatives expanding a partnership approach with Voluntary Care Sector colleagues. A county-wide advisory service to GHC Colleagues has been developed. Multi professional colleagues will be offered the Knowledge and Understanding Framework (KUF) accredited multi-agency training and will be overseeing the implementation of 'Structured Clinical Management' within secondary care teams. There is a plan to expand the staffing compliment this autumn to allow new developments to be replicated around the county.
- The Gloucestershire High Intensity Network (GHIN) has been remodelled to sit within the CEN service and is aiming to provide person centred multi-agency advance planning for emergency situations for people in distress.
- The Primary Care Mental Health Practitioner roles have been embedded into 4 Primary Care Networks within the County offering vital early intervention. There are 7 Advanced Nurse Specialists in Band 7 (ARRS) posts employed and a further 3 have been recently recruited with an additional 13 posts planned over the next 12 months.

Out of Area Placements:

- The Bed Management Team is part of the wider Mental Health Integrated Discharge Hub, housing hospital social workers, Bed managers and the supported discharge team. The Supported Discharge Team was a project that went live July 2021 following a successful bid for funding through the mental health investment fund. The aim is to expedite discharges with providing support at home, through the expertise of an occupational therapy lead and support workers. The team also works in collaboration with Voluntary Community Services; Independence Trust, PoHwer, Change.Grow.Live and Young Glos. All with a focus to support patients out of hospital, empower independence and reduce readmissions. The trust has agreed to fund this service for a further year due to the positive impact they are having and further potential this could bring. Other schemes with a focus on reducing the use of out of area placements, have also looked at Hotel discharge and short term supported accommodation placements. A review of the DTOC processes, board rounds and the development of a LOS escalation framework are in progress.

NHSI indicators 2021/2022

The following table shows the NHSI mental health metrics that were monitored by the Trust during 2021/22. Lower scores have been attributed to service disruption on data quality support and additional assurance work due to Covid – 19 being paused through the pandemic. These areas are planned to be recovered during 2022/23. The decrease in % of compliance in community figures can be attributed to the fact that we are now offering an Annual Physical health Check (APHC) to all our service users rather than those just on a CPA. We have recently employed 3 x HCA's to complete the health checks in the community to ensure that improvement in delivery of this is targeted.

		National Threshold	2019-2020 Actual	2020-2021 Actual	2021-2022 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50%	69%	86.4%	80.95%
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -early intervention in psychosis services -community mental health services (people on CPA)	NA NA NA	80% 85% 78%	78% 83% 67%	68% 74% 28%
3	Improving access to psychological therapies (IAPT): Proportion of people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset) - treated within 6 weeks of referral - treated within 18 weeks of referral	50% 75% 95%	52% 99% 99%	50.4% 99% 99%	52.9% 99.6% 99.9%
4	Admissions to adult facilities of patients under 16 years old.	NA	2	1	1

The table below reports inappropriate out of area placements for adult mental health services and shows an increase on last year's figure which was 621 . This is indicative of the service pressures and levels of patient acuity faced by the services .

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year
Average Bed Days	82	100	199	187	77	8	54	32	55	71	43	10	918

CQC Adult Community Mental Health Survey 2020

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 .

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 2021 survey, Gloucestershire Health and Care NHS Foundation Trust was the named provider of these services. The CQC makes comparison with 54 English NHS mental health care provider's results of the same survey and the results are published on the CQC website. The Care Quality Commission (CQC) requires that all

providers of NHS mental health services in England undertake an annual survey of patients in their care.

Some of the fieldwork took place during the Covid-19 pandemic winter lockdown period in early 2021. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore during the time of the pandemic, the CQC's analysis has shown that the national lockdown likely impacted the way service users responded to the survey. When comparing with equivalent time periods from previous surveys, responses received after the lockdown was introduced differ significantly across most questions this year. **The 2021 Community Mental Health survey is therefore classed as not directly comparable with previous iterations.**

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

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

Areas where Service user experience is best :

Organising care, planning care, Reviewing care, Support and wellbeing

Areas where Service User experience could improve:

Planning care, Medicines, Crisis care, Organising care, Support and well being

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

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/2021/RTQ_Gloucestershire%20Health%20and%20Care%20NHS%20Foundation%20Trust%20CMH21.pdf

Annual NHS Staff Survey 2020

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

The 2021 results showed a significantly **improved response rate (7%)** from 46% in 2020 to 53% in 2021. The results present a largely positive and improving view of how colleagues rate the Trust as an employer and benchmark favourably against peers.

The responses to each of the questions asked are grouped into 9 overarching “Themes”. The seven “Our NHS People Promise” survey themes are new and have no previous year comparisons, however five out of seven (71%) of these are rated better than average by colleagues in comparison with other Trusts in our benchmarking group. In comparison with the All NHS organisation scores, the Trust was rated better than average on all 9 themes.

Of the other two non-People Promise themes, Staff Engagement and Morale, while both are above our benchmark average, Staff Engagement has remained unchanged and Morale has seen a 0.1 reduction from 2020 (1.6%). The latter theme – Morale -- reflects a decline nationally in the All NHS Organisation rating to below the 2017 level, having been improving steadily between 2017 and 2020. This is indicative of the impact from COVID and a similar workforce morale decline across the UK

Theme	National Benchmarking Group Average	2021 GHC score
We are compassionate & inclusive	7.5	7.6 ↑
We are recognised & rewarded	6.3	6.4 ↑
Each have voice that counts	7.0	7.1 ↑
We are safe and healthy	6.2	6.3 ↑
We are always learning	5.6	5.7 ↑
We work flexibly	6.7	6.6 ↓
We are a team	7.1	7.0 ↓
Staff Engagement	7.0	7.2 ↑
Morale	6.0	6.1 ↑

The headlines from our 2021 Staff Survey results are:

- Circa 60% of questions have been rated with improvements or remained the same (54% improvements and 6% unchanged)
- 82.7% of colleagues felt secure in raising concerns
- 79.5% of colleagues felt the people they work with are polite and treat each other with respect
- 92% of colleagues felt that they were trusted to do their jobs.
- 78.6% of colleagues would recommend the Trust to provide care down by 0.8% from 2020 however this score is a significant 13.7% better than other benchmark Trusts and 10.8% better than the all NHS Trust average.
- 68.2% of colleagues would recommend the Trust as a place to work. While this is down 2.8% from 2020, it is encouragingly 5% better than the average for our benchmark group and 8.8% better than the all NHS Trust average.

Workforce Race Equality Standard (WRES) improvements in the scores by:

- 2.9% in terms of those experiencing harassment, bullying or abuse from colleagues
- 2% in terms of those believing that the Trust provides equal opportunities for career progression or promotion

Workforce Disability Equality Standard (WDES) improvements in the scores by:

- 3.5% in terms of those experiencing harassment, bullying or abuse from colleagues
- 10.2% in terms of those saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Our results by all 9 themes are:



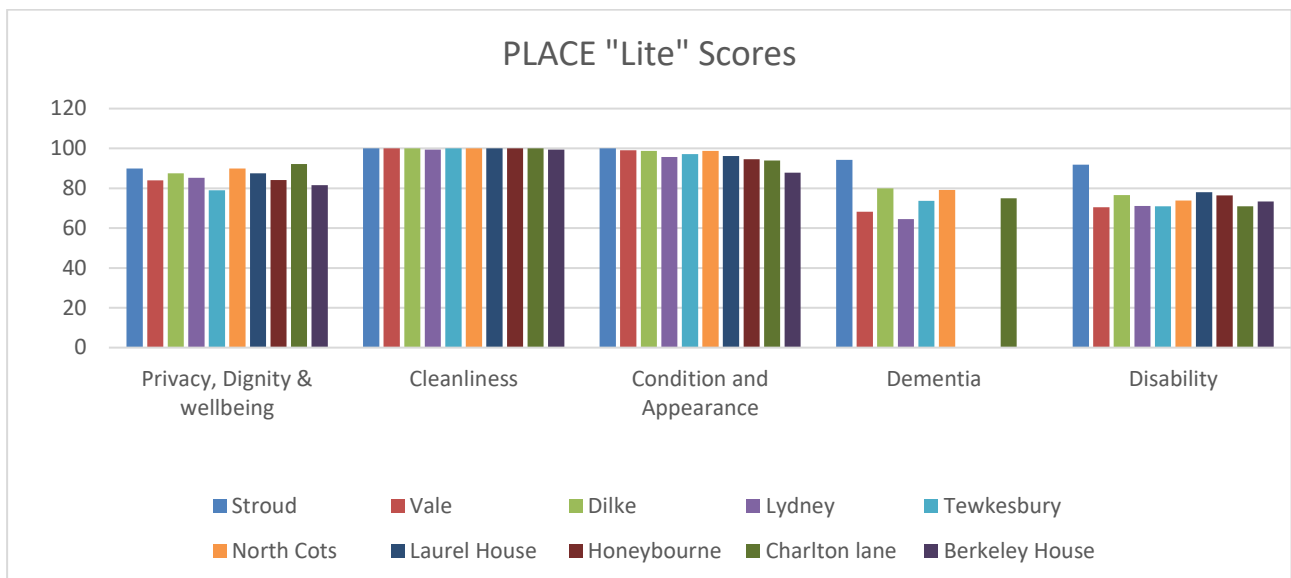
With a rating of 78.6% in 2021, the Trust performed in the Top Quartile in terms of the percentage who responded positively to “If a friend or relative needed treatment I would be happy with the standard of care provided by the organization.”

	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019		
2gether (2G – pre-2019 merger)	74.5%	74.5%	73.4%		
National Average Score within Benchmark Group	61.3%	61.5%	62.3%		
Worst Trust Score within Benchmark Group	41.6%	37.8%	38.3%		
Best Trust Score within Benchmark Group	86.5%	81.1%	75.7%		
	NHS Staff Survey 2017	NHS Staff Survey 2018	NHS Staff Survey 2019		
Gloucestershire Care Services (GCS – pre-2019 merger)	73%	76%	82.1%		
National Average Score within Benchmark Group	73%	74.8%	78.3%		
Worst Trust Score within Benchmark Group	66.2%	36.6%	35.6%		
Best Trust Score within Benchmark Group	82.7%	82.9%	85.5%		
				NHS Staff Survey 2020	NHS Staff Survey 2021
Gloucestershire Health & Care NHS Foundation Trust (post 2019 Merger)				79.5%	78.6%
National Average Score within Benchmark Group				70.4%	64.9%
Worst Trust Score within Benchmark Group				47.2%	45.0%
Best Trust Score Within Benchmark Group				84.2%	82.4%

PLACE Assessments

During 2021-22 the official PLACE assessments were put on hold due to Covid – 19 restrictions being in place, however to continue momentum and to be able to provide assurance regarding standards met trusts were encouraged to complete internal PLACE “Lite” Inspections using similar methodology and tool kits provided. Assessments were planned throughout the Trust from September 21 to Dec 21 accommodating the changes required in methods used for testing, for example food assessments were not completed formally but informal tasting sessions including patient opinion took place during the visits. It was evident that some scores were impacted by pandemic adjustments, e.g. temporary signage was in use and one-way systems impacted upon entranceways.

Overall the scores were good with cleanliness scoring at 100% in all areas tested and the other domains scoring in excess of 70%. Cirencester and Wotton Lawn hospitals were not visited in 21/22 however they will be visited in the first planned inspection wave by the facilities team during the coming summer months as part of the mock inspection process.



Quality Improvement

The Quality Improvement Hub consists of a dedicated Trust team of subject matter experts whose primary aim is to provide leadership to the organisation in the field of improvement science. The team seek to support the experts, the people who use our services and those that deliver them, to understand problems identified and the associated data, find change ideas, test them at small scale, upscale as appropriate and make them sustainable using proven methodology.

The QI hub is working with system partners to develop the One Gloucestershire Improvement Community. This group will support the ICS ambition to embed a quality improvement offer and approach across the ICS transformation programmes, working alongside this on a national level the Hub has built strong links with East London NHS Foundation Trust who are recognised as national exemplars in embedding QI across their organisation as part of a Quality Management System. Members of the hub are currently undertaking the ELFT QI coaching programme, developed in conjunction with the Institute for Healthcare Improvement (IHI), a world leading trailblazer in Improvement science application in healthcare.

Mental Health Wellbeing Hub

We are proud to lead on the development of Gloucestershire's Mental Health Wellbeing Hub. Funding of £600K was provided by NHSE/I to create a system-wide Mental Health and Wellbeing Hub whose purpose is to provide support to all health and social care colleagues who work within Gloucestershire ICS organisations.

Following significant branding and marketing exercises "The Hub" was re-named "The Wellbeing Line" and successfully launched on the 4th October 2021. Related Comms and Webpage were developed. The telephone number 0300 421 7500 and email address hello@thewellbeingline.co.uk are the main contact points alongside the Website.

The Wellbeing Line is a new service that offers confidential mental health and wellbeing support for everyone working or volunteering in health and social care in Gloucestershire. The team are experienced in understanding mental health and provide a confidential "safe space" for people to talk about their mental health and wellbeing. We targeted the independent care sector and primary care network first as they had minimal support compared to our other systems. A phased approach

was used to prevent the project becoming overwhelmed and we now successfully assist all staff and teams if requested across the ICS. Areas covered include:

- Covid related concerns such as long Covid, anxiety or stress related to factors caused by the pandemic.
- Work related concerns such as redeployment, moral injury, difficult working conditions.
- Emotional wellbeing/mental health concerns including exhaustion/burnout, trauma, depression and anxiety.
- Assistance in personal circumstances such as bereavement, relationship issues, lifestyle changes and underlying health conditions.

The vision of "The Wellbeing Line" is to destigmatise mental health, to normalise conversations in the workplace around mental health and wellbeing and to encourage people to reach out and connect with each other and with services, rather than struggle alone putting connection with others at the heart of its work.

Guardian of safe working

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

A summary of exception reporting and rota gaps for the year 1st April 2021 to 31st March 2022 is shown below.

Date	No. of reports	Resolutions
April 2021 to June 2021	4	2 – Resolved with TOIL
July 2021 to September 2021	0	
October 2020 to December 2021	1	1 – Additional payment
January 2021 to March 2021	3	2 - Additional payment 1 - Resolved with TOIL

The Trust is continuously looking to increase the number of doctors in our internal bank to cover on call gaps in our inpatient rota, we encourage doctors leaving the Trust after their placement to keep a bank assignment so they can help with on call issues. In order to make our locum shifts more attractive for doctors in the Bank the Trust is currently reviewing internal locum rates, as part of this process we are comparing our rates against the rates of neighbouring NHS organisations and other NHS organisations in Psychiatry (same specialty and therefore similar workload).

In addition to this there is continuous work being done to develop the Collaborative Bank through Locum Nest. Under the Collaborative Bank agreement, the Trust can allocate on call shifts to doctors employed by another organisation in the Collaborative Bank, this agreement gives us a wider pool of doctors who are able to cover on call shifts.

Finally, in recent months the Trust managed to keep regular agency locums who have IT and Clinical System access, they have also gained experience in the organisation and the type of work and we can now allocate on call shifts to these doctors. This is a safety net as they can help with on call issues if we failed to find on call cover through the internal bank or Locum nest

**Healthwatch Gloucestershire Response to Gloucestershire Health and Care NHS Foundation Trust Quality Account 2021/22**

2021/22 has been another challenging year for the Trust in Gloucestershire, as for others around the country. We understand the unprecedented levels of demand for services has led to increased pressure on the Trust. We know from listening to patients and the public that access to Mental Health services and the increasing needs of older people are especially pressing.

Gloucestershire Health and Care NHS Foundation Trust has a key leadership role in the system and will make a central contribution to the success of these services in the new Integrated Care System arrangements. In particular, the community teams and community hospitals can put the Trust's expertise at the heart of making a success of the Ageing Well programmes and End of Life Care.

The focus on research and innovation is to be welcomed as it demonstrates ambition and high standards. This sits alongside a focus on continuous improvement which we are pleased to support. We are also pleased to note that patient experience and personalised care remains at the heart of the Trust's ethos. That this remains the case through such challenging times is to the credit of the Trust which has, in line with others nationally, faced difficulties in staffing. We know that a good working experience for staff leads to a good experience for patients, so we are pleased to note the work being done by the Trust to support staff wellbeing.

We are pleased to note that the Trust has a focus on hearing the voice of the patient as well as the provision of good, clear information to patients and their carers. We believe that a sustained focus on excellent communication will lead to better experiences.

Healthwatch Gloucestershire has continued to be welcomed at the Trust's public board meetings. We have been pleased to see the development of the Working Together Strategy and Plan and are pleased to be a member of the Working Together Advisory Group. We can see that the Trust, which was newly formed just prior to the Covid-19 crisis, is now in a position to strengthen its offer and position within the Integrated Care System and for the benefit of the people of Gloucestershire.

Yours sincerely

Helen Webb

Helen Webb

Manager

Nikki Richardson

Nikki Richardson

Chair

Bob Lloyd-Smith

Bob Lloyd-Smith

Board Advisor

Healthwatch Gloucestershire

NHS Gloucestershire Clinical Commissioning Group's (GCCG) response to Gloucestershire Health and Care NHS Foundation Trust's Quality Accounts 2021/22.

NHS Gloucestershire CCG (GCCG) welcomes the opportunity to provide comments on the quality account prepared by Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) for 2021/22. The COVID-19 pandemic during the past year has continued to pose major challenges to both health and social care in Gloucestershire and the CCG recognises the unwavering commitment to quality that has remained central to GHCNHSFT service provision during this time. We recognise the important collaborative work that GHCNHSFT has undertaken with colleagues in partner organisations, including GCCG and Local Authority during 2020/21 to deliver a system wide approach to maintain, further develop, and improve the quality of commissioned services and outcomes for service users and carers. The CCG would like to thank the Trust for all their continuing efforts, dedication, and hard work over the past year in dealing with the ongoing COVID-19 pandemic and particularly recognise the significant achievement of the Outreach Vaccination Team in the delivery of vaccines to school aged children. Also, the inequalities work in providing pop-up vaccination services to our harder to reach communities. Further we would like to recognise the work of the Covid testing service which has been responsive in providing a service to maintain services by swabbing staff and supporting the elective surgery waiting list work. We recognise the disruption and uncertainty caused by staff re-deployment and are grateful to those involved in supporting the wider system. The CCG continues to work with partners in both health and social care to monitor and support the effects of the pandemic on NHS staff as we continue to move through the pandemic. We are pleased to see the health and wellbeing of the Trust's workforce has remained a priority area.

The CCG recognises that the quality account demonstrates, following the merger of two health care Trusts in 2019, the continued commitment to improving both the physical and mental health of the Gloucestershire population. The report is clear, transparent, and a comprehensive document that demonstrates the Trust's commitment to continuous quality improvement.

The Trust has undergone a number of CQC visits and inspections over the past year. The CCG looks forward to working in partnership to support the recommendations made by the CQC at Charlton Lane Hospital and following the County Wide Urgent and Emergency Care inspection. It is pleasing to note the achievement of the MIIU service in attaining a "good" rating across all five CQC domains. The CCG also notes the results of the CQC Adult Community Mental Health Survey with the Trust remaining in the top 20% of performing Trusts in the majority of the survey domains.

The CCG recognises the difficulties faced in the past year, in achieving all of the quality priorities for improvement set out for 2021/22 due to the ongoing impact of the Covid-19 pandemic but, good progress has been made and the CCG is happy to endorse the continuation of work within the 9 quality priority areas identified. The CCG are particularly pleased to see priority work around Pressure ulcers, falls and embedding learning following patient safety incidents. The CCG are aware of a number of serious incidents reported in the past year and will continue to work with the Trust in relation to the management of these incidents to ensure that all learning and improvement actions are embedded within clinical environments and wider

system learning is shared. The Learning from Deaths review has identified a number of learning points which will ensure the continued development of a safe, effective and positive experience of GHNHSFT services is received by all service users in Gloucestershire.

The CCG acknowledges that despite the significant impact caused by the COVID-19 pandemic on clinical audit activity, GHNHSFT participated in 100% of national audits and achieved completion of 65 local clinical audits. It is pleasing to note the Trust's sustained commitment to clinical research with its continued participation in research studies, commitment to the development of a Research and Innovation Strategy and ongoing development of the Fritchie Centre as a place of research excellence. Notable is the ongoing work around Duty of Candour through the "saying Sorry" campaign, "Freedom to Speak Up Guardian" and "Civility Saves Lives" campaign amongst others. The Trust has worked hard to promote openness and transparency not only to patients, their families, and carers but also to staff, promoting a culture of psychological safety for staff and ensuring safety and quality are central to its work. The CCG are pleased to note the results of the 2021 staff survey and acknowledges the commitment to improve staff experience within the organisation. The recent development of Gloucestershire's Mental Health and Wellbeing Hub, hosted by the Trust, is providing valuable help and support to staff across all ICS organisations with the "Wellbeing Line" enabling all staff across the county, access to emotional and mental health support and advice.

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

Gloucestershire CCG wishes to confirm that to the best of our knowledge we consider that the Quality Account contains accurate information in relation to the quality of services provided by Gloucestershire Health and Care Foundation NHS Trust during 2021/22.



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

Gloucestershire Health Overview and Scrutiny Committee

Please see below comments from Cllr Andrew Gravells MBE, (Chair of the Gloucestershire Health Overview and Scrutiny Committee), in response to the Gloucestershire Health and Care NHS Foundation Trust (GHCFT) Quality Account 2021-22

Gloucestershire Health and Care NHS Foundation Trust Quality Account 2021-22

I am pleased to have this opportunity to comment on the Gloucestershire Health and Care NHS Foundation Trust report. These are extremely challenging times for the NHS. I place on record my personal appreciation for the courteous and co-operative way in which the Trust has engaged with the Gloucestershire Health Overview and Scrutiny Committee (HOSC) over the past year.

I am particularly pleased there were no 'no go' areas in terms of discussion topics for the Committee, and for the way in which the Trust was always very open about the issues they faced. For this, I thank them.

Of particular interest to the Committee was the informal 'showcasing' of the Trust's work, received during the past year. The committee always has a full agenda, and it was good to be able to take up the Trust's offer of arranging an extra and informal meeting in October

2021, where the Trust was able to share with HOSC several areas of their cutting-edge work and innovative approaches to the conditions and situations which some of their patients have experienced. Many of us found the meeting quite moving and very helpful.

The Committee looks forward to working closely with the Trust during the next 12 months and continuing to scrutinise its work closely but fairly.

Cllr Andrew Gravells MBE (Chair of the Gloucestershire Health Overview and Scrutiny Committee)
1 June 2022

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

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

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

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

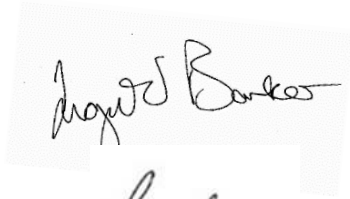
- the content of the quality account meets the requirements set out in the *NHS foundation trust annual reporting manual 2020/21* and supporting guidance *Detailed requirements for quality reports 2019/20*
- the content of the quality account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2021 to March 2022
 - papers relating to quality reported to the Board over the period April 2021 - March 2022
 - feedback from Commissioners dated June 2022
 - feedback from local Healthwatch organisations dated 20th June 2022
 - feedback from overview and scrutiny committees dated 1st June 2022
 - the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2022
 - the 2020 CQC national patient survey dated 2021
 - the 2020 national NHS staff survey dated March 2022
 - the Head of Internal Audit's annual opinion of the trust's control environment dated May 2022
 - CQC inspection report dated 1 June 2018
- the Quality Account presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

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

By order of the Board

Chair

Ingrid Barker

A handwritten signature in black ink, appearing to read 'Ingrid Barker', is written over a light gray rectangular background.

Date: 26/5/2022

Chief Executive

Paul Roberts

A handwritten signature in black ink, appearing to read 'Paul Roberts', is written over a light gray rectangular background.

Date: 26/5/2022

Annex 3: Glossary

BMI	Body Mass Index
CCG	Clinical Commissioning Group
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care.
CQUIN	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
ECG	An electrocardiogram (ECG) is a test that is used to check the heart's rhythm and electrical activity.
GHC	Gloucestershire Health and Care NHS Foundation Trust
GriP	Gloucestershire Recovery in Psychosis (GriP) is 2gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
ICS	Integrated Care System. NHS Partnerships with local councils and others which take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.
IAPT	Improving Access to Psychological Therapies
Information Governance Toolkit	(IG) The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards.
LeDer	Learning Disabilities Mortality Review. It is a national programme aimed at making improvements to the lives of people with learning disabilities
MCA	Mental Capacity Act
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
NHSI	NHSI is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament.

MRSA	Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously National Institute for Health and Clinical Excellence) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.
NIHR	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public.
NPSA	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
PAM	Patient Activation Measure: This is a tool to measure a patient's skill, knowledge and confidence to manage their long-term conditions.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
ReSPECT	This is a plan created through a conversation between a patient and a healthcare professional which includes their personal priorities for care, particularly for those people who are likely to be nearing the end of their lives.
RiO	This is the name of the electronic system for recording service user care notes and related information within the Trust's mental health services.

ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a “Serious Untoward Incident”. A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Account, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
SJR	Structured judgement reviews. A process to effectively review the care received by patients who have died
SystmOne	This is the name of the electronic system for recording service user care notes and related information within the Trust’s physical health services.
VTE	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

About this report

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

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Telephone: 0300 421 8100

Email: GHCComms@ghc.nhs.uk

Other comments, concerns, complaints and compliments

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

You can give us feedback about our services by:

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

Alternative formats

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