

## TRUST BOARD PUBLIC SESSION

Thursday, 28 January 2021

10:00 – 13:00

To be held via Microsoft Teams

### AGENDA

TIME	Agenda Item	Title	Purpose	Comms	Presenter
<b>Opening Business</b>					
10.00	01/0121	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0121	Declarations of interest	Assurance	Verbal	Chair
10.05	03/0121	Service User Story Presentation	Assurance	Verbal	DoNQT
10.25	04/0121	Draft Minutes of the meeting held on 25 November 2020	Approve	<b>Paper</b>	Chair
	05/0121	Matters arising and Action Log	Assurance	<b>Paper</b>	Chair
10.30	06/0121	Questions from the Public	Assurance	Verbal	Chair
<b>Covid</b>					
10.35	07/0121	Covid Programme Update	Assurance	Verbal	CEO/COO
10.50	08/0121	Covid Board Assurance Framework	Assurance	<b>Paper</b>	HoG/DoNQT
<b>Strategic Issues</b>					
11.00	09/0121	Report from the Chair	Assurance	<b>Paper</b>	Chair
11.10	10/0121	Report from Chief Executive	Assurance	Verbal	CEO
11.20	11/0121	Forest of Dean Hospital Consultation Output Report	Approve & Note	<b>Paper</b>	DoSP
<b>11.30 - BREAK – 10 MINUTES</b>					
<b>Performance and Patient Experience</b>					
11.40	12/0121	Quality Report	Assurance	<b>Paper</b>	DoNQT
11.55	13/0121	NHSE Infection Control BAF	Assurance	<b>Paper</b>	DoNQT
12.05	14/0121	Patient Safety Report – Q3	Assurance	<b>Paper</b>	MD
12.15	15/0121	Finance Report	Assurance	<b>Paper</b>	DoF
12.25	16/0121	Performance Report	Assurance	<b>Paper</b>	DoF
12.45	17/0121	CQC National MH Patient Survey	Assurance	<b>Paper</b>	DoNQT

**NOTE:** Items below this line will be reported by exception only.

**Board Members are requested to raise any questions relating to these items, to the Assistant Trust Secretary in advance of the meeting.**

Covid and Strategic Issues (Reporting by Exception)					
	18/0121	Covid Governance Arrangements	Information	<b>Paper</b>	Chair/HoCG
	19/0121	End of EU Transition Period update	Information	<b>Paper</b>	COO
Governance (Reporting by Exception)					
	20/0121	Council of Governor Minutes (Nov)	Information	<b>Paper</b>	Chair
	21/0121	Use of the Trust Seal (Q2)	Information	<b>Paper</b>	HoCG
Board Committee Summary Assurance Reports (Reporting by Exception)					
	22/0121	Mental Health Legislation Scrutiny Committee Summary (18 Nov 2020)	Information	<b>Paper</b>	MHLS Chair
		<ul style="list-style-type: none"> <li>Mental Health Act (MHA) White Paper – NHSP Briefing</li> </ul>	Information	<b>Paper</b>	COO
	23/0121	Resources Committee Summary (17th Dec 2020)	Information	<b>Paper</b>	Resources Chair
	24/0121	Quality Committee Summary (7th Jan 2021)	Information	<b>Paper</b>	Quality Chair
Closing Business					
<b>12.55</b>	25/0121	Any other business	Note	Verbal	Chair
<b>13.00</b>	26/0121	<b>Date of Next Meetings - 2021</b> Wednesday, 31 March Thursday, 27 May Thursday, 29 July Thursday, 30 September Thursday, 25 November	Note	Verbal	All

**MINUTES OF THE TRUST BOARD MEETING**

**Wednesday, 25 November 2020**

Via Microsoft Teams

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

**IN ATTENDANCE:** Julie Houlder, NHSP Aspirant Chairs Programme  
June Hennell, Trust Governor  
Kate Nelmes, Head of Communications  
Lauren Edwards, Deputy Director of Quality and Therapies  
Lavinia Rowsell, Head of Governance/Trust Secretary  
Ruth McShane, Trust Governor  
Sunil Patnaik, Regional Director – Healthcare, Totalmobile  
Anna Hilditch, Assistant Trust Secretary

**1. WELCOME AND APOLOGIES**

- 1.1 The Chair welcomed everyone to the meeting. Apologies for the meeting had been received from Sumita Hutchison.

**2. DECLARATIONS OF INTEREST**

- 2.1 There were no new declarations of interest.

**3. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

- 3.1 The Board welcomed Sarah Scott, Director of Public Health to the meeting to present the highlights from the 5<sup>th</sup> Director of Public Health Annual Report - "Beyond Covid: Race, Health and Inequality in Gloucestershire". Sarah Scott informed the Board that this was the first time that the annual report had been co-authored with another group, with this year's report having been co-produced with the Black Workers Network.

- 3.2 The report set out information around health inequalities, housing, employment and education, specifically focusing on the BAME community. The Board noted the impact of COVID-19 on Gloucestershire's BAME residents, noting that Black and Asian people were between 2.5 and 3 times more likely to be admitted to hospital with COVID-19 than White people of the same age. Sarah Scott informed the Board that the number of "Unknown/not recorded" ethnicity cases was relatively high; however, she provided assurance that work was taking place to address this and an improvement in data recording had been seen.
- 3.3 The report provided information about community resilience and some case studies from local organisations and charities were included talking about the support and help that had been given to people during Covid. It was agreed that there were some excellent examples of community working and it was important that this could be captured and support given to these voluntary organisations to continue this work going forward.
- 3.4 An analysis of the awareness of public health and economic measures during COVID-19 by ethnicity had been carried out and demonstrated a differing level of understanding between ethnic groups. This reinforced the message that one message doesn't fit all and building confidence in the messaging and public services generally, requires working with faith and BAME communities to create and disseminate culturally competent and easy to understand versions of guidance in multiple languages.
- 3.5 The report set out 8 key recommendations, and these included:
- Require comprehensive and good quality ethnicity data collection in all public services (directly provided and commissioned), including at death registration and put in place culturally competent training and messaging to improve response rates
  - System-wide commitment to the implementation of culturally competent occupational risk assessment tools,
  - Review commissioning procedures and practice to make sure that Equality Impact Assessments, BAME service user data and feedback are routinely used in a meaningful way to inform services.
  - Establish a Race Equality Panel for Gloucestershire, complementing the work of Gloucester City Council, to drive forward this agenda and create long term sustainable change.
- 3.6 It was noted that the report had also been formally presented to the ICS Board the previous week and it was clear that close partnership working and collaboration was required to progress the recommendations. Paul Roberts said that it was important for this to be looked at jointly in the ICS, however, it was equally as important for GHC to look at its own requirements and

suggested that an initial organisational response to the recommendations, with specific actions and commitments could be presented to the Board in January.

#### **ACTION**

- 3.7 Neil Savage advised that he planned to take the presentation to the Diversity Network and BAME sub-group to set out the direction of travel. He suggested that there would be many colleagues wishing to get involved with this work.
- 3.8 Ingrid Barker thanked Sarah Scott for her time in attending and presenting this report to the Board. Thanks, were also expressed to Althea Lynn, Chair of the Black Workers Network. The Board fully supported the annual report and the recommendations.

#### **4. PATIENT/STAFF EXPERIENCE PRESENTATION**

- 4.1 The Board welcomed David Sheppard to the meeting who had kindly agreed to attend and speak about his personal experience of working with the Trust in the management of Type 2 diabetes.
- 4.2 David was diagnosed with Type 2 diabetes in 2003, which progressively worsened and significant weight gain was seen. He was referred to the Trust's Diabetic Dietician service in 2017. David used the service until February 2019 but no real impact on his weight or diabetes was seen. At this point Sarah Hughes was introduced to David. Sarah provided coaching and mentoring on how to look after himself, introducing an 800 calorie a day diet. A weekly diary was kept and regular contact and encouragement was made over the phone. David said that he had now lost over 30kg in weight and was no longer diabetic, with no need to take any further medication. He said that the help, support and most importantly encouragement that he had received from the service had been immense. David said that one of the most important aspects was listening to people and finding out what they want and what approaches would work for them. There was a lot of will power involved but he was of the mind to follow the strict regime, which had worked for him.
- 4.3 Angela Potter noted that there were lots of people in the same position as David, with many people resorting to surgery to lose weight. She asked whether there was more that the Trust could do to encourage and promote this coaching and mentoring role. David said that it did take some persuasion, and it needs to be clear that it is for the person's own good. He said that keeping a weekly diary and seeing the progress made each week was huge encouragement. Sarah Hughes said that evidence from bariatric surgery was that it could reverse diabetes; however, a surgery free option to manage a person's weight and diabetes would always be the preferred and safer route.
- 4.4 The Board thanked David for attending and speaking so positively and powerfully about the Trust's Diabetic Dietician service, and the personal service he had received. The Board also congratulated David on this huge achievement, and expressed their thanks to Sarah Hughes who had played such a key part in David's successful recovery.



## **5. MINUTES OF THE PREVIOUS MEETING HELD ON 30 SEPTEMBER 2020**

- 5.1 The Board received the minutes from the previous meeting held on 30 September 2020. These were accepted as a true and accurate record of the meeting, subject to one amendment at 12.6 in relation to the Trust's IAPT access rate.

## **6. MATTERS ARISING AND ACTION LOG**

- 6.1 The Board reviewed the action log and noted that all actions were now complete or included on the agenda. It was noted that Sumita Hutchison had been nominated as the Board's Health and Wellbeing Guardian.
- 6.2 There were no further matters arising.

## **7. QUESTIONS FROM THE PUBLIC**

- 7.1 No questions from the public had been received in advance of the meeting.

## **8. CHAIR'S REPORT**

- 8.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in September. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.
- 8.2 The Board was asked to note that the Council of Governors approved the appointment of Dr Steve Alvis as a Non-Executive Director at their meeting on 19 November. This follows the appointment of Steve Brittan as a Non-Executive Director in September. Both had previously been Associate NEDs. Ingrid Barker informed the Board that now a full complement of NEDs was in place, the Appointments and Terms of Service Committee which met on 12 November had agreed that the Director of Strategy and Partnerships would now become a full voting member of the Board. Board members congratulated all those involved.
- 8.3 Congratulations were given to Sonia Pearcey, the Trust's Freedom to Speak Up Guardian, who had been awarded an MBE for services to the NHS in the Queen's Birthday Honours. Ingrid Barker said that she was delighted that the way Sonia had taken forward this key role, embedded it across the Trust and supported its development across the region and nationally had been recognised.
- 8.4 The Board noted that a lot of activity was taking place with the Council of Governors, with the Review and Refresh work continuing to take forward the Council in line with best practice and reflecting the expanded remit of the Trust. At its November meeting, the Council approved the establishment of a Membership and Engagement Committee, to take forward the development of a new Membership and Engagement Strategy. The strategy will focus on how

we can ensure our membership is vibrant, engaged and represents our wider community. Ingrid Barker said that she had now met with all newly appointed Governors for a one to one induction, and a group induction session had also taken place. The Board was asked to note that the interim Lead Governor, Dr. Faisal Khan would be stepping down from the Governor role when his term of office comes to an end on 31st December. Ingrid Barker formally thanked Faisal for the contribution he had made to the Council, noting that his thoughtful and inclusive approach had been much appreciated.

8.5 Nationally, Ingrid Barker had been invited by Lord David Prior, CEO of NHS England, to join the NHSE/I Chairs' Advisory Group and attended the first meeting on 27th October 2020. The meeting considered forthcoming potential legislative changes through the draft NHS Bill. A further meeting would be held in the New Year.

8.6 The Board noted the content of the Chair's report.

## **9. CHIEF EXECUTIVE'S REPORT**

9.1 The Board received the Chief Executive's Report which highlighted the activity of the Chief Executive and Executive Directors since the previous meeting of the Board in September.

9.2 A steady increase in the number of Covid positive cases in the local community had been seen over the past months, and more recently we have seen a marked increase in admissions to local acute hospitals and now into community hospitals too. The ongoing management of Covid-19 is a significant and challenging focus for the Trust, and Paul Roberts acknowledged the huge amount of work being carried out by the Trust's Senior Team to keep things on track.

9.3 A Senior Leadership Network (SLN) meeting was held on 3rd November as a virtual event. The meetings provide an excellent opportunity to update the SLN on Trust and national developments. The November session had a particular focus on staff health and wellbeing, including an update on from the National Guardian, Dr Henrietta Hughes, and from Sonia Pearcey on our local Freedom to Speak Up work. Presentations from the Memory Services and resus updates and developments were also well received.

9.5 The Trust is committed to having an inclusive and compassionate workplace, and as a public body we have a duty to work with our partners to develop fair and cohesive communities. Promoting equality and diversity and ending discrimination needs to become 'business as usual', and the Trust continues to work hard on developing its EDI strategy. The Diversity Network continues to gather pace and the work streams/networks (BAME, LGBTQI+, Disability and Women's) have all been well attended, as has the overall network itself. Paul Roberts added that he had been nominated as the Lead ICS CEO for Tackling Inequality and that work was currently being scoped.

- 9.6 The public consultation for the new Forest of Dean Hospital was launched on Thursday 22nd October and will run until Thursday 17th December. The proposal is for a hospital which includes a 24-bed inpatient unit, urgent care facility, x-ray, ultrasound and endoscopy, and a range of consultation and treatment rooms for outpatient appointments. Experiences of providing care throughout the ongoing Covid-19 pandemic will influence the final design, to minimise the risk of infections spreading and to allow for social distancing between staff and patients. The proposals can be found at [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)
- 9.7 The Trust's flu vaccination programme was well underway and has already received more than 2,000 online bookings from colleagues. Peer vaccinators were doing a fantastic job of vaccinating colleagues and teams across our sites. It was noted that there would be a real push over the next 2 weeks encouraging all colleagues to take up the flu jab offer with the aim of achieving 90%. The Trust had already achieved 70%.
- 9.8 The Board noted the content of the Chief Executive's report.

## **10. SYSTEM WIDE UPDATE**

- 10.1 This paper provided an update on the activities that were taking place across the Gloucestershire Integrated Care System (ICS).
- 10.2 Ongoing dialogue with the Health Overview and Scrutiny Committee took place on the 17th November 2020 and included updates on community phlebotomy and the system wide performance.
- 10.3 The Integrated Locality Partnerships have now re-commenced their activities and started to revisit their priority actions moving forward, taking into account the impact of COVID. Jan Marriott asked whether the Trust's Governors could get more involved with the work of the ILPs. Angela Potter said that the Trust was fully represented on each of the integrated locality boards. She advised however, that the Trust's Service Development and Partnership Team was being restructured into a locality focused model in line with NED portfolios, and suggested that work could take place to engage with Governors within that revised structure.
- 10.4 The report provided an update on the ongoing system response to Covid, including planning activities and the initiatives that are being taken forward to continue to operate safe and sustainable services and undertake planning towards the management of future surges of activity.
- 10.5 The Board was asked to note that Speller Metcalfe had been appointed as the main contractor for the Forest Hospital development. Speller Metcalfe were a local construction company and had extensive knowledge of the local area and community. Marcia Gallagher said that she had received some very positive feedback about this appointment from the forest community.



- 10.6 The Board noted the content of this report and the partnership working taking place within the Gloucestershire ICS.

## **11. DIVERSITY NETWORK UPDATE**

- 11.1 The purpose of this report was to provide an update to the Board on the recent creation of the Trust's first Diversity Network and related sub groups
- 11.2 One of the Trust's four strategic aims is to be: "a great place to work". To fulfil this, we are committed to: supporting, recruiting & retaining a diverse workforce at all levels, with supportive, compassionate, inclusive and effective leaders. To assist with this aim the Trust created a Diversity Network with four sub groups; for BAME, LGBTQ+ colleagues, for colleagues with a Disability, alongside one for Women's Leadership.
- 11.3 Neil Savage noted that prior to creating the Network, the Trust surveyed colleagues and held a series of focus group engagement sessions to talk about the issues and experiences of BAME, Disabled and LGBTQ+. The Women's Leadership Network was already well established under the leadership of Sandra Betney.
- 11.4 The Network has met twice, in July and October 2020, with circa 30 colleagues joining each meeting. Its third meeting is being planned for early January 2021, alongside dates for the rest of the New Year. The Network is chaired by Sumita Hutchinson, EDI lead NED, supported by other NED colleagues and the HR & OD Directorate, pending the election of a chair from the Network. The Trust is providing funding and administrative support for the Network and its sub groups.
- 11.5 The Network's next steps were to appoint a Network Chair; create a shared space on the intranet; agree the Network's Terms of Reference and agree a work and communications plan for 2021.
- 11.6 Amjad Uppal informed the Board that he had been approached by BAME Consultant colleagues who had expressed their thanks and appreciation to the Trust on the efforts being carried out to address the EDI agenda, in particular in relation to the efforts to carry out the Covid risk assessments for BAME colleagues.
- 11.7 Jan Marriott referred to terminology, noting that the "Disability" group could discourage people from participating. Many MH experts by experience did not necessarily associate their MH experience as a disability. This was noted.
- 11.8 Ingrid Barker welcomed the progress report and asked how the output from the Network and sub-groups would be pulled together and how the Trust could demonstrate more widely the work that was taking place. Neil Savage informed the Board that each of the sub-groups and the Diversity Network would be producing an annual report, and would ensure that this took the form of a "You said, we did" report which could clearly reflect the key areas of work being addressed.

- 11.9 The Board noted the progress report, the work that had taken place to date and welcomed the proposed way forward.

## **12. BOARD ASSURANCE FRAMEWORK**

- 12.1 The purpose of this report was to provide assurance to the Board on the management of risk. Along with the corporate risk register, the BAF supports the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care.
- 12.2 The Board noted the changes to the BAF since last presented and the movement of risk ratings, noting a reduction in risk rating applied to 2 risks. It was noted that no strategic risks had been added or removed during the quarter.
- 12.3 Risks relating to Covid were regularly reviewed via the Covid Programme Board. The strategic risk rating had been reviewed and no increase in risk rating was recommended at the current time. Local management expertise was in place, there are strong PPE supplies and Covid secure controls have been established. An additional Board Assurance Framework for infection prevention control was being reviewed by the Nursing and Quality Directorate and compliance would be reported to the next meeting of the Board.
- 12.4 The Board received and endorsed the updated Board Assurance Framework, noting the changes that had been made since previously reported.

## **13. COVID PROGRAMME UPDATE**

- 13.1 This item provided an update to the Board on progress with the ongoing management of Covid.
- 13.2 John Campbell informed the Board that the Trust was trying to maintain access to all services. During the first wave of Covid, GHC closed 14 out of its 91 services to ensure the key services had the required capacity. Learning from the first surge, the Trust has defined three levels of service/function prioritisation. The governance framework in place aims to keep decision making as close to services as possible, with oversight at weekly Senior Operational Team meetings where service delivery is kept under review.
- 13.3 The Trust has established routine reporting and oversight to ensure a forward view of staffing challenges within inpatient services and ensure that systems and processes are in place to proactively fill gaps in rotas due to reduced availability of agency staff at short notice nationally. The significant workforce requirements for the mass vaccination programme were acknowledged.

- 13.4 In terms of testing, the GHC Pillar 1 drive thru testing team based at EJC were increasing their capacity to deliver up to 150 swabs per day. On a peak day the team were carrying out 100 tests, reducing to 50 on quieter days. Lateral Flow testing was now available for all patient facing staff. 3800 packs had been distributed, with 25 tests per pack. John Campbell advised that as of yesterday, 75 staff had carried out testing and there had been no positive tests. The availability of this testing offered the Trust good assurance around reducing rates of transmission for asymptomatic staff members.
- 13.5 The Board noted that all 77 GHC sites had had on site Covid Secure Environment risk assessments completed. A recent PwC audit verified that the Trust had robust processes in place and internal audits were currently being carried out following the risk assessments to ensure continued compliance with the Covid Secure Environment guidelines.
- 13.6 John Campbell informed the Board that a team had been assigned to carry out the modelling work required for the mass vaccination programme looking at staffing requirements and logistics such as storage and transportation. This was a huge programme and one of the most significant to date for the NHS. Supporting the programme and maintaining current service activity was going to be a challenge.
- 13.7 Graham Russell asked whether lateral testing would be made available for members of the public. John Trevains advised that there were no immediate plans to issue tests to the public and were currently only being used for GHC staff. He said that this would happen in the future, but not at this time.
- 13.8 John Trevains informed the Board that a strategic plan for the roll out of staff vaccinations was being prepared, and it was expected that vaccinations would commence at the start of December.
- 13.9 Ingrid Barker welcomed this helpful and informative update. She noted that the approach the Trust was taking to Wave 2 felt very different and was encouraged that the plan was to try and keep all services operational. There had been no national guidance issued in relation to governance arrangements being scaled down, as had been received during Wave 1. However, she said it was important for colleagues to be mindful of Executive Team time commitments and pressures over the coming months.

## **14. QUALITY DASHBOARD REPORT**

- 14.1 This report provided an overview of the Trust's quality activities for October 2020. It was noted that key data was now reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led.
- 14.2 John Trevains highlighted those Quality issues for priority development to the Board:
- The prevention, identification and management of all pressure ulcers continues to be a Trust priority with agreed quality improvement activities in place. Focussed work in relation to grade 1 and 2 pressure ulcers has

commenced in month as route cause analysis is beginning to highlight the additional impact from the first national lockdown with regard to those individuals who were shielding. The Board noted that the Deputy Director of Nursing had been focussing on this priority area and great progress had been made.

- Strengthening the reporting metrics and quality monitoring for those services which have joint commissioning arrangements. John Trevains reported that the Trust Board had been updated previously on the issues relating to the Reablement Services and that the work on a service recovery plan was being progressed well. A more detailed report would be presented back to the Board in January. **ACTION**

#### 14.3 Those Quality issues showing positive improvement:

- Significant improvement was noted within CPA Review. Performance is now 0.5% below the target for the first time this financial year.
- Length of Stay for Mental Health Out of Area Placements has reduced to the lowest average this financial year.
- Health visiting KPIs for new births and 6-8 weeks visits have increased to an amber level of compliance this month, the first time this year. This is due to the data now incorporating virtual methods of contact such as video and telephone.

14.4 The Board was informed that the Trust's Health and Wellbeing work, and the offering during Covid had been picked up and recognised by the World Health Organisation (WHO) who would be producing a short film highlighting the work. It was agreed that this was tremendous news and the Board congratulated all those involved in ensuring the Trust's offering was robust.

14.5 Neil Savage and John Campbell offered the Board assurance around the reported sickness absence rates at Wotton Lawn. Work was underway to review the emerging themes arising and to ensure that staff were supported.

14.6 The Board received the new format NED Audit of Complaints report, which would be integrated into the Quality Report going forward. The report covered the period quarter 4 2019/20 and offered significant assurance. The NED Audits had been delayed due to Covid but a schedule was in place to ensure that all outstanding quarters were completed and reported to the Quality Committee and Trust Board by year end.

14.7 The Board welcomed this report, and the assurances provided.

## 15. PATIENT SAFETY REPORT

15.1 The purpose of this report was to provide a summary of mental health and physical health Patient Safety Incidents reported during Quarter 2 2020/21. Amjad Uppal informed the Board that this was the first time that this report had

been presented in public and it would continue to be so going forward. This transparency of reporting was welcomed by the Board.

- 15.2 In quarter 2, a total of 11 serious incidents requiring investigation (SIRI) were reported; 1 in physical health services and 10 in mental health services.
- 15.3 The Board agreed that the format and presentation of the report was helpful and clear. A suggestion was made that it might be helpful to correlate the inpatient incidents with the number of bed days by way of providing more context.
- 15.4 Jan Marriott asked whether the Trust had seen an increase in the number of suicides/attempted suicides reported. John Trevains said that work had been carried out to review this and fortunately there had not been any upward reporting seen, as had been predicted during Covid and lockdown.
- 15.5 The Board noted this report and the high-level analysis of patient safety incidents. The key developments within the Patient Safety Team were also noted.

## **16. GUARDIAN OF SAFEWORKING – QUARTER 2 REPORT**

- 16.1 Amjad Uppal presented the Guardian of Safe Working Hours report for the period Quarter 2 2020/21.
- 16.2 The exception reporting process is part of the new Juniors Doctors Contract to enable them to raise and resolve issues with their working hours and training. The Guardian's Quarterly report summarises all exception reports, work schedule reviews and rota gaps, to provide assurance on compliance with safe working hours by both the employer and doctors in approved training programs, and will be considered by CQC, GMC, and NHS employers as key data during reviews.
- 16.3 It was reported that six exception reports were received in Quarter 2. There were no overarching themes for the exceptions raised; however, Amjad Uppal offered the Board full assurance that any exceptions raised had been addressed and actioned appropriately.
- 16.4 The Board noted the report and the assurance provided.

## **17. LEARNING FROM DEATHS – QUARTER 2 REPORT**

- 17.1 It is a regulatory requirement for all NHS Trusts to identify, report, investigate and learn from deaths of patients in their care, as set out in the National Quality Board National Guidance on Learning from Deaths: a Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care, published March 2017.
- 17.2 The Board received the Learning from Deaths report for Quarter 2 2020/21. In total 129 GHC patient deaths were recorded in the quarter. Further analysis was due to be carried out and reported, but there was no concern raised in



regards to the deaths that occurred and none were judged to be related to problems in care.

- 17.3 Amjad Uppal reported that at the time of writing the report, 6 case record reviews and investigations had been completed for deaths related to Quarter 2. These reviews were chaired by the Deputy Medical Directors.
- 17.4 An understanding of the impact of Covid on the Trust's mortality rates and vulnerable groups was included in the Learning from Deaths report.
- 17.5 The 2020/21 Q1 Learning From Deaths paper highlighted an unusually high number of deaths reported amongst patients open to the GHC Community Dementia Nurse (CDN) Service during that quarter, particularly in the month of April. An investigation was carried out in order to establish whether the increase in deaths during this period could be attributable to the Covid pandemic, and it was apparent that it was.
- 17.6 The Board noted the report and the assurance provided.

## **18. FINANCE REPORT**

- 18.1 The Board received the month 7 Finance Report for the period ending 31 October 2020.
- 18.2 There was a Covid interim financial framework for the NHS in place for October to March 2021. The Trust will receive increased block payments to cover Covid costs and some developments but will receive no further top ups. The Trust has requested a retrospective top-up of £1.761m for April to September. £1.484m of this has been approved by NHSI for April to August. The Trust has spent £2.222m on Covid related revenue costs between April and October.
- 18.3 The Trust has an interim plan of a deficit of £439k for October to March. The Trust is introducing net spending limits to give directorates a clear understanding of their financial targets. The Trust's position at month 7 was a deficit of £62k. The Trust is forecasting a year end deficit of £233k
- 18.4 The cash balance at month 7 was £67m.
- 18.5 Capital expenditure was £1.276m at month 7. The Trust has a capital plan for 20/21 of £10.182m. Sandra Betney advised that there had been significant slippage with the capital plan due to Covid, with no capital expenditure in the first 4 months of 2020/21. The Capital Management Group had carried out a detailed review and it was hoped that the target would be achieved. It was noted that a few schemes needed further discussion in terms of the interplay with the wider system and winter plans. Sandra Betney advised that the Montpellier work was now underway and all IT expenditure commitments were in place. The capital plan was not without risk; however, it was being carefully monitored and the Trust had some schemes that could be brought forward if

required, including backlog maintenance which had been moved into this financial year from 2021/22.

- 18.6 In order to progress the introduction of ensuite facilities into the Montpellier Ward a full business case was being completed in November. In accordance with SFIs the Board was asked to delegate responsibility for the review of this business case to the Resources Committee to support the Trust in meeting its capital spend forecast. The Board approved the delegation of the review and approval of the Montpellier Ensuities Business Case to the Resources Committee, who would receive this at their December meeting.
- 18.7 The Board was also asked to delegate authority to the Resources Committee to review and approve the LAN/WAN Network business case. Due to reporting timescales this business case had not been referenced within the Finance report. The Board approved the delegation to the Resources Committee.
- 18.7 The revised recurring Cost Improvement Plan (CIP) target for the Trust was £3.230m and the amount delivered to date was £3.419m. The Trust had achieved and exceeded its CIP target for the year and the Board expressed its thanks and congratulations to colleagues and their teams for their efforts in contributing to the delivery of CIP.
- 18.8 Work was being carried out to look at the key financial risks for 2021/22 and these were included within the report. Sandra Betney advised that some of the risks identified had been based on assumptions on the potential financial regime, however, until this was confirmed it was difficult to set these as final risks.
- 18.9 Marcia Gallagher noted the challenging capital position and asked whether the Trust had the scope to spend capital on equipment for the new Forest hospital. Sandra Betney said that it would be possible however, as the FoD Hospital business case had not yet been formally approved there would be a need to refer to the SFIs. She added that it would only be possible to spend money on equipment that the Trust intended to purchase in line with the business case. Angela Potter advised that a cost for equipment was not included in the business case, with the Trust working on the basis of using equipment from the 2 existing hospital sites.

## **19. PERFORMANCE DASHBOARD**

- 19.1 Sandra Betney presented the combined Performance Dashboard to the Board for the period October 2020 (Month 7 2020/21). This report provided a high-level view of key performance indicators (KPIs) in exception across the organisation.
- 19.2 At the end of October, there were 7 mental health key performance thresholds and 15 physical health key performance thresholds that were not met. It was noted that all indicators had been in exception previously within the last 12 months. Sandra Betney informed the Board that there were a large number of

exceptions but offered assurance that many of these related to data quality issues and this was starting to improve following Covid. Relevant services and teams had been contacted and asked to start looking at service recovery plans.

- 19.3 The Board was asked to note that good progress was being made in terms of moving to fully integrated reporting, with the planned timescale of end of quarter 4 for completion.
- 19.4 Sandra Betney advised that there were 4 workforce indicators residing within the physical health section that now applied to all GHC services. These indicators would be made more prominent in future reports.

## **20. FREEDOM TO SPEAK UP REPORT**

- 20.1 Sonia Pearcey, FTSU Guardian was in attendance to present her six-monthly update report to the Board. It was noted that all organisations which regulate or provide NHS healthcare should implement the principles and actions set out in the report “Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS”.
- 20.2 The Board was asked to note that 42 concerns were raised in quarter 1 and 23 in quarter 2. The breakdown of concerns received was presented within the report, and looked at key themes, as well as staff group and protected characteristics.
- 20.3 The report also identified the planned actions and priorities for the Freedom to Speak Up agenda for the next six months.
- 20.4 The Board agreed that this report provided good assurance that speaking up processes are in place and remain open for colleagues to speak up, especially in these unprecedented times of Covid-19, that speaking up processes are in line with national requirements and that a positive speaking up culture is reflected in the health and wellbeing offer to colleagues. The Board also supported the recommendation within the report to undertake a self-assessment to ensure compliance with the “Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts” updated published guidance July 2019.
- 20.5 Ingrid Barker took the opportunity to thank and congratulate Sonia Pearcey, who had been awarded an MBE in the Queen’s Honours list. Huge efforts had been made to inform colleagues of how they can speak up, and this was all the more important in the current challenging times.

## **21. CHANGE TO THE TRUST CONSTITUTION**

- 21.1 As part of the recent Council of Governor Review and Refresh work, the Governors had supported the proposals around changes to the composition of the Council, in particular with regard to the reduction in Staff Governors and an increase in Appointed Governor posts.

- 21.2 During the merger process in 2019 it was agreed to increase Staff Governor numbers to enable representation from the former Gloucestershire are Services Staff. Following the reduction of public governors with the Herefordshire Constituency ceasing, the ratio of staff to public constituencies was now significantly out of proportion in comparison to other Trusts reviewed.
- 21.3 The Council, whilst recognising the valuable contribution of Staff Governors also recognised the need to ensure that Public Governors are in the majority, in line with Foundation Trust requirements, supported the proposal to reduce the number of Staff Governors to 7 from the existing 10.
- 21.4 It was recognised that ensuring the Council of Governors reflected a breadth of voices was important, and that in the short term increasing the number of Appointed Governors to 5 should help ensure this. With the aim of maintaining the current size of the Council, the additional 3 Appointed Governors would be phased in as the Staff Governor constituency changes were enacted.
- 21.5 The Board approved the proposed change to the Trust Constitution as set out in the report, noting that the Council of Governors had also approved the change at their Council meeting on 19 November.

## **22. COUNCIL OF GOVERNOR MINUTES**

- 22.1 The minutes from the Council of Governors meeting held on 16 September 2020 were received and noted for information.

## **23. BOARD COMMITTEE SUMMARY REPORTS**

### **23.1 Resources Committee**

The Board received the summary report from the Resources Committee meeting held on 22 October 2020. This summary was noted.

### **23.2 Quality Committee**

The Board received the summary report from the Quality Committee meeting held on 3 November 2020. This summary was noted.

### **23.3 Audit and Assurance Committee**

- 23.3.1 The Board received the summary report from the Audit and Assurance Committee meeting held on 5 November 2020.

- 23.3.2 The Committee considered the reappointment of the External Auditors, KPMG for a final year from 1 April 2021 until 31 March 2022. In considering the extension the Committee reviewed the outcome of the evaluation of performance of the external auditor and considered benchmarking data of external audit fees charged by other Trusts. Based on the outcome of the evaluation and benchmarking, the Committee agreed the extension of the

current contract for a final one-year term. This extension was reported to the Council of Governors at its meeting on 19 November.

23.3.3 There was one recommended change to the Committee's Terms of Reference to include the additional requirement of a member of the Committee having a relevant financial qualification. This recommended change was presented to and subsequently approved by the Board.

#### **23.4 Appointments and Terms of Service Committee**

The Board received the summary report from the Appointments and Terms of Service Committee meeting held on 12 November 2020. This was noted.

#### **23.5 Charitable Funds Committee**

The Board received the summary report from the Charitable Funds Committee meeting held on 13 November 2020. This was noted.

#### **23.6 Mental Health Legislation Scrutiny Committee**

The Board received a verbal report from the MHLS Committee meeting which had taken place on 18 November, and a written summary from the previous meeting held on 23 September. This was noted.

Jan Marriott, Chair of the MHLS Committee expressed her thanks to Steve Alvis who had agreed to take on the Chair of the MHA Managers Forum meetings.

### **24. ANY OTHER BUSINESS**

24.1 There was no other business.

### **25. DATE OF NEXT MEETING**

25.1 The next meeting would take place on Thursday 28 January 2021.

**Signed:** .....

**Dated:** .....

**Ingrid Barker (Chair)**

Gloucestershire Health and Care NHS Foundation Trust



## PUBLIC SESSION TRUST BOARD: Matters Arising Action Log – 28 January 2021

**Key to RAG rating:**



Action completed (items will be reported once as complete and then removed from the log).



Action deferred once, but there is evidence that work is now progressing towards completion.



Action on track for delivery within agreed original timeframe.



Action deferred more than once.

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
25 Nov 2020	3.6	An initial organisational response to the recommendations sets out in the DPH Annual Report, with specific actions and commitments to be presented to the Board in January 2021.	Paul Roberts	28 January 2021	Due to Covid operational pressures, this item has been deferred to a future agreed meeting	
	14.2	A more detailed report on progress with the Reablement Service would be presented to the Board in January 2021.	John Trevains	28 January 2021	Update on Reablement service to be provided within the Quality Report received at the January Board meeting	

**AGENDA ITEM: 08**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 29 January 2021**

**PRESENTED BY:** Lavinia Rowsell, Head of Governance and Trust Secretary  
John Trevains, Director of Nursing, Therapies and Quality

**AUTHOR:** Lavinia Rowsell, Head of Governance and Trust Secretary

**SUBJECT:** **COVID BOARD ASSURANCE FRAMEWORK**

**This report is provided for:**

Decision ☐ Endorsement ☐ Assurance ☒ Information ☒

**The purpose of this report is to:**

To provide assurance on the management of strategic risk in relation to Covid. Along with the corporate risk register the BAF supports the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care.

**Recommendations and decisions required**

The Board is asked to **receive** the updated Covid-Board Assurance Framework.

**Executive summary**

In line with the revised Covid governance arrangements, the Covid element of the Board Assurance Framework (BAF) will be presented to the Board at each meeting alongside the report from the Covid Programme Board. The BAF has been updated in discussion with Executive colleagues.

Risks relating to Covid-19 are regularly reviewed via the Covid Programme Board. The strategic risk rating has been reviewed and **no increase in risk rating** is recommended at the current time. Local management expertise is in place, there are strong PPE supplies and Covid 19 secure controls have been established. In addition, there has been significant progress in the roll of the mass vaccination programme with over 3000 members of staff vaccinated to date. An additional Board Assurance Framework for infection prevention control has been completed and will be considered under a separate item on the agenda.

**Risks associated with meeting the Trust's values**

As set out in the paper.

**Corporate considerations**


<b>Quality Implications</b>	The trust must have a robust approach to risk management in order to maintain the highest standards of quality care provided to patients. Identification and mitigation of risk is an important tool in being able to manage events that could have an impact
<b>Resource Implications</b>	There are no financial implications arising from this paper.
<b>Equality Implications</b>	There are no financial implications arising from this paper.

**Where has this issue been discussed before?**

n/a

**Report authorised by:**  
John Trevains

**Title:**  
Director of Nursing, Therapies and Quality

<b>Strategic Objective:</b>		<b>ALL STRATEGIC OBJECTIVES</b>				
<b>Risk Ref:</b>	<b>Latest Rating and Direction of Travel</b>	<b>Risk Description</b>				
<b>SR00</b>		That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.				
<b>Type</b>		<b>Quality</b>			<b>Executive Leads</b>	<b>Director of Nursing</b>
						<b>Chief Operating Officer</b>
<b>Risk Rating</b>		<b>Likelihood</b>	<b>Impact</b>	<b>Total</b>	<b>Assurance Committee</b>	<b>Board</b>
Inherent (without controls being applied) Risk Score		5	5	25	<b>Date Identified</b>	Feb 2020
Previous Meeting Risk Score		4	4	16	<b>Date of Review</b>	January 2021
<b>Current Risk Score</b>		<b>4</b>	<b>4</b>	<b>16</b>	<b>Date Next Review</b>	Ongoing and February 2021
<b>Tolerable (Target) Score</b>		4	3	12	<b>Date to Achieve Target</b>	June 2021
<b>Key 2021 Deliverables</b>					<b>Relevant Key Performance Indicators</b>	
Continued compliance with national guidance and requirements i.e. Covid secure environments, Public Health England personal protective equipment guidance, BAME guidance and high standards of infection control, all to maintain safety and wellbeing of patients, carers and staff. Ongoing staff support and wellbeing measures to care for staff and maintain effectiveness. Trust contribution to roll out of Mass Vaccination Programme.						

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Business continuity planning and incident management plans in place	Covid Programme Reports Executive briefings. Board briefings.	Management	Regular Board briefings re-established		Completed	COO	Programme management approach adapted to longer term incident management. <b>Daily Oversight Calls in place.</b>
Covid programme established with Exec work-stream leads	Fortnightly Covid Programme Board and weekly Executive Covid discussions.	Management		Recovery programme structure in place.		COO	Programme Structure in place reporting to Exec.
Engagement in local/regional/national NHS emergency guidance and protocols	Feedback from ICS/discussion with system partners to Executive.	Management	Guidance from centre on specific issues.	Continued engagement with system and wider NHS partners.	Ongoing	Executive	Demand and capacity systems for essential services in place and monitored. Trust contributing to national work on PPE supply.
Covid 19 vaccination of staff	Executive review	Executive	Full vaccination of eligible staff	<b>Continuing review of vaccination programme in line with JCVI guidelines.</b>	Ongoing	DoNTQ	<b>GHC working group established. &gt;3000 GHC staff vaccinated</b>  GHC registered as vaccine hub and in receipt of AZ vaccine.



Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Plans in place for response to second surge	Executive review	Management			End Oct	COO	<p>Practical guide for surge planning for managers in place. Surge workshops held with all services.</p> <p>SitRep tool redefined.</p> <p>BCP plans reviewed to include minimal safe staffing requirement</p>

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Protocols for maintaining infection prevention and control in workplaces established for the protection of patients and staff	Executive/IPC group  Quality Committee/QAG.  Covid Secure Environment Task and Finish Group  PwC Covid secure internal audit	Management	Covid secure environments across trust.	Action plans for covid secure compliance across Trust to be finalised.	Ongoing	COO	Joint working with ICS partners.  Regular review of PPE guidance. GHC stock management team established.  IP&C assurance framework in place and under review.  Covid secure environmental toolkit rolled out.  Lateral flow testing in place.  HSE assurance template and staff action plan in place.  4 new recruits to fit testing programme. 100 work-place safety reps in place.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Maintenance of safe staffing levels	Progress reports to Executive.	Management			Ongoing	DoHR&OD/COO	Health and Wellbeing offer in place to support all staff. Daily monitoring reporting of staffing levels across teams.  Establishment of Workforce Task Group – service prioritisation plans.  Appointment of dedicated clinical psychologist.  Recruitment and retention advisor in post
Key workforce policies and HR guidance on remote working, sickness reporting	Weekly executive discussion. Communication through internal Comms structure.	Management		HR guidance/policies regularly updated in line with national policy developments	Ongoing	DoHR&OD	Sickness and isolation reporting in place. Home working assessment app launched. Home working policy agreed.

Key Controls to Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions to Address	Target to Complete	Action Owner	Action Update
Risk assessments for all at risk staff	Management and Board.	Management and Board		Risk assessments for all at risk staff.  Covid Secure environment project.		DoHR&OD	All at risk staff contacted. Additional support including OH and FTSU in place. Covid- secure environment toolkit developed.  As of 20/01/20 – 99% of BAME colleagues have had a risk assessment. 73% of all other at-risk colleagues have been assessed inc. 100% of those shielding.  Roll out of returning sheilders toolkit risk assessment and guidance.
Sufficient PPE to ensure Workforce remains safe and to reduce spread of the Virus	Monthly progress reports to business continuity team and Executive.	Management		Centralised stock management team  Monitoring and standard operating procedure as per national guidance	Ongoing	COO	Regular monitoring of central guidance.  Stock management team in place. Daily push delivery

## Definitions



The overall risk ratings below are calculated as the product of the Probability and the Severity

LEVEL	INJURY / HARM	SERVICE DELIVERY	FINANCIAL / LITIGATION	REPUTATION / PUBLICITY
<b>5 CATASTROPHIC</b>	Fatality, Multiple fatalities or large number injured or affected.	Complete breakdown of critical service/ 'Significant under-performance' against key targets.	Losses; claims/damages; criminal prosecution, over-spending; resourcing shortfall: >£1M.	National adverse publicity/reputation irreparably damaged.
<b>4 Major (HIGH)</b>	Fatality/multiple serious injuries/major permanent loss of function/increased length of stay or level of care >15 days.	Intermittent failures of a critical service/'under-performance against key targets'.	£501K - £1M	Adverse national publicity
<b>3 Moderate (MEDIUM)</b>	Semi-permanent harm (1 month-1 year). Increased length of stay / level of care 8-15 days, >1 month's absence from work.	Failure of support services/under-performance against other key targets'.	£51K - £500K	>3 days local media publicity
<b>2 Minor (LOW)</b>	Short-term injury (<1 month). Increased length of stay or level of care <7 days, 3 days-1 month absence for staff.	Service Disruption	£11K - £50K	<3 days local media publicity
<b>1 (Insignificant)</b>	No harm. Injury resulting in <3 days' absence from work for staff.	No service disruption	<£10K	



LIKELIHOOD SCORE		
Level		
5	Almost certain	Will occur frequently given existing controls
4	Likely	Will probably occur given existing controls
3	Possible	Could occur given existing controls
2	Unlikely	Not expected to occur given existing controls
1	Rare	Not expected to occur, except for in exceptional circumstances, given existing controls

## RISK RATING MATRIX

Likelihood	IMPACT				
	1	2	3	4	5
5	5 (LOW)	10 (MEDIUM)	15 (HIGH)	20 (CATASTROPHIC)	25 (CATASTROPHIC)
4	4 (LOW)	8 (MEDIUM)	12 (MEDIUM)	16 (HIGH)	20 (CATASTROPHIC)
3	3 (LOW)	6 (MEDIUM)	9 (MEDIUM)	12 (MEDIUM)	15 (HIGH)
2	2 (LOW)	4 (LOW)	6 (MEDIUM)	8 (MEDIUM)	10 (MEDIUM)
1	1 (LOW)	2 (LOW)	3 (LOW)	4 (LOW)	5 (LOW)

Impact Score x Likelihood Score = Risk Rating:

## AGENDA ITEM: 09

**REPORT TO:** TRUST BOARD PUBLIC SESSION – 28<sup>th</sup> January 2021

**PRESENTED BY:** Ingrid Barker, Chair

**AUTHOR:** Ingrid Barker, Chair

**SUBJECT:** REPORT FROM THE CHAIR

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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<b>This report is provided for:</b>			
Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>

<p><b>The purpose of this report is to</b></p> <p>To update the Board and members of the public on my activities and those of the Non-Executive Directors to demonstrate the processes we have in place to inform our scrutiny and challenge of the Executive and support effective Board working.</p>
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<p><b>Recommendations and decisions required</b></p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report and the assurance provided.</li> </ul>
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<p><b>Executive summary</b></p> <p>This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:</p> <ul style="list-style-type: none"> <li>• Board developments</li> <li>• Governor activities</li> <li>• Working with our system partners</li> <li>• Working with our colleagues</li> <li>• National and regional meetings attended and any significant issues highlighted</li> </ul> <p>Inevitably how we, as a Board work, and where we are focusing continues to be impacted by the need to respond to the very significant challenges of the ongoing COVID pandemic. At the same time, we continue to balance the need to take forward our ongoing development as a Board and an organisation.</p>
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I would like to formally thank both my fellow Board members, Executive and Non-Executive, and my colleagues throughout the organisation who continue to prioritise meeting the needs of our community despite their own worries and the heavy demand we are experiencing. Every day I see and hear more about how the GHC Team are living our values and feel proud to be the Chair of an organisation where people continue to rise to meet the next hurdle. These are extraordinary times, but we are so fortunate to be an organisation made up of extraordinary people.

As part of our more regular operation work to improve and further develop the work of the Trust and the Board continues through Board sessions and external partnership meetings and sector update sessions as set out below. These sessions are well focused to ensure we are learning and developing as we go along, and taking the opportunity to learn from the last nine months. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of our Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice. These issues have been reinforced by the response to the pandemic as well as feedback from stakeholders.

#### Risks associated with meeting the Trust's values

None.

#### Corporate considerations

Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

#### Where has this issue been discussed before?

This is a regular update report for the Trust Board.

#### Appendices:

#### APPENDIX 1

Non-Executive Director – Summary of Activity – 1<sup>st</sup> November to 31<sup>st</sup> December 2020

**Report authorised by:**  
Ingrid Barker

**Title:**  
Chair

## REPORT FROM THE CHAIR

### 1.0 INTRODUCTION AND PURPOSE

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

- Board developments
- Governor activities
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

### 2.0 BOARD

#### 2.1 Non-Executive Director Update

The Non-Executive Directors and I continue to hold our monthly meetings. Virtual meetings were held on 8<sup>th</sup> December and 19<sup>th</sup> January. These meetings have been helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive at this difficult time and to continuously improve the way we operate.

I continue to have regular meetings with the Vice-Chair and Senior Independent Director, along with individual 1:1s with all NEDs. During this time when in person meeting is not possible these sessions are virtual, but continue to support us to work effectively together as a team.

#### 2.2 Board Updates:

**COVID briefings** – briefings have been held on 10<sup>th</sup> December and 7<sup>th</sup> January. Due to the seriousness of the present situation fortnightly briefings for Board are being scheduled. These sessions ensure the Board is up to date with the latest challenges, and can support, and where necessary challenge, and understand the difficult decisions the Executive is needing to action.

**Trust Appreciation Evening** - the Trust was due to hold its first awards event in the autumn of 2020, but unfortunately the COVID pandemic meant plans were put on hold and an alternative event was then planned for the evening of Thursday 26 November. This was an 'appreciation event' rather than an awards ceremony, and was an online event to say thank you to all Trust colleagues for everyone's efforts throughout 2020 to support our communities. The event also celebrated the achievements of colleagues who have worked for the NHS for 20, 30, 40 and even 50 years. There were many messages of thanks and support from all corners of the Trust and the wider communities, including some from high profile and national

figures, including the Secretary of State for Health, Matt Hancock.

Some of the highlights included a film about Coln Ward, at Cirencester Hospital, which has won the NHS Parliamentary Award for Care and Compassion, in the South West.

My thanks to the Head of Communications (Kate Nelmes) and her team for their excellent organisation of a very enjoyable and heart-warming evening.

### Board Development

We continue to devote significant time to considering our Board ways of working and how we ensure that transformation remains central to the way we work, whilst the necessary focus is maintained on ensuring clinical safety and colleagues' wellbeing. The following sessions have taken place:

- **8<sup>th</sup> December – NHSE/I policy paper on integrating care.** This included consideration of the report's main themes: 1. Provider collaboratives; 2. Place-based partnerships; 3. Clinical and professional leadership; 4. Governance and accountability; 5. Financial framework; 6. Data and digital; 7. Regulation and oversight; 8. How commissioning will change

The proposals within the report were out for consultation until 8<sup>th</sup> January. The Board has submitted its own response to the consultation alongside the response from the ICS. We now await feedback on this and how it is planned to take the proposals forward, recognising that the timelines may be impacted by the pandemic.

- **14<sup>th</sup> January – Risk Appetite and Strategic Risk** - as the Trust's Strategy and related Objectives are developed we looked at how we need to update the Board Risk Appetite and confirm our strategic risks and the related mitigations. Further work on refining the Board Assurance Framework will continue over the next few months in readiness for the new operational year in April. The formal approval of the Risk Appetite Statement, following this session was delegated to the February Audit and Assurance Committee.

## **3.0 GOVERNOR UPDATES**

I am pleased to announce that **Chris Witham, Public Governor Forest of Dean** has been appointed as the **Lead Governor** from the beginning of January. Chris currently works as a Digital Delivery Lead in the NHS Leadership Academy and is a town councillor in Cinderford. Chris joined the Council in September and his feedback on his first meeting was *"Fantastic to see staff wellbeing and equality, diversity & inclusion as golden threads through the whole agenda. Excited for the journey ahead."* Chris takes over from Dr Faisal Khan who stood down in December after helpfully taking an important role supporting us through the transition to a significant new membership of the Council. I have arranged a schedule of regular meetings with Chris for the forthcoming year and look forward to continuing to work with him to support the development of the Council.



I would also like to welcome two new Governors who, following recent elections, were appointed from 1<sup>st</sup> January:

**Laura Bailey** - Public Governor (Tewkesbury)

**Kizzy Kukreja** - Staff Governor (Medical Dental & Nursing)

I have held introductory meetings with Laura and Kizzy.

#### Council of Governors meetings:

**Two Governwell development sessions** have taken place: **9<sup>th</sup> December** - a Governor focused session to build understanding of the key role of the Council of Governors and its place within the wider governance framework and a wider session on **21<sup>st</sup> January** for Governors and Non-Executive Directors to consider how we can best work together to meet our shared goals.

**Membership and Engagement Committee** - following agreement at the November meeting, a new Governor led Membership and Engagement committee has been created. This Committee is being set up to provide a dedicated focus on Membership going forward, with an initial focus being on the potential additional Appointed Governors and the development of the Trust's Membership and Engagement Strategy and aims to meet twice a year. I will Chair the Committee, which will include representation from the Trust's Communications Team, Strategy and Partnership directorate and the Trust Secretariat. An initial meeting was held on 26<sup>th</sup> January, with a further meeting arranged for 23<sup>rd</sup> February.

## **4.0 NATIONAL AND REGIONAL MEETINGS**

Since the last meeting of the Trust Board in November, I have attended a breadth of national meetings, all of which considered COVID plus more routine business:

- **NHS Providers Board** – 2<sup>nd</sup> December and 13<sup>th</sup> January - where we discussed important policy and national operational issues and current challenges and opportunities.
- **NHS Providers Chairs and CEOs Network** – 3<sup>rd</sup> December – where we received a policy and strategic update from the CEO of NHS Providers; an update on forward plans from Health Education England CEO Dr Navina Evans; an update on Brexit from Professor Keith Willett and an update from NHSI/E.
- **NHS Confederation NHS Reset Webinars** held on 7<sup>th</sup> December and 18<sup>th</sup> January were attended by some of the Non-Executive Directors. These recognise the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the past months.
- **South West Region NHS Provider Chairs meeting** – a meeting was held on 18<sup>th</sup> December and a further meeting is scheduled for 10<sup>th</sup> February.

- **NHS England and NHS Improvement – Chairs Advisory Group** – I attended a further meeting of this important group on 21<sup>st</sup> January.
- **NHS Confederation Mental Health Network** – meetings take place weekly and I hope to attend when my diary permits.

## 5.0 WORKING WITH OUR PARTNERS

I have continued my regular virtual meetings with key stakeholders and partners where views on the working of the health and care system and the way we can mutually support each other are key issues for consideration. Highlights are as follows:

- Along with the Chief Executive and the Director of Strategy and Partnerships, I attended a meeting of the County's **Health Overview and Scrutiny Committee (HOSC)** on 12<sup>th</sup> January where the Committee discussed outputs from the Fit for the Future consultation; outputs from the Forest of Dean Community Hospital consultation; a performance update from South West Ambulance Service; an update on the work of the One Gloucestershire Integrated Care System (ICS) partnership.
- I attended a **joint meeting** of the County's **Health Overview and Scrutiny Committee and Adult Social Care and Communities Committee** on 26<sup>th</sup> January. The purpose of the meeting was to focus on public health updates. I was accompanied at this meeting by the Deputy Director of Strategy & Partnerships, Eddie O'Neil, where we were invited to give an update on the Trust's work in relation to COVID since January.
- Bi-monthly meetings with the **County's Health Chairs** have been scheduled for this year and a meeting was held on 12<sup>th</sup> January. These sessions are very helpful in supporting our partnership working.
- The **Chair of Gloucestershire Hospitals NHSFT**, Peter Lachecki, and I continue to meet virtually on a regular basis to discuss matters of mutual interest.
- I also continue to have regular meetings with the **Independent Chair of the ICS Board (Integrated Care System)**, Dame Gill Morgan.
- **ICS Board** meetings were held on 17<sup>th</sup> December and 21<sup>st</sup> January. A number of important operational and strategic issues were discussed. Partnership work is a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported.
- As a **Governor of the University of Gloucestershire Council** I have attended several meetings over the last couple of months. This link will assist with some of the workforce challenges faced by the Trust and the wider system, as well as developing research and other potential links between our two

organisations. As part of my Governor role, on 30<sup>th</sup> November I was invited to attend a conference which looked at **reimagining the relationship between universities and the NHS**.

- The CEO and I met with the Chair and Vice-Chancellor of the **University of Gloucestershire** on 7<sup>th</sup> January where we discussed potential partnerships and joint working. An internal meeting to further discuss this subject has been arranged for February.
- I attended a meeting of the **ICS NED and Lay Member Network** on 27<sup>th</sup> January where current priorities within the system were discussed.

## 6.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- On 26<sup>th</sup> November I attended a **Stakeholder Listening Event – making adjustments to support those with learning disabilities in Primary Care**. This excellent event was organised by Simon Shorrick (Strategic Health Facilitator - Learning Disabilities team) in order to gain observations and experiences to help give a steer and guidance in moving forward, as well as identifying the work that partner organisations are doing as part of the co-produced communication plan.
- Unfortunately, the quarterly meeting due to be held in December with the **Chairs of the County's Leagues of Friends** had to be cancelled due to the pressure the Trust is under in dealing with the COVID situation. It was agreed that the next meeting will now take place in March 2021.

## 7.0 ENGAGING WITH OUR TRUST COLLEAGUES

I attended the third meeting of the **Trust's Diversity Network** on 10<sup>th</sup> December where we reviewed progress to date and a look forward to plans for the next year.

Along with several NEDs I met with the Director of Finance on 7<sup>th</sup> December to receive a **Digital update** to consider what we are already using and what developments are planned.

On 13<sup>th</sup> January, I had an introductory meeting with **James Wright**. James joins the Trust on 1<sup>st</sup> February as the Associate Director of Quality and Learning and I welcome him to the organisation.

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

Whilst drop in chats with services and colleagues need to be virtual I continue to try to make myself available to support colleagues and recognise their endeavours. I

have an active presence on social media to fly the GHC flag and highlight great work and issues across the county.

## **8.0 NED ACTIVITY**

The Non-Executive Directors continue to be very active, attending virtual meetings across the Trust and where possible visiting services.

See Appendix 1 for the summary of the Non-Executive Directors activity for November and December 2020.

## **9.0 CONCLUSION AND RECOMMENDATIONS**

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

## Appendix 1

### Non-Executive Director – Summary of Activity – 1<sup>st</sup> November to 31<sup>st</sup> December 2020

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Graham Russell	Strategy – Sustainability trio Chair and Vice Chair HOSC Annual Review NEDs meetings (2) Chair (2) Director of Strategy and Partnerships (2) Resources Committee agenda planning (2)	Good Governance Institute for NEDs (2)	Board COVID briefing (2) Nomination and Remuneration Committee Audit and Assurance Committee ATOS Committee Charitable Funds Committee ICS Board Council of Governors Board meetings Board briefing ref NHS Integrated Care Resources Committee
Marcia Gallagher	Medical Director Strategy Trio Gloucestershire Audit Chairs Deputy Director of Finance Trust Chair Lead Governor Director of Finance and Steve Brittan D. Rooke (Governor) NEDS meetings (2)	MHAM Hearing (2) Good Governance Institute for NEDs (3) NHS Confederation Chairs/NEDs Trust Appreciation evening NHS Confederation Chairs/NEDs (2)	Board COVID briefing (2) Audit and Assurance Committee Charitable Funds Committee ATOS Committee Council of Governors Board meetings Board briefing ref NHS Integrated Care



NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Medical Director		
Dr. Stephen Alvis	NEDs meetings (2) Quality Trio Staff Forum MHAM Forum Preparation meeting Senior Leaders Network Trust Chair	Good Governance Institute for NEDs (6 meetings) NHS Reset Chairs (2) MHAM Forum Company Secretaries / NEDs network	Board COVID briefing (2) Ethics Committee (2) ATOS Committee MHLS Committee Council of Governors Board meetings Board briefing ref NHS Integrated Care
Maria Bond	Chief Operating Officer (3) Director of Nursing, Quality & Therapies (4) Post Quality Committee meeting with Governors and Experts by Experience Reciprocal Mentoring Programme Trio meeting Sumita Hutchison (2) NED meetings (2) Senior Leaders Network Trust Chair and Trust Secretary ref governance Trust Chair Interview Panel and pre-meet for DCOO (2) Reflection on recruitment processes	NHS Reset Chairs Trust Appreciation evening MHAM Forum	Quality Committee Board COVID briefing (2) ATOS Committee Board meetings Council of Governors Board briefing ref NHS Integrated Care

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Chris Woon		
Steve Brittan	Reciprocal mentoring programme Sustainability strategy planning NED meetings Chief Operating Officer Technology Briefing Oxehealth Project meeting Digital meetings (2) Head of Sustainability interview prep Head of Sustainability interviews Head of IT ref Digital Strategy update Trust Chair	NHSP Finance for Senior Leaders course NHS Reset Chairs Visit to Oxehealth HQ, Oxford	Audit and Assurance Committee ATOS Committee Board meetings Resources Committee Board COVID briefing (2) Board Seminars Council of Governors
Jan Marriott	Strategy Trio NEDs meetings (2) FTSU Guardian New Cheltenham Governors Director of Finance Chief Operating Officer	ICS Clinical Council Reasonable adjustments webinar	Quality Committee Audit and Assurance Committee MHLSC Board meetings Council of Governors
Sumita Hutchison	People Participation meeting Head of Sustainability interview planning Linda Gabaldoni ref Health & Wellbeing Interviews for Head of Diversity	Meeting with consultant ref self-managing teams	Ethics Committee Board meetings Board COVID briefing Resources Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	NED meetings Trust Chair Diversity Network (chair) Director of HR Maria Bond (2)		

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 January 2021**

**PRESENTED BY:** Angela Potter, Director of Strategy & Partnerships

**AUTHOR:** Angela Potter, Director of Strategy & Partnerships

**SUBJECT:** **FOREST OF DEAN PUBLIC CONSULTATION – OUTPUT REPORT**

<b>If this report cannot be discussed at a public Board meeting, please explain why.</b>	
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<b>This report is provided for:</b>			
Decision <input checked="" type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input checked="" type="checkbox"/>

<p><b>The purpose of this report is to:</b></p> <p>Provide an update to the Trust Board regarding the response to the public consultation on the services proposed for the new hospital in the Forest of Dean (FoD). The Trust will specifically acknowledge and respond to those areas of the consultation that are pertinent to the design and operating of the new hospital moving forward.</p> <p>This report will acknowledge those aspects of the consultation that are regarding the wider service configurations but note that these will be considered by Gloucestershire Clinical Commissioning Group (GCCG) in their role as commissioner at their Governing Body meeting.</p>
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<p><b>Recommendations and decisions required:</b></p> <p>The Trust Board is asked to;</p> <ul style="list-style-type: none"> <li>• Receive the detailed and extensive feedback in response to the public consultation on the proposed services within the new hospital in the FoD.</li> <li>• Note that the GCCG Governing Body are also considering this feedback and will provide the Trust with a final commissioning specification for the new hospital services on conclusion of their commissioning deliberations.</li> <li>• Consider the rationale relating to the proposed 100% single rooms and to <b>support the recommendation</b> that we remain with this proposal within the detailed design.</li> </ul>
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<p><b>Executive Summary</b></p> <p>The public consultation on the proposed service configuration for the Forest of Dean new hospital ran from the 22<sup>nd</sup> October to the 17<sup>th</sup> December 2021. The consultation process and report were led by the One Gloucestershire Communication and Engagement team.</p>
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The consultation resulted in 554 consultations surveys being completed plus some additional responses.

The consultation output report has been compiled and shared with the Health Overview & Scrutiny Committee on the 13<sup>th</sup> January 2021. The full report is available for Trust Board Members in the Reading Room or can be accessed via [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk). The outputs are also to be shared with the GCCG Governing Body for consideration in order to finalise their commissioning specification for the new hospital.

Overall, the feedback to the consultation is generally not supportive of the proposals for inpatient care and urgent care. However, it is supportive of the proposals for diagnostic and outpatient services. The strength of support across all services is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district are less supportive of the proposed services for the new hospital than those in the central and northern parts of the Forest of Dean.

Qualitative feedback notes the benefit of providing services from an improved facility in the Forest of Dean, rather than having to travel to Gloucester or Cheltenham. Concern is voiced about access to the new hospital from Lydney and the south of the Forest, and the ability to provide services from a single site, whilst the population in the Forest of Dean is continuing to increase.

Many of the comments made, focussed on issues outside of the Consultation including; the decision to provide one new hospital which would result in the closure of the existing hospitals; and the agreed location for the new hospital. Whilst these comments are acknowledged the consultation was not designed to revisit historic decisions taken.

The report provides analysis in each of the four areas consulted on – inpatient services, urgent care, diagnostics and outpatient services. The majority of the feedback requires further consideration by the CCG in order for them to confirm their commissioning intentions for the new hospital. There was a small number of respondents who commented on the provision of 100% single rooms and the Trust has reconsidered its rationale around this planning assumption from an operational, infection control and quality perspective. Overall the Trust considers that there remains significant benefit from the proposal for single rooms and that with appropriate day and therapy space and location of staff bases incorporated within the ward layout the risks raised around isolation and observation can be mitigated.

#### **Risks associated with meeting the Trust's values:**

##### **Corporate considerations**

<b>Quality Implications</b>	Failure to deliver the scheme increases the ongoing risks associated with maintaining service delivery at the existing Dilke and Lydney sites in terms of both the environmental and backlog maintenance issues and the staffing resilience risks.
<b>Resource Implications</b>	No additional financial impact is anticipated in terms of the cost of the new FoD hospital
<b>Equality Implications</b>	EQIA has been undertaken as part of the consultation process including a breakdown of respondents

	demographics where provided and specific events to reach minority populations.
<b>Working Together</b>	The consultation has been undertaken by One Gloucestershire with strong input from both the Trust and the CCG along wide wider stakeholders

<b>Where has this issue been discussed before?</b>
Health Overview and Scrutiny Committee – 13 <sup>th</sup> January 2021

<b>Appendices</b>	Outcome of Consultation Full Report in Reading Room
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<b>Report authorised by:</b> Angela Potter	<b>Title:</b> Director of Strategy & Partnerships
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## FOREST OF DEAN NEW COMMUNITY HOSPITAL UPDATE REPORT FOR TRUST BOARD

### 1. INTRODUCTION

Trust Board members have received regular updates on the consultation and engagement activities that have taken place over many years in relation to this project.

This paper outlines the outputs from the public consultation on the proposed service configuration for the Forest of Dean new hospital which ran from the 22<sup>nd</sup> October to the 17<sup>th</sup> December 2021. The consultation process and report were led by the One Gloucestershire Communication and Engagement. We would like to take the opportunity to thank everyone who took the time to respond to this consultation and provide their views on the proposed services moving forward.

The consultation documentation outlined that it did not cover the decision to move from two hospital to a single site nor the preferred location for a single hospital which was previously confirmed as Cinderford following the Citizens Jury process.

### 2. OUTPUTS FROM THE CONSULTATION

#### 2.1 The Consultation key facts

- 3,400 Consultation booklets distributed, 495 requests for information following door-to-door leaflet distribution.
- 20 consultation events.
- More than 250 socially distanced contacts with members of the public & community partners and over 100 with staff.
- 10 Facebook posts with a reach of over 56,000 and 200 'engagements'.
- 8 tweets generated over 7,000 impressions and 100 'engagements'.
- **554 consultation surveys completed, plus additional written responses.**

### 3. SUMMARY OF FEEDBACK

The consultation output report has been compiled and has been shared with the Health Overview & Scrutiny Committee on the 13<sup>th</sup> January 2021. The full report is available for Trust Board Members in the Reading Room or can be accessed via [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

The output report provides a full breakdown of all public contacts made, an update regarding Equality and Diversity Impact assessment activities and details of how the consultation sought to reach out to voices seldom heard or harder to reach communities. It acknowledges that the consultation took place in a socially distanced manner and the mechanisms put in place for the periods of lockdown when the socially distanced use of the information bus was not possible.

Overall, the feedback to the consultation is generally not supportive of the proposals for inpatient care and urgent care. However, it is supportive of the proposals for diagnostic and outpatient services. The strength of support across all services is dependent upon the individual respondent's or groups of respondents' geographical partiality. Respondents from the south of the district being less supportive of the proposed services for the new hospital than those in the central and northern parts of the Forest of Dean.

Qualitative feedback notes the benefit of providing services from an improved facility in the Forest of Dean, rather than having to travel to Gloucester or Cheltenham. Concern is voiced about access to the new hospital from Lydney and the south of the Forest, and the ability to provide services from a single site, whilst the population in the Forest of Dean is continuing to increase. Many of the comments made focussed on issues outside of the Consultation; the decision to provide one new hospital which would result in the closure of the existing hospitals; and the agreed location for the new hospital.

Taking each of the four service areas in turn;

**Inpatient Care;** 43.8% agreed or strongly agreed that the inpatient services proposed would meet the needs of local people whilst 52.4% of people disagreed or strongly disagreed and 3.8% were neutral. Of the 52.4% of people who felt the services would not meet requirements, 67.9% of these responses were from respondents with a South of the Forest postcode.

Qualitative feedback noted that those who agreed with the proposals for inpatient care thought the new hospital would reduce the need for travelling out of the Forest of Dean, but also recognised the need to provide high quality care in the community if the reduced bed numbers were to be sustained. Feedback from those who disagreed with the proposals asked for consideration of an increase in the local population and questioned whether the 24 beds provided sufficient capacity to support the needs of people in the Forest of Dean. There were comments about a lack of capacity across the county and the need for end of life care to be provided.

Specifically related to the proposed provision of the inpatient accommodation within 100% single rooms, 9 people specifically referenced this within their qualitative feedback. 3 out of the 9 comments were supportive of having all single rooms within the new hospital whilst the remaining 6 comments referenced aspects such as the need to ensure we mitigate social isolation, particularly for anybody who has a long length of stay and the inability for neighbouring patients to call for assistance if somebody is unable to do it for themselves.

The Trust is therefore requested to consider the previous assumption regarding single room proposals. We have therefore sought the views from operational, infection control and quality colleagues to re-confirm why we are proposing single rooms and whether we should recommend continuation with this route.

Our rationale for this design has included:

- Learning from Covid-19 which has clearly demonstrated that single rooms are a much safer option from an infection prevention and control perspective
- Increased privacy and dignity for people if they have their own room with their own en-suite bathroom
- People often feel more confident to move around their own room, reducing the risk of falls and helping people to keep mobile
- Greater use of digital technology to enable patients to keep in touch with their loved ones via virtual means outside of normal visiting hours which they can do without disturbing others if in their own room
- We have recognised the challenges around patient observation and the need to consider this within the building design to ensure risk of falls etc is minimised – The wards layout will include multiple staff observation pods rather than just a ward office to increase visibility and observation points and this can also be mitigated by the use of monitoring/sensory technology on an individual patient perspective
- The new hospital will have good social space on the ward (both a day area/dining room and a therapy area are proposed within the ward environment) where patients will be able to gather to reduce risk of isolation or loneliness
- The model of care within the unit is nursing and therapy led and patients will be encouraged to take their meals in the dining area and to participate in activities within the therapy area to work on exercise programmes, progression of mobility, range of movement, balance and other personal goals 7 days per week
- Social activities will take place within the dining and social space – encouraging small groups of patients to make their own drinks and socialise together
- The wards will have direct access to safe and therapeutic garden areas to help motivate and increase engagement and activity and all individual rooms will have natural light and views into courtyard gardens or the main communal garden.
- Operational flexibility – incorporation of 4 bed bays further reduces the flexibility of bed utilisation and is known to impact on patient flow through the system. It increases the need for staff to do patient moves to balance the gender mix based on the daily operation need for gender specific beds on any particular day.

We were also asked to consider feedback from those who have used our existing community hospitals. Feedback from operational leads suggests that in general people who currently use our hospitals prefer to have their own bedroom but staff recognise that this can often lead them to preferring to remain in their rooms and that people then have to be actively encouraged to use the shared space for socialising and dining. This would be something that the operational team and Hospital Matron would need to be constantly mindful of as they undertake individual care planning with each patient.

The recommendation therefore from the operational, infection control and quality leads is that we stay with the proposed model of 100% single rooms but take account of this feedback in the ongoing detailed design of the new hospital.

**Urgent Care;** 42.6% agreed or strongly agreed that the urgent care services proposed would meet the needs of local people whilst 54.6% of people disagreed or strongly disagreed and 2.7% were neutral. Of the 54.6% of people who felt the services would not meet requirements, 71.7% of those were from respondents with a South of the Forest postcode.

The majority of the qualitative feedback centred around accessibility to a single unit from the south of the forest particularly for those who rely on public transport and the need to meet the proposed population growth. A small number of comments related to the proposed opening hours of 8am – 8pm and a desire to see this extended.

During earlier engagement about the new hospital, concerns were raised about people accessing a single urgent care facility located in Cinderford. A commitment to undertake a further review of urgent care services in the south of the Forest has therefore been made and, through this Consultation, people were offered the opportunity to be involved in this work. Almost 100 people have expressed an interest in participating in further discussions. The Trust will continue to work with the CCG and wider stakeholders including primary care as to whether there are indeed viable options for additional services within the Lydney area.

**Diagnostic Services;** 55.5% agreed or strongly agreed that the diagnostic services proposed would meet the needs of local people whilst 39.6% of people disagreed or strongly disagreed and 4.8% were neutral. Of the 39.6% of people who felt the services would not meet requirements, 54.8% of those were from respondents with a South of the Forest postcode.

The majority of the qualitative feedback centred around a positive impact of accessing services within the Forest to save the need to travel to Gloucester or Cheltenham, particularly if these are available 7 days per week. The accessibility issues from those travelling from the South of the Forest to a single diagnostic hub was also noted within the comments received.

**Outpatient Services;** 54.4% agreed or strongly agreed that the outpatient services proposed would meet the needs of local people whilst 41.5% of people disagreed or strongly disagreed and 4.2% were neutral. Of the 41.5% of people who felt the services would not meet requirements, 59.5% of those were from respondents with a South of the Forest postcode.

Qualitative feedback noted support for the proposals which would result in a reduced need to travel outside the Forest of Dean, and a desire to continue to increase the range and type of outpatient services delivered locally but also reflected the overall difficulty in accessing services for those living in the south of the Forest.

#### 4. RECOMMENDATIONS AND NEXT STEPS

The Trust welcomes the feedback provided by the local population and their continued input in shaping the service provision within their new hospital. We recognise that the Trust needs to continue to work with wider system partners to ensure we get the right balance of local service provision to meet the needs within each of our communities and that this consultation is a key component of that exercise.

The Trust Board is therefore asked to:

- Receive the detailed and extensive feedback in response to the public consultation on the proposed services within the new hospital in the FoD.
- Note that the CCG Governing Body are also considering this feedback and will provide the Trust with a final commissioning specification for the new hospital services on conclusion of their commissioning deliberations.
- Consider the rationale relating to the proposed 100% single rooms and to **support the recommendation** that we remain with this proposal within the detailed design.

**Angela Potter**

Director of Strategy & Partnerships



**AGENDA ITEM: 12**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION - 28<sup>th</sup> January 2021**

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

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

**SUBJECT:** **QUALITY DASHBOARD – DECEMBER 2020 DATA**

<b>If this report cannot be discussed at a public Board meeting, please explain why.</b>	N/A
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<b>This report is provided for:</b>			
Decision	Endorsement	Assurance <input checked="" type="checkbox"/>	Information

**The purpose of this report is to**

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

**Recommendations and decisions required**

The Board is asked to:

- **Receive, note and discuss** the December 2020 Quality Dashboard

**Executive summary**

This report provides an overview of the Trust's quality activities for December 2020. This report is produced monthly for Board, Quality Committee and Operational Delivery and Governance Forum for assurance.

**Quality issues for priority development**

- Monitor and drive progress against the Physical Intervention Training recovery plan. The recovery plan has been developed and will be reviewed at January's Quality Assurance Group, prior to ongoing reporting via the Quality Dashboard.
- Monitor and drive improvements in Resuscitation Training compliance figures. Level 3 Resuscitation Training figures for Mental Health and Learning Disability (MH&LD) services remain low. A bespoke Level 3 MH&LD (MERT) course has recently been added to the training system, aimed at increasing compliance.



- Lead a piece of work to understand if the reported increase in bed occupancy correlates with an increase in overall falls, wound care issues and impact that Covid-19 has had on staffing
- Jointly develop with operational colleagues a new ICT staffing and quality of care data set to commence reporting from February 2021.
- Continue to address Trust wide inpatient vacancies, led by operations with support from Nursing Therapies and Quality directorate.

### **Quality issues showing positive improvement**

- The Trust is compliant with new national Patient Safety Strategy requirements to have identified specialists and ensure a strategy delivery group is in place
- Good progress made by the Trusts Patient Safety Team in progressing delivery of the digital patient safety monitoring system for inpatient areas.
- Good performance in areas of previous concern; IAPT, EIP and VTE assessment which maintaining compliance despite service pressures.
- New Birth Visits were at 97.7% in December and above the 95% threshold for the first time this year.

### **Are Our Services Caring?**

Whilst it should be noted that there is an increase in the number of complaints received in December when compared with historical averages good assurance is available that these are being responded to in a timely fashion. Potential hotspot areas are identified swiftly and engagement with appropriate senior clinical colleagues is sought to provide independent challenge to ensure that all areas of learning are identified.

Numbers of compliments received have remained largely static during Quarter 3 and are at 50% of the pre Covid-19 monthly average. FFT response rates are improving and the level of satisfaction was at 96%. The Board are asked to note that this is above threshold.

### **Are Our Services Safe?**

Incident reporting rates have increased during December and the percentage of patient safety incidents meeting moderate, severe and death thresholds increased to 8.2%. Further analysis reveals that this is due to an increase in Categories 1-3 of Acquired Pressure Ulcers. Robust systems and processes remain in place to monitor Covid-19 related activity. In December, 851 frontline colleagues were vaccinated and this figure has increased significantly in January.

### **Are Our Services Effective?**

System pressures reported last month continue to increase demand for community hospital beds and increase occupancy levels. Cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in inpatient services, the Early Intervention Services, and mental health community teams. Auditing of this was paused through Covid-19 disruption but an audit is being developed for January-March Q4 2020/21 to enable us to report on this KPI at year-end. Early Intervention Services retained the 100% compliance with KPIs first seen last month, and IAPT services continue to perform above threshold for the seventh consecutive month.

### **Are Our Services Responsive?**

Single Point of Clinical Access (SPCA) calls offered (received) has continued to exceed the set threshold due to changes in services offered (this also explains previous lower reported numbers), threshold target to be adjusted for future reporting. CPA compliance reduced slightly in December and work continues in efforts to understand if the increased community impact of Covid-19 seen both locally and nationally is impacting on performance due to delayed appointments. The agreed inclusion of virtual appointments (video calls and telephone contacts for those families who would prefer not to have face to face contacts) for Health Visiting Services has positively impacted upon recorded performance levels despite there being some variation seen this month, most notably on the percentage of children who received a 2-2.5-year review by 2.5 years.

### **Are our Services Well Led?**

Health and Wellbeing support remains a key organisational drive, the Board are asked to note the peer support sessions provided at both Lydney and Cirencester Hospitals following the outbreaks there and the associated increased demand on ward colleagues. Majority of face to face mandatory training remains paused but updates are supplied on the robust recovery plan developed for Resuscitation Training. Sickness absence levels have remained broadly consistent since April 2020 but are above the Trust target of 4.00%. A range of measures and initiatives to support staff health and wellbeing continue to be promoted and implemented.

### **Risks associated with meeting the Trust's values**

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

### **Corporate considerations**

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

### **Where has this issue been discussed before?**

Quality Assurance Group and monthly reports to Quality Committee

### **Appendices:**

December Quality Dashboard

**Report authorised by:**  
John Trevains

**Title:**  
Director of Nursing, Therapies and Quality

## Quality Dashboard 2020/21

### Physical Health, Mental Health and Learning Disability Services

**Data covering December 2020**

This Quality Dashboard reports quality-focussed performance, activity, and developments regarding key quality measures and priorities for 2020/21 and highlights data and performance by exception. This data includes national and local contractual requirements. With regard to defined contractual or nationally-mandated quality related KPIs, the dashboard is only reporting on indicators not met. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is most welcome and should be directed to John Trevains, Director of Nursing, Therapies and Quality.

## Are Our Services Caring?

The increase in complaints initially seen in November has continued in December, this follows a reduction in complaints through Q1 & 2, partly influenced by the initial Wave 1 national lockdown. Positively performance in response to acknowledging complaints has returned to 100%. At the NED meeting in December, members decided to postpone the NED audit of complaints due to Covid disruption in Q1 and Q2 2020/21, work to progress the Q3 audit is underway. Numbers of compliments increased slightly this month but it is noted that this is approximately a 50% reduction in compliments received compared to 2019/20 figures. FFT responses have improved and levels of satisfaction are at their highest reported rate this year and are above threshold. Additional teams continue to arrange for the inclusion of the FFT at the end of Attend Anywhere consultations.

## Are Our Services Safe?

Incident reporting rates increased in December and the percentage of patient safety incidents meeting moderate, severe and death thresholds increased from November (5.95%) to December (8.20%). Analysis reveals that there has been an increase in reported Categories 1-3 of Acquired Pressure Ulcers; a Datix Dashboard has been developed to enable services to monitor prevalence in real time and improvement plans continue to be implemented. A piece of work has been initiated to understand if the reported increase in bed occupancy correlates with an increase in overall falls, wound care issues and impact that Covid-19 has had on staffing. There is good progression and completion of SRI investigations, with learning being disseminated via the Incidents on a Page documents. The percentage of inpatients with VTE Risk Assessment completed in inpatient settings has continued to exceed the 95% target in December for the seventh consecutive month, with compliance now reaching 100%. Twelve Covid-19 deaths were reported by inpatient services during December. Community infection rates continue to rise in line with the national situation. Stocks of PPE remain good and increasing numbers of staff are being fit-tested. Numbers of staff vaccinated for Covid-19 are included in this month's dashboard, with 851 frontline colleagues vaccinated in December with their first dose. Good progress has been made with implemented the National patient safety strategy with regular Trust wide development meetings taking place led by the Trust Medical Director. Also good progress made with development of the Trusts digital patient safety programme to introduce an enhanced inpatient monitoring system to improve patient safety.

## Are Our Services Effective?

System pressures reported last month continue to increase demand for community hospital beds and delayed discharges further compound this. Early Intervention Services retained the 100% compliance with KPIs first seen last month, and IAPT services continue to perform above threshold for the seventh consecutive month. The average length of stay for inappropriate out of area placements increased from 9.6 (November) to 17.8 (December) bed days due to bed pressures. Cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in inpatient services, the Early Intervention Services, and mental health community teams. Auditing of this was paused through Covid-19 disruption but an audit is being developed for January-March Q4 2020/21 to enable us to report on this KPI at year-end.

## Are Our Services Responsive?

Integrated Care Team therapies activity continues to be sustained at pre Covid-19 levels. Single Point of Clinical Access (SPCA) calls offered (received) has continued to exceed the set threshold due to changes in services offered (this also explains previous lower reported numbers), threshold target to be adjusted for future reporting. CPA compliance reduced slightly in December and work continues in efforts to understand if the increased community circulation of Covid-19 seen both locally and nationally is impacting on performance due to delayed appointments. The agreed inclusion of virtual appointments (video calls and telephone contacts for those families who would prefer not to have face to face contacts) for Health Visiting Services has positively impacted upon recorded performance levels despite there being some variation seen this month, most notably on the percentage of children who received a 2-2.5 year review by 2.5 years. Paediatric SALT and Physio referral to treatment times were 100%.

## Are our Services Well Led?

The initial pause on statutory/mandatory training was lifted in July 2020 but had to be reinstated with the second lockdown in November. Overall compliance reduced from 87% (November) to 84% (December). There is a revised process in place for monitoring Resuscitation Training (which has to be provided face to face) via Quality Assurance Group (QAG). A similar process for monthly monitoring of restrictive intervention training (PMVA and PBM) will be reported to QAG in January, with subsequent reporting of compliance via this dashboard. Appraisal compliance is sustained at 78% for the second month. Sickness absence levels have remained consistent since April 2020 but are above the Trust target of 4.00%. A range of measures and initiatives to support staff health and wellbeing are being promoted and implemented.

The Quality Dashboard 'deep dive' sections on individual services remain paused due to the system pressures on operational services and quality infrastructure staff supporting frontline services. This will resume when the situation improves.

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A	Exception Report?	Benchmarking Report
1	No of C-19 Inpatient Deaths reported to CPNS	N-R			30	7	1	0	0	0	0	4	12				54			N/A
2	Total number of deaths reported as C-19 related.	L-R			65	17	4	1	0	1	1	11	15				115			N/A
3	No of Patients tested at least once	N-R			195	214	226	261	291	270	301	302	296				2356			N/A
4	No of Patients tested C-19 positive or were admitted already positive	N-R			116	39	4	1	0	0	2	27	103				292			N/A
5	No of Patients discharged from hospital post C-19	N-R			27	52	18	3	1	0	0	6	32				139			N/A
6	Community onset (Positive specimen <2 days after admission to the Trust)	N-R					0	0	0	0	0	0	11				11			N/A
7	Hospital onset (nosocomial) indeterminate healthcare associated -HOIHA (Positive specimen date 3-7 days after admission to the Trust)	N-R					0	0	0	0	0	0	6				6			N/A
8	Hospital onset (nosocomial) probable healthcare associated -HOPHA (Positive specimen 8-14 days after admission to the Trust)	N-R					0	0	0	0	0	2	7				9			N/A
9	Hospital onset (nosocomial) Definite healthcare associated - HODHA (Positive specimen date 15 or more days after admission to the Trust)	N-R					0	0	0	0	1	8	14				23			N/A
10	No of Staff and household contacts tested	N-R			276	521	104	57	204	342	215	517	328				2564			N/A
11	No of Staff and household contacts with confirmed C-19	L-R			85	38	0	0	0	7	12	46	80				268			N/A
12	No of Staff self-isolating new episodes in month	L-R			597	174	63	39	43	49	153	413	279							N/A
13	No Staff returning to work during month	L-R			333	118	25	10	28	30	54	347	238							N/A

### Additional Information

#### Patient Reporting

The number of Covid-19 (C-19) related patient deaths has increased during Dec 20, corresponding with the 2<sup>nd</sup> wave of the pandemic. 12 inpatient deaths met the criteria for national reporting to CPNS. 15 patient deaths were reported to be C-19 related in Dec 20. Total to date C-19 deaths by hospital site/community team are shown in the graph opposite. Patient deaths will be subject to further system wide mortality reviews in line with guidance

#### Patient Testing

Figures for patients tested remains consistent, in line with national testing guidance. There was an anticipated rise in the number of positive patient results, in line with the national dataset. As agreed with ICS Bronze IPC Call, GHC undertakes inpatient testing on days 1,3,5,7 and 10. This is above national recommendation on frequency but is a local enhancement to improve system wide surveillance. A quality audit to monitor and seek assurance of compliance is planned for January 2021.

#### Staff and Household Contacts Testing

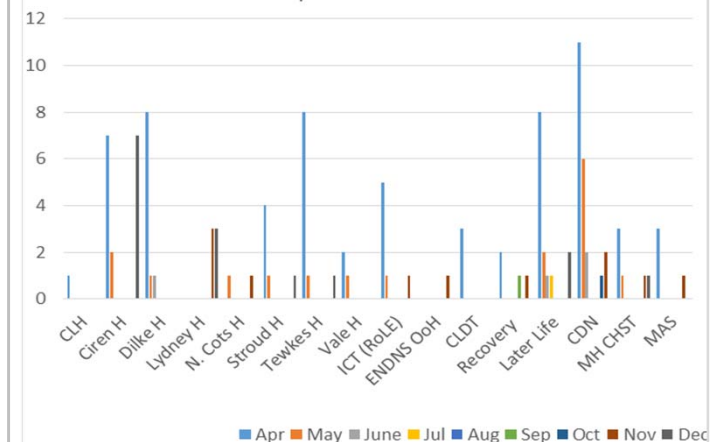
Number of staff tested in December is lower than the previous month but the proportion of positive tests is higher.

#### Infection Prevention and Control - Covid 19

The IPC team receive confirmation emails of all C-19 positive results and record the information on a local password protected database. The Community onset cases and HOIHA are likely to be attributable to transfers to GHC from other healthcare settings and/or admissions. facilitated via GP's as the patient has potentially been exposed to C-19 prior to their transfer.

HOPHA are likely to be nosocomial cases and HODHA are definite nosocomial cases and the reported associated Community Hospital outbreaks support this likelihood. Irrespective of time spent in a previous healthcare facility, cases are determined by admission to GHC being recorded as day 1. All outbreaks are subject to IPC team investigation and sharing of learning.

Covid-19 Related Patient Deaths Reported  
Apr-Dec 2020



## COVID-19 - KEEPING STAFF SAFE (Are services well led?)

### Staff Vaccinations

The Staff Vaccination programme led by Gloucestershire Hospitals Trust commenced in December via the GHT vaccine hub at the Gloucestershire Royal site with the Pfizer Biontech vaccine. **851** members of GHT staff had been vaccinated with their first dose in December with priority being given initially to those staff identified via working well risk assessments as being at a higher risk of ill health. Further extension of the programme included identifying those at a high risk of exposure to Covid. The figure is significantly higher for January and progress will be monitored and reported in future Dashboards, together with a description of surveillance methodology. The January dashboard will provide data in relation to inpatients who have been vaccinated.

### Personal Protective Equipment (PPE)

**At the current time, there are no concerns regarding stock levels of any PPE items. The Trust is fully assured on future supply of all stock items via national supply routes.**

The 'controlled pull' model for key PPE product lines to fulfil the Trust's weekly requirements continues to work well.

The Trust continues to maintain 14 days supply of all key PPE items at central stores and are maintaining 14 days of supplies at each PPE locality hub in readiness for inclement weather.

PPE for the delivery of the Covid-19 vaccination will be provided with the vaccine itself and so there will be no impact on the current stock levels, although the team are ready to support the provision of PPE should the planned PPE with the vaccine not arrive in the early days.

All Clear Masks that teams requested have now been issued, leaving a small number remaining with the stock team in the event of further requests.

### FFP3 fit-testing

Fit-testing compliance data as at 08/01/2021 shows that a total of **853** colleagues have been successfully fit-tested, representing 76% of the target number who require testing.

Due to the changes in the FFP3 mask provision, a re-focus of the fit-testing programme has been carried out. As of the 04/01/21, 4 additional colleagues have been redeployed to the fit-testing team. These individuals are now all trained and fit-testing colleagues with alternatives to the 8833 and Cardinal masks. A review of the data collection for this re-focus is underway as it is important that the activity associated with this is captured to provide assurance on the progress as a subset of the total fit-test activity. This data will be provided for the next quality dashboard.

Funding for the qualitative fit-testing machines has been approved and the machines are expected to be delivered imminently, with the company providing training to the recently expanded fit-test team.



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

No		Reportin g Level	Threshol d	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exceptio n Report?	Benchmarking Report
	Number of Friends and Family Test Responses Received	N - T	15%	33836	Suspended			699	496	1179	1631	1427	1466				6898			
	% of respondents indicating a positive experience of our services	N - R	95%	88%	Suspended			93%	93%	93%	94%	94%	96%				94%			
	Number of Compliments	L - R		2,938	228	58	166	74	67	159	123	117	123				1115			
	Number of Concerns	L - R		620	31	24	44	60	31	45	25	20	25				305			
	Concerns escalated to a formal complaint							2	1	0	0	2	3				8			
	Number of Complaints	N - R		117	5	6	1	4	6	5	1	16	13				57			
	Number of open complaints (not all opened within month)							33	38	41	38	53	64							
	Percentage of complaints acknowledged within 3 working days							100%	86%	100%	100%	88%	100%				96%			
	Number agreeing investigation issues with complainant							7	10	13	11	23	25							
	Number of complaints awaiting investigation							2	1	0	1	0	5							
	Number of complaints under investigation							6	9	9	6	6	9							
	Number of Final Response Letters being drafted							12	12	11	9	12	13							
	Number of Final Response Letters awaiting Exec sign-off							0	0	2	0	0	2							
	Number of complaints closed							4	1	2	4	1	1							
	Number of re-opened complaints (not all opened within month)							5	4	4	3	3	4							
	Current external reviews							4	4	3	2	3	3							

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

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

## Complaints, concerns and compliments

- The average number of complaints received in December over the past four years is **8**. In December 2020 we received **13 complaints**.
- In December 2020, **1** complaint was closed. Whilst this complaint was **not upheld**, learning was identified and will be shared with the relevant team.
- In December 2020, PCET worked with **20** patients and carers to resolve their concerns. This is a decrease compared to November 2020 and significantly lower than the monthly average of 52 concerns in 2019/20.
- 123** compliments were recorded in December 2020 and whilst this is very similar to the number received in November 2020, it remains lower than the monthly average of 245 during 2019/20.

## Assurance regarding recent increase in complaints

- Each complaint is triaged to check for any immediate actions required.
- Triage facilitates the identification of themes and hotspots.
- In line with NHS Trusts across England, the largest proportion of our complaints relate to care and treatment and communication/staff attitude.
- Within our \*open complaints, the following hotspots have been identified and flagged to appropriate senior colleagues:
- Wotton Lawn (n=10): the use of the Mental Health Act, care and treatment and communication .ICTs (n=9): wound care, end of life care, and communication. Recovery Teams (n=9): care and treatment, discharges, referrals not being accepted, and communication.
- Herefordshire services (n=7): communication and the use of the Mental Health Act. Worcestershire Health and Care Trust are partners in the investigations.

\*As these are the themes from open complaints, investigations have not been completed and so it has not been identified whether these issues will be upheld/not upheld.

## Timeframes

- PCET remains in active recovery following the national pause in the complaint management process between April and June 2020.
- All of the **13** complaints received in December 2020 were acknowledged within the 3-day target timeframe.
- Of the **64** open complaints, **14** do not have agreed response times. Of these 14:
  - 6** have been delayed due to Covid-19 (coronavirus), e.g. complaints were received either during or very close to the pause period initiated by NHSE. As a result, completion dates were not set and complainants were advised that their concerns would be progressed as soon as possible.
  - 6** are in the very early stages of the complaint process and issues have not yet been agreed.
  - 2** complaints were received in 2019 but an investigation was not possible due to the availability of a member of staff who was key to the investigation.
- Of the **50** complaints with agreed response dates:
  - 31** are within the agreed timeframe
  - 19** exceeded the initially agreed timeframes, and of these:
    - 3** responses were due before the pause
    - 7** responses were due during the pause
    - 9** responses were due following the end of the pause

The chart opposite shows the timeframes for all open complaints, inclusive of the 3 month national pause. The PCET are focusing efforts on completing investigations for those underway for the longest period. Additional resource has been secured via redeployed colleagues and 2 existing members of the team have agreed to temporarily increase their working hours. The recent rise in complaints is adding to the team's current workload.

## Satisfaction with complaints/concern processes

- 4** active re-opened complaints
- 20** concerns were closed in December 2020, of which **3** were escalated to complaints

## Internal review

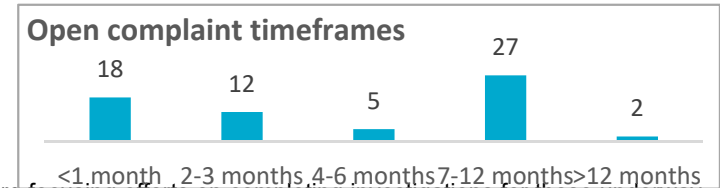
- At the NED meeting in December, members decided to cancel the NED audit of complaints of the two quarters delayed due to Covid (Q1 and Q2 2020/21)
- The Q3 2020/21 NED audit is in progress

## External review

- There are currently **3** complaints with the PHSO for external review; these are complaints from 2016, 2017 and 2019.

## Surveys

- PCET are leading work to develop an action plan based on the CQC Community Mental Health Survey results. This will involve operational colleagues and Experts by Experience.
- Friends and Family Test (FFT) paper surveys are due to be relaunched in early 2021.
- A number of new teams, including Adult SLT, Bone Health, Community Dental Services, Diabetes, Heart Failure, Podiatry, MSK Physio, MSKAPS, ASC, ADHD, Eating Disorders, CYPS and CAMHS, have now arranged for the inclusion of the FFT at the end of Attend Anywhere consultations.



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

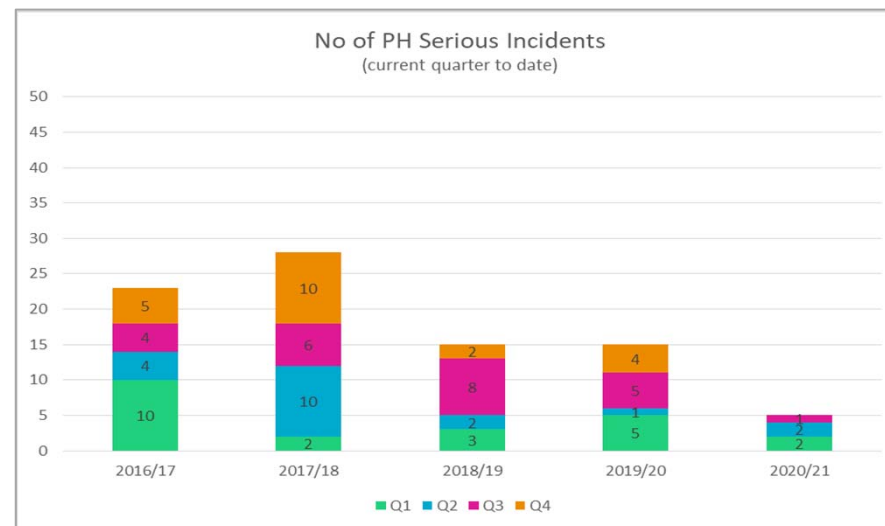
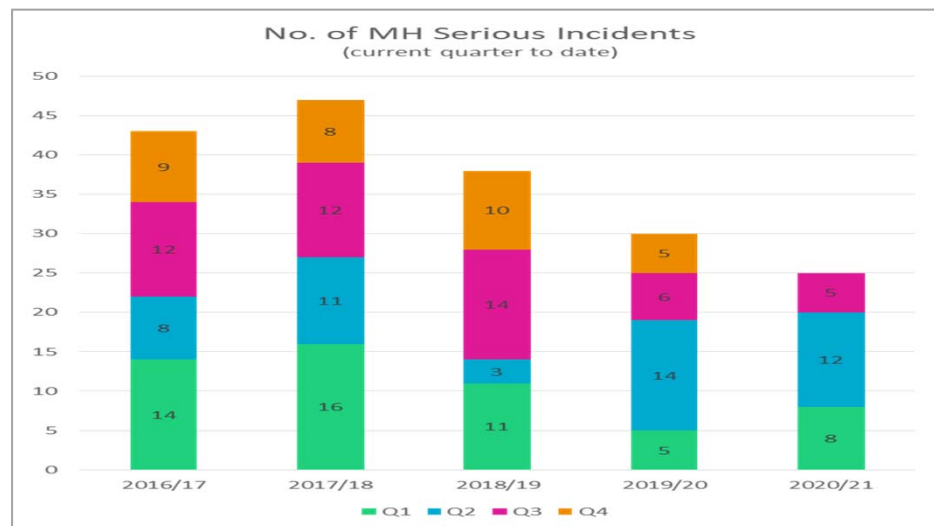
	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
Number of Never Events	N - T	0	1	0	0	0	0	0	0	0	0	0				0			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		49	4	3	3	7	2	5	1	3	2				30			N/A
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0	0	0				0			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding falls leading to fractures	N - R		6	0	1	0	1	0	0	1	0	0				3			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		5	0	0	1	0	0	0	0	1	0				2			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		18	2	0	0	4	2	3	0	1	1				13			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		6	3	1	1	0	0	2	0	1	1				9			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		1	0	0	0	0	0	0	0	0	0				0			N/A
Total number of Patient Safety Incidents reported	L - R		12,109	689	867	1002	1052	1140	1083	1132	1076	1147				9188			N/A
% incidents resulting in low or no harm	L - R		94.71%	90.42%	92.62%	93.01%	94.68%	94.82%	95.38%	93.46%	94.05%	91.80%				n=8591 93.50%			N/A
% incidents resulting in moderate harm, severe harm or death	L - R		5.29%	9.58%	7.38%	6.99%	5.32%	5.18%	4.62%	6.54%	5.95%	8.20%				n= 597 6.50%			N/A
% falls incidents resulting in moderate, severe harm or death	L - R		2.24%	0.96%	3.13%	2.04%	3.16%	2.44%	4.88%	3.25%	4.24%	2.44%				2.91%			N/A
% medication errors resulting in moderate, severe harm or death	L - R		0.61%	6.06%	0.00%	0.00%	1.85%	1.82%	0%	1.96%	0%	0%				1.19%			N/A
Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.* <b>Covid Disruption</b>	L - R		N/A	0	0	0	0	0	0	0	0	0				0			N/A

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

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L - C	Locally contracted measure (target/threshold agreed with GCGS)	N - RL - C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

## ARE SERVICES SAFE? – additional information

Two SIRIs were declared in December 2020, both in mental health services. All incidents were escalated in line with SIRI reporting requirements. The Patient Safety Team continue to monitor both regional and national trends in terms of suicide rates and will analyse and report significant departures from benchmarking trends. The tables below represent SIRI reporting over the past 5 years. These reports are stimulating good clinical discussions across operational governance forums and the Trust's Quality Assurance Group. Particular attention was paid at these meetings to thematic analysis of issues in order to determine that Covid disruption was not noted as a theme in mental health SIs during the pandemic.



Five SIRI final reports, all Mental Health, were completed during December 2020. Three Incidents on a Page (IoAP) have been disseminated for discussion throughout the Trust to promote learning. Two additional IoAP remain outstanding. All Incidents on a Page documents are uploaded to the Trust intranet.

There are currently 6 active SIRIs. All current active SI investigations are on target to complete within statutory time frames.

Regarding all patient safety incidents:

- The total number of patient safety incidents rose from November (1076) to December (1147).
- The percentage of patient safety incidents resulting in moderate or severe harm and death increased from November (5.95%) to December (8.20%). This is attributed to a rise in reported Category 1,2 and 3 acquired pressure ulcers, which is explored further in Slide 8.
- The percentage of falls resulting in moderate and above levels of harm decreased from November (4.24%) to December (2.44%). There were 4 moderate harm falls in both November and December, with one severe harm fall in November. The number of no harm and low harm falls increased from November (113) to December (160), reducing the percentage of falls resulting in moderate and above harm.
- No medication errors resulted in moderate or above harm in December.
- To note, there have been some minor adjustments to total numbers of patient safety incidents for previous months due to reclassification of some incidents. These adjustments did not substantially change the percentages reported against different levels of harm.

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

		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.3%	94.6%	93.4%	96.2%	100.0%	96.5%	98.7%	96.7%	95.2%	100%				97.0%	G		
	Safety Thermometer - % Harm Free	N - R L - C	95%	93.2%														N/A		
	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	97.8%														N/A		
	Total number of developed or worsened pressure ulcers	L - R	61	784	60	70	72	63	59	47	65	62	83				579	R		
	Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	737	53	68	66	59	52	41	50	51	68				508	R		
	Number of Category 3 Acquired pressure ulcers	L - R	0	46	3	1	3	3	6	6	12	6	13				53	R		
	Number of Category 4 Acquired pressure ulcers	L - R	0	8	4	1	3	1	1	0	3	2	3				18	R		

### Additional information

#### VTE Risk Assessment

The percentage of inpatients with VTE Risk Assessments completed in inpatient settings has continued to exceed the 95% target for the seventh consecutive month, with compliance now reaching 100%.

#### Safety Thermometer

Reporting remains suspended due to Covid-19 in agreement with commissioners.

#### Focus on Pressure Ulcers

Quality Improvement (QI) groups have been temporarily suspended in December and January in order for colleagues to be redeployed to support clinical frontline services and this includes partial redeployment of the Clinical Pathways Leads (CPL).

In January, the improvement and assurance plan for Gloucester ICTs has been completed and presented by the community manager (CM) to the Head of ICTs and CMs from all ICT localities.

The focus to provide evidence of learning and improvement for assurance has been realised by an emphasis on locality ownership of incidents and a key support has been in the form of a pressure ulcer live dashboard in Datix. This enables the CM and PL to have instant information on the type and number of pressure ulcer incidences. The Gloucester team report that this dashboard has been an excellent tool in helping them to ensure best practice and treatment for patients.

Forest and Tewkesbury (F&TNS) ICT is continuing to develop an improvement plan using similar approaches and embracing the live pressure ulcer dashboard tool. F&TNS will necessarily have a different focus, particularly around MDT engagement in recognition and treatment of patients at risk of developing pressure ulcers, as these were the themes highlighted by the panel review of F&TNS incidents. In order to accelerate embedding the tool within F&TNS locality the pressure ulcer clinical pathways lead has been redeployed to that locality to provide senior District Nursing support whilst continuing to meet the trajectories for rolling out the tool.

Pressure ulcer webinars for the Patient Safety Team to enhance their knowledge of pressure ulcer management and risk hosted by the CPL have been reported as very helpful, with further virtual sessions arranged for February. A similar approach for newly recruited community nurses commencing in Tewkesbury is planned, based on the successful 'everybody's business' approach, which is used across GHC.

N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
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L - C	Locally contracted measure (target/threshold agreed with GCGG)	N - R/L - C	Measure that is treated differently at national and local level, e.g. nationally reported/local target

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



## CQC DOMAIN - ARE SERVICES EFFECTIVE? (Whole Trust data)

		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
<b>Community Hospitals</b>																				
	Bed Occupancy - Community Hospitals	L - C	92%	94.4%	76.1%	69.8%	83.3%	88.3%	86%	90.6%	94.3%	93.8%	92.9%				86.2%	R		90.4%
<b>Mental Health Services</b>																				
	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	N - T	60%	63.4%	50.0%	66.7%	50.0%	85.7%	53.3%	100%	87.5%	100%	100%				75.0%	G		
	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: * auditing paused through Covid-19 Disruption – Re audit being developed for January																			
	Inpatient Wards	N - T	95%	80%																
	GRIP	N - T	92%	85%																
	Community	N - T	90%	78%																
	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset)	N - T	50%	50.1%	37.5%	44.4%	54.5%	56.2%	55.8%	59.0%	53.6%	55.2%	53.7%				52.2%			
	Admissions to adult facilities of patients under 16 years old.	N - R		0	0	0	0	0	0	0	0	0	0				0	N/A		
	Inappropriate out-of area placements for adult mental health services	N - R	average bed days	19	30	14	11	17	15	17	9.6	9.6	17.8				15.6	N/A		
<b>Children's Services - Immunisations</b>				2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21										
	HPV Immunisation coverage for girls aged 12/13 years old (1st Immunisation)	N - T	90%*	73.1%		Focus on Immunisation Programme provided in July Dashboard											0.0%	R		
<b>Children's Services - National Childhood Measurement Programme</b>				2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21										
	Percentage of children in Reception Year with height and weight recorded	N - T	95%*	69.7%	66.4%	68.0%	67.9%	69.7%	69.7%	Programme commences in January 2021							0.0%	R		
	Percentage of children in Year 6 with height and weight recorded	N - T	95%*	73.9%	66.1%	70.0%	69.8%	73.9%	73.9%	Programme commences in January 2021							0.0%	R		

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



## CQC DOMAIN - ARE SERVICES EFFECTIVE?

### Additional Information

#### Bed Occupancy

The demand for community hospital beds continues to increase in response to multi faceted delays across system discharge pathways. System partners are regularly reviewing options to target existing resource which includes the re-allocation of system therapists to the Home First discharge model jointly delivered by the Trust. A piece of work has been initiated to understand if the reported increase in bed occupancy correlates with an increase in overall falls, wound care issues (pu's) and impact that Covid-19 has had on staffing.

#### Mental Health

The IAPT recovery rate indicator continues to exceed the required threshold and this has been maintained for 7 months.

Monthly and year to date data for the Early Intervention in Psychosis (EIP) service demonstrates that the service has now met the target threshold for the fourth consecutive month, and maintained 100% during December.

Cardio-metabolic assessment and treatment for people with psychosis is delivered routinely, although auditing was paused through Covid-19 disruption. An audit is being developed to be undertaken for January-March Q4 20/21

#### Length of stay (bed days) - inappropriate out of county placements

The average length of stay for inappropriate out of area placements has risen to 17.8 bed days within the month of December. This relates to 3 acute and 2 PICU placement. The 3 patients requiring an acute placement were due to no bed availability within county. One PICU patient required a female-only ward whose needs could not be managed on Greyfriars ward. The 2<sup>nd</sup> PICU placement required out of county care for specific needs.

## CQC DOMAIN - ARE SERVICES RESPONSIVE?

### Minor Injury and Illness Units

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report Feb Figure
Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	0:14	0:17	0:11	0:13	0:17	0:15	0:14	0:15	0:13	0:14				0:14	G		

### Referral to Treatment physical health

Podiatry - % treated within 8 Weeks	L - C	95%	73.6%	92.9%	97.2	100%	94.2%	97.7%	97.5%	94.8%	94.9%	95.9%				96.1%	G		
ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	79.8%	65.1%	57.9%	84.4%	93.6%	97.5%	99.1%	98.1%	98.5%	98.3%				91.2%	R		
ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	83.5%	81.1%	62.6%	93.6%	94.9%	98.4%	99.5%	99.2%	97.8%	96.9%				93.9%	R		
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	88.5%	60.2%	83.1%	97.2%	99.3%	100%	100%	100%	98.6%	100%				93.3%	R		
Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	84.5%	72.2%	98.8%	95.2%	98.7%	98.6%	98.9%	100%	97.4%	100%				95.9%	G		
Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.4%	99.0%	97.2%	96.2%	99.00%	98.7%	99.1%	98.3%	98.8%	99.5%				98.7 %	G		
Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	35939	1787	1731	1774	1712	1702	1746	1835	3661	3567				19515	R		

### Mental Health Services

CPA Review within 12 Months	N - T	95%	96.9%	88.9%	89.7%	88.6%	90.1%	91.7%	93.4%	95.4%	93.0%	92%				91.4%	R		
Admissions to hospital gate kept by CRHTT	N - T	95%	100.0%	96.8%	100.0%	100%	100%	100%	100.0%	100.0%	100%	100%				99.6%	G		

## Additional information

### MIUs

- The Dilke remains closed as part of the Covid-19 response.
- The Vale closed on 14<sup>th</sup> December to allow for PCNs to deliver Mass Vaccinations on the site
- 5 remaining units all open 8am -8pm, 7 days per week

### ICTs

- For the fifth consecutive month, ICT therapy services have maintained or exceeded the required threshold indicators.
- The Single Point of Clinical Access is reporting exceeding the required threshold in December. Data quality work is underway to understand Single Point of Clinical Access (SPCA) Calls Offered (received) performance from April to September.

### Mental health

- CPA compliance continues to reduce marginally. Work to understand if the increased community circulation of Covid-19 seen both locally and nationally is impacting on performance due to delayed appointments has been currently paused due to quality staff supporting frontline services in December.
- CRHTT has continued to achieve 100% compliance with gatekeeping admissions to hospital for the seventh consecutive month this year.

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

## Additional KPIs - Physical Health

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report Feb Figure
Proportion of eligible children who receive vision screens at or around school entry.		95%*	N/A	66.6%	66.6%	66.6%	66.6%	66.6%	81.8%	93.1%						72.6%	R		November: project completed. Year-end mop-up completed
Number of Antenatal visits carried out			944	46	42	35	24	24	40	65	44	56				376	R		
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%	91.5%	43.0%	30.6%	64.1%	75.7%	82.5%	86.4%	87.9%	94.2%	97.7%				73.56%	R		
Percentage of children who received a 6-8 weeks review.		95%	94.1%	29.7%	45.8%	71.8%	76.3%	86%	85.4%	81.9%	95.6%	95.9%				74.3%	R		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	84.8%	84.1%	75.2%	67.1%	70.8%	64.4%	65.1%	68.8%	76%	72.3%				71.5%	R		
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	90.2%	89.8%	86.3%	90%	87.5%	82.2%	72.9%	69.3%	78%	78.6%				87.6%	A		
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	83.5%	82%	85.3%	81.7%	73.9%	61.1%	60.8%	64.3%	71.0%	64.8%				65.2%	R		
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	54.9%	57.1%	57.9%	58.2%	58.2%	49%	58.2%	55.3%	55.0%	55.1%				56.0%	A		
Chlamydia Screening of Gloucestershire residents aged 15-24 (minimum positivity rate)		3108	1929	895	676	844	963	1233	1047	1064	1013	1098				981			
Number of Positive Screens		169	1329	53	40	50	57	73	62	63	60	65				523			
Average Number of Community Hospital Beds Open		196	195.4	173.3	168.8	155.8	162.5	177.7	177.6	177	173	176.3				171.3	R		
Average Number of Community Hospital Beds Closed		0	1.1	22.3	27.2	40.2	33.5	18.3	18.4	19	23	19.7				24.7	R		

## Additional Information

Data shown from October 2020 onwards is inclusive of virtual methods – video calls and clinical telephone contacts.

**Vision Screening:** paused due to school closure.

**Health Visiting:** Antenatal contacts are delivered face to face (F2F) for those who accept a targeted offer. Group universal contacts are commencing from February 2021. There is no formal KPI for this indicator

**NBV 97.7%:** these are being delivered predominately F2F but there is a virtual offer where families are reluctant. In addition, a small percentage of babies remain in NICU/hospital. All families who are not seen are tracked and reoffered a family health needs assessment in the home when the family will allow the practitioner access into the home.

**6-8 week review 95.9%:** these are being delivered both virtually and F2F, dependent on the health visiting assessed level of service and where families are reluctant. All families who are not seen are tracked and reoffered a family health needs assessment

**Ages and Stages Developmental reviews 9-12 months and 2-2.5 years- All children are offered a developmental review.** A virtual contact is currently being offered to all universal families and if any concerns are identified by the practitioner or raised by the parent, they will be invited into a F2F appointment in a COVID secure setting. All outstanding requests are being managed as part of the recovery process. A number of parents previously assessed as Universal initially asked to delay the developmental assessment until F2F available. Now when offered F2F in COVID safe clinic are declining the review as have no concerns with their child's development. Public Health messages are discussed over the phone and SMS sent with links to HV website and social media pages. Families that are assessed as having an enhanced service of Universal Plus and Universal Partnership Plus are offered F2F contacts within the home to ensure a full Family Health Needs Assessment is undertaken.

**Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks – 79.6 % (target is 80%).** This figure shows the maintenance rate of breastfeeding mothers which is GHC activity but not shown in this dashboard. The overall figure for breastfeeding reported in the dashboard is impacted by initiation, which is GHT activity. If less of the cohort commences breastfeeding then this will impact GHC delivery of the 58% target.

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## CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%																	
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%																	
	Mandatory Training	L - I	90%	89.14%	88.8%	88.7%	85.5	86.2%	86%	85.4%	86%	87.0%	84%				86.4%	A		
	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	80.38%	72.7%	69.9%	65.4%	60%	60%	69.7%	76%	78%	78%				69.9%	R		
	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.80%	4.77%	5.0%	5.2%	5.1%	5.1%	4.97	4.97%	4.84%	4.56%				4.94%	A		
	SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.30%																	

## Additional information

### Staff Friends and Family Test (FFT)

The staff FFT has been paused nationally and the Trust has ceased internal activity in line with national guidance. As an alternative, the Trust takes part in the Covid-19 People Pulse survey. The out-turn of this survey is reported to the Trust Board every 2 weeks and is discussed in detail at the Trust Health and Wellbeing group with survey findings informing future interventions.

### Mandatory training, appraisal and absence

The initial pause on statutory/mandatory training was lifted in July 2020 but was reinstated in October. A number of courses have been converted into on-line delivery and virtual Corporate Induction commenced in November. Some courses, including Resuscitation and Physical Intervention training, are continuing as face to face training due to their practical nature, with a range of measures to ensure they are Covid-19 compliant. Resuscitation Training compliance is being monitored via the Quality Assurance Group (QAG) and the latest compliance figures are included in Slide 14. As Physical Intervention training continues to show reduced compliance, a recovery plan is being developed which will be reported to QAG in January 2021 with compliance figures being reported in this dashboard from February 2021.

Appraisal compliance has remained the same for December and currently stands at 78% against a target of 90%. Managers are reminded that staff appraisals must continue whenever this is possible. There is a continued emphasis on appraisal completion over the coming months, including the re-introduction of appraisal training.

Sickness absence levels remain above the Trust target of 4.00%. Sickness absence levels for December are 4.56%

### Staff Health and Wellbeing

The Health and Wellbeing (H&WB) hub meets fortnightly and recent discussions have considered how best to build morale and resilience during the current Covid-19 surge.

Peer support sessions have been provided recently at Lydney and Cirencester hospitals following Covid-19 outbreaks/increased demand.

Charitable funds have been used to increase the individual psychological therapy/counselling resource for staff within Working Well and to appoint a dedicated Clinical Psychologist for staff health and wellbeing, coming into post in January. This role will support the work that has already started and provide strategic direction for H&WB work within the Trust going forward.

Discussions are underway to finalise how best to spend monies that have come into Gloucestershire to facilitate the development of an ICS-wide staff mental health hub.

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## CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Mental Health Inpatient – December 2020

	Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Dean	0	0	0	0	0	0	0	0	0	0
Abbey	192.5	25	47.5	6	0	0	0	0	0	0
Priory	285	38	15	1	0	0	0	0	0	0
Kingsholm	22.5	3	10	1	0	0	0	0	0	0
Montpellier	0	0	77.5	10	0	0	0	0	0	0
Greyfriars	295	32	0	0	0	0	0	0	0	0
Willow	7.5	1	25	3	0	0	0	0	0	0
Chestnut	22.5	3	22.5	3	0	0	0	0	0	0
Mulberry	0	0	15	2	0	0	0	0	0	0
Laurel	37.5	5	0	0	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	60	7	205	20	0	0	0	0	0	0
Total In Hours/Exceptions	922.5	114	417.5	46	0	0	0	0	0	0

Definitions of Exceptions:

Code 1 =

Min staff numbers met – skill mix non-compliant but met needs of patients

Code 2 =

Min staff numbers not complaint but met needs of patients e.g. low bed occupancy ,patients on leave

Code 3 =

Min staff numbers met – skill mix non-compliant and did not meet needs of patients

Code 4 =

Min staff numbers not compliant did not meet needs of patients

Code 5=

Other

MENTAL HEALTH & LD						
Ward	Average Fill Rate	In-Post	Bank	Agency	Vacancies	Absence*
Dean Ward	163.23%	86.85%	49.33%	27.04%	13.15%	26.66%
Abbey Ward	122.47%	69.92%	18.60%	33.95%	30.08%	1.43%
Priory Ward	106.45%	77.29%	4.33%	24.83%	22.71%	8.03%
Kingsholm Ward	114.09%	85.48%	11.98%	16.63%	14.52%	15.31%
Montpellier	99.68%	91.70%	6.63%	1.34%	8.30%	16.27%
PICU Greyfriars Ward	130.51%	82.51%	27.03%	20.97%	17.49%	2.25%
Willow Ward	116.76%	100.00%	11.77%	4.99%	0.00%	5.28%
Chestnut Ward	100.54%	85.95%	13.07%	1.52%	14.05%	7.43%
Mulberry Ward	106.45%	102.51%	3.65%	0.29%	0.00%	4.96%
Laurel House	100.27%	90.24%	10.02%	0.00%	9.76%	6.56%
Honeybourne Unit	101.61%	92.21%	9.41%	0.00%	7.79%	4.61%
Berkeley House	103.04%	78.81%	19.30%	4.93%	21.19%	3.38%
Totals (Dec 2020)	113.76%	86.96%	15.43%	11.37%	13.25%	8.51%
Previous Month Totals	110.61%	84.67%	16.24%	9.70%	15.33%	6.66%

No budget data was available for December 2020 therefore figures from November 2020 were used.

\*

### Mental Health & LD Inpatient

- There are currently 8 x 12wk agency contracts in place in Wotton Lawn to enable continuity of care through agency staff to support vacancy rate challenges.
- \* Absence rates include sickness, long term absence and maternity leave are influencing data presented above . OD support with operational services is addressing this
- An agency Guaranteed Volume Contract is in place in Wotton Lawn delivering 28 shifts per week. Work continues to increase this contract by 100% at Wotton Lawn to meet current demand. An equivalent guaranteed volume contract is being developed to include Charlton Lane and work is underway to establish demand. This contract promotes improved continuity care service as these staff undertake RiO and clinical risk raining so can undertake the full clinical role including nurse in charge.

**CQC DOMAIN - ARE SERVICES WELL LED?**
**Safe Staffing Physical Health – December 2020**
**Physical Health**

The Trust continues to work to homogenise safe staffing reporting methods across the new organisation. The Trust is able to report good levels of staffing maintained in inpatient physical health areas set against agreed safe staffing levels. A detailed piece of work will be undertaken to enable the reporting of physical health exceptions in the same way as MH/LD services, currently delayed due to Covid disruption.

PHYSICAL HEALTH						
Ward	Average Fill Rate	In-Post (RGN & HCA)	Bank	Agency	Vacancies	Absence*
Coln (Cirencester)	111.05%	88.47%	8.18%	14.40%	11.53%	2.36%
Windrush (Cirencester)	112.21%	88.03%	10.52%	13.66%	11.97%	2.01%
The Dilke	105.71%	97.18%	4.69%	3.85%	2.82%	0.18%
Lydney	97.54%	92.02%	3.22%	2.31%	7.98%	5.05%
North Cotswolds	103.81%	105.95%	0.00%	0.00%	0.00%	5.91%
Cashes Green (Stroud)	103.51%	95.04%	5.76%	2.71%	4.96%	6.24%
Jubilee (Stroud)	116.21%	91.33%	20.47%	4.41%	8.67%	0.29%
Abbey View (Tewkesbury)	108.57%	91.76%	11.74%	5.07%	8.24%	2.89%
Peak View (Vale)	100.53%	88.87%	8.91%	2.75%	11.13%	0.25%
<b>Totals (Dec 2020)</b>	<b>106.57%</b>	<b>93.18%</b>	<b>8.16%</b>	<b>5.46%</b>	<b>7.48%</b>	<b>2.80%</b>
Previous Month Totals	105.13%	88.34%	10.40%	5.52%	11.66%	6.09%

**CQC DOMAIN - ARE SERVICES WELL LED?**
**Effective Staffing Review - December 2020 – Development data providing focus on ICT (District Nursing teams) activity and staffing levels**

Development data for ICT services staff not available this month due to services pressures. A new data set has been developed and reporting will recommence next month. In response to service pressure through Covid-19 additional quality support has been provided to support staffing levels in ICT's and operational services are supporting workforce through redeployment and agency.



## AGENDA ITEM: 13

**REPORT TO:** TRUST BOARD **PUBLIC SESSION** - 28th January 2021

**PRESENTED BY:** John Trevains, Director of Nursing, Therapies and Quality and Director of Infection, Prevention and Control

**AUTHOR:** John Trevains, Director of Nursing, Therapies and Quality and Director of Infection, Prevention and Control

**SUBJECT:** **BOARD ASSURANCE OF NHSE KEY ACTIONS: INFECTION PREVENTION AND CONTROL AND TESTING**

### This report is provided for:

Decision	Endorsement	Assurance <input checked="" type="checkbox"/>	Information
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### Purpose

The purpose of this report is to present to the Trust Board the completed Infection Prevention and Control self-assessment against the NHSE '**Key actions: Infection Prevention and Control and Testing**' requirement that was issued on 23<sup>rd</sup> December 2020. Board level oversight of this self-assessment is required as part of the compliance requirement

This paper provides internal (Trust) and external (CCG, CQC) assurance that IPC and other quality standards are being maintained in light of the COVID-19 response.

### Recommendations

The Board are asked to **accept** this report and **receive** good assurance that the Trust is adhering to national guidance in relation to Infection, Prevention and Control and Testing.

### Executive summary

The report is structured around the 10 criteria set out by NHS England on the 23<sup>rd</sup> December 2020. These criteria are in place to protect patients and staff from avoidable harm in a healthcare setting.

Robust risk assessment processes are central to protect the health, safety and welfare of patients, service users and staff. Where it is not possible to eliminate risk, Trust's must assess and mitigate risk, and provide safe systems of work. In the context of COVID-19 as there is with all infectious diseases, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves unless these risks are mitigated to acceptable levels. The Trust ensures that risks are identified, managed and mitigated effectively by:

1. Ensuring that there are systems in place to manage and monitor the prevention and control of infection.
2. Provides and maintains a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3. Ensures appropriate antimicrobial use (antibiotics) to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
4. Provides suitable accurate information on infections to patients, their visitors and any person concerned with providing further support or nursing/medical care in a timely fashion
5. Ensures prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people
6. Develops systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection
7. Provides adequate isolation facilities if appropriate
8. Secures adequate access to laboratory support
9. Develops and adheres to policies designed for the individual's care and provider organisations that will help prevent and control infections
10. Has a system in place to manage the occupational health needs and obligations of staff in relation to infection?

The following paper sets out the 10 key actions and evidence that the Trust has met the requirements.

#### **Risks associated with meeting the Trust's values**

Risks are managed via the Trust's risk register.

#### **Corporate considerations**

<b>Quality Implications</b>	This report ensures we are delivering IPC and Testing activities to the required standard. This supports quality of care through improving and maintaining safety, outcomes and experience.
<b>Resource Implications</b>	Delivered within existing budgets and national support for Covid-19 related activity
<b>Equality Implications</b>	No equality implications have been identified within this paper or supporting activity

#### **Where has this issue been discussed before?**

Discussed in Trust IPC meetings

<b>Report authorised by:</b>	<b>Title:</b>
John Trevains	Director of Nursing, Therapies and Quality

**Board Assurance: NHSE Key actions: Infection Prevention  
and Control and Testing.**

**Gloucestershire Health and Care NHS Foundation Trust**

**Themes and assurance detail as follows:**

- 1. Theme 1: Staff consistently practice good hand hygiene and all high touch surfaces and items are decontaminated multiple times every day, with systems in place to monitor adherence.**
  - 1.1 High touch areas – Cleaning standards are monitored in clinical areas by Facilities teams. Staff in non-clinical areas have increased frequency of cleaning by cleaning high touch areas located in their areas. Clinell wipes are available in all areas of GHC to enable effective decontamination which includes meetings rooms and staff rooms.
  - 1.2 Covid secure toolkit assessments for all GHC sites includes a question that relates to frequent cleaning schedule of work areas.
  - 1.3 Covid secure environment health and safety audit tool questions if there are sufficient cleaning and sanitising products in place throughout buildings plus a local process in place to ensure high touch areas are cleaned regularly also if hand hygiene posters are in place
  - 1.4 Covid secure audit spreadsheet of hand driers location and driers put out of use for all Trust sites
- 2. Theme 2: Staff maintain social distancing (2m+) in the workplace, when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace.**
  - 2.1 A programme to undertake a Covid secure environment toolkit assessment of all Trust sites has been undertaken from April to September 2020 and contains an objective to assess 2m social distancing wherever possible including arrival and departing from work, while in work and when travelling between sites. The Covid secure environment health and safety audit assessing compliance during the unannounced visits in place from September to December 2020.
  - 2.2 GHC posters and floor signage detail requirement for social distancing in all areas Trust communication has included car sharing and production of Action Card for travelling in and cleaning of Trust vehicles.



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- 2.3 Risk mitigation -all staff entering all clinical and non-clinical GHC buildings wear type 11R face masks public and outpatient wear face covering, posters in place to promote the wearing of masks.
- 2.4 External auditors Price Waterhouse Coopers have undertaken an external audit to review Covid secure compliance which included some site visit reports. Good assurance supplied from this audit
3. **Theme 3: Staff wear the right level of PPE when in clinical settings, including use of face masks in non-clinical settings, with systems in place to monitor adherence. Movement of staff between COVID and non-COVID areas is minimised.**
  - 3.1 Covid secure audit tool for Trust sites questions are the correct type of mask worn in the areas required.
  - 3.2 Clear Action Cards adhering to national guidance produced by GHC IPC team and circulated to all staff. Reviewed frequently in line with national guidance and staff feedback. Well established in clinical practice and Trust staff behaviours.
4. **Theme 4: Moving patients increases their risk of transmission of infection. For urgent and emergency care, hospitals should adopt pathways that support minimal or avoid patient bed/ward transfers for the duration of their admission (unless clinically imperative). The exception will be patients who need a period of care in a side room or other safe bed while waiting for their COVID test results. On occasions when it is necessary to cohort COVID or non-COVID patients because of bed occupancy, then reliable application of IPC measures must be implemented. It is also imperative that any vacated areas are cleaned as per guidance.**
  - 4.1 Decision made by Gloucestershire ICS IPC Bronze management cell and agreed by ICS Silver Health that further guidance is required to clarify what is meant by 'moved'. IPC Bronze chair has confirmed that the South West regional IPC lead has been consulted and further national guidance will be issued. Local protocols in place to safely manage patient movement.
  - 4.2 Inpatients are swabbed upon admission and days 3,5 and 7 of their inpatient stay and every 5 days thereafter.
5. **Theme 5: Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of assessments is available.**



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- 5.1 Delegated responsibility for daily submissions is managed and assured through the Trust Covid-19 Programme board which reports to the Trust Executive Committee. This document fulfils requirements for reporting this assurance to Board as part of the BAF. The Trust Quality Dashboard reports monthly to Board on Covid related matters and regular reports are reported to the Trust Executive Committee.
6. **Theme 6: Where bays with high numbers of beds are in use, they must be risk assessed and where 2 metres cannot be achieved, means of physical segregation of patients are strongly considered. The concept of 'bed, chair, locker' should be implemented. All wards should be effectively ventilated.**
  - 6.1 All inpatient areas have been reviewed and beds have been removed across the total bed stock in order to maintain adherence to social distancing rules with 2m distance between each bed space where clinically required.
  - 6.2 Where appropriate and in order to maintain good system flow with respect to bed availability a number of approved Perspex screens have been put in place between bed spaces.
7. **Theme 7: a, Staff are tested: Implementation of twice weekly lateral flow antigen testing for NHS patient facing staff. Whilst lateral flow technology (LFT) is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing.**
  - 7.1 Good assurance that the LFT's have been deployed and are being used by patient facing staff
    - b. **If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control/Public Health team. Such cases must be recorded, managed and reported using agreed regional/national escalation systems**
  - 7.2 Processes already in place so that additional targeted testing can take place when needed.
8. **Theme 8: Patients are tested: a. All emergency patients must be tested at admission, whether or not they have symptoms.**
  - 8.1 All patients admitted to an inpatient bed are swabbed upon admission. There is a clear process in place which is supported by the electronic inpatient record system. An audit in January 2021 showed 90% compliance across both community and mental health hospitals for taking a COVID-19 swab on Day 1 of admission.



**b. Those who go on to develop symptoms of COVID-19 after admission must be retested at the point symptoms arise.**

- 8.2 Clear protocol in place within inpatient wards that supports nursing and medical staff to perform a test if clinically indicated during their inpatient stay.

**c. Those who test negative on admission must have a retest on day 3 of admission, and again between 5-7 days post admission.**

- 8.3 Clear flowchart and electronic patient record prompts in place within inpatient wards indicating when patients should be screened.

- 8.4 The January 2021 audit results show good compliance overall from community hospital wards. Mental Health wards in taking COVID-19 swabs after Day 1 of admission are requiring additional support. However high levels of monitoring and low rates of nosocomial transmission, to date, within our Mental Health and Learning Disability inpatient environments mitigates against this and there is an acknowledgment that at times patient compliance with swabbing is a factor.

**d. Sites with high nosocomial rates should consider testing COVID negative patients daily.**

- 8.5 The Trust is not considered to have experienced high rates of nosocomial transmission. However, at the onset of an outbreak the situation is reviewed and discussed with the consultant microbiologist and daily patient testing is always considered.

**e. Patients being discharged to a care home must be tested 48 hours prior to discharge and must only be discharged when their test result is available. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them.**

- 8.6 All patients who are being discharged to another care facility or receiving a package of care at home are swabbed 48 hours prior to discharge.

- 8.7 A clear process is in place and good assurance available that demonstrates it is being adhered to.

- 8.8 One Gloucestershire have developed a Covid discharge certificate specifically for care homes and care providers that documents the patients Covid status and dates of testing whilst in NHS care.

**f. Elective patients must be tested within 3 days before admission and must be asked to self-isolate from the day of their test until the day of admission.**





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- 8.9 There is a clear process in place across the system and GHC provide the testing facility on behalf of the system and receive relevant patient lists prior to elective procedures and manage the testing and results service for this cohort. The system Testing bronze management cell monitor activity and escalate to Health silver if required.
9. **Theme 9: Local systems must: Assure themselves, with commissioners, that a Trust's Infection Prevention and Control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered**
- 9.1 This document fulfils requirements for reporting this assurance to Board as part of the detailed BAF. The Trust Quality Dashboard reports monthly to Board on Covid related matters and regular reports are reported to the Trust Executive Committee.
- 9.2 GHC Quality Assurance Group receive a monthly IPC dashboard and surveillance report. In addition, the monthly quality dashboard provided to Quality Committee and Commissioners includes information dedicated to nationally mandated Covid data.
10. **Theme 10: Local systems must: Review system performance and data; offer peer support and take steps to intervene as required.**
- 10.1 System data reviewed at daily escalation/silver/gold briefing across the ICS and appropriate action taken.
11. **Summary**
- 11.1 The Trust can provide good assurance on all 10 themes. Ongoing actions include:
- Regular audits to be conducted to ensure frequently touched surfaces e.g. door/toilet handles, patient call bells, over-bed tables and bed rails are decontaminated at least twice daily.
  - Further inpatient COVID-19 Swabbing Audits to provide ongoing assurance of compliance with prescribed swabbing regime.
  - Regular review of all IPC action cards
  - Monthly IPC clinical visits to inpatient units to audit to assess compliance with; Cleaning, Hand Hygiene and PPE.
  - IPC dashboard and surveillance report scrutinised at Quality Assurance Group
  - System wide approach being developed to agree threshold for nosocomial transmission being declared as a serious incident



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- IPC team working in partnership with the Patient Safety team undertaking investigations into all Covid outbreaks within inpatient areas.

**AGENDA ITEM: 14.1**

**REPORT TO:** Trust Board **PUBLIC SESSION – 28 January 2021**

**PRESENTED BY:** Amjad Uppal, Medical Director

**AUTHOR:** Paul Ryder, Patient Safety Manager,  
Ian Main, Head of Patient Safety

**SUBJECT:** **QUARTER 3 2020/21 PATIENT SAFETY REPORT  
(INCLUDING SIRIS)**

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

Yes

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☐

**The purpose of this report is to:**

This report provides the Board with high level information with regard to patient safety incidents reported through the Trust's Datix Incident Reporting System. Analysis and comment is provided where appropriate.

**Recommendations and decisions required**

The Board is asked to:

1. **Receive, review** and **note** information relating to quarterly patient safety incident reporting.

**Executive summary**

This report provides:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 3 2020/21 (1 October to 31 December 2020).
- A summary of the prevalence of patient safety incidents by categories including level of investigation.

- Provision of examples of data by graph for Mental Health and Learning Disability hospitals, physical health Community Hospitals, plus MIIUs and community teams for mental health and physical health.
- Data labels are added where the charts permit.
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q3 to Gloucestershire Clinical Commissioning Group (GCCG).
- Progression of the developing governance arrangements for the management of mental and physical health patient safety incidents.

### **Risks associated with meeting the Trust's values**

Effective systems must be in place to manage all patient safety incidents and reduce risk.

### **Corporate considerations**

<b>Quality Implications</b>	Increased numbers of reported incidents is seen to indicate an open and transparent reporting culture.
<b>Resource Implications</b>	Quarterly reporting and analysis is resource and labour intensive.
<b>Equality Implications</b>	None.

### **Where has this issue been discussed before?**

This presentation will be discussed at the Quality Assurance Group before being presented to Board.

<b>Appendices:</b>	PowerPoint presentation (slide deck) Q3 2020/21 PSR
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<b>Report authorised by:</b> Amjad Uppal	<b>Title:</b> Medical Director
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AGENDA ITEM: 14.2



# Q3 Patient Safety Report 2020/21



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# Q3 PSR 2020/21

This report provides:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 3 2020/21 (1 October to 31 December 2020).
- A summary of the prevalence of patient safety incidents by categories including level of investigation.
- Provision of examples of data by graph for mental health and learning disability hospitals, physical health community hospitals, MliUs and community teams for both mental health and physical health.
- The data has been reviewed by the Operational Governance Forum. Data labels and comparators are added where the charts and tables permit.
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q3 to Gloucestershire Clinical Commissioning Group (GCCG).
- Progression of the developing governance arrangements for the management of mental health and physical health patient safety incidents.



## Summary of all Patient Safety Incidents reported in Q3 2020/21

Whole Trust	Q3 Total 3355 (%)	Previous Q 3269
No harm	2104 (62.7)	< 2140
Low harm	1018 (30.3)	> 961
Moderate harm	198 (5.9)	> 130
Severe harm	27 (0.8)	> 23
Death	8 (0.24)	< 15

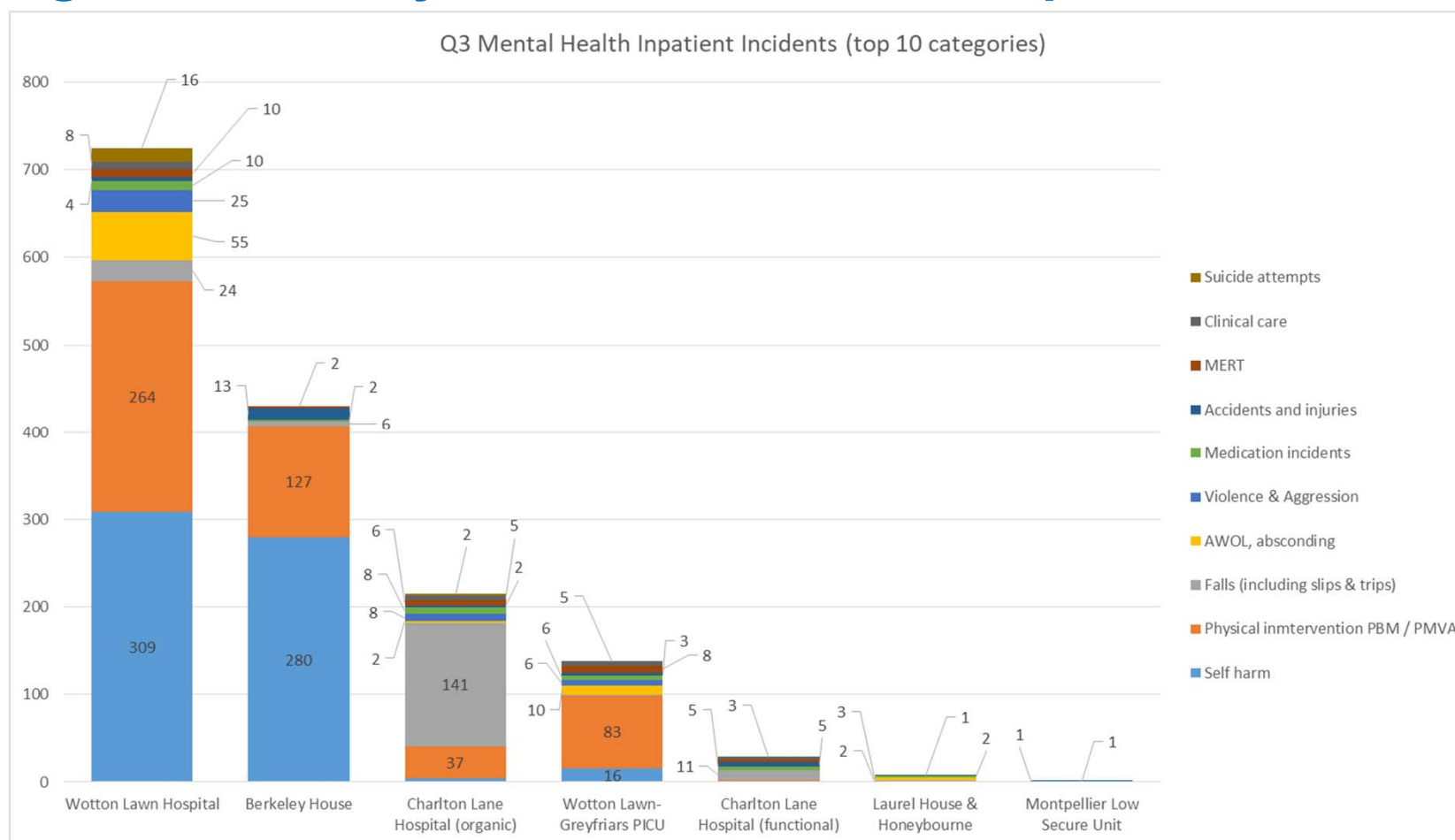
## Q3 Sub 'Serious Incident' Incidents (moderate and above harm)

During Q3 the Patient Safety Team convened 10 initial investigation panel meetings (not including those incidents that have gone on to be declared as a SIRI which are featured on slides 12 and 13).

8 of these incidents have been from Physical Health and 2 from Mental Health.

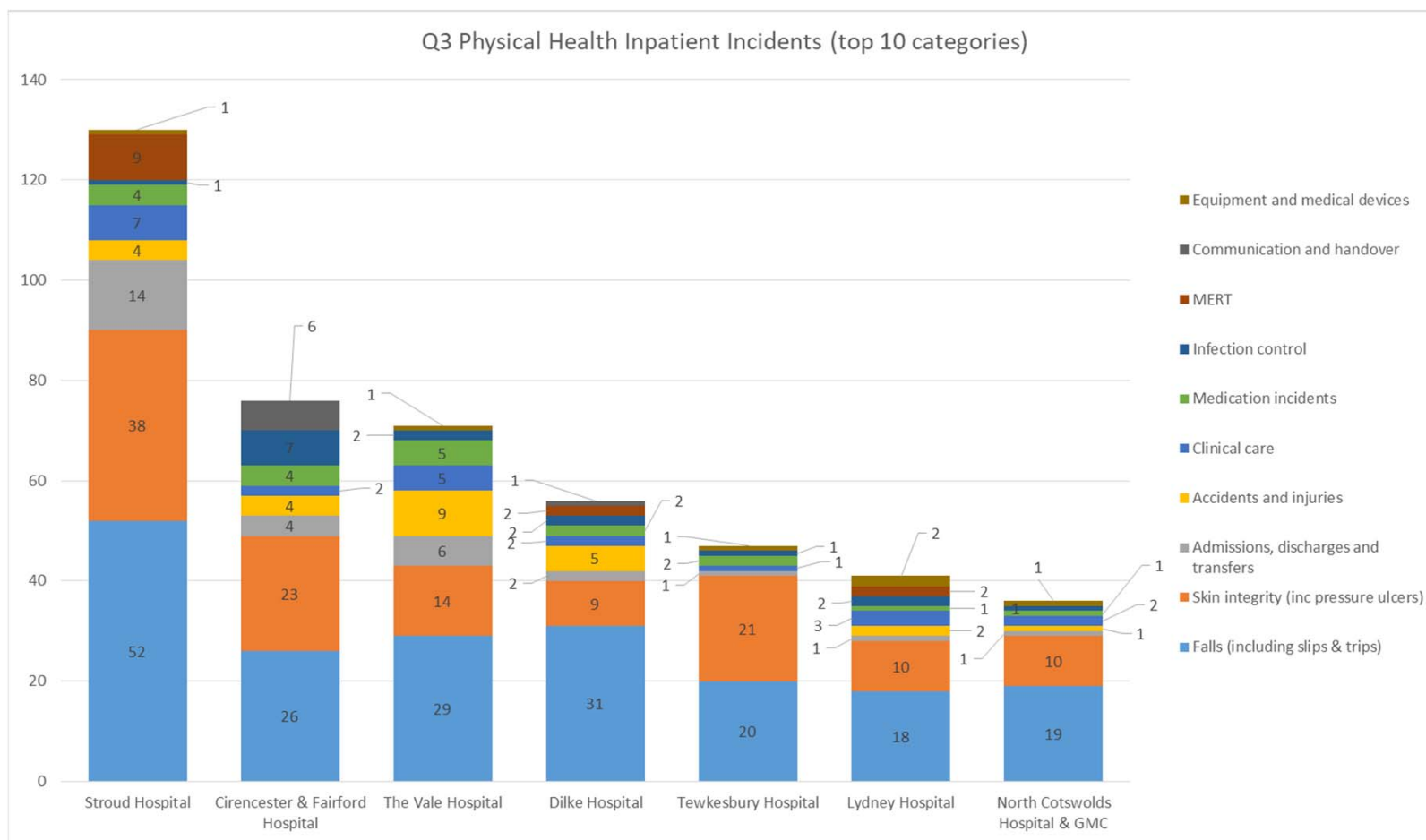
2 mental health incidents have been managed as Clinical Incidents needing additional comprehensive investigation and will conclude in due course. Local learning, including evidence of good practice, will be shared via Incidents on a Page following the panel meetings.

# High Level Analysis of Mental Health Inpatient Incidents



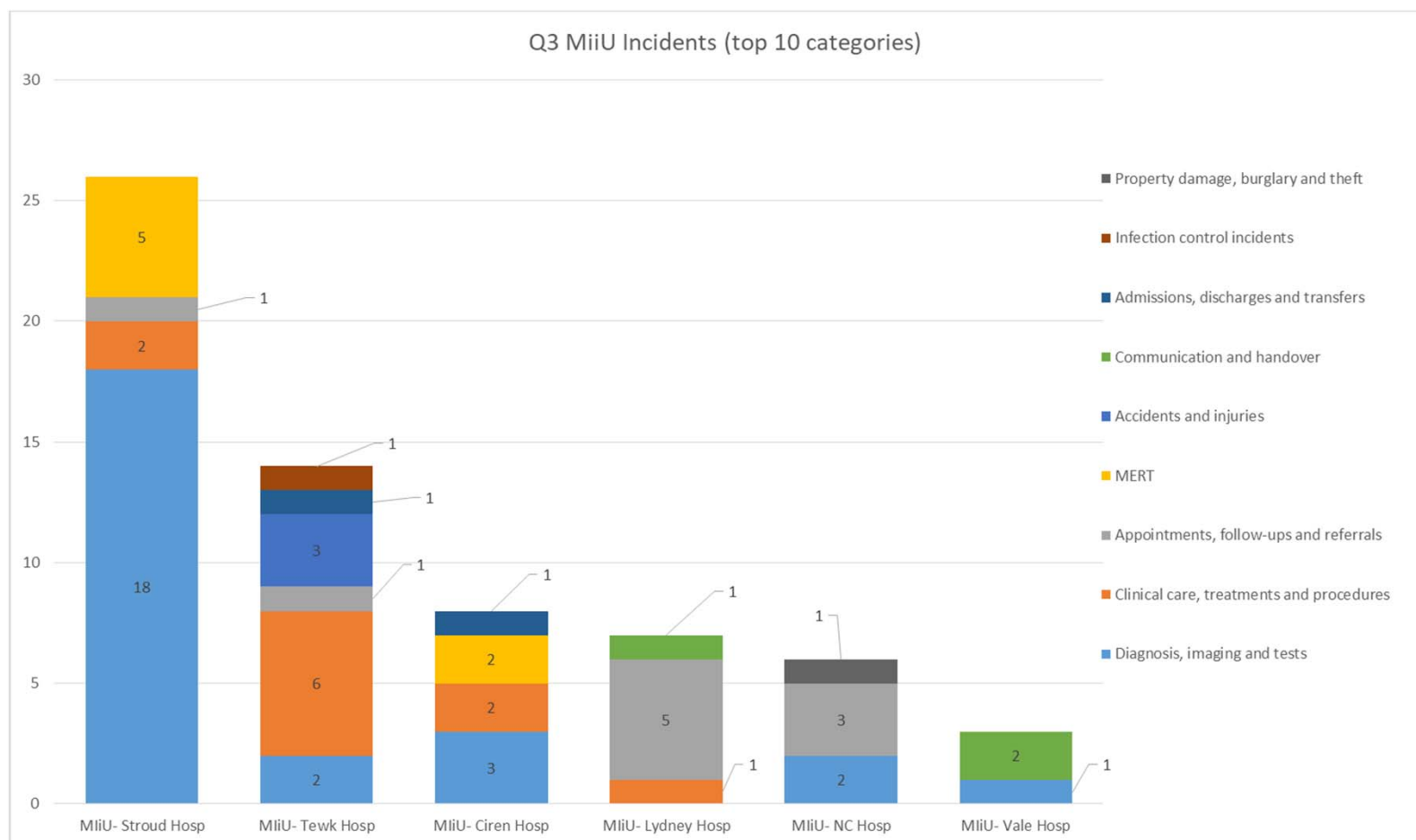
Total number of MH inpatient incidents = 1547

# High Level Analysis of Physical Health Inpatient Incidents



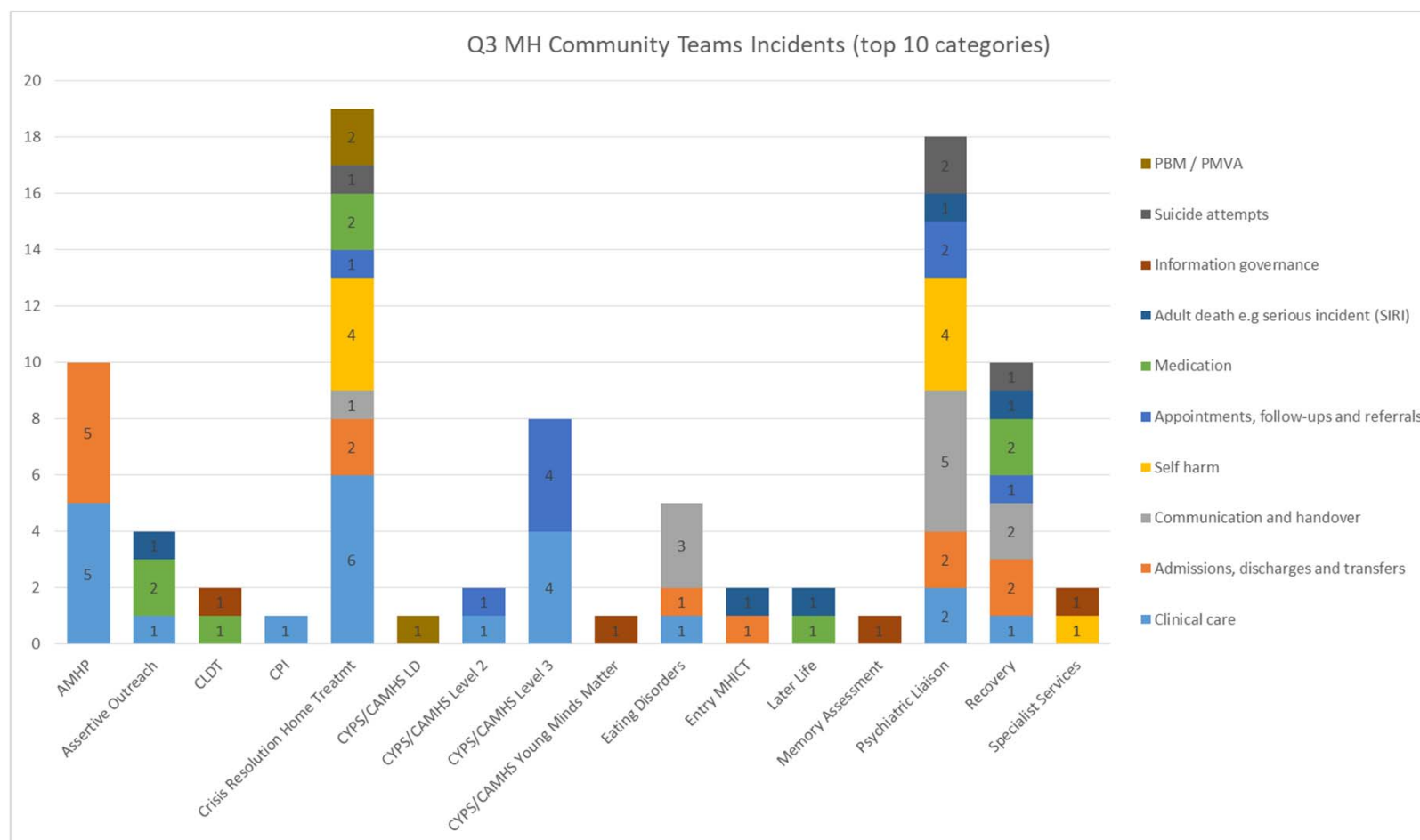
Total number of physical health inpatient incidents = 457

## High Level Analysis of MiiU Incidents



Total number of MiiU incidents = 64

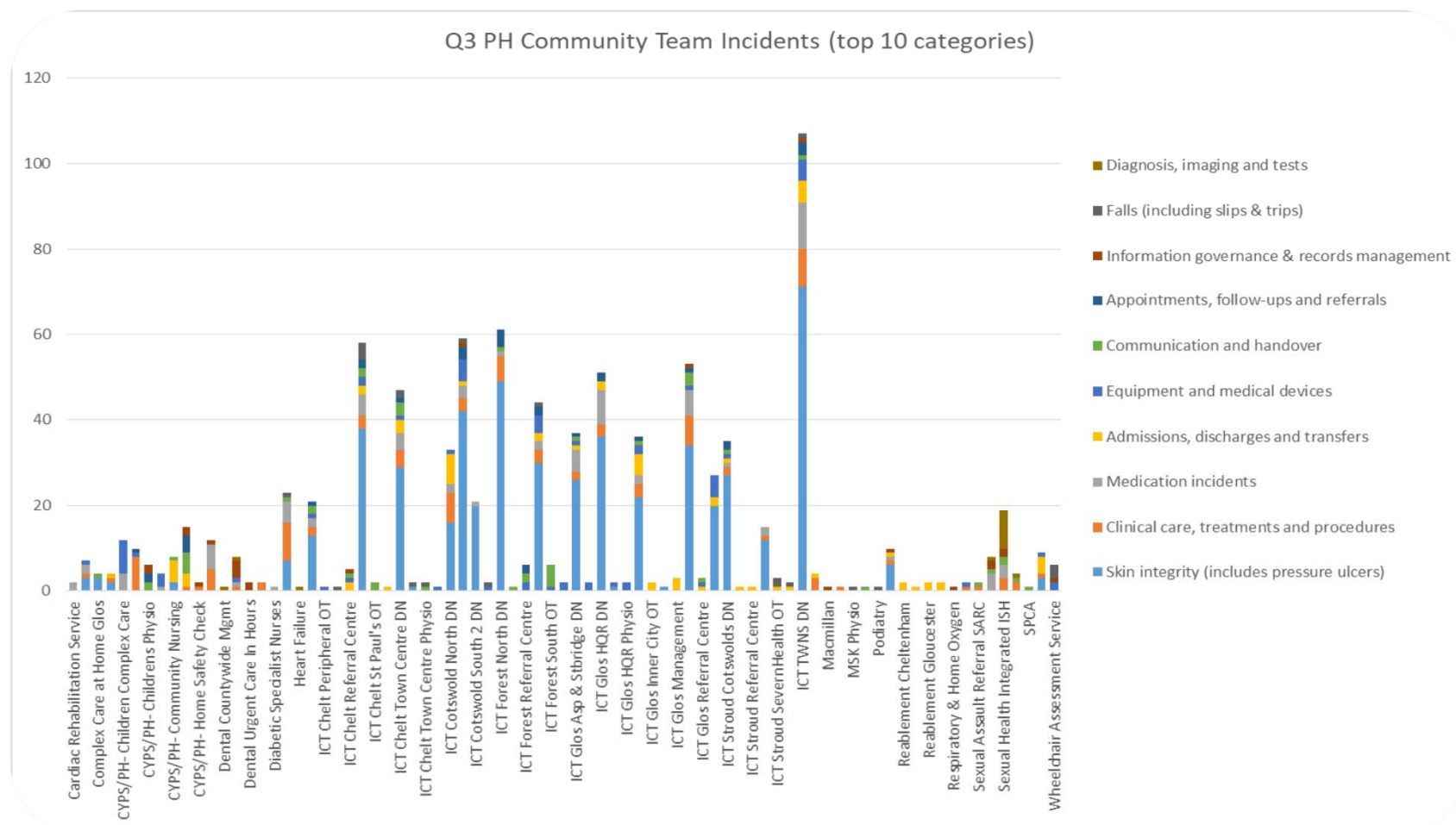
# High Level Analysis of MH Community Teams Incidents



Total number of MH Community Team incidents = 88



# High Level Analysis of PH Community Teams Incidents



Total number of PH Community Teams incidents = 961

## Detailed analysis of high frequency incidents

The high frequency incidents within Mental Health inpatient continues focus on deliberate self-harm, prevention and management of violence and aggression, and incidents relating to the violent conduct of distressed patients during the acute phase of their illness.

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

Similar divergence is also seen with the Community Teams: mental health community team incidents are more evenly spread across their Top 10 categories, whereas physical health community teams continue to report large numbers of skin integrity incidents (53.5% - same figure as Q2).

## Q3 Physical Health SIRIs reported

1. **12 November 2020 – Palliative care and necrotic wound care of left foot with Gloucester District Nurses** – the patient also developed an unstageable pressure ulcer to his right heel during the episode of care. There were a number of other care delivery problems related to continuity of care in regard to catheter management, venous blood sampling care plans, infection control, End of Life Care, and implementation of the named nurse role. The patient passed away one month later.

## Q3 Mental Health SIRIs reported

1. **19 October 2020 – unwitnessed fall and fracture** Chestnut Ward, Charlton Lane Hospital.
2. **3 November 2020 – suspected suicide (hanged)** patient open to Stroud Recovery Team.
3. **23 November 2020 – hypoxic brain injury following overdose of Quetiapine** patient recently discharged (June 2020) from Gloucester Recovery. Previously a Looked After Child with history of contact with CAMHS.
4. **1 December 2020 – attempted suicide** Gloucester Crisis Team, patient drove into a lorry in an attempt to end her life. Spinal fractures initially suspected but excluded, and confirmed injuries limited to fracture of pelvis and right humerus. Full recovery is expected.
5. **23 December 2020 – suspected suicide** a patient known to Gloucester MHICT Nursing was discovered hanged.

## Developments within the Patient Safety Team

- The Patient Safety Team is being notified of all mental health and physical health patient safety incidents categorised as moderate and above. A process established to review a random sample of 10% no harm, low harm and near misses reported on the Datix system remains delayed.
- The Duty of Candour requirements have transferred to the Patient Safety Team. Initial disclosure letters (often referred to as condolence letters following suspected suicide incidents) provide an apology that the incident occurred, describe the process of investigation, offer supportive contact, and the opportunity for relatives to be involved with the investigation process. Final summary letters also sit with the Patient Safety Team, particularly where disclosure of the final report is not appropriate, or not required by the family.
- The process for the cascade of learning from incidents continues to be developed by the Head of Patient Safety and the Operational Governance Lead.

**AGENDA ITEM: 15.1**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION** – 28<sup>th</sup> January 2021

**PRESENTED BY:** Sandra Betney, Director of Finance

**AUTHOR:** Stephen Andrews, Deputy Director of Finance

**SUBJECT:** **FINANCE REPORT FOR PERIOD ENDING 31<sup>ST</sup> DECEMBER 2020**

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

N/A

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☐

**The purpose of this report is to**

Provide an update of the financial position of the Trust.

**Recommendations and decisions required**

- The Board to **note** the month 9 position

**Executive summary**

- The Trust is receiving increased block payments to cover Covid costs and some developments but will receive no further top ups.
- The Trust has an interim plan of a deficit of £439k for October to March.
- The Trust has increased its annual leave accrual estimate by £887k to £2.265m.
- The Trust's position at month 9 is a surplus of £98k.
- The Trust is forecasting a year end deficit of £1.080m.
- The Trust introduced net spending limits to give directorates a clear understanding of their financial targets.
- The Trust intends to write off Cleeve House with a loss of £745k in next months accounts.
- The cash balance at month 9 is £68.9m.
- Capital expenditure is £2.334m at month 9. The Trust has a capital plan for 20/21 of £10.182m.
- The revised recurring Cost Improvement Plan (CIP) target for the merged Trust is £3.230m and the amount delivered to date is £3.492m.



- The Trust has spent £2.721m on Covid related revenue costs between April and December

**Risks associated with meeting the Trust's values**

Risks identified within the paper.

**Corporate considerations**

**Quality Implications**

**Resource Implications**

**Equality Implications**

**Where has this issue been discussed before?**

**Appendices:**

Finance Report

**Report authorised by:**  
Sandra Betney

**Title:**  
Director of Finance



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AGENDA ITEM: 15.2



# Finance Report Month 9



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# Overview



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NHS Foundation Trust

- As part of the revised financial framework for months 7-12 the Trust submitted an interim plan of a deficit of £439k at year end
- The Trust has added £0.887m for the cost of untaken annual leave at year end
- The Trust has a revised year end forecast deficit of £1.08m
- To monitor financial performance against the revised plan we've introduced net spending limits from month 9
- The Trust has recorded Covid related expenditure of £2.721m for April to December
- The adjusted recurrent Cost Improvement Plan target for the Trust following the extension of the interim planning guidance is reduced to £3.230m
- The CIP removed so far is £3.492m which is above the revised target
- 20/21 revised Capital plan is £10.182m
- Spend to month 9 is £2.334m which is £2.9m less than the revised year to date plan to NHSI. Capital Management Group is monitoring forecast outturn and has assured NHSI/E that we will meet the capital plan
- The Trust plans to write-off Cleeve House as a result of capital works on the site with a loss of £745k
- Agency cost forecast is £5.164m which is £1.26m lower than 2019/20
- Cash at the end of month 9 is £68.9m due to receiving block contract income early c.£20m and reduced capital spend of £2.9m
- The Trust has been successful in bidding for a £625k Public Sector Decarbonisation Scheme grant

# Annual Leave accrual



**Gloucestershire Health and Care**  
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- The Trust has reviewed its annual leave accrual estimate
- The current forecast already included a £1.378m increase on the 19/20 figure (£553k)
- Current estimates of leave outstanding on ESR indicate significant leave still to be booked (26%)
- This equates to over 36,000 days still to be taken
- In discussion with Human Resource it is estimated a further £0.887m should be added to the forecast to reflect the potential carry forward cost of the annual leave not taken at year end
- This would assume that many staff would have c. 5 days of leave left at 31<sup>st</sup> March 2021
- The revised annual leave accrual in the forecast is £2.265m
- We will be reviewing annual leave levels weekly and updating the figure each month. A further update will be given to the Resources Committee in February

# GHC Income and Expenditure

	GHC Month 9				GHC mths 1-12				
Statement of comprehensive income £000	2020/21				2020/21				
	Original Plan	Revised NHSI Interim plan	Actual	Variance	Original Plan	Revised NHSI Interim plan	Spending Limit	Full Year Forecast	Variance
Operating income from patient care activities	140,351	164,996	164,550	(446)	211,417	222,533	224,052	221,023	(1,510)
Other operating income	6,048	4,937	5,787	850	9,068	6,699	6,753	6,443	(256)
True up income	0	1,761	1,761	0	0	1,761	1,761	1,761	0
	0	0	0	0	0	0	0	0	0
Employee expenses	(107,744)	(126,650)	(124,739)	1,911	(161,631)	(170,847)	(170,256)	(169,467)	1,380
Operating expenses excluding employee expenses	(35,759)	(42,829)	(45,062)	(2,233)	(53,635)	(57,264)	(59,221)	(56,598)	666
PDC dividends payable/refundable	(2,680)	(2,552)	(2,300)	252	(4,019)	(3,482)	(2,800)	(2,800)	682
Other gains / losses	7	30	15	(15)	21	48	46	19	(29)
<b>Surplus/(deficit) before impairments &amp; transfers</b>	<b>223</b>	<b>(307)</b>	<b>12</b>	<b>319</b>	<b>1,221</b>	<b>(552)</b>	<b>335</b>	<b>381</b>	<b>933</b>
impairments / exceptional items*	0	0	0	0	1	0		(887)	(887)
Remove capital donations/grants I&E impact	0	86	86	0		113	102	96	(17)
<b>Surplus/(deficit)</b>	<b>223</b>	<b>(221)</b>	<b>98</b>	<b>319</b>	<b>1,222</b>	<b>(439)</b>	<b>437</b>	<b>(410)</b>	<b>29</b>
Risk allowance				0			(670)	(670)	0
<b>Revised Surplus/(deficit)</b>	<b>223</b>	<b>(221)</b>	<b>98</b>	<b>319</b>	<b>1,222</b>	<b>(439)</b>	<b>(233)</b>	<b>(1,080)</b>	<b>29</b>

Note. The variances compares 'Revised NHSI Interim budget' against 'Actual' and 'Full Year Forecast'

\* Exceptional items - increase in annual leave accrual

# GHC Balance Sheet



Gloucestershire Health and Care

NHS Foundation Trust

		GHC	GHC Month 9				
STATEMENT OF FINANCIAL POSITION (all figures £000)		2019/20	2020/21 Year to Date				20/21
		Actual	Original Plan	Revised NHSI Interim plan	Actual	Variance	Forecast
<b>Non-current assets</b>	Intangible assets	2,023	2,283	1,242	1,066	(176)	1,096
	Property, plant and equipment: other	115,916	121,248	112,714	110,798	(1,916)	116,110
	<b>Total non-current assets</b>	<b>117,939</b>	<b>123,531</b>	<b>113,956</b>	<b>111,863</b>	<b>(2,093)</b>	<b>117,205</b>
<b>Current assets</b>	Inventories	288	245	283	283	(0)	283
	NHS receivables	11,017	8,456	3,072	4,059	987	15,187
	Non-NHS receivables	8,973	5,723	11,914	8,742	(3,172)	1,803
	Cash and cash equivalents:	26,619	28,469	67,575	68,946	1,371	36,840
	Property held for sale	0	500	0	0	0	0
	<b>Total current assets</b>	<b>46,897</b>	<b>43,393</b>	<b>82,844</b>	<b>82,030</b>	<b>(814)</b>	<b>54,113</b>
<b>Current liabilities</b>	Trade and other payables: capital	(2,143)	(1,784)	(509)	(765)	(256)	(1,765)
	Trade and other payables: non-capital	(5,580)	(10,551)	(17,387)	(12,638)	4,749	(8,638)
	Borrowings	(76)	(104)	(53)	(104)	(51)	(104)
	Provisions	(371)	(604)	(634)	(1,164)	(530)	(514)
	Other liabilities: deferred income including contract liabilities	(16,655)	(1,482)	(30,100)	(30,821)	(721)	(12,226)
	<b>Total current liabilities</b>	<b>(24,825)</b>	<b>(14,525)</b>	<b>(48,683)</b>	<b>(45,492)</b>	<b>3,191</b>	<b>(23,246)</b>
<b>Non-current liabilities</b>	Borrowings	(1,773)	(8,338)	(1,483)	(1,419)	64	(1,533)
	Provisions	(3,491)	(451)	(4,075)	(4,039)	36	(3,871)
	<b>Total net assets employed</b>	<b>134,747</b>	<b>143,610</b>	<b>142,559</b>	<b>142,943</b>	<b>384</b>	<b>142,667</b>

<b>Taxpayers Equity</b>	Public dividend capital	127,526	125,181	125,776	125,784	8	125,784
	Revaluation reserve	6,566	7,098	7,204	7,204	0	7,204
	Other reserves	(1,241)	(1,241)	(1,241)	(1,241)	(0)	(1,241)
	Income and expenditure reserve	1,896	12,572	10,820	11,196	376	10,920
	<b>Total taxpayers' and others' equity</b>	<b>134,747</b>	<b>143,610</b>	<b>142,559</b>	<b>142,943</b>	<b>384</b>	<b>142,667</b>

Note. £20m deferred income. January income received in December. In March the Trust will not receive April's income

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# Cash Flow Summary

Gloucestershire Health and Care

NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 19/20		ACTUAL YTD 20/21		FORECAST 20/21	
Cash and cash equivalents at start of period		33,553		37,720		37,720
<b>Cash flows from operating activities</b>						
Operating surplus/(deficit)	1,308		2,307		2,784	
Add back: Depreciation on donated assets	0		79		105	
<b>Adjusted Operating surplus/(deficit) per I&amp;E</b>	<b>1,308</b>		<b>2,386</b>		<b>2,889</b>	
Add back: Depreciation on owned assets	4,944		5,871		7,695	
Add back: Impairment	3,489		0		0	
(Increase)/Decrease in inventories	(38)		0		0	
(Increase)/Decrease in trade & other receivables	(3,516)		7,418		2,571	
Increase/(Decrease) in provisions	2,485		838		704	
Increase/(Decrease) in trade and other payables	2,580		5,372		(4,934)	
Increase/(Decrease) in other liabilities	(863)		12,467		2,348	
Net cash generated from / (used in) operations		<b>10,389</b>		<b>34,351</b>		<b>11,272</b>
<b>Cash flows from investing activities</b>						
Interest received	206		5		19	
Purchase of property, plant and equipment	(4,835)		(2,368)		(9,215)	
Sale of Property	560		0		0	
<b>Net cash generated used in investing activities</b>		<b>(4,069)</b>		<b>(2,363)</b>		<b>(9,196)</b>
<b>Cash flows from financing activities</b>						
PDC Dividend Received	570		545		134	
PDC Dividend (Paid)	(2,565)		(1,170)		(3,067)	
Finance Lease Rental Payments	(158)		(138)		(24)	
		<b>(2,153)</b>		<b>(763)</b>		<b>(2,957)</b>
<b>Cash and cash equivalents at end of period</b>		<b>37,720</b>		<b>68,946</b>		<b>36,839</b>

# Covid 1



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- Urgent Covid related capital costs have been incurred in 20/21 and funding of £137k received which fully covers the expenditure
- Not all covid costs are covered by central funding - £310k
- Recurring costs are £1.307m in a full year

	TOTAL costs Months 1-6 £	TOTAL costs Months 7-9 £	Forecast £
<b><i>For periods up to and including 31/12/2020 (M1-9)</i></b>			
Internal and external communication costs	0	4,478	19,797
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	329,891	238,265	762,689
Sick pay at full pay (all staff types)	28,636	2,311	38,447
COVID-19 virus testing (NHS laboratories)	101,069	104,869	358,238
Remote management of patients	51,816	62,500	152,421
Plans to release bed capacity	35,430	421	41,851
Segregation of patient pathways	3,439	0	4,585
Existing workforce additional shifts	128,595	71,824	249,559
Decontamination	148,912	39,685	251,463
Backfill for higher sickness absence	819,302	163,221	1,231,783
Remote working for non patient activities	78,286	62,500	187,715
National procurement areas	203,873	0	203,873
PPE - other associated costs	0	0	0
Other	41,480	0	41,480
<b>TOTAL EXPENDITURE</b>	<b>£1,970,729</b>	<b>£750,074</b>	<b>£3,543,902</b>
Retrospective Top up paid	-1,761,000		-1,761,000
Covid envelope system pot		-578,000	-1,156,000
		-60,000	-120,000
<b>TOTAL INCOME</b>	<b>-£1,761,000</b>	<b>-£638,000</b>	<b>-£3,037,000</b>
<b>Net Expenditure over Income</b>	<b>£209,729</b>	<b>£112,074</b>	<b>£506,902</b>

Note £507k = £210k shortfall M1-6, £206.3k system contribution, £90k forecast increase

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# Capital – Five year Plan

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Capital 5 year Plan	Original Plan	Revised Plan	Actuals to date	Forecast	Plan	Plan	Plan	Plan	
£000s	2020/21	2020/21	2020/21	2020/21	2021/22	2022/23	2023/24	2024/25	Total
<b>Land and Buildings</b>									
Buildings	4,259	3,383	534	3,344	3,202	4,500	2,500	1,000	14,585
Backlog Maintenance	1,393	1,700	322	1,622	1,371	1,050	1,050	250	5,421
Urgent Care	475	200	0	0	275		0		475
Covid	0	137	140	140	0				137
Cirencester Scheme							5,000		5,000
<b>Medical Equipment</b>	1,220	587	45	464	1,059	730	730	3,330	6,436
<b>IT</b>									
IT Device and software upgrade	600	1,270	607	1,300	0	600	600	600	3,070
IT Infrastructure	1,468	2,675	390	2,731	132	1,400	1,300	1,300	6,807
<b>Sub Total</b>	<b>9,415</b>	<b>9,952</b>	<b>2,038</b>	<b>9,601</b>	<b>6,039</b>	<b>8,280</b>	<b>11,180</b>	<b>6,480</b>	<b>41,931</b>
Forest of Dean	500	200	296	581	4,500	8,000	300	0	13,000
<b>Total</b>	<b>9,915</b>	<b>10,152</b>	<b>2,334</b>	<b>10,182</b>	<b>10,539</b>	<b>16,280</b>	<b>11,480</b>	<b>6,480</b>	<b>54,931</b>
Disposals					(2,000)	(1,260)	(1,500)		(4,760)
Donation - Cirencester Scheme							(5,000)		(5,000)
	<b>9,915</b>	<b>10,152</b>	<b>2,334</b>	<b>10,182</b>	<b>8,539</b>	<b>15,020</b>	<b>4,980</b>	<b>6,480</b>	<b>45,171</b>

Forest of Dean - £900k spent in 2018/19 and 19/20, total planned spend £13.9m

We have spent £2.334m to date. This is £2.9m behind the NHSI plan year to date. There is a risk that not all the capital envelope will be spent by upto £750k.

The Capital Management Group continues to review all schemes and has introduced weekly monitoring.

A number of building and maintenance schemes have been brought forward eg Comfort Cooling, Door Ligature works. New schemes have been identified too to accommodate any slippage . IT orders have been placed well in advance to ensure delivery before the end of March, and a large number of schemes have been put to the Digital Group for approval to ensure there is sufficient time for the schemes to be completed.

# Run Rate

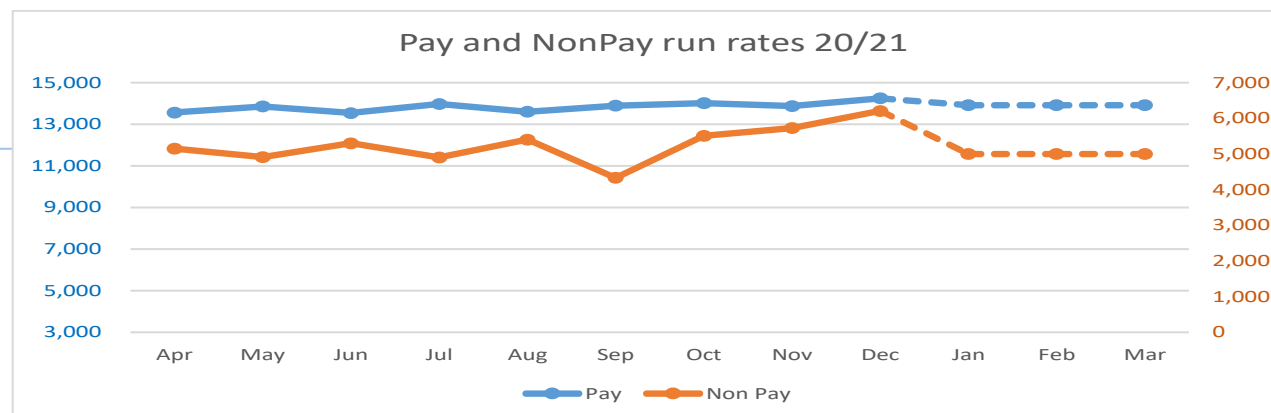


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The Trust has estimated a net run rate

- The net run rate is an extrapolation of current financial performance into the future
- The run rate has been adjusted by removing non recurring items such as Covid costs, provisions increases and asset write offs but adding an estimate to the projections for Business as Usual costs/income that will increase
- Income has been difficult to extrapolate due to the interim arrangements currently in place
- Expenditure run rates may be used as the basis of monitoring for all Trusts at the start of 21/22
- The summary of the findings are shown below and suggests the Trust has a small average net run rate surplus of £57k
- Further work will continue to refine the run rate analysis in the coming weeks

SUMMARY		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Projected Month 10	Projected Month 11	Projected Month 12	TOTAL
Revised Run rate	Income	19,636	17,280	18,068	19,135	19,073	17,901	19,469	19,671	20,538	18,974	18,974	18,974	227,694
	Pay	(13,562)	(14,037)	(13,723)	(14,159)	(13,664)	(14,187)	(14,088)	(13,837)	(14,026)	(13,920)	(13,920)	(13,920)	(167,044)
	Non Pay	(5,150)	(4,511)	(5,298)	(5,009)	(5,230)	(4,009)	(5,390)	(5,210)	(5,169)	(4,997)	(4,997)	(4,997)	(59,967)
Net Recurring surplus/(deficit)		924	(1,268)	(953)	(33)	179	(295)	(9)	625	1,344	57	57	57	683



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# Risks



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Risks to delivery of the 2020/21 position are as set out below:

Risks 20/21	20/21 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Covid spend increase	100		100	2	2	4
Capital envelope not fully spent	1,250		1,250	3	3	9
Brexit risk - No Deal Scenario	75	75		2	2	4
	<b>1,425</b>	<b>75</b>	<b>1,350</b>			
Risks 21/22	21/22 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Delivering Efficiency CIP schemes (1.1%)	2,000	2,000	0	2	4	8
Delivering Differential CIP schemes	1,000	1,000	0	3	3	9
Delivering Value Scheme CIPs	900	900	0	4	3	12
Delivering non recurring savings	1,600	0	1,600	2	3	6
Efficiencies need to be higher than assumed (0.9% more)	1,636	1,636	0	3	3	9
Do not sell proposed capital disposals	3,260	0	3,260	3	5	15
Insufficient Covid funding to cover recurring costs	1,307	1,307	0	3	3	9
Brexit risk No Deal Scenario	885	885	0	2	3	6
	<b>12,588</b>	<b>7,728</b>	<b>4,860</b>			

# Single Operating Framework Ratings

## Current FT Financial Risk Rating - Single Oversight Framework Use Of Resource

Finance and use of resources rating				
Metric	2019/20 Actual	20/21 Plan	20/21 Actual YTD	20/21 Forecast
Capital service cover rating	1	1	1	1
Liquidity rating	1	1	1	1
I&E margin rating	1	1	1	1
I&E margin: distance from financial plan	1	1	1	1
Agency rating*	4	1	1	1
Risk ratings after overrides	3	1	1	1

\* Assuming no adjustment to existing agency ceiling





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**AGENDA ITEM: 16.1**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION** – 28<sup>th</sup> January 2021

**PRESENTED BY:** Sandra Betney, Director of Finance

**AUTHOR:** Chris Woon, Associate Director of Business Intelligence

**SUBJECT:** **COMBINED PERFORMANCE DASHBOARD DEC 2020 (MONTH 9)**

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

N/A

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☐

**The purpose of this report is to**

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

To offer reader clarity, the visualisation is currently separated into the following sections;

- Trust Wide Requirements
- Mental Health & Learning Disabilities National Requirements (NHSI & DoH)
- Mental Health & Learning Disabilities Local Contract (including Social Care)
- Physical Health National Requirements
- Physical Health Local Requirements

Performance covers the period to the end of December (month 9 of 2020/21). It is of note that performance period remains aligned to our operational priority to recover services from the first pandemic wave, but also respond the current pandemic surge and winter pressures.

Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Where appropriate, Service led updates will more fully account for 2020/21 performance indicators in exception and provide legacy Service Recovery Action Plans (SRAP) updates.

**Recommendations and decisions required**

The Board are asked to:

- Note the aligned Performance Dashboard Report for December 2020/21.

- Acknowledge the impact of the **Covid-19** response on operational performance and data quality.
- Note the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate service recovery action plans are being developed to address areas requiring improvement - in line with the C19 Recovery Programme.

## Executive summary

It is of note that all of indicators within this period have been in exception within the last 12 months. Additionally, there is a brief focus on CYPS (including CAMHS), its challenges and its achievements during the pandemic.

### Mental Health & Learning Disability Services

The Board's attention is requested to review the 11 key performance thresholds listed in the dashboard (with associated narrative) that were not met for the period. Of note is that Eating Disorder Services have faced major performance challenges recently due to a high number of referrals and high vacancy rate.

### Physical Community Health Services

In addition, attention is drawn to the 12 key performance thresholds listed in the dashboard (with associated narrative) that were not met for the period. Within these, 4 are within CYPS and 3 within Wheelchair Services. Both health visiting and wheelchair services are about to engage in an internal data quality audit with PWC during Quarter 4.

### Trust Wide Services

There are currently 4 workforce indicators in exception this month that apply to all GHC services. Discussions have begun to routinely monitor wider workforce performance metrics beyond what is already available within the dashboard in 2021/22.

### Non-exception reporting

It is further noted that there are additional indicators outside of threshold but are either within normal, expected variation, have a 'proxy' threshold, are formally suspended or have a confirmed data quality issue that is administrative only and is being resolved. These have not been highlighted for exception. Within the February Resources Committee there will be a further briefing and discussion around our approach to 'proxy' indicators.

## Risks associated with meeting the Trust's values

Where appropriate and in response to significant and wide-reaching performance issues (such as Eating Disorders, Podiatry, IAPT, Children's or Wheelchair Services); operational services should have Service Recovery Action Plans (SRAP) in place which outlines appropriate risk and mitigation.

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

<b>Where has this issue been discussed before?</b>	N/A
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<b>Appendices:</b>	None
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<b>Report authorised by:</b> Sandra Betney	<b>Title:</b> Director of Finance
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# Performance Dashboard Report & BI Update

Aligned for the period to the end December 2020 (month 9)



This performance dashboard provides a high level view of Key Performance Indicators (KPIs) *in exception* across the organisation for the period. Highlighted indicators are underperforming against their threshold or are outside normal variation control limits that warrant senior oversight. Additionally, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision. A full list of all indicators (in exception or otherwise) are available within the dynamic version of this Tableau report.

Where performance is not compliant, operational service leads are prioritising appropriately to address issues. Additionally, the Covid-19 response will schedule service specific recovery trajectories, more fully account for 2020/21 performance indicators in exception and where appropriate, provide legacy Service Recovery Action Plans (SRAP) updates.

As an example, the area of spotlight this month is Children and Young People's Services (CYPS);

- **CAMHS Performance:** *Services remain fully open. There has been an increase in service demand (referrals and referrals accepted) within CAMHS since Sept 2019, but this has been managed through embracing digital (virtual) delivery tools and collaborative working with stakeholders with positive feedback.*
- **CAMHS Outreach:** *Reduction in Tier 4 admissions by managing a high-risk young cohort through intensive home support*
- **CAMHS Developments/ Transformations:** *Trailblazers and wider investments*
- **Immunisation Programme:** *Successful immunisation delivery of seasonal flu achieving 77% update.*
- **Allied Health Professionals:** *Strong AHP service performance across indicators regardless of increased demand. They have adapted delivery throughout the pandemic and successfully achieved their access target thresholds.*
- **Public health nursing:** *Although PHN services are reporting performance in exception, services have continued using a combination of f2f and virtual contacts and performance compares very favourably when benchmarked against national organisations and South West services.*

## Business Intelligence Update

In spite of ongoing Covid-19 BI demands, Business Intelligence services have continued to deliver key infrastructure development tasks to date and ensured the continuity of business critical reports during the pandemic. The following tasks have been completed recently;

- There has been significant progress with the data validation processing of Workforce (ESR) and Finance (Integra) data
- Service level recovery, surge planning and response engagement
- Final legacy GCS reports migrated to Tableau
- Birtie decommissioning process begun

The following tasks continue to be 'in the development pipeline';

- Integrated Business Intelligence Performance Dashboard (Q4 2020/21) for Board/ Resources Committee (incorporating full BI stack).
- Existing data source adjustments (to support data quality monitoring and historic activity) in new environment (Q4 2020/21).
- Internal service specification review, considering Commissioner led contractual KPI review (Q4 2020/21)
- Data source replication (prioritisation for ESR, Integra and Datix) (Q4 2020, dependant on GL and ESR progress)
- Supplementary system sources brought into BI reporting (Datix, Service Experience, Q4 2021/22)
- Dashboard visualisation capability further developed to include; benchmarking observation, SRAP alerts and data quality alerts (2021/22).

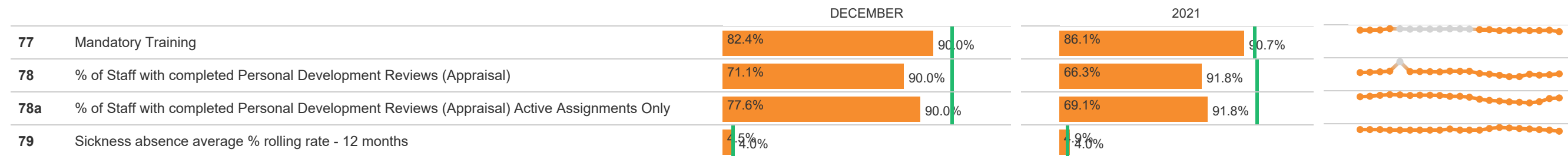
**PLEASE NOTE THAT THE DELIVERY OF THIS BI DEVELOPMENT TIMETABLE CONTINUES TO BE RESPONSIVE TO THE DEMANDS ON CURRENT CORPORATE/ OPERATIONAL BAU & ADHOC (e.g. C19) REPORTING.**





## KPI Breakdown

### Trust Wide Requirements



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

#### 77: Mandatory Training

Performance was 82.5% in December 2020, below the target of 90%. There is increasing focus to improve compliance rates across the Trust. Performance is below the SPC chart lower control limit based on 2018/19 data.

These numbers have been amended for the first time this month to include Bank Staff, this had previously been excluded from the calculation.

#### 78: % of Staff with completed Personal Development Reviews (Appraisal)

Performance in December was 71.2% compared to a target of 95%. There is increasing focus to improve compliance rates across the Trust in the coming months. Performance is below SPC chart normal variation based on 2018/19 data.

#### 78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only.

Performance in December was 77.7% compared to a target of 95%. There is increasing focus to improve compliance rates across the Performance is below SPC chart normal variation based on 2018/19 data.

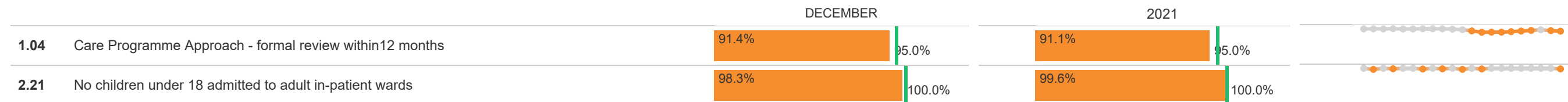
#### 79: Sickness absence average % rolling rate - 12 months

Performance is 4.5% compared to a threshold of 4% for the rolling 12 months to December 2020. Performance is outside SPC chart normal variation based on 2018/19 data. The level has however been consistently reducing month on month since June 2020 when it was at its highest point for the year at 5.2%.



## KPI Breakdown

### Mental Health - National Requirements Gloucestershire



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

#### 1.04: CPA Approach – Formal review within 12 months

Performance for December is 91.4% (83 cases) against a performance threshold of 95%. The majority of cases are within the following services: Recovery (52), CPI (8), and Assertive Outreach (7).

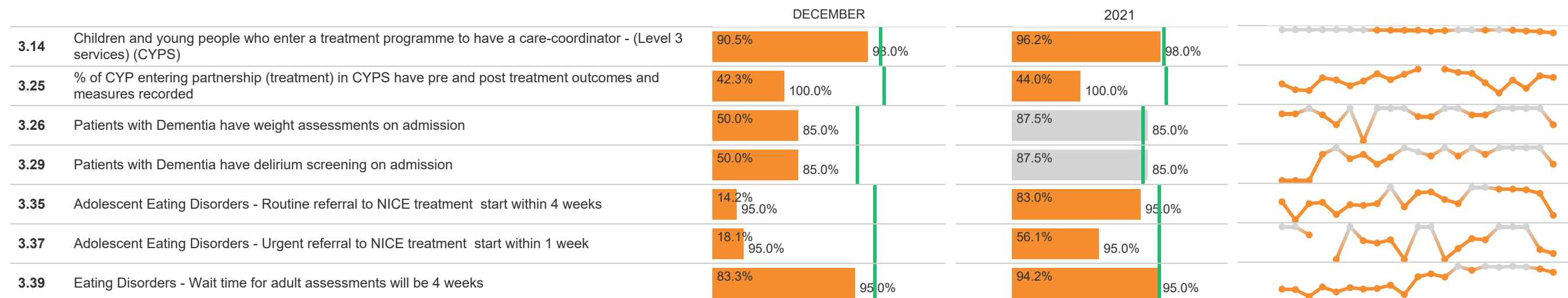
Within the Adult Community services there has been a reduction in some teams' capacity due to staff movement and sickness. These are ongoing challenges and although the service has noted that compliance may drop further, teams are continuing to plan CPA's and address historical cases within the available capacity.

#### 2.21: Admissions of Under 18s to Inpatient Wards

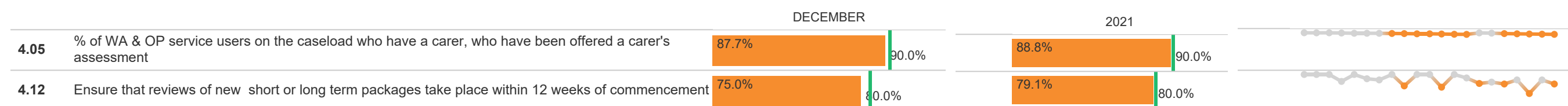
There was 1 admission of an Under 18 in December. A young person under the care of CAMHS was admitted out of hours to Wotton Lawn following suicidal intent with significant attempts to ligature. The young person was admitted for 4 days while a community discharge package involving CAMHS, Crisis and Social Care was put in place.

## KPI Breakdown

### Mental Health & Learning Disability - Local Contract



### Mental Health & Learning Disability - Social Care



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

#### 3.14: Children and young people who enter treatment to have a care coordinator

December is reported at 90.5% against a performance threshold of 98%.

The methodology for this indicator uses the assumption (agreed with commissioners) that treatment begins at the 2nd attended appointment and that it is appropriate to allocate a care coordinator at this point. The service has recently changed their care pathway to support young people on the waiting list and have introduced extra patient contacts (tel/ video) to provide support. These extra contacts then trigger the 2nd contact and although it may still be the appropriate point to define the beginning of treatment, it is not necessarily the appropriate stage at which to allocate a care coordinator like it was previously. This means that the underlining assumptions which the indicator is based on may now be out of date. The service will be discussing with Commissioners the change in pathway in relation to this indicator.

#### 3.25: CYPs entering partnership have pre and post treatment outcomes and measures recorded

December is reported at 42.3% against a local performance threshold of 100% and has shown improvement over the last 2 months.

Compliance continues to be affected by the recording of Reported Outcome Measures (ROMs) via a paper-based system. After discussions with the National 4WW team, it has been identified that other CAMHS services are reporting similar issues with reduced compliance due to virtual working. The National team have agreed to look wider at other viable options to support this. Locally the service is exploring options regarding emailing of editable PDF questionnaires and piloting direct collection during video calls. Discussions have also begun with external providers of the CYP Questionnaires. An action plan has been produced and is monitored quarterly at CAMHS OGF.

#### 3.26: Patients with Dementia that have not had a weight assessment within 24 hours of admission

December performance is reported at 50% against an 85% performance threshold. There were 2 non-compliant cases in December. The non-compliant cases for both indicator 3.26 and 3.29 relate to the same patients.

One patient was admitted with a primary diagnosis of a psychotic illness and was not identified as also having a dementia diagnosis until 3 days later. The service agrees that the current process for identifying these patients needs to be more robust and are exploring new ways of working to ensure compliance going forward. This includes requesting a report which identifies all patients on the ward with a dementia diagnosis.

The 2nd patient was admitted to Wotton Lawn and was weighed 3 days after admission and screened 12 days after admission. The service has identified that the procedures are not as routine for Wotton Lawn as they are in Charlton Lane and have issued guidance to staff.

**3.29: Patients with Dementia that have not had a delirium screening within 24 hours of admission**

December performance is reported at 50% against an 85% performance threshold. There were 2 non-compliant cases in December. The non-compliant cases for both indicator 3.26 and 3.29 relate to the same patients. See 3.26 for detail.

**3.35 Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks**

December performance is reported at 14.2% against a performance threshold of 95%. There were 6 non-compliant cases in December.

**3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week**

December performance is reported at 18.1% against a performance threshold of 95%. There were 9 non-compliant cases in December.

**3.39: Adult Eating Disorders: Referral to assessment within 4 weeks**

December performance is reported at 83.3% against a 95% performance threshold. There were 6 non-compliant cases reported in December.

**Note on 3.35, 3.37 and 3.39 – Eating Disorders waiting times**

The Eating Disorders service currently has an unprecedented amount of vacancies and are actively recruiting to fill these posts.

The current wait profile for the service at the end of December indicates that 38% (49) of all clients waiting for assessment are waiting over 4 weeks. This is seen to be a significant increase of 22% compared to November and wait times will continue to increase until the service can fill their workforce vacancies.

The service also continues to experience a higher than average number of urgent referrals for the third quarter with an average of 11 referrals per month for adolescents compared to 5 for the same period in the last year. Adult referrals were also noted to be increasing as the average number of urgent referrals per month, is 9 compared to 5 in the same period last year. In response the service has closed day treatment temporarily and the extra staff capacity is being used to accommodate the increase in urgent referrals.

**4.05: % of WA & OP service users on the caseload who have a carer who have not been offered a carer's assessment**

Performance is reported at 87.7% for December (215 cases) against a performance threshold of 90%. The majority of cases are within the Older People services (Managing Memory Together: 86, OP Community Services: 62) and Recovery Service: 38.

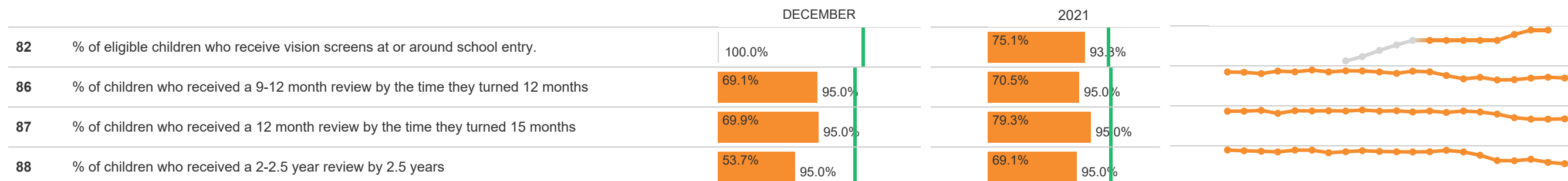
Teams have been working hard to ensure that data is captured and work is ongoing to ensure that the clinical system is updated consistently to show that the carer has been offered an assessment and Team managers are currently addressing recording issues with staff.

**4.12 Social Care Packages not reviewed within 12 weeks of commencement**

Performance is reported at 75% against a performance threshold of 80%. There is 1 non-compliant case in December due to staff sickness. The service has confirmed that the review has now been booked.

## KPI Breakdown

### Physical Health - National Requirements



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

#### 82: Proportion of eligible children who receive vision screens at or around school entry

The cumulative performance in November for the 2019/20 academic year schools Vision screening programme was 93.0% and remained behind the internal trajectory of 95%. Out of a cohort of 6,677 eligible children, 6,215 were screened up to November 2020. The 2019/20 programme is now closed.

The service had a catch-up programme in place from September to November 2020 as the vision screening programme was suspended between March - August 2020 due to the Covid-19 pandemic. The catch-up cohort are Reception year children who would be in Year 1 since September 2020.

The programme normally runs from November – August of each year for children in Reception year and the new programme should have begun. However the new programme had been delayed until January 2021, this is now under review with NHS Digital due to the National Lockdown.

#### 86: Percentage of children who received a 9-12 month review by the time they turned 12 months.

69.2% of eligible children received the 9-12 month visit by a health visitor in December compared to a target of 95%. 334 out of 483 reviews were completed within the target timeframe 9-12 months. This is below SPC Chart control limits based on 2018/19 data. This figure increases to 72.3% when all contact methods are included (i.e. Face to Face, telephone and video). There has been a steady month on month increase in the performance year to date.

The parents of all children within this cohort were offered the opportunity to receive a 9 -12month review. The service continues to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

#### 87: Percentage of children who received a 12 month review by the time they turned 15 months.

70.0% of eligible children received the 9-12 month visit (within 15 months) by a health visitor in December, compared to a target of 95%. 408 out of 583 reviews were completed within the target timeframe of 15 months. This is below SPC Chart control limits based on 2018/19 data. This figure increases to 78.6% when all contact methods are included (i.e. Face to Face, telephone and video).

The parents of all children within this cohort were offered the opportunity to receive a 9 -12month review. The service continues to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

#### 88: Percentage of children who received a 2-2.5 year review by 2.5 years.

53.8% of eligible children received the 2-2.5 year mandated contact by a health visitor in December, compared to a target of 95%. 298 out of 554 reviews were completed within the target timeframe of 2-2.5 years. This is below SPC Chart control limits based on 2018/19 data. This figure increases to 64.8% when all contact methods are included (i.e. Face to Face, telephone and video).

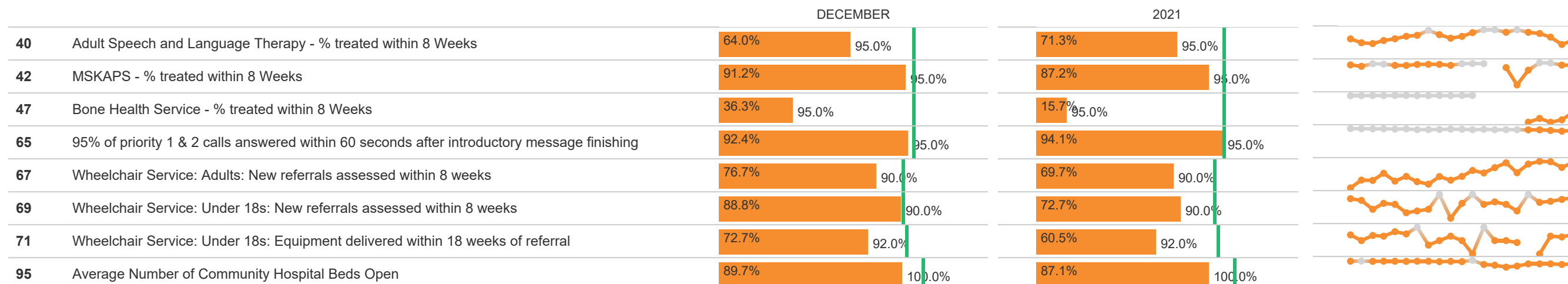
The parents of all children within this cohort were offered the opportunity to receive a 2 year review. The service continues to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

#### Additional Information for 86, 87 & 88.

A Community Nursing focus group was held in November and information disseminated to reflect discussion. Public health information to be addressed, media work stream to meet in January 2021 to look at health promotion tools/ video and social media to promote ASQ alongside other health promotion subjects that relate to six high impact areas.

## KPI Breakdown

### Physical Health - Local Requirements



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

#### 40. Adult Speech and Language Therapy - % treated within 8 Weeks

December compliance was 64.0% below the threshold of the 95%. In total 75 patients started treatment, 27 of which were seen over the 8-week target.

Due to the service experiencing significant pressures they are currently only providing a service to the acute trust. The service agreed that exception reporting for December was stepped down so that all resources could focus on direct patient care. The waiting list profile at the end of December shows that 21.9% (71) of all patients were waiting longer than 8 weeks for a first contact from the service.

#### 42. MSKAPS - % treated within 8 Weeks

In December 2020, 91.3% of patients were seen within 8 weeks compared to a target of 95%. 28 out of 321 patients were seen outside of the 8 weeks target in December.

A significant number of the breaches are due to patient choice where the patient did not book an appointment on time. Often the patients do not book their appointments until a reminder is sent by the service, approximately 3 weeks after the initial communication. Others breaches are where the method of 1st contact was by telephone, which currently is not a stop-clock for the MSKAPS RTT pathway. The Business Intelligence team is currently working with the MSKAPS service to capture clinically significant telephone contacts within the RTT pathway.

#### 47: Bone Health Service - % treated within 8 Weeks

The service reopened in August 2020 after being closed due to Covid-19 with a backlog of patients to see. 7 out of 11 face to face contacts in December failed to meet the 8-week threshold. The service are currently clearing the backlog of referrals after the service reopened. Delays in community hospital availability has slowed the progress, however the service is making significant progress in reducing waiting times but more challenges are expected in the coming months.

The service has responded to the additional demand by changing their current working practices. Letters to patients are now giving them the option to attend a video/ telephone appointment alongside face to face contacts. The service model is changing to include telephone contacts in the Referral to Treatment criteria. These changes have now been agreed by all relevant stakeholders and Business intelligence is working to deploy the changes.

#### 65. 95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing

1,006 out of 1,088 priority 1&2 calls (92.5%) were answered within 60 seconds compared to a target of 95%. This is below SPC Chart control limits.

From November 2020 SPCA has been trialling handling of daytime dental calls, historically handled by dental staff and receptionists in Southgate Moorings. For example; 3,567 calls were received in December, above the proxy threshold of 3,279 which is based on 2018-19 activity figures. This is above the SPC chart upper control limit based on 2018-19 figures. This continues to impact SPCA call handling pick up times and abandonment KPI's. A review has taken place and Service leads are currently looking at costings regarding staffing numbers and call alignment with the Deputy Dental Service Director for Urgent Care and Specialty Services.

#### 67. Wheelchair Service: Adults: New referrals assessed within 8 weeks

33 out of 43 (76.7%) of new adult referrals were assessed within 8 weeks in December. This is below the target of 90%.

The Wheelchair Service continues to collaborate with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this dataset. This work is reflected in the improved performance data.

#### 69: Wheelchair Service: Under 18s: New referrals assessed within 8 weeks

8 out 9 (88.9%) of new under 18 referrals were assessed within 8 weeks in December. This is below the target of 90%.

The Wheelchair Service continues to collaborate with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this dataset. This work is reflected in the improved performance data.

dataset. This work is reflected in the improved performance data.

**71: Wheelchair Service: Under 18s: Equipment delivered within 18 weeks of referral**

8 of the 11 (72.7%) equipment deliveries in December met the 18 week threshold of 92%.

The Wheelchair Service continues to collaborate with the BI team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this dataset. This work is reflected in the improved performance.

**Additional information for 67, 69 and 71.**

The monthly performance report figures now show:

- An increasing number of first assessments, both face to face and telephone
- An increasing number of handovers which is now thought to be much more representative of service activity.
- 100% performance for the adult and under 18 'urgent referral to assessment' KPI, with the exception of June

There still is a fluctuating trajectory for 'routine referral to assessment' and 'referral to handover' KPIs, which are areas of current focus. Starting with under 18s, the service expects to take the learning and apply to adults. This will be a much larger piece of work, reflected by the waiting profiles which the service believe are mainly historic artefacts from the data migration from the clinical system, BEST, but are pleased to now be involved in an external data quality audit that will support this.

**95: Average Number of Community Hospital Beds Open**

The average number of beds open in Community Hospitals was 176 in December (compared to a traditional bed stock of 196 beds) and is below SPC Chart lower control limits. This is due to the agreed reduced bed base as a result of social distancing on the wards in the wake of the Covid-19 pandemic.



**AGENDA ITEM: 17**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 January 2021**

**PRESENTED BY:** Marit Endresen, Patient Survey Manager  
 Lauren Edwards, Deputy Director of Therapies and Quality

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

**SUBJECT:** **CQC SURVEY OF ADULTS WHO USE COMMUNITY MENTAL HEALTH SERVICES - 2020 RESULTS AND ACTION PLAN**

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

<b>This report is provided for:</b>			
Decision <input checked="" type="checkbox"/>	Endorsement <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Information <input type="checkbox"/>

**The purpose of this report is to:**

- To summarise the results of the 2020 CQC National Community Mental Health survey. These results provide assurance of the quality of adult community mental health services delivered by Gloucestershire Health and Care NHS Foundation Trust.
- To provide assurance that the results of this national survey have been used to identify areas of focus for practice development activity over the next 12 months.

**Recommendations and decisions required**

The Board is asked to:

- **Note** the contents of this report
- **Receive assurance** of our ongoing delivery of high-quality adult community mental health services
- **Receive assurance** that this feedback has been used to identify areas for practice development

**Executive summary**

- Enabling people to have positive experiences of NHS services which meet their needs and expectations is a key national strategic goal and is an underpinning core value of Gloucestershire Health and Care NHS Foundation Trust.
- In 2019, Quality Health was commissioned by Gloucestershire Health and Care NHS Foundation Trust to undertake the 2020 National Community Mental Health Survey, which is a requirement of the Care Quality Commission.
- This paper outlines the Care Quality Commission's published results of the data analysis of the survey sample of people who used Gloucestershire Health and Care NHS Foundation Trust services. The CQC makes comparison with 55 English NHS mental health care providers' results of the same survey. Results are published on the CQC website.
- The Trust's results are '*better*' than the expected range for 13 of the 28 questions (45%) and '*about the same*' as other Trusts for the remaining 15 questions (54%). These results **represent a further improvement** on our results from last years' service user feedback (Better = 38%, about the same = 62%), although direct comparison should be avoided (see section 1.4).
- The Trust is categorised as performing '*better*' than the majority of other mental health Trusts in 8 of the 11 domains (73%) (last year: 7 out of 11, 64%)
- The scores for feedback are disappointing, although are '*about the same*' as other Trusts (the highest score in England was only 3.5). This will continue be a significant area of focus for development, with the work being led by the Patient and Carer Experience Team.
- An action plan will be co-developed with senior operational and clinical leaders and seeking input from Experts by Experience. The proposed areas of focus are outlined in Appendix 1.
- An infographic has been produced to support effective dissemination of findings to colleagues and local stakeholders.

### Assurance

- These survey results offer **significant assurance** that the Trust's strategic focus and dedicated activity to deliver best service experience is having a positive effect over time.
- The action plan offers **significant assurance** that we are using the results of this feedback to guide further practice development activity.

### Risks associated with meeting the Trust's values

Feedback from service experience offers an insight into how services are received. The results will be publicly available and it is important to offer assurance that the organisation is taking appropriate action to effect positive practice development. The reputation of the organisation, which may impact on uptake of services. However, it should be noted that the results suggest 'low risk' in this area.

**Corporate considerations**

<b>Quality Implications</b>	This report offers assurance that the Trust is delivering high quality adult community mental health services and is striving to continually improve these, based on feedback.
<b>Resource Implications</b>	Actions to develop positive service experience in the areas where scores are lower may require additional or realignment of resources
<b>Equality Implications</b>	The demographic results of the survey show that a very small proportion of respondents were from Black, Asian and minority ethnic (BAME) groups (n=3%, national average=9%). Work will continue to encourage people from our BAME communities to take part in the survey. A higher percentage of people over 66 years of age completed our survey (n=52%, national average=40%). This has occurred for several years and reflects the local population demographic. It is also understood that older people are more likely to complete a survey request of this nature.

**Where has this issue been discussed before?**

- Quality Assurance Group, December 2020
- Quality Committee, January 2021

There will be liaison with relevant colleagues across the organisation, including Experts by Experience, in order to co-produce the action plan

**Appendices:**

**Appendix 1, 2 and 3**

2020 CQC National Community Mental Health Survey Action Plan

**Report authorised by:**

John Trevains,

**Title:**

Director of Nursing, Therapies and Quality

## CQC 2020 SURVEY OF ADULTS WHO USE COMMUNITY MENTAL HEALTH SERVICES

### 1. Background

- 1.1 The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback. The Trust commissioned Quality Health to undertake this work.
- 1.2 The 2020 survey of people who use community mental health services involved 55 providers in England, including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide NHS mental health services.
- 1.3 The data collection was undertaken between February and June 2020 using a standard postal survey method. The sample was generated at random using the agreed national protocol for all clients on the CPA and Non-CPA Register seen between 1<sup>st</sup> September and 30<sup>th</sup> November 2019.
- 1.4 The peak of the Covid-19 pandemic in England and the subsequent lockdown on the 23<sup>rd</sup> March 2020 occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, 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 the majority of questions this year. **The 2020 Community Mental Health survey is therefore classed as not directly comparable with previous iterations.**

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

### 2. Scores for Gloucestershire Health and Care NHS Foundation Trust in 2020



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- 2.1 The CQC results for the 2020 survey of people who use community mental health services were published on the 24<sup>th</sup> November 2020<sup>1</sup>. The Trust's overall results in relation to other Trusts are summarised in Table 1.
- 2.2 The Trust response rate for this survey was 31.4% (380 responses). This is above the national average response rate of 26%.
- 2.3 The Trust obtained the **highest Trust scores in England** on 6 of the 28 (n=21%) evaluative questions and on 2 of the 11 domains.

Table 1

### Key to Table 1

2.4

<span style="color: green;">■</span> Best performing trusts	'Better/Worse'	Only displayed when this trust is better/worse than most other trusts
<span style="color: grey;">■</span> About the same	◆	This trust's score (NB: Not shown where there are fewer than 30 respondents)
<span style="color: orange;">■</span> Worst performing trusts		

### 2020 Community Mental Health Survey

#### Gloucestershire Health and Care NHS Foundation Trust



Our results are 'better' than most Trusts for 13 of the 28 questions (45%) and

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





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'about the same' as other Trusts for the remaining 15 questions (54%). These results represent a further improvement when compared with our results from last year's performance in the same survey (Better = 38%, about the same = 62%), however direct comparisons should be made with caution due to the impact of COVID-19 (see section 1.4, above).

- 2.5 An infographic of our results has been developed to share the results in a more accessible format with colleagues and local stakeholders (**Appendix 2**).
- 2.6 The Trust scored well in questions relating to person-centred care such as knowing who to contact, being treated with respect and dignity, organisation of care and services, and discussions regarding care and medication.

**Table 2**  
**Trust's top 5 results**

Top 5 Questions		Score
9.	Do you know how to contact this person if you have a concern about your care?	100.0%
24.	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	89.6%
36.	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	88.7%
10.	How well does this person organise the care and services you need?	85.6%
14.	In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?	85.5%



### 3. Priority areas for further development

- 3.1 Adult community mental health services provided by GHC scored well this year overall, being **classed as 'better than expected' for the fourth consecutive year**. However, there continue to be areas where further development and continued effort would enhance the experience of people in contact with our



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services. For example, the results in the feedback domain suggest that further work is required in this area.

**Table 3**  
**Trust's lowest 5 results**

Bottom 5 Questions		Score
37.	In the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	21.4%
32.	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	51.8%
33.	In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	54.1%
31.	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	54.4%
30.	In the last 12 months, did NHS mental health services support you with your physical health needs?	57.2%

3.2 The following areas for further practice development have been identified:

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

## 4. Next steps

- 4.1 These results represent a further improvement when compared to our results from last years' service user feedback in the same survey, however caution must be shown in comparing results due to COVID-19. The results are a testament to the expert and dedicated effort that colleagues are making to understand need, involve and respond to people who use our services and their carers.
- 4.2 There is a need to sustain the effort made to develop practice in the areas identified in previous years.
- 4.3 Where other organisations have scored well in particular areas we will collaborate and seek ideas to further develop local practice, particularly in relation to seeking feedback.
- 4.4 An action plan will be co-developed with senior operational and clinical leaders and will be monitored via the appropriate governance meetings. A mid-year update will be brought to the Quality Assurance Group.
- 4.5 The 2020 results will be provided for all colleagues through a global email which celebrates our successes and thanks them for their dedication. Further cascade





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will be undertaken through various communication methods in liaison with our Communications Team. The results will be cascaded to senior leaders for sharing with teams and for generating ideas for continued practice development. An infographic has been developed to share the results in a more accessible format (**Appendix 2**).



## Appendix 1: 2020 CQC National Community Mental Health Survey Action Plan

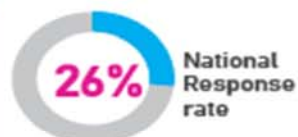
- To be co-produced – update to Quality Committee
- 

Area for development	Action	Timescale	Lead
Giving people support to join a group or to take part in an activity			
Providing help or advice about finding support to find or keep work			
Providing help or advice about finding support for financial advice and benefits			
Asking people for their views on the quality of their care			



## CQC Adult Community Mental Health Survey 2020

**380 respondents**



### Our results

- In the top 20% of Trusts for 8 of the 11 domains.
- 'About the same' as other Trusts in 3 domains.
- These results represent a further improvement when compared to last year's service feedback.



### Rated nationally as amongst the highest performing Trusts for:

- Health and social care workers
- Organising and reviewing people's care
- Crisis care
- Medicines
- Helping people to find support for financial advice and work
- Involving family or friends
- People's overall views of care and services
- People's overall experience



### Results of 11 domains

Each domain compared to other trusts

😊 Better    😐 About the same    😞 Worse



### Areas for further focus

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



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

## Appendix 3



# CQC Adult Community Mental Health Survey 2020

## Results for 28 questions

Each domain includes a number of questions. These are each compared to other trusts using this key:

😊 Better    😐 About the same    😞 Worse



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

**AGENDA ITEM: 18**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION – 28 January 2021**

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

**AUTHOR:** Lavinia Rowsell, Head of Governance / Trust Secretary

**SUBJECT:** **COVID-19 BUSINESS CONTINUITY – GOVERNANCE ARRANGEMENTS**

**This report is provided for:**

Decision ☐      Endorsement ☐      Assurance ☒      Information ☒

**The purpose of this report is to**

To set out proposed changes to Trust Board and Committee Governance arrangements during the current wave of the Covid-19 Pandemic.

**Recommendations and decisions required**

The attached paper was considered by Board Members at the Executive Meeting held on 12 January 2021 and the meeting of the Non-Executive Directors held on 19 January 2021 at which Board Members approved the proposals to be implemented with immediate effect.

**Executive summary**

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

The proposals set out below reflect the lessons learned from the changes to the governance arrangements implemented during the first wave of the pandemic and the findings of the internal audit on Covid governance undertaken in November 2020.

It should be noted that there has been further guidance from the centre regarding the relaxation of governance arrangements as received in the first wave of the pandemic.



### Risks associated with meeting the Trust's values

A strong system of governance, even in times of crisis is essential to ensure decision making continues to be undertaken within agreed frameworks. Having a strong business continuity plan for governance:

- will ensure that decisions continue to be made in the best interests of the patients
- will help colleagues to understand their responsibilities and accountabilities,
- is essential for patients and the public to be able to hold the organisation to account
- will enable a smooth transition back to 'business as usual'

### Corporate considerations

<b>Quality Implications</b>	None
<b>Resource Implications</b>	None
<b>Equality Implications</b>	None

### Where has this issue been discussed before?

Executive Meeting – 12 January 2021, Non-Executive Directors Meeting – 19 January 2021.

### Appendices

None

### Report authorised by:

Ingrid Barker

### Title:

Board Chair

## COVID-19 BUSINESS CONTINUITY – JANUARY 2021

### Board and Committee Governance Arrangements and Delegated Authorities

#### **Board and Committees**

- 1) The Board will continue to meet as per its usual cycle (bi-monthly) with agendas focussed primarily on urgent/exceptional business.
- 2) Board Committees will continue to meet; however, agendas will be streamlined and the frequency of meetings considered. The quorum of Board Committees will be relaxed to 1 Executive and 2 Non-Executive Directors.
- 3) The Council of Governors will continue to meet but with reduced agendas.
- 4) Effort will be made to continue aspects of 'business as usual' activity, based upon the existing business cycles / forward agenda. The business cycles for the Board and Committees will be reviewed and updated within Corporate Governance in discussion with Committee Chairs and Executive Directors, to maintain an accurate record of items considered / approved or deferred (placed in parking lot).
- 5) It is likely that those responsible for preparing assurance papers for Committees and the Board may not be in a position to do so. Therefore, matters for information or assurance will be either:
  - Put on hold until further notice,
  - Circulated via email, or
  - Where it is possible for Board assurance/information reports to be provided, these will be included on the agenda to maintain transparency and public accountability but will be discussed by exception only. Board members will be asked to raise any questions relating to these items in advance of the meeting.
- 6) At a minimum, the Board will receive and consider at each meeting the following assurance reports; Quality Report, Performance Report, and Finance Report.

#### **Covid-19 specific Board Governance Arrangements**

- 7) Fortnightly Board Covid briefings will be implemented. Briefings will be attended by Board members and senior members of the Operations, and Nursing, Therapies and Quality Directorates. Meetings will be chaired by the Board Chair. Briefings will focus on the impact of the measures being taken in response to the pandemic with respect to:
  - patient safety



- staff health and wellbeing
  - service changes
  - risk
- 8) The Ethics Group will continue to meet on an ad-hoc basis/as required to support executive directors who are making decisions that have complex ethical considerations resulting from the Covid-19 pandemic. This Group will report to the Quality Committee.
- 9) The element of the Board Assurance Framework relating to Covid will be considered at each meeting of the Board.

### **Decision making**

- 10) Decisions made during this period will continue to be made in line with the current Scheme of Delegation and Standing Financial Orders. Decisions usually made by Committees or the Board, and/or where speed is of the essence will be taken forward as set out below.
- 11) For ad hoc items agreed by the Executive Directors as requiring a decision by the Board/Committee:
- Circulated to Board / Committee members via email for approval, whilst allowing sufficient time for review / response or
  - Discussed via telephone / digital technology with the decision recorded by Corporate Governance or
  - Discussed between the Chief Executive or nominated Executive Director with the Board / Committee chair for Chairs Action

In these circumstances the quorum will be 1 Executive Director and 2 Non-Executive Directors.

*In implementing these recommendations, the health and wellbeing of colleagues will be a central consideration. Where feasible, meetings will be scheduled to take place during core business hours.*

Version	Date	
1	12.01.21	Proposals approved by Executive Team
2	19.01.21	Proposals approved by Non-Executive Directors

**AGENDA ITEM: 19**

**REPORT TO:** TRUST BOARD **PUBLIC SESSION** – 28 January 2021

**PRESENTED BY:** John Campbell, Chief Operating Officer

**AUTHOR:** David Nankivell, Head of Organisational Resilience

**SUBJECT:** EU EXIT END OF TRANSITION PERIOD BRIEFING

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

N/A

**This report is provided for:**

Decision ☐

Endorsement ☐

Assurance ☒

Information ☒

**The purpose of this report is to:**

Level of assurance provided.

This paper provides an update to the Board of Directors regarding the situation for the Trust and for healthcare providers following the end of the EU exit transition period.

**Recommendations and decisions required**

The Board is asked to:

- **note** the contents of the briefing in relation to the end of the EU exit transition period.

**Executive summary**

**Overview:** An EU/UK Trade Agreement was finalised on the 24<sup>th</sup> Dec 2020, and ratified by the UK Parliament and EU Ambassadors. The South West Regional EU End of Transition Period Team are overseeing potential impacts from the deal working with suppliers. To date none have been reported.

**Risks:** The focus of the agreement is on trade and cooperation with the EU which means that any potential issues are more likely to be limited to regulatory rather than financial issues.

It should be noted that significant mitigations remain in place to reduce potential supply chain disruption and therefore the risk to delivery of healthcare in the South West remains assessed as **Amber** at this time.

More detailed assessments are underway on a number of key work streams to look at the longer-term impact on the NHS.

**Continuity of Supply:** The primary elements of the continuity of supply are:

- **Government Secured Freight Capacity (GSFC)**  
The Department for Transport (DfT) has procured capacity for 'Category 1' goods, including all health supplies. This allows for 3,000 HGV vehicles bookings to be available per week on ferries from Europe to the UK.
- **Express Freight Service.**  
The Department of Health and Social Care (DHSC) has retained its Express Freight Service (EFS) arrangements with 3 specialist logistics providers to support the urgent movement of medicines and medical products to care Providers and patients if other measures experience difficulties.
- **Supporting Trader Readiness.**  
DHSC has worked with around 4,000 traders that support health and care providers, to assure that these traders are ready.
- **Buffer Stocks.**  
DHSC continue to encourage companies to make stockpiling a key part of contingency plans and have asked industry, where possible, to stockpile to a target level of 6 weeks' total stock on UK soil.
- **Regulation.**  
The Medicines and Healthcare products Regulatory Agency (MHRA) published guidance on the regulation of medicines and medical devices at the end of the transition period to help ensure continuity of supply of medicines and medical devices.
- **Shortage Management Response.**  
The National Supply and Disruption Response (NSDR) service remains operational in order to assist with the response to CoVid-19 and the end of transition period.

**Medical devices:** Nationally and regionally we are seeing some very low-level stock disruption, none of which are critical to patient care or service delivery. This disruption is being closely monitored by both EU Exit and Supply cells within NHSE/I.

**Clinical Consumables:** there is currently no supply issues to report.

**GHC:** No specific EU related issues have been raised within the Trust. Learning from feedback via our regional colleagues, we have bolstered mitigation arrangements for the Trust in relation to supply chain for any goods that may be provided from our suppliers who dispatch direct from Europe to the Trust. These arrangements are to ensure goods are not held up with customs and any additional costs as a result of this.

The Trust arrangements will continue to be:

- aligned to Covid-19 and Winter etc;
- Escalation of issues through the Emergency Preparedness, Resilience and Response (EPRR) routes as used presently;
- Local response will be system-wide working with partner agencies within the Integrated Care System (ICS);
- A single unified response structure;
- SitRep reporting will be aligned to Covid-19 and Winter.

#### **Risks associated with meeting the Trust's values**

Risks identified within the paper.

#### **Corporate considerations**

**Quality Implications**

**Resource Implications**

**Equality Implications**

#### **Where has this issue been discussed before?**

Daily Oversight Calls chaired by the COO

**Appendices:**

None

**Report authorised by:**

John Campbell

**Title:**

Chief Operating Officer

**GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST**

**COUNCIL OF GOVERNORS MEETING**

**Thursday 19 November 2020**

Held via Microsoft Teams

<b>PRESENT:</b>	Ingrid Barker (Chair)	Nic Matthews	Sarah Nicholson	Katie Clark
	Brian Robinson	Anne Roberts	Jo Smith	
	Mervyn Dawe (partial)			
	Faisal Khan	Katherine Stratton	Julie Clatworthy	Dan Brookes
	Chris Witham	Graham Hewitt	Tracey Thomas	Dawn Rooke
	Ruth McShane	June Hennell	Jenny Hincks	Said Hansdot
	Alison Feher	Juanita Paris		

**IN ATTENDANCE:** Angela Potter, Director of Strategy and Partnerships  
 Gillian Steels, Trust Secretary Advisor  
 Graham Russell, Non-Executive Director/Deputy Chair  
 Jan Marriott, Non-Executive Director  
 Lavinia Rowsell, Head of Corporate Governance  
 Marcia Gallagher, Non-Executive Director  
 Anna Hilditch, Assistant Trust Secretary  
 Sumita Hutchison, Non-Executive Director  
 Maria Bond, Non-Executive Director  
 Paul Roberts, Chief Executive  
 Steve Alvis, Associate Non-Executive Director  
 Steve Brittan, Non-Executive Director

**1. WELCOMES AND APOLOGIES**

1.1 Apologies were received from Karen Bennett and Anneka Newman.

**2. DECLARATIONS OF INTEREST**

2.1 There were no new declarations of interest.

**3. MINUTES OF THE PREVIOUS MEETING**

3.1 The minutes from the previous meeting held on 16 September 2020 were agreed as a correct record.

**4. MATTERS ARISING AND ACTION POINTS**

4.1 The actions from the previous meeting were either complete, on-going or included on this meeting's Agenda.

**5. CHIEF EXECUTIVE'S REPORT**



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- 5.1 Paul Roberts, Chief Executive presented a verbal report to the Council.
- 5.2 As would be expected, a huge amount of time was being spent focussing on and managing the second surge of Covid, with GHC and partner organisations being incredibly busy. It was noted that inpatient admissions at GRH were now at the same level as they were at the height of the outbreak in March 2020; however, there were fewer admissions to intensive care beds. GHC was currently managing 10 Covid positive patients in its hospitals.
- 5.3 It was noted that GHC continued to provide the “Pillar 1” testing service for Gloucestershire. The service could test up to 100 people a day, and included GHC staff and family members, and other local NHS and Social Care organisations. A service was also provided for elective patients.
- 5.4 Lateral Flow tests were being introduced for frontline, patient facing colleagues and it was expected that these would be delivered and distributed to teams next week. Colleagues receiving the testing kits will be asked to carry out tests twice a week at home, even if they have no symptoms. It was hoped that home testing will help reduce the spread of Covid, both within our services and within our families/communities. It will also help reduce sickness absence, ensuring we can continue to keep services running during the winter.
- 5.5 Paul Roberts assured the Council that the Trust was doing all it could to ensure that colleagues felt supported during this challenging time. It had been an exhausting year and some colleagues had experienced very tough circumstances, working through isolation and additional PPE requirements. The Trust had an extensive programme of Health and Wellbeing support in place and feedback received on this had been very positive.
- 5.6 A Board seminar had taken place focussing on the Equality Diversity and Inclusion agenda; work that would continue to be developed and embedded into the Trust.
- 5.7 The Council noted that October was Freedom to Speak Up month and Paul Roberts took the opportunity to congratulate Sonia Pearcey, the Trust's FTSU Guardian who had been awarded an MBE in the Queen's Honours list. He said that huge efforts were made to inform colleagues of how they can speak up, and this was all the more important in the current challenging times.
- 5.8 The Council was informed that GHC continued to hold regular meetings with councillors and the Health Overview and Scrutiny Committee. Recent discussions at the HOSC had focussed on Covid as well as current consultations, including Fit of the Future and the Forest of Dean Hospital (on meeting agenda for discussion).
- 5.9 Ingrid Barker thanked Paul Roberts for providing his update, expressing her thanks to both Paul and the wider senior team and acknowledging the huge challenges and pressures that the team was under.



## 6. FOREST OF DEAN HOSPITAL CONSULTATION

- 6.1 Angela Potter, Director of Strategy and Partnerships gave the Council a presentation setting out the background and the progress to date with the Forest of Dean Hospital development. A copy of the presentation would be shared with all Governors after the meeting. **ACTION**
- 6.2 The formal consultation had commenced on the proposals for the hospital development, and would close on 17 December 2020. To date over 300 responses had been received.
- 6.3 Ruth McShane asked whether provision would be given for MH patients in relation to design considerations for the new hospital. Mervyn Dawe added that there had been extensive research around the effect of environmental factors such as lighting and decoration on the health and wellbeing of patients. Angela Potter said that the Trust was not that far along in the design phase yet but fully agreed that these aspects would need to be considered.
- 6.4 Mervyn Dawe asked about the current thinking around transport for the new hospital. Angela Potter said that it was recognised that transport/accessibility in the Forest of Dean was difficult. Discussions had taken place about the provision of parking on site and a new bus stop would be put in place outside the main entrance to the hospital.
- 6.5 Governors were encouraged to participate in the consultation process and were signposted to the consultation website – [www.fodhealth.nhs.uk](http://www.fodhealth.nhs.uk)

## 7. FIT FOR THE FUTURE CONSULTATION

- 7.1 The Council received a presentation and short video setting out the key aspects of the Fit for the Future consultation, which was focussing on how best to provide specialist hospital services across the Cheltenham General and Gloucestershire Royal Hospital sites in the future. A copy of the presentation and video link would be sent to Governors after the meeting. **ACTION**

## 8. REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE

- 8.1 Faisal Khan, Lead Governor presented this report to the Council, summarising the key business conducted at the meeting of the Nominations and Remuneration Committee held on 3 November and setting out one key recommendation for approval.
- 8.2 **Non-Executive Director Appointment** – Dr Steve Alvis was appointed as an Associate Non-Executive Director on 20 January 2020 for an initial one-year term. This followed a full appointment process with appropriate due diligence and input from key stakeholders including Board members, governors, staff and colleagues and experts by experience. Following discussions with the Chair, Steve Alvis had indicated that he was keen to be appointed as a full NED and to continue to contribute to the delivery of the organisational five-year strategic

framework. Whilst the decision to appoint Steve as a full NED resides with the Council of Governors, it was noted that Members of the Board of Directors had indicated their support for his appointment.

- 8.3 The Committee considered a report, which set out the detail of Steve Alvis's engagement and development since appointment, including his active engagement in Board and Committee discussions and Board Development activities, and attendance at the NED induction programme run by NHS Providers which covered key aspects of the role and the operating environment.
- 8.4 Faisal Khan advised that the Nominations and Remuneration Committee had supported the recommendation to the Council of Governors that Dr Steve Alvis be appointed as a Non-Executive Director of the Trust with effect from 19 November for an initial three-year term. The Council of Governors approved this appointment.
- 8.5 **Succession Planning/NED Skills Audit** - The Committee noted the initial outcome report from the NED Skills Audit. A paper would be brought to the February 2021 Nominations and Remuneration Committee setting out recommendations for future NED recruitment, which would be informed by the results of the skills audit and the future needs of the Trust.
- 8.6 **Non-Executive Director Remuneration** - Following the merger of the Trusts in October 2019, the Committee considered the remuneration of the NEDs and the Chair in light of the new responsibilities within the larger organisation, a new NHSI/E framework and benchmarking data, and made recommendations to the Council of Governors on changes to remuneration levels. It was agreed by the Council that the remuneration of NEDs and the Chair would be pegged for three years (to October 2022). This paper was therefore presented to the Committee for information as, in line with the decision of Governors, no changes to remuneration levels were being recommended.

## 9. LEAD GOVERNOR APPOINTMENT PROCESS

- 9.1 The Council of Governors received a report setting out the process for the appointment of a Lead Governor. It was noted that Faisal Khan kindly stepped in to the Interim Lead Governor role following the departure of the previous Lead Governor earlier in the year. He was supported by Mervyn Dawe as Interim Deputy Lead Governor. Faisal Khan would be stepping down from the Council when his first term comes to an end on 31 December and the Council will therefore need to nominate and approve the appointment of a successor.
- 9.2 The role of Lead Governor is for one year from the date of election and is subject to annual elections thereafter. A Governor can be reappointed as the Lead Governor for a maximum of 3 years. All Governors were invited to express an interest in being appointed as Lead Governor; however, it was good practice for a Public Governor to hold this position by way of avoiding any potential conflicts of interest.

- 9.3 An outline of the Lead Governor role description was presented to the Council.
- 9.4 In terms of process for appointment, Governors interested in nominating themselves as Lead Governor were asked to complete a nomination form and return this to Anna Hilditch by Friday 18 December 2020. A copy of the nomination form was included in the report. If more than one expression of interest was received, a short report would be prepared and circulated to all Governors in early January, asking people to vote for their preferred candidate. The Lead Governor would be appointed by the majority vote. The process for conducting this vote would be clearly set out within the report.
- 9.5 The Council of Governors was asked to note that there would be a period 1st – 21st January 2021 where the Trust does not have a Lead Governor in post. However, the Interim Deputy Lead Governor, Mervyn Dawe had agreed to stand in during this time.
- 9.6 The Trust proposes to review its Lead Governor arrangements and carry out a nomination process on an annual basis at its March Council meeting. A process paper would therefore be presented at the November meeting annually.

## **10. GOVERNOR REVIEW AND REFRESH UPDATE**

- 10.1 Work was ongoing to support the Council of Governors' development to reflect its revised remit as the Council of Governors for a Trust which now has a remit in physical health as well as mental health services and a Trust which is committed to transforming the way it meets the needs of its communities. As an integral part of the Trust's governance it is important that the Council of Governors is informed by best practice in its operation and best use is made of the Council and the time given by the governors to support continuing good governance.
- 10.2 Following discussion and agreement at the September Council meeting, a Membership and Engagement working group was set up and had met twice, once in October and once in November. This group included governors, Non-Executive Directors and individuals from the Trust Secretariat and Comms Team and the Deputy Director of Strategy and Partnerships. The working group considered how the membership of the Trust could be revised to ensure that the engagement aims of the Trust were reflected in its operation. The key discussion points, decisions and outputs from this were presented in the report. These included a review of membership data to identify any target areas or area where growth could be promoted, consideration of ways for public and staff governors to engage with their membership, an increased clarity on benefits of membership and a review of the information collected on members to see if there is additional information we could gather to support more targeted communication.
- 10.3 In terms of Committees going forward, it was proposed that a Membership and Engagement Committee be set up on an ongoing basis in addition to the Nominations and Remuneration Committee. The initial focus for this group would be the potential additional appointed Governors and the development of the

Membership and Engagement Strategy. The draft terms of reference for this committee were presented to the Council.

- 10.4 The Council welcomed this report and the work carried out and progress made. The Terms of Reference for the Membership and Engagement Committee were approved. The Council endorsed the key elements of the Review & Refresh work to date and the draft Strategy to take this forward.

## **11. CHANGE TO THE TRUST CONSTITUTION**

- 11.1 As part of the recent Review and Refresh work, the Council of Governors supported the proposals around changes to the composition of the Council, in particular with regard to the reduction in Staff Governors and an increase in Appointed Governor posts.
- 11.2 During the merger process in 2019 it was agreed to increase Staff Governor numbers to enable representation from the former Gloucestershire Care Services Staff. Following the reduction of public governors with the Herefordshire Constituency ceasing, the ratio of staff to public constituencies was now significantly out of proportion in comparison to other Trusts reviewed.
- 11.3 The Council, whilst recognising the valuable contribution of Staff Governors also recognised the need to ensure that Public Governors are in the majority, in line with Foundation Trust requirements, supported the proposal to reduce the number of Staff Governors to 7 from the existing 10.
- 11.4 The Council had discussed the current overall size of the Council (25 representatives), noting that this supported effective functioning, enabled governors to be able to discuss and debate effectively, supported meaningful participation and provided sufficient number and ability to complete the role, without the role becoming burdensome. On this basis it was agreed the current size of 25 should be maintained. It was recognised that ensuring the Council of Governors reflected a breadth of voices was important, and that in the short term increasing the number of Appointed Governors to 5 should help ensure this. With the aim of maintaining the current size of the Council, the additional 3 Appointed Governors would be phased in as the Staff Governor constituency changes were enacted. Once determined, the Council was assured that the additional Appointed Governors would be jointly agreed and formalised through a further change to the Constitution.
- 11.5 The Council of Governors approved the proposed change to the Trust Constitution as set out in the report.
- 11.6 Any changes to the Trust Constitution requires approval from both the Council of Governors and the Trust Board. The equivalent paper to this one would therefore be considered by the Board at its meeting on 25 November 2020.

## **12. CHAIR'S REPORT**



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Gloucestershire Health and Care

NHS Foundation Trust

- 12.1 The Council received the Chair's Activity Report. It was noted that this report had been written and presented to the Trust Board at their 30 September meeting and was presented to the Council for information and reference. This report and its content was noted.

### **13. GOVERNOR MEMBERSHIP AND ELECTION UPDATE**

- 13.1 This report provided an update on the current membership of the Council of Governors, an overview of vacant Governor positions, and future election requirements. This report was noted.

### **14. TRUST MEMBERSHIP REPORT**

- 14.1 This report provided an update on Trust membership to the Council. A report was received at the last Council meeting in September and there had been minimal changes in that time. A full benchmarking exercise of Membership Data will be carried out and presented annually going forward at the September Council meeting.
- 14.2 As of 11 November 2020, the Trust had 6,096 Public members, of which 5,110 were in Gloucestershire. The Council was asked to note that the "Greater England" constituency listed in the data report would be updated to ensure that the correct constituency name was displayed for future reports – "Greater England and Wales".
- 14.3 This report was noted.

### **15. EXTERNAL AUDITOR REAPPOINTMENT**

- 15.1 The Council of Governors received a report setting out the decision by the Audit and Assurance Committee at its meeting on 5 November to extend the current contract for the Trust's external auditors (KPMG) for a final one-year term from 1 April 2021 – 31 March 2022 as per the terms of the contract. KPMG was appointed as the Trust's external auditor by the Council of Governors for an initial period of three years from 1 April 2017, with the option of two extensions of one year each. There remained the option for a further one-year extension to 31 March 2022.
- 15.2 In considering the extension to the contract the Committee reviewed the outcome of the evaluation of the performance of the external auditors. The results showed a strong level of satisfaction with KPMG's performance. The Committee also considered benchmarking data of external audit fees paid by other NHS Trusts. This review suggested that the fee charged by the external auditors was in line with comparable NHS Trusts.
- 15.3 The Council was asked to note that the current contract for the provision of External Audit Services would therefore end in March 2022. In advance of this, a tender process will need to be undertaken to identify a provider from 1 April 2022. The Council of Governors, usually through a small group representing the



Council, will work with members of the Audit and Assurance Committee to undertake the appointment process, with the final decision being made by the Council of Governors. A timetable for this process would be provided to the Council in due course.

15.4 The Governors noted this report.

## **16. GOVERNOR ACTIVITY UPDATES**

- 16.1 It was noted that a number of Governors had participated in the NHS Providers Annual Governor Conference held on 3-5 November. Discussions and feedback from the event had taken place at the Governor pre-meeting, and it had been agreed that a short briefing would be pulled together collating this feedback and key learning points for onward sharing with colleagues. Those Governors who had participated would be contacted and invited to share their feedback with Anna Hilditch. **ACTION**
- 16.2 June Hennell advised that she had required a Covid swab test and expressed her thanks to the Trust's Covid testing teams who were doing a fantastic job.
- 16.3 Ruth McShane referred to the recently published Healthwatch Gloucestershire report which had gathered and analysed patient feedback about mental health A&E care in local hospitals. Their report, "Experiences of urgent mental health care in accident and emergency: A Gloucestershire perspective", had made several recommendations for how services could be developed to put mental health care on a par with physical health care in the county. It was noted that the report focussed in the main on the acute Trust's A&E departments; however, the report had also been considered internally by the Trust to inform ongoing improvements.

## **17. ANY OTHER BUSINESS**

- 17.1 There was no other business.

## **18. DATE OF NEXT MEETING**

- 18.1 The next meeting would take place on Thursday 21 January 2021 at 2.00pm. This meeting would be a Governor Development session.





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## COUNCIL OF GOVERNORS ACTIONS



Gloucestershire Health and Care

NHS Foundation Trust

Item	Action	Lead	Progress
<b>17 June 2020</b>			
3.2	Briefing for Governors on Out of County Placements to be prepared and presented at a future meeting	John Trevains	Due to current Covid workload commitments, this item will be scheduled for an early 2021 Council meeting.
<b>19 November 2020</b>			
6.1	A copy of the FoD Hospital consultation presentation – and link to the consultation website to be shared with Governors	Anna Hilditch	Complete
7.1	A copy of the Fit for the Future consultation presentation and link to the short video setting out the key aspects of the consultation to be shared with Governors	Anna Hilditch	Complete
16.1	Feedback and learning points from the NHS Providers Annual Governor Conference held on 3-5 November to be collated and a short briefing paper would be pulled together for onward sharing with colleagues.	Anna Hilditch / Governor attendees	

## AGENDA ITEM: 21

**REPORT TO:** TRUST BOARD **PUBLIC SESSION** – 28 January 2021

**PRESENTED BY:** Lavinia Rowsell – Head of Corporate Governance and Trust Secretary

**AUTHOR:** Anna Hilditch – Assistant Trust Secretary

**SUBJECT:** **USE OF THE TRUST SEAL Q2 – 1<sup>st</sup> July – 30 September 2020**

### This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☐ Information ☒

### The purpose of this report is to:

To provide information to the Trust Board on the use of the Trust Seal, as required by the Trust's Standing Orders, reference section 7.3.

### Recommendations and decisions required

The Board is asked to note the use of the Trust seal for the reporting period 1st July – 30 September 2020.

### Executive summary

The Trust's Standing Orders require that use of the Trust's Seal be reported to the Trust Board at regular intervals. The common Seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements. The seal has been used four times since the last report to the Board in July 2020.

### Risks associated with meeting the Trust's values

All actions have been taken in accordance with the Trust Board's Scheme of Delegation and no inherent risks are to be reported to the Trust Board in the application of the Corporate Seal.

### Corporate considerations

<b>Quality Implications</b>	Nil
<b>Resource Implications</b>	Nil
<b>Equality Implications</b>	Nil

<b>Where has this issue been discussed before?</b>

<b>Appendices:</b>	Appendix 1: Register of Seals
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<b>Report authorised by:</b> Lavinia Rowsell	<b>Title:</b> Head of Corporate Governance and Trust Secretary
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**Register of Seals 1<sup>st</sup> July 2020 – 30 September 2020**

**APPENDIX 1**

Seal No.	Date of Sealing	Document Description	No. of Copies	Document Signatory (1)	Document Signatory (2)	Attested by	Attested Date
<b>11/2020</b>	<b>17.08.20</b>	Lease relating to Invista Management Block, Ermin St, Brockworth. Between Invista Textiles UK Limited and GHCNHSFT	1	Paul Roberts CEO	John Campbell Chief Operating Officer	Louise Moss Deputy Head of Corporate Governance	17/08/2020
<b>12/2020</b>	<b>17.08.20</b>	Licence for Landlord Works – relating to Invista's Management Block, Ermin St, Brockworth	1	Paul Roberts CEO	John Campbell Chief Operating Officer	Louise Moss Deputy Head of Corporate Governance	17/08/2020
<b>13/2020</b>	<b>17.08.20</b>	Licence for Alternations - relating to Invista's Management Block, Ermin St, Brockworth	1	Paul Roberts CEO	John Campbell Chief Operating Officer	Louise Moss Deputy Head of Corporate Governance	17/08/2020
<b>14/2020</b>	<b>17.08.20</b>	Licence to occupy on a short-term basis - relating to Security Office at Invista's Management Block, Ermin St, Brockworth	1	Paul Roberts CEO	John Campbell Chief Operating Officer	Louise Moss Deputy Head of Corporate Governance	17/08/2020

## MENTAL HEALTH LEGISLATION SCRUTINY COMMITTEE (MHLS) SUMMARY REPORT

**DATE OF MEETING: 18 November 2020**

<b>COMMITTEE GOVERNANCE</b>	<ul style="list-style-type: none"> <li>• Committee Chair – Jan Marriott, Non-Executive Director</li> <li>• Attendance (membership) – 100%</li> <li>• Quorate – Yes</li> </ul>
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### Key Points to Draw to The Board's Attention

#### REVIEW OF CQC MONITORING VISITS

The feedback received from the CQC remote visits of Abbey Ward and Willow Ward was shared and the Committee was informed that patients felt more comfortable and more able to talk during remote visits, rather than physical ones with conversations held virtually via Microsoft Teams. The visits are producing very few required actions now and in the case of Willow Ward there were none.

#### REVIEW OF LEGAL UPDATES

The Committee received the review of Legal Updates and it was reported that the government had recently issued amended regulations. From 1<sup>st</sup> December 2020 statutory forms would be allowed to be sent and received electronically. Further guidance was anticipated before the implementation date of 1<sup>st</sup> December.

The Committee noted the new regulations and the action to be taken by the Trust.

#### UPDATE ON AMHP COVER

The Committee received an update on AMHP cover. Key points to note:

- AMHP Referrals for consideration of a Mental Health Act assessment in the 6 months between May and October have increased on average 45% compared to the same period in 2019
- 85% of these referrals were accepted for an MHA assessment (15% are diverted). No change compared to 2019.
- Assessments continue to be spread evenly between community assessments (patients' home, supported accommodation, residential setting and custody suite), inpatients (WLH, CLC, GRH, CGH) and s136 assessments at the Maxwell Centre.
- Of the 854 MHA assessments completed between May and October only 42 were admitted informally immediately following MHA assessment (may later have been referred and detained). This accounts for only 4.9% of all admissions being informal during this period. Suggestion that this reflects the acuity of mental disorder seen during Covid/lockdown
- Increase in s136 activity - return to 2017 numbers when detentions were at their peak - theme of no contact by police prior to using powers of detention

- Increase in detentions following s136 assessment to 33% compared to 20% in 2019.

### WESSLEY REPORT UPDATE

The Committee received a verbal update on the Wessley Report, noting that the work to address the recommendations had been delayed slightly due to Covid. However, a routine meeting was now in place with Trust and commissioning colleague to ensure focus, and a deep dive of BAME cases to understand service access and themes would be carried out. A focus on choice, and autonomy through the use of personalised care training and scoping/trial of peer workers roles in mental health teams would commence from Q4 onwards (subject to the impact of Covid).

### OTHER ITEMS RECEIVED BY THE MHLS COMMITTEE

- The Committee received the summary report from the Mental Health Operational Group.
- The Committee received the minutes of the Mental Health Managers' Forum and it was noted that Steve Alvis would now chair the forum.
- The Committee received the report of Issues Arising in Mental Health Reviews, noting the assurance provided.
- The Committee received the report on Monitoring of Provision of Patients' Rights and it was noted that the paper had previously been received by the Mental Health Operational Group. The actions and assurance provided was noted.
- Philip Southam informed the Committee that an audit had been carried out on a random selection of AMHP applications for admission and medical recommendations. Assurance was provided that there were no issues or errors found which could have invalidated the section.
- A verbal update was provided relating to the Risk Register informing the Committee there were no new risks for the Committee's consideration.
- The Committee received the process for the Committee Effectiveness Reviews. The results would be received by the Committee in January.

### ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.

<b>DATE OF NEXT MEETING</b>	<b>20 January 2021</b>
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## Reforming the Mental Health Act White Paper

The government has published the [Reforming the Mental Health Act White Paper](#), which sets out proposed changes to the Mental Health Act 1983. The paper also sets out proposals and ongoing work to reform policy and practice to support the implementation of a new Mental Health Act. The proposals take forward the majority of the recommendations made by the [Independent Review of the Mental Health Act 1983](#).

This briefing summarises key points from the white paper, but we encourage providers to read the document in full for a comprehensive overview. The government is now seeking views, until 21 April 2021, on the implementation and impact of the reforms. Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows. We will submit a consultation response based on member feedback – please contact [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org) to share your views. To guide professional practice, the code of practice will later also be revised to align with the reformed legislation.

### Key points

- The [Reforming the Mental Health Act White Paper](#) proposes a wide range of changes to improve mental health services and people's experiences under the Mental Health Act (MHA). The changes aim to make sure that:
  - people are detained for shorter periods of time, and only detained when absolutely necessary
  - the care and treatment of someone detained is focused on making them well
  - people have more choice and autonomy about their treatment
  - everyone is treated equally and fairly, and disparities in people's experiences are tackled
  - people with a learning disability and autistic people are treated better in law and there is reduced reliance on specialist inpatient services for this group of people
- The white paper is split into three main parts: legislative reforms proposed to the MHA itself; proposals and ongoing work to reform policy and practice to improve patient experience; and the government's response to the [Independent Review of the Mental Health Act 1983](#).
- The paper confirms reforms will require additional funding and expansion of the workforce over and above commitments made in the NHS long term plan (LTP) and the delivery of the proposals will therefore be subject to future funding decisions.

## Context

An [Independent Review of the Mental Health Act 1983](#) was published in December 2018, which set out what needed to change in both law and practice in order to improve mental health services and people's experiences under the MHA. The government has accepted, and will take forward, the majority of the review's recommendations for change. Some actions, based on the review's recommendations, have been taken already. For example, £400 million has been committed to eradicate mental health dormitory provision and people detained under the MHA can nominate a person of their choice to be involved in decisions about their care. The development of a Patient and Carers Race Equality Framework is also underway.

## Proposals for reform

### New guiding principles

There are four new guiding principles that people working to provide care will need to consider while carrying out their duties. They are:

- **choice and autonomy** – making sure people's views and choices are respected
- **least restriction** – making sure the Act's powers are used in the least restrictive way
- **therapeutic benefit** – making sure patients are supported to get better, so they can be discharged from the Act as quickly as possible
- **the person as an individual** – making sure patients are viewed and treated as rounded individuals.

### Summary of proposals

#### Detention criteria and challenging detention

Those taking the decision to detain someone will need to document the specific risk that justifies detention and how detention will deliver therapeutic benefit. Decisions about when and whether to discharge a patient should include an assessment about whether the hospital or an alternative community setting provides the most therapeutic package of care.

The government will seek to introduce more checks on whether a patient's detention continues to be appropriate. The government will also increase access to the mental health tribunal by extending time limits and opportunities to apply for discharge. Independent Mental Health Advocates (IMHAs) will be given a new statutory power to apply to the tribunal to challenge the patient's detention. When considering applications for discharge, tribunals will be given the power to grant leave, transfer

patients and to direct services in the community. The government is also considering increasing the number of automatic referrals to the tribunal and removing the hospital manager hearing.

## **Choosing and refusing treatment**

The government proposes introducing advance choice documents, making care and treatment plans statutory, as well as introducing a new framework for patient consent and refusal of medical treatment. Further changes proposed include: bringing forward the point at which the second opinion appointed doctor reviews a patient's treatment; and the ability for patients to appeal treatment decisions at the tribunal if evidence suggests wishes and preferences were inappropriately overruled.

## **Improving support for people detained**

The government plans to replace the current 'nearest relative' role with a new statutory role, known as the 'nominated person'. This person will have additional powers and rights, such as the right to be consulted on transfers between hospitals and the power to apply for discharge on the patient's behalf. The government proposes expanded powers for IMHAs and invites views on how to improve the role and whether this can be achieved by professionalising advocacy services.

## **Community treatment orders**

The government wants to reform community treatment orders (CTOs), for example by strengthening criteria and increasing evidence requirements, so that they are only used where there is strong justification for doing so and where the CTO is considered to deliver a genuine therapeutic benefit to the patient. The effects of these reforms would be monitored over an initial five-year period.

## **Interface with the Mental Capacity Act**

The government is exploring the introduction of a simpler 'dividing line' between the MHA and the Mental Capacity Act to make it clear which framework a clinician should use to detain a patient in these circumstances. This proposal would mean decision makers would not use the MHA if a patient: lacks the relevant mental capacity to consent to detention and treatment; and is not objecting to detention or treatment. The paper also discusses provision for prior consent to be admitted as an informal patient and improving the powers available to health professionals in A&Es so that individuals in need of urgent mental health care stay on site pending a clinical assessment.

## **Caring for patients in the Criminal Justice System**

Some of the proposed reforms will not apply to patients in the criminal justice system, for example the new criteria for detention and changes to the detention criteria for individuals with learning disability and/or autism. The 'nominated person' will also have limited powers in this context, and tribunal powers and automatic referrals to the tribunal will differ also for these patients compared to civil patients.

## **People with a learning disability and autistic people**

The government proposes to change the Act to be clearer that autism or a learning disability are not considered to be 'mental disorders' for the purposes of most powers under the Act. The government is also developing a duty on health and social care commissioners to collaborate to ensure provision of community-based support and treatment for these individuals. This will be set out in the new MHA.

## **Children and young people**

In addition to legislative changes, all of which will be available to children and young people, the government proposes care and treatment plans are provided to all children and young people receiving inpatient mental health care. The government wishes to fully consider any reforms concerning consent and decision making as part of its review of the code of practice.

## **People from Black, Asian and minority ethnic backgrounds**

The paper highlights a series of reforms underway to tackle the inequalities that exist across mental health services and under the Act for people from Black, Asian and minority ethnic (BAME) communities. These include the introduction of the Patient and Carers Race Equality Framework and the development of culturally appropriate advocacy services. The government will legislate for culturally competent advocacy services to be available to detained patients, subject to funding and learnings from current pilot work.

## **Reforming policy and practice**

This section describes how the government and the NHS will work, along with other partners, to bring about an overall culture change within mental health services, so that people have a better experience of care under the Act. It summarises a significant amount of ongoing work to reform policy and practice that members will be aware of and engaged with. Below is a summary of further key proposals put forward to reform policy and practice to support implementation of the new Act.

## Quality improvement programme

An implementation support plan will be developed in partnership with NHSE/I and HEE to create the best ward cultures to improve patient experience. This will include a national quality improvement (QI) programme led by NHSE/I, which will look specifically at care under the Act to enable and support this system-wide drive for change.

## Inpatient safety and risk

The government will work with arm's length bodies and stakeholders to consider how best to ensure that the implementation of [new patient safety interventions and programmes](#) have positive contributions to the therapeutic environment of mental health settings.

## The physical ward environment

NHSE/I will review whether the guidance and data collection on mixed sex accommodation is adequate for mental health settings, or otherwise needs to be revised, better communicated or measured differently.

## The role of the Care Quality Commission

The government supports extending the CQC's monitoring role to consider the effectiveness of local joint working in principle, but would like to explore this further. Under this proposal the CQC would not be responsible for regulating or taking enforcement action against CCGs, local authorities or any other partner organisation in exercising its powers under the Act. The government intends to explore what, if any, changes in legislation might be needed to make sure the CQC can effectively discharge an extended monitoring power cooperatively with system partners. Proposals for consultation will be published at a later stage.

## Care planning in the community

The government intends to explore how a new statutory care plan could work in practice and what further information, guidance and support it can provide on care planning, as well as the practicalities and implications placing care planning on a statutory footing would have on the workforce.

## National guidance on section 117 aftercare

The government will update national guidance so that there is greater clarity on how budgets and responsibilities should be shared to pay for aftercare provided under section 117 of the MHA. The

government will also develop a clear statement in the new code of practice of the purpose and content of section 117 aftercare.

## Use of police custody

The government has committed to remove police stations as a designated place of safety by 2023/24. There is a recognition in the paper this may require new capital funding to be available to provide the estate needed, including health-based places of safety. The government will establish a national agreement between mental health services, social care and the police to ensure that people detained under section 136 are safely and effectively transferred into health services in a timely way.

## The mental health workforce

The government anticipates that the reforms will require further expansion of the workforce, over and above that to be delivered through the LTP, to meet additional demands. In addition to setting out ongoing work, the paper states the government will be working with NHSE/I, HEE, Skills for Care and the Chief Social Worker's office over the coming months to look at further national support requirements, including on training on the changes to the Act, and supporting meaningful co-production and the development of expert-by-experience leadership roles.

## Data and digital

The government is working to establish how the Act's pathway may be modernised in further ways, following the developments during the pandemic period in 2020. The government aims to eventually look to deliver a "digital first" approach to processes and procedures, governed by the Act.

## Impact assessment

The government has **estimated likely costs and benefits** of implementing the proposed changes to the Act. It would be grateful for any further data or evidence that might improve the methods used and the resulting estimates, and in particular the effect the proposals would have on the following:

- the current workloads for clinical and non-clinical staff, Independent Mental Health Advocates, Approved Mental Health Professionals, Mental Health Tribunals, second opinion appointed doctors, and other relevant positions
- specific interest groups that have not currently been considered
- health outcomes
- individuals' ability to return to work or any other daily activity
- the health and social care system and the justice system more broadly.



## Next steps

The government is now seeking views, over a 14-week period until 21 April 2021, on the implementation and impact of the reforms. We will submit a consultation response based on member feedback – please contact [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org) to share your views.

Feedback will inform the drafting of the Bill to amend the Act, which will be brought forward when parliamentary time allows. The proposals set out in this white paper are also subject to future funding decisions, including at the Spending Review 2021. To guide professional practice, the code of practice will later also be revised to align with the reformed legislation.

## NHS Providers view

We welcome the publication of the white paper. Reform of the Mental Health Act is more important than ever as COVID-19 has accelerated mental health trends and intensified the challenges facing services. We look forward to exploring the implications of the proposals with members, responding to the consultation and supporting subsequent stages of the Act's reform on their behalf.

Putting patients at the heart of how they access treatment is vital to high quality care. The CQC's [latest assessment](#) of the care provided to people detained under the Act during the pandemic period highlighted how a wide range of services have empowered their patients and service users by applying the principles of least restriction and focusing on care planning and co-production. We welcome the government also highlighting in the paper that there are many examples of good practice across the country which need to be shared.

We previously recommended the simplification of the legislation, along with changes that maintain appropriate safeguards but enable greater individual rights and liberties, with service users having a more active role in care planning with a recovery focus. We have also stressed the need for the provision of appropriate post-discharge care and support.

However, reform of the Mental Health Act alone will not be enough to improve how and where good quality mental health services are accessed. We welcome the government making it clear that new legislation is only part of the story. The white paper helpfully highlights a significant amount of ongoing work, and puts forward further proposals, to reform policy and practice to support implementation of the new Mental Health Act. We need to address the underlying issues driving the pressures on services and the rising severity and complexity of people's needs. As we have said previously, system and financial pressures on providers, combined with inconsistent investment in

mental health services at local levels, are exacerbating bed capacity pressures and increasing the likelihood that a person may reach crisis point necessitating use of the Act to admit.

We note the government confirms that reforms will require additional funding and expansion of the workforce, over and above commitments made in the NHS long term plan, and the delivery of the proposals set out in the white paper will therefore be subject to future funding decisions. We will work with members to feed back any further data or evidence we think would assist the government's estimations in the current impact assessment. All the changes taken forward must be fully funded and take account of the current operational and financial pressures facing providers.

The rapid expansion of services required to meet extra demand for mental health care and support over the months and years ahead must be fully and promptly funded on a sustainable basis. The expansion of community-based specialist mental health care capacity, and ensuring these services are accessible to everyone, is key to reducing the need to detain under the Act and providing care in the least restrictive setting. Adequate investment to maintain and build on the steps being taken to grow the mental health workforce, and the sector receiving its fair share of capital funding, are both also crucial. Alongside this, there must be increased support for public health and social care given the crucial role these services play in providing people with the care and support they need before they reach a crisis.

We welcome the government emphasising its commitment to working closely with national and local health and care organisations to understand the impact of legislative reform on the system and to develop a robust and achievable plan for implementation. It is right to recognise that other demands placed on the system by wider transformation plans and the capacity of the health and care workforce to deliver what is required need to be carefully taken into account as this work progresses.

Our press statement responding to the white paper's publication can be accessed [here](#).

## Contact

For further information please contact Ella Fuller, policy advisor, [ella.fuller@nhsproviders.org](mailto:ella.fuller@nhsproviders.org)

## **RESOURCES COMMITTEE SUMMARY REPORT**

**DATE OF MEETING: 17<sup>th</sup> December 2020**

<b>COMMITTEE GOVERNANCE</b>	<ul style="list-style-type: none"> <li>• Committee Chair – Graham Russell, Non-Executive Director</li> <li>• Attendance (membership) – 88%</li> <li>• Quorate – Yes</li> </ul>
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### **Key Points to Draw to the Board's Attention**

#### **FINANCE REPORT**

The Committee received the Finance Report for month 8 and was informed that the Trust was now operating under the newly revised financial framework.

It was reported that the planned deficit for the Trust was £439k at year end. However, current indications predict that the deficit will be lower. It was reported that the Trust was on track to deliver a surplus position at the end of the year.

The Committee was informed that there was a risk around the Capital Plan and ensuring the whole financial envelope would be spent before year end. The Committee was assured that discussions were taking place weekly focusing on achieving the intended spending amount. The Capital expenditure was reported currently being £2.3m behind plan. The Director of Finance assured the Committee that if there was any slippage, IT schemes could be brought forward further to ensure money would not be unspent. This would include laptop and PC replacements.

#### **PERFORMANCE REPORT**

The Committee was informed of 10 mental health indicators in exception and 16 physical health indicators. It was noted that there were no new indicators in both mental and physical health.

The Committee was informed that of the mental health indicators, the majority of the exceptions were due to data quality issues within CYPS transition cases and challenges within the eating Disorder Services.

Of the 16 physical health indicators, it was reported 7 were within Children and Young People Services (CYPS) and 2 were within Wheelchair Services. In order to identify improvement recommendations; internal auditors PwC had been commissioned to undertake an internal audit on data quality within Health Visiting and Wheelchair Services in quarter 4 2020/21.

The Committee agreed that a whole Board discussion on identifying measurable KPIs would be welcomed and this would be followed up as an action.

### **BUSINESS PLANNING AND BUDGET SETTING PROCESS 21/22**

The Committee received a Business Planning and Budget Setting 21/22 update, informing the Committee that there would be an alignment between business planning and budget setting across the organisation. This was received as a requirement from NHSI.

A copy of the presentation was shared with all Board members after the meeting for information.

### **FOREST OF DEAN DEVELOPMENT UPDATE**

The Committee received an update report on the development of the new Community Hospital in the Forest of Dean, providing an update on the Board's preferred option process to appoint a construction partner and commencing further exploration of an estates partner. A Forest of Dean Hospital update report would be received at the January Board meeting.

### **BUSINESS CASE – MONTPELLIER UNIT REFURBISHMENT**

The Committee received the business case for the refurbishment of the Montpellier unit. The Director of Finance informed the Committee that the total cost for the project would be £1.6m.

The Committee approved the project at a total capital cost of £1,602,340 including VAT.

### **OTHER ITEMS RECEIVED BY THE RESOURCES COMMITTEE**

- The Committee received a progress update on the Best People Strategy and Implementation Plan. Results of the Staff Survey would be received in February.
- An update was provided on Trust's plans with respect to its Workforce Race Equality Standard (WRES) and its Workforce Disability Equality Standard (WDES) actions for 2020/21 and the Committee endorsed actions therein.
- The Business Development Report was received and the Committee was informed of upcoming tender opportunities.
- The Committee Effectiveness Review and Terms of Reference were received by the Committee and reviewed.
- The Committee received and noted the update on the changes to HR Policies and Procedures.
- The Committee received the summary report of the Digital Group held 30<sup>th</sup> November 2020.
- The Committee received the summary report of the Capital Management Group held 23<sup>rd</sup> October 2020 and 18<sup>th</sup> November 2020.
- The Committee received the summary report of the Business Intelligence Management Group held 19<sup>th</sup> November 2020.

### **ACTIONS REQUIRED BY THE BOARD**

The Board is asked to:

- **Note** the contents of this summary.

<b>DATE OF NEXT MEETING</b>	<b>25 February 2021</b>
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## QUALITY COMMITTEE SUMMARY REPORT

**DATE OF MEETING: 7<sup>th</sup> January 2021**

<b>COMMITTEE GOVERNANCE</b>	<ul style="list-style-type: none"> <li>Committee Chair – Maria Bond, Non-Executive Director</li> <li>Attendance (membership) – 83%</li> <li>Quorate – Yes</li> </ul>
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### Key Points to Draw to the Board's Attention

#### PATIENT SAFETY AND EXPERIENCE REPORT

The Committee received the Patient Safety and Experience Report and was informed that there were currently 7 active Serious Incidents Requiring Investigation (SIRIs), all of which were reporting as being on track in terms of investigation and submission. It was noted that this was a good position for the organisation to be in. It was reported that there had been a significant reduction in physical health SIRIs.

The Committee was assured that all “moderate harm and above” incidents were continuing to be reviewed following the first wave of Covid and recovery, as a result of the backlog.

#### QUALITY DASHBOARD REPORT

The Committee received the Quality Dashboard Report, providing the Committee with an update on progress and achievements of quality priorities and indicators across physical health, mental health and learning disability services.

Improvements made in pressure ulcers following the positive impact of the Quality Improvement project developed with the Gloucestershire Integrated Care Team was highlighted in the report. The Committee was informed of the development of a live pressure ulcer dashboard which had been developed unique to each locality; allowing control and robust challenge from professional leads and the new band 7 senior support roles. The Committee was informed of the next steps, which would be rolling the dashboard out to the Forest of Dean and Tewkesbury; both places where pressures ulcer occurrences were at their highest.

It was reported that resuscitation training compliance was currently below target. This was largely due to Covid and the stepping down of services. The Committee was reassured however that a robust recovery training plan had been developed and had been approved by the Executive. The Committee would receive a further update in March on the progress being made with statutory and mandatory training compliance.

The Committee was informed of 2 Covid outbreaks in Cirencester Hospital, on Coln Ward and Windrush Ward in December. The investigation on the outbreak on Coln

RD Ward concluded the trigger point was a positive patient that was transferred from Swindon Hospital and the Trust had been informed the patient was negative upon admission. The outbreak on Windrush Ward was ongoing, therefore the investigation was not yet able to conclude the trigger point of the infection.

An update was provided to the Committee on the progress of the Covid vaccination programme. The Committee was informed that 1000 staff had received their first vaccine, some had received their second. The Quality Dashboard would include vaccination figures going forward.

### **CQC COMMUNITY MENTAL HEALTH SURVEY**

The Committee received the CQC Community Mental Health Survey results and action plan.

Lauren Edwards informed the Committee that 380 responses had been received, which was the highest nationally. The Trust had also received the highest scores within England on 6 of the questions asked in the survey.

The Committee noted the results and assurance provided of the ongoing delivery of high-quality adult community mental health services.

### **OTHER ITEMS RECEIVED BY THE QUALITY COMMITTEE**

- The Committee received a clinical presentation of Learning Disabilities Services during Covid by one of the Trust's Consultant Clinical Psychologists. The presentation described the different ways in which people with learning disabilities had been affected by the pandemic and the actions that had been taken to support vulnerable patients.
- The Committee received the draft Clinical Audit Programme 2021/22, noting the contents would be reviewed by the Operational Delivery and Governance Forum prior to the approval by the Improving Care Group.
- The Committee received and reviewed the summary reports from the Quality Assurance Group which took place 20<sup>th</sup> November and 18<sup>th</sup> December 2020.
- The Committee noted the outcome of the Committee Effectiveness Review and considered the proposed changes to the Terms of Reference received.

### **ACTIONS REQUIRED BY THE BOARD**

The Board is asked to:

- **Note** the contents of this summary.

### **DATE OF NEXT MEETING**

**04 March 2021**