TRUST BOARD MEETING
PUBLIC SESSION
Wednesday, 30 September 2020
10:00 – 13:00
to be held via Microsoft Teams

AGENDA

Agenda Item	Title	Purpose		Presenter
Opening Business				
01/0920	Apologies for absence and quorum	Note	Verbal	Chair
02/0920	Declarations of interest	Note	Verbal	Chair
-	Staff Experience Story Presentation	Note	Verbal	
03/0920	Unconfirmed Minutes of the meeting held on 22 July 2020	Approve	Paper	Chair
04/0920	Matters arising and Action Log	Note	Paper	Chair
05/0920	Questions from the Public	Note	Verbal	Chair
Strategic Issues				
06/0920	Report from the Chair	Note	Paper	Chair
07/0920	Report from the Chief Executive and Executive Team	Note	Paper	CEO
08/0920	Organisational Priorities for the Trust	Note	Paper	CEO
09/0920	System Wide Update	Note	Paper	DoSP
10/0920	Winter Planning	Note	Paper To be Tabled	DCOO
11/0920	Mental Health Developments	Note	Paper	COO
12/0920	People Plan • People Plan and Promise • Staff Health and Wellbeing	Note	Presentation Paper	DoHR&OD
Performance and Patient Experience				
13/0920	Covid-19 Active Recovery Update	Note	Paper	DCOO
14/0920	Quality Dashboard Report Data 2020-2021	Note	Paper	DoNQT
15/0920	Finance Report	Note	Paper	DoF
16/0920	Performance Dashboard Report	Note	Paper	DoF
17/0920	Flu vaccination self-assessment	Note	Paper	DoNQT
18/0920	Learning from Deaths (Q1)	Note	Paper	MD
19/0920	Guardian of Safe Working (Q4 and Q1)	Note	Paper	MD

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	Governance			
20/0920	Audit & Assurance Committee • Committee Summary • Annual Report	Note	Paper	Audit Chair
21/0920	Resources Committee Summary (August 2020)	Note	Paper	Resources Chair
22/0920	Quality Committee Summary (1 Sept)	Note	Paper	Quality Chair
23/0920	Mental Health Legislation Scrutiny Committee Summary (23 Sept)	Note	Verbal	MHLS Chair
24/0920	Council of Governor Minutes (17 June)	Note	Paper	HoCG
	Closing Business			
25/0920	Any other business	Note	Verbal	Chair
26/0920	**Date of Next Meetings** **2020** Wednesday, 25 November **2021** Thursday, 28 January Wednesday, 31 March Thursday, 27 May Thursday, 29 July Thursday, 30 September Thursday, 25 November	Note	Verbal	All

Unconfirmed MINUTES OF THE TRUST BOARD MEETING

Wednesday, 22 July 2020

Via Microsoft Teams

_____

PRESENT:	Ingrid Barker, Trust Chair
	Dr. Stephen Alvis, Associate Non-Executive Director
	Sandra Betney, Director of Finance
	Maria Bond, Non-Executive Director
	Steve Brittan, Associate Non-Executive Director
	John Campbell, Chief Operating Officer
	Marcia Gallagher, Non-Executive Director
	Helen Goodey, Director of Locality Development and Primary Care
	Sumita Hutchison, Non-Executive Director
	Jan Marriott, Non-Executive Director
	Angela Potter, Director of Strategy and Partnerships
	Paul Roberts, Chief Executive
	Graham Russell, Non-Executive Director
	Neil Savage, Director of HR & Organisational Development
	Duncan Sutherland, Non-Executive Director
	John Trevains, Director of Nursing, Therapies and Quality
	Dr. Amjad Uppal, Medical Director
IN ATTENDANCE:	Julie Clatworthy, Trust Governor
	Said Hansdot, Trust Governor
	Anna Hilditch, Assistant Trust Secretary
	Kate Nelmes, Head of Communications
	Lavinia Rowsell, Head of Corporate Governance and Trust Secretary
	David Smith, Transition Director
	Katherine Stratton, Trust Governor
	Sian Thomas, Deputy Chief Operating Officer
	Lizzie Walpole, PA to Chief Executive

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. No apologies for the meeting had been received.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. MINUTES OF THE MEETING HELD ON 20 MAY 2020

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3.1 The Board received the minutes from the previous meeting held on 20 May 2020. These were accepted as a true and accurate record of the meeting.

4. MATTERS ARISING AND ACTION LOG

4.1 The Board reviewed the action log and noted that all actions were now complete or included on the agenda. There were no matters arising.

5. QUESTIONS FROM THE PUBLIC

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

6. CHAIR'S REPORT

6.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors for the period end of March to Mid-July 2020.

6.2 Ingrid Barker opened her report by formally recording the Board's thanks to colleagues across the Trust who had made, and continued to make outstanding efforts to support our community during the Covid pandemic. The tremendous efforts made were recognised and appreciated.

6.3 Thanks were given to the Trust's Interim Lead Governor, Simon Smith who had recently stood down from his role due to family circumstances. Simon had played a key part in ongoing work to develop the Council of Governors following the merger and governors much appreciated his contribution during this period of change. Ingrid Barker said that she was pleased to announce that Dr. Faisal Khan had agreed to take on the role of Interim Lead Governor, with Mervyn Dawe as Deputy. She was grateful to them both for agreeing to take on these roles during the important Council 'review and refresh' period and looked forward to working with them. Ingrid Barker advised that she would be writing to Simon Smith to pass on the thanks of the Board.

6.4 The Board noted the content of the Chair's Report, which also highlighted Board Development activity, partnership working with system partners and engagement with national networks.

7. CHIEF EXECUTIVE'S REPORT

7.1 The Board received the Chief Executive's Report which highlighted the activity of the Chief Executive and Executive Directors for the period end of March to Mid-July 2020.

7.2 Paul Roberts echoed the Chair's earlier thanks and paid tribute to Trust colleagues for their response to Covid. Redeployed staff were starting to return to their substantive roles and shielded colleagues were returning to work with appropriate risk assessment processes in place to manage this. The Trust was now in the recovery phase and work was underway to get services back up and running. The Board noted that a number of discussions had been taking place to look at ways of thanking colleagues directly for their efforts, and these would be taken forward over the coming months.

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7.3   The Board noted that Michael Richardson, Deputy Director of Nursing would be taking up a new post in Bristol. Michael had spent 12 years in the Gloucestershire health system, with 8 of these working for GCS and GHC. Paul Roberts said that Michael was a high caliber professional and leader in the system and his expertise would be missed. The Board recorded their thanks to Michael Richardson and wished him well for the future.

7.4   Paul Roberts said that he had had the pleasure of meeting with Jane Daggatt, the Trust's Clinical Lead for Podiatry. Jane was celebrating her 40th year of working for the NHS, which was a tremendous achievement.

7.5   A Senior Leadership Network meeting had taken place yesterday and had focused on Learning Disability services, Communication and Staff Health and Wellbeing. Paul Roberts advised that the protection and welfare of staff was a top priority for the Trust and welcomed this as a key focus area.

7.6   There continued to be a number of national and regional meetings held virtually throughout the Covid pandemic to support the efforts of all the NHS Trusts in the region. Amongst others, these have included:

- MH/LDA (Mental Health/Learning Difficulties and Autism) Covid-19 Response Weekly webinar for Trust CEOs;
- SW Regional Chief Executive meetings, chaired by Elizabeth O'Mahony; and
- MH (Mental Health) CEO's meetings.

7.7   Paul Roberts attended the virtual West of England Academic Health Science Network (AHSN) Board meeting on 5th June. A follow-up meeting took place with Natasha Swinscoe, Chief Executive Officer of AHSN, to discuss the particular challenges and priorities GHC are dealing with at present and are anticipating for the Recovery phase, with a view to seeing where the AHSN can continue to best support our organisation and staff, with a particular focus on mental health initiatives.

7.8   The Board approved its initial Strategic Framework at the Board meeting held in March 2020. Unfortunately Covid-19 activities have meant that we have not yet developed the next level of detail and granularity in understanding exactly what our strategic priorities and objectives will be nor have we had the opportunity to share and obtain feedback on this framework with colleagues and stakeholders who worked with us in its development. A Board Development session is planned for late summer to continue to develop this work.

7.9   The report highlighted the establishment of a new Diversity Network. A separate report would be received later in the meeting where further details and discussions could take place.

7.10   Paul Roberts included reference to the publication of the Cumberledge Report on Medicines and Medical Devices Review. The Trust will be looking at the recommendations of this report and any areas where it can build improvements in the way it operates. The review highlighted the failure of the

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NHS to listen to concerns. Paul Roberts said that the need to listen was a message we are building into the DNA of our Trust and continue to work on. Non-Executive colleagues welcomed the addition of this item in the Chief Executive's report and agreed that listening to concerns was key and the work to consider the recommendations from the review would help form the Trust's priorities going forward.

8. SYSTEM WIDE UPDATE

8.1 This paper provided an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS) and confirms the publication of the Gloucestershire Long Term Plan.

8.2 The focus for the ICS since March 2020 has been a co-ordinated system wide response to the Covid pandemic as a major incident which has been delivered through a bronze, silver and gold command structure, working in partnership with the Local Resilience Forum and co-ordinating the NHS response across partner organisations. The ICS work is now shifting towards focusing on Recovery and system restoration as we move into the next phase but also the system wide planning of any surge management alongside winter planning. There is a focus on ensuring that we are using patient and public feedback plus information from services to help scope out how the health and wellbeing needs of the Gloucestershire population will have changed as a result of Covid and the impact of the associated lock-down measures. There will be a need to continuously learn and adapt our service offer as we understand more about the impact that this has had on our populations.

8.3 The existing ICS programmes are currently reviewing their work programmes and continuing to work on and accelerate high priority areas. The report provided an update on the work of the following ICS Programmes;

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

- The Clinical Programme Approach (CPA) ensures services work together to redesign the way care is delivered in Gloucestershire to provide the right care, in the right place, at the right time.

- The Fit For the Future programme work was temporarily put on hold due to Covid. A revised timeline has now been developed proposing that the programme now resumes with a proposed public consultation in the autumn (subject to usual assurance and governance requirements).

8.4 Angela Potter informed the Board that system working had continued to work well and adapt during the Covid incident response, underpinned by good system relationships.

8.5 Jan Marriott made reference to winter planning and said that there were concerns about an increase in Covid over the winter period. For people

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requiring testing, who did not own or have access to a car, she asked how testing was going to be made available as current testing facilities were provided at drive thru sites. John Trevains said that this had been raised as an issue already and agreed to go back to the Testing Cell to seek a response.

ACTION: John Trevains to provide a response in relation to the availability and provision of Covid testing over the winter period

9. BOARD ASSURANCE FRAMEWORK (BAF)

9.1 The Trust's Board Assurance Framework was considered and approved at the November 2019 meeting of the Board as an interim measure in advance of the finalisation of the GHC strategic framework. Due to the Covid-19 pandemic, the finalisation of the strategic framework has been delayed. A Board Seminar, scheduled for 15 September, will focus on finalising the strategy. The BAF and review of Risk Appetite will be considered as part of this session.

9.2 The Board noted that the BAF had been updated in consultation with members of the Executive Team. The corporate risks relating to each of the risk areas were highlighted in the paper and have been reviewed by the relevant governance oversight committee. The following key changes to the BAF since Board consideration in March 2020 were highlighted as follows:

Amendments made: All risks have been reviewed and actions/additional controls added where appropriate.

Strategic risks removed this quarter: Risk 13 (*That the transfer of Herefordshire Services to Worcestershire health and Care NHS Trust impacts on our capacity to progress our strategic objectives before April 2020*) was removed from the register following the successful transfer of Herefordshire services.

Strategic risk added in this quarter: Strategic Risk 00 relating to Covid-19 was added to the register following agreement at the March meeting of the Board and was further reviewed by the Board in April and May. The risk rating has been reduced from 20 (in May) to 16 to better reflect the position and impact of mitigating actions

Movement in risk ratings since the last quarter: Overall, there has been little movement in risk ratings since the March meeting of the Board. The implementation of mitigating actions have been delayed due to resource being reallocated to support the Trust's response to Covid-19, however no concerns have been raised as a result of the delays that need to be brought to the attention of the Board. Updated timescales were provided.

9.3 The Board was asked to note that following consideration by the Executive Team, Risk 10 (*There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans*) had been reduced from 16 to 9. The

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rationale for reduction reflects the outcome of the urgent care in the community programme and the recommendation that urgent treatment centres will not be part of the MIIU model moving forward. Ongoing work will form part of any future trust wide transformation.

10.   TRUST DIVERSITY UPDATE

10.1   The purpose of this report was to provide an update on the Trust's work to promote and progress diversity at work. Neil Savage informed the Board that the report predominantly focused on diversity within a workforce context and at present did not include reference to all protected characteristics. As the report developed this would be included, as well as consideration of diversity from a patient perspective also. The Board noted that the report also presented a recommendation for the key strategic focus areas for progressing improvement moving forwards.

10.2   The report provided a summary update on the Trust's progress with the following diversity, equality and inclusion workforce work streams:

- BAME COVID Risk Assessments
- Reciprocal Mentoring
- Diversity Network
- Recruitment Advertising
- Leadership Development Programme
- Equality Training
- WRES and WDES
- PHE
- Board Development
- ICS approach

10.3   Steve Brittan noted the work taking place around recruitment advertising and advised that an article had been published recently looking at recruitment and screening was carried out to look at how adverts for jobs are written and formed, and the subsequent impact on the type of applicants responding. He agreed to share this with Neil Savage for information.

10.4   Maria Bond said that it was important to recognise this work and the key issues, and how it worked within GHC at a practical level.

10.5   Sumita Hutchison made reference to the Diversity Network, noting that a letter had been received nationally talking about staff support groups. She said it was therefore pleasing to see that these groups had now been formed; however, she asked whether the Trust had the necessary resources to make them successful. Neil Savage advised that the Trust already had a number of OD Practitioners in place who would provide mentoring and support for these groups going forward.

10.6   Professor Partha Kar's recent article in the Health Service Journal urges the NHS and its organisations to make fundamental changes to their approaches towards promoting racial equality within care systems; recommending the

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following four key actions most likely to effectively tackle racism in the longer term:

- DATA - Ditch the term BAME and collect data based on ethnicity
- POSITIVE ACTION - Introduce an NHS version of the Rooney Rule
- DATA - Transparency of Data
- LEADERSHIP - Accountability of leadership

10.7   Neil Savage informed the Board that there were a lot of things happening and a good amount of quantitative data would come from this. It was important to then use this data to create a robust action plan and consider how the Trust would measure success.

10.8   Paul Roberts said that there had been renewed energy and focus on diversity and a lot of reflective and good practice articles were being published. There was a huge amount of learning that GHC could do.

10.9   Ingrid Barker noted that one of the Trust's core priorities was tackling health inequalities and therefore welcomed this report and its content. She said that the Board would need to carry out more work to ensure that all of the workstreams and groups were properly resourced and supported.

10.10 Moving forward, the Board agreed that the Trust needed to look at the recommendations from Professor Kar's review, and look at how it collected data, and ensure that this was segmented properly. It would take action on recruitment and it would hold itself to account openly and transparently. A set of defined success measures would also be developed.

10.11 The Board thanked Neil Savage for this report, and looked forward to receiving regular updates.

11.   COVID UPDATE - RECOVERY

11.1   The purpose of this report was to provide an overview of the work carried out to manage the Covid pandemic, including an update on recovery planning, celebrating our success and the proposed next steps.

11.2   The Board noted that the Executive Team were currently meeting weekly and were acting as the Covid Programme Board. However, a new Board had recently been formed which would sit below the Executive to ensure dedicated focus on Covid, providing a fortnightly update back to the Executive. The first meeting of this new Board would be taking place later this week.

11.3   Sian Thomas informed the Board that plans were now in place for the recovery of all services. The Trust had managed to maintain all core services during Covid and some had expanded during that time. Over the summer period work would be taking place to focus on winter planning and a potential second surge.

11.4   Sian Thomas said that it was important to celebrate success, noting that there had been some excellent examples from both frontline and corporate services

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of innovative ways of working and efforts in ensuring services were maintained to a high standard.

11.5 Paul Roberts led the Board in expressing his thanks to Sian Thomas and the wider Covid Team for their work and tremendous efforts over the past few months. The Board would continue to receive updates on Covid as part of the Chief Executive's report going forward.

12. PERFORMANCE DASHBOARD

12.1 Sandra Betney presented the combined Performance Dashboard to the Board for the period June 2020 (Month 3 2020/21). This report provided a high level view of key performance indicators (KPIs) in exception across the organisation.

12.2 This report aligned to the organisational response to Covid and associated recovery of services. Although data validation and associated indicator narrative had improved, it was still not as comprehensive as it needed to be. However, it was noted that this continued to be discussed with operational and corporate stakeholders, overseen by the Business Intelligence Management Group (BIMG).

12.3 The Board was asked to note that where performance was not compliant, operational service leads were prioritising appropriately to address issues. A Covid Recovery and Future State Programme will schedule recovery trajectories, more fully account for 2020/21 performance indicators in exception and provide legacy Service Recovery Action Plans (SRAP) updates.

12.4 At the end of June, there were 13 mental health key performance thresholds that were not met and 18 physical health key performance thresholds. It was noted that all indicators had been in exception previously within the last 12 months.

13. FINANCE REPORT

13.1 The Board received the month 3 Finance Report for the period ending 30 June 2020.

13.2 There was a Covid interim financial framework for the NHS in place for April to July. It was expected that this will be extended until September but no formal guidance has been received at present.

13.3 The Trust's position at month 3 was break even. All Trusts are required to show a break even position by NHSI. To reach a break even position the Trust has requested a retrospective top-up of £726k for April - June. £556k of this has been approved by NHSI for April to May.

13.4 To support the transformation agenda the Trust is proposing to invest £414k of merger savings in the Strategy and Partnerships directorate. Sandra Betney noted that when the merger took place, the Board agreed to hold back

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any savings to be used to cover any shortfalls related to the merger and subsequent resourcing.   The posts to be funded included Quality and Strategic Estates, and would be recurring posts.   It was noted that the proposal had been scrutinised and agreed by the Executive Team.   Jan Marriott expressed disappointment as more investment was needed for frontline posts such as District Nursing, rather than corporate. Sandra Betney agreed; however, she advised that the savings held back from the merger had been made through corporate/Board streamlining, not from frontline services. Paul Roberts provided assurance that the Trust continued to work hard with commissioners to push for proper funding for frontline posts.

13.5   The cash balance at month 3 was £64.426m.

13.5   Capital expenditure was £0.301m at month 3. The Trust has a capital plan for 20/21 of £9.945m.   Sandra Betney advised that there had been significant slippage with the capital plan due to Covid. IT expenditure had been brought forward from 2021/22 and would be going through in month 4 and 5.

13.6   The revised recurring Cost Improvement Plan (CIP) target for the merged Trust is £4.722m and the amount delivered to date was £3.302m.

14.   QUALITY DASHBOARD REPORT

14.1   This report provided an overview of the Trust's quality activities for June 2020. It was noted that key data was now reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led.

14.2   The Board noted that there had been an increase in all grades of acquired pressure ulcers across services. John Trevains provided assurance that this was recognised, and an improvement action is being taken to address the issues.

14.3   It was pleasing to note that there had been a continued reduction in Covid related deaths across all services and a further 21 patients were discharged from inpatient services having recovered from Covid. Significant improvement had been seen for people accessing Occupational Therapy and Physiotherapy within agreed timescales and there was a reduction in the number of people falling and experiencing harm within an inpatient setting.

14.4   Regarding Trust Patient safety developments, the Nursing, Therapies & Quality directorate are developing and delivering a programme for improvement based on the 'Civility Saves Lives' approach. Civility Saves Lives is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance, in order to improve patient safety.

15.   LEARNING FROM DEATHS – Q4 2019/20

15.1   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

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NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care, published March 2017.

15.2 The Board was asked to note this report and the learning presented from the mortality review of patient deaths during 2019/20 Q1-4. This was the second quarter of the newly merged organisation and as such, this Learning from Deaths paper included data concerning both the deaths of mental health and physical health patients.

15.3 For the period 1 January to 31 March 2020, 165 mental health (MH) patient deaths and 32 physical health (PH) patient deaths were reported, a total of 197 patient deaths. Amjad Uppal advised that all MH patient deaths were recorded, to include both inpatient and community services. Only inpatient deaths were recorded for PH patients. At the time of reporting, 0 deaths representing 0.0% of the 197 patient deaths were judged to be more likely than not to have been due to problems in the care provided by the Trust.

15.4 Graham Russell noted that there were a lot of "lessons learned" identified from the MH patient deaths and asked whether this was the level that the Trust would expect to see. Amjad Uppal advised that the Trust was always looking to improve and tried to seek lessons to be learned wherever possible; however, he provided assurance that none of the issues identified were unusual.

16. BOARD COMMITTEE SUMMARY REPORTS

16.1 Board Assurance Committee – Covid

The Board received the summary report from the Board Assurance Committee (Covid) meetings held on 28 May, 4 June, 11 June and 18 June 2020. In light of the Covid-19 pandemic, this Committee was established for the purpose of assurance. The Committee provided a mechanism through which Non-executive Directors could receive information for the purpose of assurance on key aspects of the organisational response to the Covid-19 pandemic and consider the impact of any exceptional measures being taken.

The Board noted that this Committee was closed on 23 June as it was no longer required; however, it could be re-instated at any time, if required. Ingrid Barker and Non-Executive colleagues agreed that this had been a very helpful Committee by way of keeping up to date and assured on the work taking place to respond to Covid.

16.2 Audit and Assurance Committee

The Board received the summary reports from the Audit and Assurance Committee meetings held on 28 May and 17 June 2020. The Trust's Annual Report and Accounts were signed off at the meeting on the 17 June, and Marcia Gallagher, Audit Chair expressed her thanks to Sandra Betney and the Finance Team for all of their efforts and hard work in preparing the accounts, noting that they had received a strong unqualified opinion from the External Auditors.

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16.3 Resources Committee

The Board received the summary report from the Resources Committee meeting held on 25 June 2020. This summary was noted.

16.4 Quality Committee

The Board received the summary report from the Quality Committee meeting held on 1 July 2020. This summary was noted.

16.5 Charitable Funds Committee

The Board received the summary report from the Charitable Funds Committee meeting held on 3 July 2020. This summary was noted.

Duncan Sutherland informed the Board that the former 2gether NHSFT had acquired a charity called New Highways. Discussions had taken place at the Charitable Funds Committee and it was agreed to transfer the funds from New Highways to the main Charitable Fund, and to dissolve the New Highways charity. This was agreed.

16.6 Appointments and Terms of Service Committee

The Board received a verbal summary from the Appointments and Terms of Service Committee meeting held on 16 July 2020. Ingrid Barker advised that the meeting had received and reviewed the outcome of the appraisals for the Chief Executive and Executive Team, and had reviewed the process for Clinical Excellence Awards (CEA) and ways of encouraging applications from under represented groups.

17. COUNCIL OF GOVERNOR MINUTES

17.1 The Board received and noted the minutes from the Council of Governors meeting held on 19 March 2020.

18. USE OF THE TRUST SEAL

18.1 The purpose of this report was to provide information to the Trust Board on the use of the Trust Seal for the period 1 January – 30 June 2020 (Q4 2019/20 and Q1 2020/21).

18.2 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 and lease agreements. The Board was asked to note that the seal had been used 9 times since last reported to the Board in January 2020.

19. ANY OTHER BUSINESS

19.1 There was no other business.

20. DATE OF NEXT MEETING

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20.1   The next meeting would take place on Wednesday 30 September 2020.

Signed: …………………………..…..   **Dated: …………………………**

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

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Gloucestershire Health and Care
NHS Foundation Trust

PUBLIC SESSION TRUST BOARD: Matters Arising Action Log – 30 September 2020

Key to RAG rating:

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

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
22 July 2020	8.5	John Trevains to provide more detail about plans for the availability and provision of Covid testing over the winter period	DoNQ&T	30 Sept 2020	The GHC Covid testing service is able to provide limited home visits when required, if indicated; and where testing team capacity allows. With regard to Pillar 2 (Public) testing the national PHE model remains based on large scale "drive through sites". There are home testing kits available that can be couriered to and from people's home address but there are accessibility challenges with this system for those who could be considered vulnerable. In light of this we are seeking further information from local Public Health colleagues for arrangements for those without access to vehicles through either family, friends or carers this winter.	🟩

Gloucestershire Health and Care NHS Foundation Trust – **PUBLIC TRUST BOARD – 30 September 2020**
AGENDA ITEM 04: Action Log

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REPORT TO:	**Trust Board – 30 September 2020**
PRESENTED BY:	Ingrid Barker, Chair
AUTHOR:	Ingrid Barker, Chair
SUBJECT:	**REPORT FROM THE CHAIR**

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

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

The purpose of this report is to
To update the Board and members of the public on my activities and those of the Non-Executive Directors to demonstrate the processes we have in place to inform our scrutiny and challenge of the Executive and support effective Board working.

Recommendations and decisions required
The Board is asked to: • **Note** the report and the assurance provided.

Executive summary
The report details internal and external processes in place to support the Board's understanding of how the Trust is operating, partnership working, the external environment and good practice which can be used to inform continuous improvement. The recent focus has been a session on Strategy and Risk which was extremely informative.   I would also particularly highlight the changes in Non-Executive Directorship – the end of office of Duncan Sutherland and the commencement of Steve Brittan's term of office, and the changes in Council of Governor membership following recent elections.

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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 – 1st July – 29th September 2020

Report authorised by: Ingrid Barker	Title: Chair

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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 Trust is sadly saying farewell today to Non-Executive Director Duncan Sutherland. Duncan was appointed as a Non-Executive Director by 2gether NHSFT in 2016 and following the merger of 2gether and Gloucestershire Care Services in October 2019, kindly agreed to stay with the merged Trust for a further year. Duncan's strategic and commercial insights, along with his warmth for colleagues and service users, has been invaluable during this time both to the Trust and me personally.

I am pleased to be able to report that the final stage in the appointment process for Associate NED Steve Brittan took place on 26th August and he has now been confirmed as a full Non-Executive Director.

The Non-Executive Directors and I continue to meet regularly. A virtual meeting was held on 3rd September and we will continue to have monthly meetings going forward. These meetings have been helpful check in sessions as well as enabling us to consider future plans.

I also continue to have regular individual meetings with all the Non-Executive Directors.

2.2 Board Updates:

Trust AGM

Our Trust Annual General Meeting (AGM) was held on 24th September. Due to the current circumstances this was a virtual event due to the social distancing measures. It's been a momentous year for our organisation. Gloucestershire Health & Care and 2gether merged in October 2019 and by early 2020 we were playing our part in responding to the worldwide Covid-19 pandemic. Whilst the AGM was held in a digital format, I hope it still brought home to attendees how the Trust and our services have

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performed over the year and what has been achieved. The virtual format also increased opportunities for a wider attendance which will be considered within our planning for future years.

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.

A Board Seminar on Strategy and Risk took place on 15th September which was facilitated by the Good Governance Institute. Strategy and Risk are core to governance processes and the opportunity to spend focused time reflecting on good practice, our current practice and potential improvements was extremely valuable.

Board colleagues and I took some time out on the evening of 11th August to have a virtual social event, where we enjoyed cocktails and mocktails; a quiz hosted brilliantly by Duncan Sutherland (which was won by Maria Bond); and it was very enjoyable to have an 'unbelievable truth' session hosted by Sumita Hutchison. We hope to have another event in a few months' time. We are also meeting in a socially distanced way in NED / Executive pairings to maintain good informal contact and relationships. Our pairings have included some invigorating walks, sometimes with our canine friends! It is important that we continue to build our team through informal activities like these during these times when face to face meetings remain challenging.

3.0   GOVERNOR UPDATES

A Council of Governors meeting was held on 16th September where matters discussed included a Strategy Update, the Annual Membership Report and an update from the recent Nomination and Remuneration Committee.

I have held meetings with Lead Governor, Dr. Faisal Khan, on 29th July and 23rd September, where matters discussed included the planned welcome for newly elected governors and consideration of ways of working, reflecting on the ongoing Governors' Review and Refresh work.

I chaired a working group with a number of Governors and the Trust Vice-Chair (Graham Russell) to discuss the outputs from the Review and Refresh focus groups that had taken place in July and August and the proposals from this were taken to the Council of Governors meeting on 16th September.

I am delighted to welcome our new governors Graham Hewitt for Cotswolds, Daniel Brookes and Juanita Paris for Cheltenham, Dawn Rooke and Chris Whitham for the Forest of Dean, Tracey Thomas for Gloucester and Ruth McShane for Greater England and Wales, who have been appointed as public governors following an election process. We will be holding an election for Tewkesbury following Bren McInerney's resignation. I would like to record my thanks to Bren and to other governors who have contributed to the Council over recent years and are not continuing with us.

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4.0 NATIONAL AND REGIONAL MEETINGS

Since the last meeting of the Trust Board, I have attended the following virtual national meetings:

- **NHS Providers Board** on 27th August and 2nd September - where we discussed important policy and national operational issues and current challenges and opportunities.

- **National Community Network Chairs** on 29th July - matters included receiving a policy and strategic update from Chris Hopson, CEO of NHS Providers and a presentation about demand and capacity modelling in Cornwall and the Isles of Scilly Health and Care Partnership.

- **Community Providers' Round Table** - I was pleased to join a small group of community providers in a round table discussion with senior Department of Health, Treasury and NHSE/I officials to explore the contribution of and support needs for this sector in the light of Covid.

- **NHS Providers Chairs and CEOs** on 8th September - matters discussed included a number of important policy and national operational issues including a briefing on Test and Trace from Baroness Dido Harding.

- **NHS Confederation NHS Reset Webinars** held on 10th August and 14th September. These recognised the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the last 6 months.

5.0 WORKING WITH OUR PARTNERS

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

- A meeting of the county's **Health Overview and Scrutiny Committee** took place on 15th September where matters discussed included: Winter Planning and Covid-19 Temporary Service Changes. (More about this in the CEO's report).

- I met virtually with the **County's Health Chairs** on 15th September – these sessions are very helpful in supporting our partnership working.

- 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.

- The **Chair of Gloucestershire Hospitals NHSFT**, Peter Lachecki, and I continue to meet virtually on a regular basis to discuss matters of mutual interest.

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- I also continue to have regular meetings with the **Independent Chair of the ICS Board (Integrated Care System), Dame Gill Morgan.**

- The **ICS Board** has continued to meet virtually and meetings were held on 20th August and 17th September where we discussed a number of important operational and strategic issues. Partnership work was a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported.

- Along with the Chief Executive and the Head of Corporate Governance, I met with the newly appointed **Chair of Healthwatch Gloucestershire,** Nikki Richardson, and Helen Webb the Healthwatch Gloucestershire Manager who has been in place since December 2019. Healthwatch Gloucestershire is the county's independent health and social care champion. It exists to ensure that people are at the heart of care and is an important partner for us in achieving our ambitions.

- The Chief Executive and I met with the **Chairs of the County's Leagues of Friends** on 24th September. We were joined at this meeting by the Trust's Director of Strategy and Partnerships, Angela Potter, who gave a concise update on the ongoing work within the Trust including updates on Covid. It was as always good to get their input.

6.0   WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

The Chief Executive and I have continued our regular annual meetings with the **county's MPs** to update them on Trust activities, including Covid. Meetings have been held with Sir Geoffrey Clifton-Brown (Cotswolds), Richard Graham (Gloucester), Alex Chalk (Cheltenham) and Siobhan Baillie (Stroud). The Meetings with Richard Graham, Sir Geoffrey Clifton-Brown and Alex Chalk were interactive where we were joined by colleagues from services across the Trust where we had the opportunity for the MPs to learn about how our services have been responding during the pandemic, and also to find out what messages they can take back to Government. A series of visits to Trust services will be arranged for Siobhan Baillie, as a relatively new MP, when possible.

7.0   ENGAGING WITH OUR TRUST COLLEAGUES

I was pleased to be invited by the Director of Nursing, Therapies and Quality, John Trevains, to attend one of his regular team meetings on 29th July and see how the team is working.

I attended the Women's Leadership Event on 7th September where we heard from Jane Ginnever, the Founding Director of SHIFT. Jane talked about a number of matters including her journey as a female to becoming a leader; overcoming obstacles and barriers; motivation; overcoming discrimination and bullying. I found it an informative, reflective session and I have heard positive feedback on it.

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I was very pleased to visit the Dilke Hospital, Lydney Hospital, North Cotswolds Hospital, George Moore Community Clinic, Vale Hospital and Edward Jenner Court throughout August to say a huge thank you to everyone for their hard work and sterling efforts over the last few months, and also to hand out water bottles which have been purchased with some of the money from the Captain Sir Tom Moore fund that the Trust has received. Other services from across the whole Trust were also visited by Board colleagues in August so that they could personally take the opportunity to thank colleagues.

I attended the Mental Health Act Managers Forum on 22nd September and the Mental Health Legislation Scrutiny Committee on 23rd September.

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

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 July and August 2020.

9.0   CONCLUSION AND RECOMMENDATIONS

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

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Non-Executive Director – Summary of Activity – 1st July – 31st August 2020

Please note: meetings were held virtually by Microsoft Teams or Zoom except where noted

NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
Graham Russell	1:1 Director of Nursing, Quality & Therapies Quarterly meeting with Trust Chair and Marcia Gallagher 1:1 Steve Brittan 1:1 Trust Chair Meeting with Homes England Nursing, Quality & Therapy Team meeting Team Talk	FoD Hospital Procurement meetings ICS Board meetings	ATOS Board Discussion Charitable Funds Committee Governors Review and Refresh NED meetings Resource Committees Trust Board
Marcia Gallagher	1:1 Director of Finance 1:1 Director of Strategy & Partnerships 1:1 Trust Chair 1:1 Director of Strategy & Partnership 1:1 Steve Brittan Meeting with Age UK Meeting with Barnwood Trust Meeting with Chief Operating Officer and Joint Director of Primary Care NHS Reset meetings Quality Team meeting Quarterly meeting with Chair and Vice-Chair Senior Leadership Network Talk by Ethel Changa – CNO BAME	FoD Workshop ICS NEDs and Chairs meeting	ATOS Audit and Assurance Committee Board discussion Charitable Funds Committee Extra-ordinary Resources Committee NED meetings New Highways Committee Resources Committee Serious Incident Review Meeting Trust Board

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NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
	Strategy Advisory Group		
Jan Marriott	1:1 CCG Lay Clinical Member 1:1 Director of Strategy & Partnerships 1:1 FSU Guardian 1:1 interview candidate 1:1 Joint Director of Primary Care 1:1 Steve Brittan 1:1 Trust Chair 1:1 with Medical Director ref Mortality reviews ICS Clinical Council Meeting Interview panel for Deputy Director of Nursing, Quality and Therapies Leaving presentation for Deputy Director of Nursing Meeting with Sumita Hutchison and Sonia Pearcey MH Operational Group Visits to Charlton Lane Hospital, Cheltenham ref thank you/water bottles	FOD Hospital Procurement meeting FoD workshop	ATOS Audit & Assurance Committee Board discussion Governor Review and Refresh Workshop NED meetings Quality Committee Resources Committees Trust Board
Maria Bond	1:1 Director of Finance 1:1 Director of Nursing, Therapies & Quality 1:1 Steve Brittan Focus Group (Dep Dir Nursing role) Meeting with Governor	FoD workshop Good Governance meeting	ATOS NED meetings Quality Committee Trust Board Trust Board Development

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NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
	Meetings with interview candidates NHS Reset meetings NTQ team meetings Senior Leadership Network Team Talk		
Sumita Hutchison	1:1 Deputy Director of Nursing 1:1 Director of HR & OD 1:1 FTSU Guardian NHS Reset Trust Diversity Network		ATOS Board discussion Charitable Funds Committee Extra-ordinary Resources Committee Governors Review and Refresh NED meetings New Highways Committee Quality Committee Trust Board
Duncan Sutherland			ATOS Audit & Assurance Committee Board discussion NED meetings New Highways Committee Resources Committee Trust Board
Dr. Stephen Alvis	1:1 Deputy Director of Nursing 1:1 Director of HR & OD 1:1 Director of Nursing, Quality & Therapies 1:1 Steve Brittan Focus Group (Dep Dir Nursing role)		ATOS Board discussion NED meetings Quality Committee Serious Incident Review meeting Trust Board

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NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
	NHS Reset EDI session NHS Reset meetings Senior Leadership Network Team Talk Visit to Wotton Lawn Hospital Visits to Berkeley House, Weavers Croft, Stroud Hospital ref thank you/water bottles		
Steve Brittan	1:1 Deputy Director of Nursing 1:1 Head of Digital Transformation 1:1 Head of Research & Development and Joint Clinical Lead 1:1 Trust Chair 1:1 with Chief Executive 1:1 with Chief Executive Focus Groups (3) Meeting with IT Managers NHS Reset meetings North Glos LD Team meeting Team Talk Tewkesbury Hospital Trust Diversity Network Visits to Colliers Court and Dean House (Forest) ref thank you/water bottles		ATOS Audit & Assurance Committee Board discussion NED meetings Resources Committee Trust Board

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REPORT TO:	Trust Board – 30 September 2020
PRESENTED BY:	Chief Executive Officer and Executive Team
AUTHOR:	Paul Roberts, Chief Executive Officer
SUBJECT:	**REPORT FROM THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM**

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

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

The purpose of this report is to

Update the Board and members of the public on my activities and those of the Executive Team.

Recommendations and decisions required

The Board is asked to note the report.

Executive summary

The activities reported inevitably continue to be heavily impacted by the response to the pandemic but we are also moving forward other projects, for example the Forest of Dean hospital proposals and looking at ways to ensure continuous improvement across our operation, involving services users and staff to inform us.

An update on changes of Team within the Deputy Executive tier is provided, as well as updates on our Trust Strategies and the NHS People Plan.

We continue to keep a watching brief on the Brexit negotiations and the potential impact on the NHS.

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Risks associated with meeting the Trust's values
None identified

Corporate considerations	
Quality Implications	Any implications are referenced in the report
Resource Implications	Any implications are referenced in the report
Equality Implications	None identified

Where has this issue been discussed before?
N/A

Appendices:	Report attached

Report authorised by:	**Title:**
Paul Roberts	Chief Executive Officer

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CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE ENGAGEMENT

Since the last Trust Board meeting in July, a significant proportion of my time has continued to be focused on the Trust's response and management of the Covid-19 pandemic, with an ever increasing focus on the "Phase 3" recovery programme and second surge and winter planning.

Sian Thomas will report on this in more detail in the Winter Planning and Covid-19 Recovery Programme Update Report, but in summary: all of the Trust's services are now in "active recovery", meaning they are generally open but are not all back to full capacity or their pre-Covid model. Many services have a phased plan to increase capacity and some have changed the way they deliver services, including an increased focus on digital delivery. Numerous service enhancements and new service offers have been implemented as part of the recovery planning process, building on the learning gained during the Covid peak.

Due to the changes implemented as part of the Trust's "Covid Secure Work", it has been possible for me and my Executive Team, supported in many cases by Non-Executive Directors, to visit all of the Trust's sites over the last few weeks personally to thank the staff for their hard work and commitment during this challenging period. Staff have been experiencing the pandemic in very different ways - over 500 colleagues have been redeployed into new roles, many have had to adapt to entirely new ways of working, some have had to self-isolate or 'shield', many have worked exceptionally long hours, and are now, on a daily basis, working in PPE – I am truly grateful to all of our staff, both clinical and support, who have worked brilliantly and flexibility to serve our patients and communities. I am currently working out of a different service centre each week, as I value the opportunity to hear first-hand how different colleagues are experiencing their new ways of working.

I have been humbled and inspired by the incredible response from the whole Trust team. The Trust Chair and I wrote to every member of staff, individually to say thank you for their contribution to our Covid response and for their continued dedication and hard work throughout this difficult period.

I have continued to attend a range of meetings, including:

A number of **Executive Development Sessions** were held in August, during which the Executive Team explored individual's experiences through the Covid pandemic, reflecting on the Trust's response and how this will influence future working. The sessions provided an opportunity for the team to look ahead at the Trust's short-term priorities and longer-term strategic development. They provided invaluable time to facilitate leadership development, helping to achieve our core value of always improving.

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A **Board Development Seminar** was held on 15th September, which focused on strategic risk management and the development of the Trust's strategic objectives.

The session was facilitated by the **Good Governance Institute,** who help support those who run organisations to continually develop and improve, ensuring organisations are run by talented, skilled and ethical leaders. It was a useful and meaningful session, and we will continue to further develop our strategy over the coming months, taking into consideration the impacts of Covid.

Monthly **Team Talk** sessions have now been reinstated. The sessions are held as a digital event and led by an Executive or a deputy. They are open for all Trust employees to attend and provide an opportunity for the Executive Team to share the latest Trust news and for staff to share their thoughts, feelings and concerns. The sessions typically cover an update on the latest Covid and Workforce news, amongst other recent items of interest. The programme helps to ensure effective communication across the Trust and provides an opportunity for the staff voice to be heard directly by the Executive Team.

Senior Leadership Network meetings were held on 21st July and 25th August and 22nd September. These continue to be run as virtual events to ensure the SLN are regularly keeping in touch and up to date with Trust and national developments. The sessions had a particular focus on the Trust's Covid recovery programme and ways to promote staff health and wellbeing. We were delighted to have presentations from a number of **Experts by Experience**, who provided accounts of their experiences through the crisis and the powerful stories of **colleagues who have suffered from and are recovering from Covid-19**. These proved really helpful in highlighting the very different challenges people have faced and the ways they have managed to cope with, and often overcome, these challenges.

Over the past few months, the Learning & Development Team has been working hard to review and relaunch **Corporate Induction**. The face-to-face sessions re-commenced from the beginning of August, on a weekly basis with reduced numbers to allow adequate social distancing. Each session is attended by either myself or a member of the Executive Team to welcome personally new colleagues and provide an overview of the Trust and how we live our values. It is important that the Executive Team are visible from day one, so that all staff members feel able to approach us with comments, concerns or new ideas. In light of Covid, there was a need to review alternative ways of delivering training and a great deal is now available as eLearning.

I attended a **Council of Governors meeting** on 16th September, at which we welcomed a number of new governors. This is reported on in the Chair's report and elsewhere in this agenda.

The programme for the new **Forest of Dean Hospital** recommenced in the week of 22nd June and I have attended many meetings since then to discuss engagement, consultation, proposed service model, and the workforce and business case. This is an incredibly important piece of work and is reported on in more detail in the System Wide Update report.

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Sandra Betney, Deputy CEO and Director of Finance, attended the **JNCF** meeting on my behalf on 9th September. Sandra provided the Chief Executive update on

national, system and Trust level priorities and issues and other members of the Executive team presented verbal updates on their areas. General updates on finance and HR were provided, with Neil Savage, Director of HR & OD, also presenting an overview of the People Plan. Attendees, as usual, had an opportunity to raise any concerns or issues and to comment on any of the items raised.

I attended the first formal meeting of the newly established **Trust Diversity Network** on 27th July. We had a good attendance from colleagues across the organisation and were able to hear feedback from the initial focus groups and discuss the next steps required to move forward with the network. I also had a meeting with the newly appointed **Engagement/Equality Diversity & Inclusion Lead and Workforce Race and Equality Standard Champion (WRES)** at the Gloucestershire Hospitals NHS Foundation Trust.

I have been heavily involved in **engagement between BAME community groups and the NHS in Gloucestershire**, as part of developing the **"Walk in My Shoes"** reverse mentoring programme. A number of Directors from Gloucestershire NHS organisations, Sandra Betney and me for GHC, have been nominated to be part of the programme, which is being led by Valerie Simms of Diverse City.

The Equality, Diversity and Inclusion work has been supported on a national level by NHS England and Improvement and I attended a **NHS BAME Staff Network Leads Webinar,** presented by Prerana Issar (NHS Chief People Officer), on 23rd July. This webinar set out their ambitions, framework, success factors and practical steps for accelerating the development of BAME staff networks in NHS organisations.

I am also involved, along with other GHC Directors, in the **Reciprocal Mentoring Scheme** and have continued to have meetings with my reciprocal mentoring partners. The scheme is based on the concept of reverse mentoring, with the addition of the relationship between the mentor and mentee being reciprocal in nature, enabling allies and equal partnerships designed to create systemic transformational change.

ICS (Integrated Care System) and System Partners

Our Trust plays an important role in the Gloucestershire system with colleagues working committedly to meet the needs of our community. I have regular meetings with the **CEO of Gloucestershire Hospitals NHS Foundation Trust (GHFT)** and the **Accountable Officer for Gloucestershire Clinical Commissioning Group (GCCG)** to keep abreast of any issues facing our partner organisations so that mutual help and support can be provided. I also continue to have regular meetings with senior officers and Leaders at Gloucestershire County Council.

I have attended the monthly **ICS Board** and **ICS Executive** meetings, which have continued to focus on system-wide resilience during this challenging period. The

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regular meetings, held with senior colleagues across the health system, help ensure joined up working and provide a forum to discuss items affecting multiple partners. The **ICS CEO** meetings have also now been re-instated moving forward.

I attended the **Health Overview and Scrutiny Committee** on 15th September, which discussed various matters including winter planning, Covid-19 temporary service changes and the Gloucestershire Clinical Commission Group performance report. The Committee is piloting an approach which provides an opportunity for members of the public, who live or work in the county, or are affected by the work of the County Council, to make representations on matters which relate to any item on the meeting's agenda. This approach is designed to improve the public's ability to voice concerns directly and to help promote accountability of all the system partners.

The system **Gold Health System Strategic Command CEOs** call has continued to be in operation over the last three months as part of the **Gloucestershire ICS Covid-19 Response Programme**; albeit recently at a reduced frequency of once or twice a week. This forum has proved very useful in overseeing the system response to the Covid pandemic and in providing a regular liason point between senior leaders in the NHS system.

On 14th August, Bren McInerney invited me to attend a meeting with **Professor Kevin Fenton, Regional Director at Public Health England,** and **local BAME community groups**. The purpose of the meeting was to allow the community groups the opportunity to share a little about themselves, their organisation, and the impact this has on the community they serve. It was a great opportunity to discuss engagement and connectivity with the local community.

Along with our Chair and Head of Corporate Governance, I met with the newly appointed Chair of **Healthwatch Gloucestershire**, Nikki Richardson, and Helen Webb, Healthwatch Gloucestershire Manager. Healthwatch Gloucestershire is the county's independent health and care champion. It was a useful meeting, in which we heard about the experiences of Gloucestershire residents using the local health services, including what they liked and what they felt could be improved. Our way of working is always to involve fully people who use our services, so as a Board we welcomed the feedback Healthwatch Gloucestershire were able to provide.

I have attended the bi-weekly **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders. These have focussed on the latest developments in the management of the Covid-19 pandemic and, in particular providing updates on acute service issues, PPE, testing and public health updates.

The Chair and I continue to have regular briefings with local Members of Parliament to keep them informed about issues of interest within our services and to allow an opportunity for questions and discussion about local and national NHS issues. Recently, meetings have been held with Mark Harper (Forest of Dean), Sir Geoffrey Clifton-Brown (Cotswolds), Alex Chalk (Cheltenham) and Siobhan Baillie (Stroud).

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National and Regional Meetings

There has been a plethora of national and regional meetings held virtually throughout the Covid-19 pandemic to support the valiant efforts of all the NHS Trusts in the region. Amongst others, these have included:

- MH/LDA (Mental Health/Learning Difficulties and Autism) Covid-19 Response webinar for Trust CEOs;
- SW Regional Chief Executive meetings, chaired by Elizabeth O'Mahony;
- SW MH (Mental Health) CEO's meetings, chaired by Anne Forbes; and
- Phase 3 Mental Health Planning process meeting, chaired by Claire Murdoch (National SRO for Mental Health).

I attended the **Virtual Regional Roadshow - South West** meeting, chaired by Elizabeth O'Mahony, on 23rd July. Simon Stevens (NHS Chief Executive), Amanda Pritchard (NHS Chief Operating Officer), Julian Kelly (NHS Chief Financial Officer) and Prerana Issar (NHS Chief People Officer) also participated in the meeting. The call allowed a discussion on the priorities around restoration of services and the continued impact of Covid-19, and provided further detail on the NHS People Plan.

2.0 TRUST STRATEGY UPDATE

We continue to develop the Trust's Strategy following the wide engagement on this work undertaken prior to Covid. The Board will receive an update from the Director of Strategy and Partnership and discuss our next steps in Part 2. Meanwhile a paper is provided to this meeting to confirm our **Trust short-term priorities**.

3.0 NHS PEOPLE PLAN AND PEOPLE PROMISE

"We are the NHS: People Plan for 2020/21" was published on 30th July. This is an absolutely key strategy for the NHS. Director of Human Resources and Workforce will update on the plan and the Trust's response later in this meeting.

4.0 TEAM CHANGES

Sian Thomas, Deputy Chief Operating Officer, is leaving the Trust at the end of October for her new role as Deputy Chief Operating Officer at the Royal Wolverhampton NHS Trust. Sian has been with the former Gloucestershire Care Service (GCS) since June 2016 and prior to that worked within 2gether. She was appointed Deputy COO for GHC from inception of the new Trust and was appointed into the key role of Accountable Emergency Officer for the Covid pandemic in March. She has been instrumental in leading the Trust's initial response to managing the pandemic and subsequently the recovery of our services. On behalf of the Board, I would like to put on record our sincere thanks to Sian for all her work within the Trust and wish her well in her new post.

With Sian's departure John Campbell, COO is aiming to build more resilience into a revised operational structure. This will include moving to a **two Deputy COO model, enhancing leadership within the Children's and Young People's service**

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directorate, given the significant amount of transformation within this area, and retaining the revised community service configuration, introduced during Covid, that has worked effectively.

An interim DCOO to replace Sian is currently being recruited to this critical post.

David Smith is completing his temporary contract with GCS at the end of September. Dave joined GCS as Director of Workforce in January 2018 having served in a similar role at GHFT for over eight years. In the summer of 2018 he became Transition Director overseeing a significant component of our merger to form GHC. He has continued this programme, extended due to the impact of Covid-19, and also led the system-wide workforce "Bronze Cell" as part of the ICS Covid response programme. Dave has been a close colleague to me and is widely respected across the system and will be much missed.

Michael Richardson, Deputy Director of Nursing, left the Trust in August for his new role as Deputy Director of Nursing for Bristol, North Somerset and South Gloucestershire CCG. Michael has worked in Gloucestershire for 12 years and joined Gloucestershire Care Services eight years ago. He has been Deputy Director of Nursing for five years and Director of Infection Prevention and Control for three years. His service to the county and the Trust, as well as his prime role during the Covid pandemic, mean we will miss him hugely, however we wish him well in his new role.

Matthew Edwards, Deputy Director of Quality and Workforce Transformation, is also leaving our organisation. Matt will be joining the team at Oxford Health NHS Foundation Trust as Director of Clinical Workforce Transformation. This is a great opportunity for Matt to work for a larger NHS provider and utilise and expand his many skills in delivering creative workforce solutions across a range of services and from a range of sources.

Matt has worked in Gloucestershire for 8 years. Within ²gether he was Associate Director of Quality, Assurance and Transformation. Matt made significant contributions to the planning and delivery of our successful merger and supported the organisation through two comprehensive CQC inspections. He also led the agency management work, delivering significant financial savings for ²gether, and carried this forward into GHC.

Hannah Williams has taken over from Michael Richardson as the Trust's new **Deputy Director of Nursing and Quality**. On behalf of the Board, I would like to congratulate Hannah on her appointment and welcome her to the Trust. Hannah is well known to many already, through her role with Gloucestershire Clinical Commissioning Group as Senior Nurse Manager, Quality and Community and she too has been heavily involved in our Covid response.

Hannah is a registered nurse (adult) and qualified District Nurse. Having initially trained as a nurse in Bristol and Edinburgh, Hannah gained acute hospital experience across neurology, acquired brain injury and stroke. She then gained a

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wealth of experience across out of hospital settings within the NHS, independent and charitable sector, in particular palliative care and District Nursing.

5.0 EU EXIT UPDATE

The Trust continues to keep up to date with the latest Brexit updates as we move ever closer to the end of the Brexit transition period. **John Campbell, Chief Operating Officer, will be the Senior Responsible Officer for the EU Exit for GHC** as it is crucial that this work is fully co-ordinated with the Covid response and winter planning.

Given that agreement on the terms of the future relationship does not seem imminent, the NHS Confederation has advised that it is likely the NHS will soon need to undertake preparations for potential no-deal style disruption.

The NHS Confederation released a member briefing last month, 'Approaching the end of the Brexit transition: practical implications for the NHS', that aims to clarify the issues for the NHS and lay out what organisations need to start to consider for the end of the year.

Further clarity was provided this week from the government on what will be in place to support the health sector from 'day 1' after Brexit transition. The UK's Medicines and Healthcare products Regulatory Agency (MHRA) on 1 September published a host of guidance for industry and organisations on how to operate from 1 January 2021, including on licensing of medicines and devices, clinical trials, exporting active substances for medicines, importing medicines and investigational medicinal products, pharmacovigilance procedures and new IT systems.

The Association for British Pharmaceutical Industry, which represents pharmaceutical companies preparing for the end of the Brexit transition period, responded to the MHRA guidance saying that companies welcome the important detail included in this guidance which will support them in planning. However, they also asked for further guidance and detail on some areas to do with regulatory controls and the trade in medicines across the EU-UK and GB-NI borders.

On the question of implementing the Northern Ireland Protocol, which is also due to be complete by the end of the year, the NHS Confederation and Northern Ireland Confederation for Health and Social Care recently published a briefing to highlight the considerations it raises for health and social care services on both sides of the border, and what it means in terms of change for the health sector.

In addition to the regulation and movement of medical supplies across the borders, a second key 'day 1' issue after transition for patients is what happens to our rights to access health and care services while living, travelling or working in the EU. The Brexit Health Alliance recently looked at the issue through a series of case studies to explore what citizens' rights are from 1 January 2021 onwards.

With all this talk of what health in the future post-Brexit Britain will look like, many in the health sector are asking where we should go from here. The Reform think tank

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this week published a collection of views on the future of regulation discussing steps the UK should take to deliver a dynamic and responsive regulatory system for medicines and medical devices post-Brexit. Authors include Dr Richard Simcock, Consultant Clinical Oncologist, Brighton and Sussex University Hospitals NHS Trust, and George Freeman MP, former Parliamentary Under-Secretary of State for Life Sciences.

The Executive, led by John, will continue to monitor guidance from NHS England and NHS Improvement to inform the Trust's preparations for 'deal', 'light deal' or 'no deal' scenarios.

6.0 SECURITY SERVICES IN GHFT

The **GHC security team** has recently completed a successful scoping exercise at Gloucestershire Hospitals NHS Foundation Trust and is providing leadership to the service there. This has been well received by colleagues in our sister trust and we are hoping to continue working with Gloucestershire Management Services (GMS) to continue with this collaborative way of working.

7.0 CONCLUSION AND RECOMMENDATIONS

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

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AGENDA ITEM: 08

REPORT TO:	**Trust Board – 30 September 2020**
PRESENTED BY:	Chief Executive Officer
AUTHOR:	Paul Roberts, Chief Executive Officer
SUBJECT:	**ORGANISATIONAL PRIORITIES UNTIL 31ST MARCH 2021**

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

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

The purpose of this report is to

Update the Board and members of the public on the proposed organisational priorities until 31st March 2021.

Recommendations and decisions required

The Board is asked to confirm its support for the approach described in section 3 and the priorities set out in the table.

Executive summary

This paper sets out the proposed priorities for the Trust until the end of the 2020/21 financial year, which were agreed by the Board at an informal meeting on 11th August 2020.

An update on framing the strategic programme post-merger and capacity in the context of Covid is provided. The Board discussed and agreed a realistic set of 23 priorities for the Trust to pursue over the next six months; these are set out within the body of the report.

Risks associated with meeting the Trust's values
Any risks are referenced in the report

Corporate considerations	
Quality Implications	Any implications are referenced in the report
Resource Implications	Any implications are referenced in the report
Equality Implications	None identified

Where has this issue been discussed before?
N/A

Appendices:	Report attached

Report authorised by: Paul Roberts	**Title:** Chief Executive Officer

ORGANISATIONAL PRIORITIES UNTIL 31ST MARCH 2021

1.0 BACKGROUND

In August 2017, when the Boards of 2gether and Gloucestershire Care Services (GCS) agreed a "**Strategic Intent**" to merge, a framework to oversee this work was adopted comprising three elements known as the three "T"s:

- **Transaction**
- **Transition**
- **Transformation**

By 26th September 2019, when the two Boards met as separate entities for the last time, the first "T" – Transaction was largely compete (it successfully completed five days later on 1st October), there remained however a great deal to complete on the second "T" - Transition and the emergent new Trust had not developed and adopted a strategy to encompass the third "T" –Transformation. Therefore the two Boards agreed a set of **5 short-term high-level priorities** to cover the first six months following the formation of GHC, they were:

- **Consolidation of the merger**
- **Development of a Trust Strategic Framework**
- **Transfer of the Herefordshire mental health and learning disability services**
- **Building blocks of organisational transformation**
- **Progress on the "system" and "place" agenda**

A great deal of progress was made in pursuing these priorities, notably, most outstanding elements of our merger have now been completed with a few remaining that were deliberately postponed and the transfer of the Herefordshire services was completed on time.

Progress was also made on the other priorities however the last two months of 2019/20 was largely taken up by Phase 1 of our Covid-19 response and this has continued over the last eight months with Phase 2 and now Phase 3 recovery. This overwhelming focus has inevitably delayed the progress of the Trust on completing the other priorities and objectives described above.

2.0 CONTINUING BOARD DISCUSSIONS ON ORGANISATIONAL PRIORITIES

In June the Board resumed active discussion of the next steps in developing and delivering the Trust's long term strategy and agreeing further short-term priorities for the organisation. Clearly this has taken place acknowledging that the continued presence of the Coronavirus and the significant challenges it presents provide a backdrop for this work. At the Board Seminar on 24th June, the Non-Executive Director meeting on 17th July and the Board meeting on 22nd July there was useful

discussion on the Trust strategy and the need to identify clear short term priorities in the context of Covid.

On 11th August the Board met informally to discuss and agree the priorities for the Trust until the end of 2020/21 financial year. The following section sets out what was agreed.

3.0 PROPOSED ORGANISATIONAL PRIORITIES UNTIL MARCH 2021

Framing the strategic programme post-merger

The Board agreed that now GHC is running as a confident, ambitious integrated organisation the strategic programme would not be defined by the merger. Therefore the strategy would not be focussed on pursuing the third "T" – Transformation *per se.* Clearly, as an ambitious organisation, many of our aims and objectives will be transformative, but they will be so on their own terms. Also whilst the strategy will build on the "proof of concept" projects undertaken during the merger process the Trust will pursue integration as an aim which will deliver benefits to patients in its own right rather than simply on the basis that it is a "benefit of merger".

Capacity

It was acknowledged that the capacity of the organisation and its leadership team continue to be impacted by the exceptional challenges presented by Covid; both recovery and a potential second surge.

In particular the management and organisational arrangements for the Strategy and Partnership Directorate under Angela Potter had not been finalised when the Covid Programme commenced and were only signed off in July at the last Board meeting. This and the temporary redeployment of many relevant colleagues has reduced strategic management and planning capacity further.

The resourcing of the Strategy and Planning function have now been agreed and recruitment to key roles is either underway or has been completed. Other Directors and senior staff have also had, and continue to operate with, Covid related capacity constraints but are now able and keen to focus on pursuing the strategic agenda for the Trust. It is therefore realistic to move ahead with a defined pragmatic number or strategic priorities.

Proposed Priorities

The Board discussed and agreed a realistic set of 23 priorities for the Trust to pursue over the next six months set out in the table below.

These are "development priorities" rather than "maintenance priorities", i.e. objectives where the aim is to pursue genuine change. Clearly there are always

other objectives which also require considerable time and capacity in order to maintain our governance and management systems effectively, these are not described here.

The priorities have been divided into three categories:

- **Foundations** – the basic requirements needed to ensure that the organisation is safe, secure and well-governed

- **Building blocks** – the elements required to support the organisation in achieving excellence and its ambition to be excellent in both "core business" and in delivering more radical transformation

- **Ambitions** – the areas where we want to make real early transformational progress.

The priorities were also grouped according to the four strategic aims of the organisation.

Strategic Aim	Foundations	Building blocks	Ambitions
High quality care	• Further build a strong voice within the ICS • Develop and maintain Covid safe environments	• Develop an effective QI programme • Build sustainable access to digital care platforms	• Develop a focussed academic partnership • Maximising the impact of the MH Investment Standard • Finalise plans for a hospital in the FoD which provides an excellent and future-proof environment • Continued ambitious roll-out of personalised care agenda
Better health	• Develop a process for routine access to good PHM data and information	• Focus on developing relationship with Gloucester and Cheltenham ILPs with	• Participate in PHM programmes in Cheltenham and Gloucester focussed on inequality

		shared priorities which match GHC ambitions • Develop good data and information on access by high risk communities to our services (a Phase 3 requirement)	• Some further targeted ILP activity focussed on inequality in Gloucester linked to Mental Health investments
Great place to work	• Continued development of recruitment and retention approaches • Further development of H&WB support	• A focussed equality, diversity and inclusion programme	• Pilot a more radical approach to distributed leadership (self-managed teams for instance)
Sustainability		• Develop an estates and "assets" enabling strategy • Develop an environmental sustainability strategy and programme	
Generic	• Provide good support for digital technologies • Continue the development of the Trust Strategy and the detailed	• Finalise the digital strategy specifically for GHC	• Targeted "Covid inspired" role out of digital technology

	ambitions and objectives to support it		

4.0 RECOMMENDATION

The Board is asked to confirm its support for the approach described in section 3 and the priorities set out in the table.

Gloucestershire Health and Care
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REPORT TO:	**Trust Board – 30 September 2020**
PRESENTED BY:	Angela Potter, Director of Strategy & Partnerships
AUTHOR:	Angela Potter, Director of Strategy & Partnerships
SUBJECT:	**INTEGRATED CARE SYSTEM UPDATE**

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

The purpose of this report is to:

This paper provides an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS).

Recommendations and decisions required

- Trust Board is asked to **note** the contents of this report.

Executive Summary

The Sustainability and Transformation plan is now in its fourth year (from April 2020) and the ICS continues to play a key role in improving the quality of Health and Care by working in a more joined up way as a system.

The ICS has continued to co-ordinate the system wide Recovery Response to the COVID-19 pandemic and to start the activities associated with the system wide winter plan and the phase 3 planning returns.   Service change proposals were presented to the Health Overview and Scrutiny Committee on the 15th September 2020.

The Integrated Locality Partnerships have now also re-commenced their activities and started to revisit their priority actions moving forward, taking into account the impact of COVID.

The Mental Health & Well-being Partnership Board has held a multi-agency workshop focused on the impact and learning from COVID

Public Consultations - The Fit For the Future programme work programme continues to progress with a proposed public consultation in the Autumn (subject to usual assurance and governance requirements).

The development of the new hospital in the Forest of Dean also requires a final phase of

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consultation on the proposed service models. Whilst this is not tied to the FFTF programme to enable the smooth running of the consultation and maximise the use of the available resources this will run concurrently with the FFTF consultation commencing mid-October

There have been a number of **engagement and survey activities** to continue to understand the impact that the pandemic has had on our population.

Risks associated with meeting the Trust's values
None.

Corporate considerations	
Quality Implications	There have been changes to previous programmes of work in light of COVID-19. This may impact on agreed timelines and delay some changes coming forward which may have an impact on the Trust's programme of change and service delivery and this ultimately may impact on the quality of care to our population.
Resource Implications	None specific to the Trust
Equality Implications	None specific to the Trust

Where has this issue been discussed before?
Regular report to Trust Board.

Appendices:	The One Gloucestershire ICS Lead report **is available in the reading room**

Report authorised by:	Title:
Angela Potter	Director of Strategy & Partnerships

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INTEGRATED CARE SYSTEM UPDATE

1. INTRODUCTION

This paper provides Board Members with an overview and update on the activities that have been taking place across the Gloucestershire Integrated Care System.

2. PHASE 3 PLANNING – COVID RECOVERY

The Gloucestershire system has made good progress in re-establishing services and promoting access however, there is a recognition that services cannot return to previous operating models for a range of reasons associated with COVID eg. social distancing measures in place at all sites, greater infection control measures which include but are not limited to enhanced cleaning, PPE for staff and patients etc.

The most recent discharge guidance is also being worked through with a focus on ensuring the system can safely support the care home sector and that we have the right levels of community capacity, including monitoring levels of access across primary care. Colleagues in the acute sector are continuing to work through their recovery plans for increasing the capacity and activity in elective and cancer services as well as diagnostics and urgent care.

The system continues to develop its plan to ensure that it can operate at the highest possible capacity whilst continuing to keep staff and patients safe. Additional support is being negotiated with the independent sector where this is deemed appropriate. It has also meant that some service locations have changed and that services may operate on reduced capacity. Both GHC and Gloucester Hospitals Trust have developed phase 3 proposals that have resulted in service change.

The system presented these service changes to the health overview and Scrutiny Committee on the 15th September 2020 and received support to extend these for a further 6 months to prevent any service disruption in the middle of winter. For GHC this incorporated two key service changes;

Minor Injury Unit Changes

Unit	Normal hours	April – Sep hours	Proposed hours (from Sep)	Proposed change
Cirencester	8am – 11pm	8am – 6pm	8am – 8pm	**Increase opening by 2 hours**
Stroud	8am – 11pm	8am – 6pm	8am – 8pm	**Increase opening by 2 hours**
North Cotswolds	8am – 8pm	8am – 6pm	8am – 8pm	**Full opening**
Vale	8am – 8pm	Closed	10am – 6pm	**Re-opening –**

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Unit	Normal hours	April – Sep hours	Proposed hours (from Sep)	Proposed change
			(from Oct)	**ongoing assessment to reach normal opening hours**
Dilke	8am – 11pm	Closed	Closed	**Remain Closed**
Lydney	8am – 11pm	8am – 6pm	8am – 8pm	**Increase opening by 2 hours**
Tewkesbury	8am – 8pm	Closed	8am – 8pm	**Full Opening**

The amendment to opening hours has been considered in conjunction with the need to maintain safe access to these services and whilst a Walk In offer remains an option, we are also expanding the option for on the day bookable appointments either accessed via NHS 111 or by using a clinically staffed telephone advice line, so that we can assess patients before they are directed to an MIIU, or advise them to attend another health care setting.

Patient behaviour is suggesting they are keen to use telephone advice/triage before arriving at a unit, as it reduces waiting, but MIIUs continue to accept walk-ins and have local processes in place to manage the risk.

Due to the design and size of the Dilke MIIU we are unable to open the unit at this time, as it has limited options for social distancing and effective streaming of Covid and non-Covid patients. However as we progress our direct booking offer we will consider this site for bookable appointments only.

Stroke Rehabilitation at The Vale Hospital

Stroke capacity at GHT has been impacted by the need to introduce social distancing measures into their sites. However, we know that stroke is the 4th biggest cause of death and disability therefore keeping the flow and specialist nature of these services was felt to be a system priority. The Trust has been asked to continue to operate the additional 6 beds at the Vale as Stroke Specialist beds for the next 6 months. This has been supported by the HOSC and we are now in the process of working through how we will continue to staff and operate this model of care.

3. INTEGRATED LOCALITY PARTNERSHIPS

Six Integrated Locality Partnerships (ILPs) operated across the whole of Gloucestershire and they are made up of 15 PCNs. All ILP activity has now started to recommence after being stood down throughout COVID with initial meetings starting to be scheduled across September and October. The first action all ILP's are undertaking is a review of their previous priorities and an assessment of the impact of COVID on these moving forward. The following section gives an update if the ILP has met recently.

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Locality	Initial Priorities Identified	Scheduled Next Meeting
Cheltenham	• Population health Management • Complex Care at Home • Care Homes Project	7th September
Gloucester	• Obesity • Mental well-being • Self-care and prevention • Complex Care at Home including frailty • Housing	22nd September
Stroud & Berkeley Vale	• Frailty & dementia • Carers • Children & Young People (especially behaviour issues and depression)	17th September
Tewkesbury	Priorities still to be determined	Workshop planned for 6th October – further dates yet to be confirmed
Cotswolds	• Housing and health • Lifestyle and prevention • Social isolation • Child & Young people's development and well-being • Mental well-being • Frailty	15th September
Forest of Dean	• Childhood obesity & mental well-being • Diabetes in children & young people • Frailty • Long Term Conditions linked to unemployment	Tentative date of 21st October

All of the Primary Care Networks are assessing how to take forward the Enhanced Care in Care Homes element of their contract. This requires a strong focus on multi-disciplinary assessment and input from our Integrated Care Teams so we are actively engagement with system partners in terms of how best to achieve this.

Cheltenham ILP – The ILP met on the 7th September 2020.

Cheltenham ILP has been the test site for the development of Population Health Management (PHM) across Gloucestershire. PHM will be one of the key strategic drivers for the system to reduce health inequalities by focusing on stratified segments of the population (by locality) we can then use the data to develop targeted interventions. GHC has been fully engaged in this work from the outset.

The learning from PHM will be taken back the county wide steering group and support the roll out and spread of this work. The next priority ILP locality will be Gloucester City.

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The ILP noted that primary care is starting to see a spike in vulnerable people who weren't previously seeking services pre-COVID as they had informal support mechanisms in place which have broken down. This situation is continuing as we move into the next phase of the pandemic.

Stroud & Berkeley Vale ILP – This ILP has held a number of virtual touchpoint meetings since July 2020 and had their first formal session on the 17th September. The ILP continue to focus on their priority areas but also how they could continue the multi-agency work as the pandemic continues. They noted increasing pressures in primary care and in the community sector with the voluntary sector keen to expand their support offer. PCNs are now starting to employ their own physiotherapists and remain in discussion with the Trust over mental health community based practitioners.

The dementia pilot that has been taking place in this ILP has been considered to be very successful in terms of both supporting families and reducing the demand on services. There are ongoing considerations as to how this could be made mainstream.

Cotswolds ILP – The collaboration between our Integrated Community Teams and the GP's has been highlighted as a positive development. They have also been utilising data analysis to target those areas where need is the greatest with isolation and loneliness and those with pre-diabetes and obesity being the greatest users of services. Deeper dives into these groups and the actions that can be taken to help meet their needs differently will be a focus moving forward.

4. FIT FOR THE FUTURE (FFTF)

The work programme continues to progress with a proposed public consultation in Mid-October (subject to usual assurance and governance requirements).

5. FOREST OF DEAN NEW COMMUNITY HOSPITAL

The development of the new hospital in the Forest of Dean also requires a final phase of consultation on the proposed service models. Whilst this is not tied to the FFTF programme, to enable the smooth running of the consultation and maximise the use of the available resources this will run concurrently with the FFTF consultation commencing mid-October.

As such, work is being progressed by Gloucestershire Clinical Commissioning Group to conclude the NHS England/Improvement Stage 2 Assurance process to enable the consultation to commence. We are anticipate that this will happen early October with a presentation of the consultation proposals to Health Overview and Scrutiny Committee (HOSC) later in the month prior to the consultation commencing.

6. WIDER ICS AND PARTNERSHIP UPDATES

Focus on Patient, carer and staff feedback and engagement

During the COVID-19 pandemic ICS Partners and Healthwatch Gloucestershire continued to maintain service user and carer involvement. This has taken place in a

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number of ways including via PALS and our own social inclusion team. In addition partner organisations have been running a number of surveys to gain feedback on the impact of COVID including:

- Inclusion Gloucester and Kingfisher Treasure Seekers - focus on understanding the health inequalities that diverse communities face.
- Barnwood Trust conducted a study between April and June 2020 – focus on disabled people and people with mental health challenges. The report titled *Our changing world* has now been published and makes a number of recommendations that the Trust will consider as part of our ongoing recovery and service development.
- Healthwatch Gloucestershire are running a survey until the end of September looking at people's experiences before lockdown, how they are finding accessing services and the impact to their lives since the pandemic

In order to continue to learn from our response to COVID-19 and improve services the ICS has planned further ways to engage with patient, carer, staff and the public to gather their feedback and we will continue to use the feedback to supplement our own internal engagement mechanisms.

Health & Well-Being Board (HWB)

The HWB has launched a group to scope out the development of the system approach to Anchor Institutes (GHC has volunteered to be a member of this).

The 3 main areas of focus were identified as purchasing power (social supply chain), recruitment/training and employment and system leadership. There was a focus on the BAME inequalities along with other vulnerable groups and a need to ensure targeted activities to help address these inequalities. The group has had its first meeting and a work plan will be developed in due course.

The HWB meets on the 22nd September and is receiving an update on the work programme associated with the delivery of the HWB strategy which was signed off In June 2020. The Trust has taken a lead on the mental health and well-being priority within the strategy and will be taking this forward in conjunction with the Mental Health Partnership Board.

Angela Potter
Director of Strategy & Partnerships

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REPORT TO: **TRUST BOARD**

PRESENTED BY: John Campbell, Chief Operating Officer

AUTHORS: Sarah Birmingham, Associate Director of Operations & Rosemary Neale, Service Director – Adult MH / LD

SUBJECT: **MENTAL HEALTH DEVELOPMENTS**

This report is provided for:

Decision ☐   Endorsement ☐   Assurance ☑   Information ☑

The purpose of this report is to:

This report provides the Board with an update on a range of mental health developments within the Trust, which we aim to progress, following a period where many have been paused due to the Covid pandemic. It is increasingly recognised that the mental health needs of the population are being impacted by the Covid situation, particularly the level of change creating new societal norms and on-going anxiety in relation to Covid.

A number of these mental health developments are supported by additional funding from the Mental Health Investment Standard (MHIS). This standard was brought in to address funding disparity which favoured physical health services which left mental health services significantly underfunded. The standard requires CCGs to increase investment in mental health services at a faster rate than their overall increase in funding allocation each year.

Recommendations and decisions required

The Board is asked to **note** the report

Executive summary

This report provides a summary of the range of Mental Health developments being progressed by the Trust, a number of which are supported by the MHIS.

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Risks associated with meeting the Trust's values

Potential impact on progressing developments in line with the NHS Long Term Plan if there is a further impact on the Trust of the Covid-19 pandemic

Corporate considerations	
Quality Implications	None identified
Resource Implications	Many developments funded through the MHIS and in line with the aims of the NHS Long Term Plan
Equality Implications	Increasing need to focus on addressing health inequalities as part of our developments

Report authorised by:	Title:
John Campbell	Chief Operating Officer

1.0 Introduction

This report provides the Board with an update on a range of mental health developments within the Trust, which we aim to progress, following a period where many have been paused due to the Covid pandemic. It is increasingly recognised that the mental health needs of the population are being impacted by the Covid situation, particularly the level of change creating new societal norms and on-going anxiety in relation to Covid.

A number of these mental health developments are supported by additional funding from the Mental Health Investment Standard (MHIS). This standard was brought in to address funding disparity which favoured physical health services which left mental health services significantly underfunded. The standard requires CCGs to increase investment in mental health services at a faster rate than their overall increase in funding allocation each year. The Trust is in discussions with the CCG in relation to funding allocated through the MHIS in light of the financial framework for the second half of 2020/21.

It is important to recognise that whilst we have made significant progress in re-instating our services after the Covid peak in April 2020 as part of our active recovery, there are growing concerns regarding a potential second covid surge and difficult winter. We will closely monitor any potential impact on the delivery of these initiatives

2.0 Mental Health Developments

There have been reduced referrals and contacts across the Trust services since March 2020 and Covid-19. Post lockdown, indicators suggest referral rates look to now be increasing month to month and this is mirrored in national benchmarking.

2.1 Improving Access to Psychological Therapies (IAPT) 'Let's Talk'

Let's Talk has continued to operate business as usual throughout the Covid period by offering video based therapy via Attend Anywhere.

The current access trajectory is being reviewed with the CCG for the rest of financial year as demand had significantly reduced over lockdown period. The current proposal is to achieve 20.54% by year end, assuming integrated LTC can be resumed. Cardiac and COPD pathways are transitioning to digital delivery, which IAPT will co-deliver.

Roll out of courses have also been developed using digital platforms to continue to offer group sessions supporting throughput at Step 2.

The service is currently recruiting to workforce trajectory for the remainder of the financial year with focus on expansion of Psychological Wellbeing Practitioners (Step 2) and High Intensity Therapists (Step 3). We have recruited 7 Psychological Wellbeing Practitioner trainees who started in September. In addition, we are currently recruiting to 5 additional Psychological Wellbeing Practitioners and 15 high Intensity therapists.

Low demand over lockdown provided an opportunity to reduce waiting lists. Only 5% of people are waiting longer than 90 days between 1st to 2nd treatment which is below the national target of 10%.

Waiting times at Step 2 and Step 3 have reduced during Covid.

	6th April 2020	7th September 2020
Step 2 waiting	922	404
Step 3 waiting	981	641
Step 2 (over 6 weeks)	479	17
Step 3 (over 6 weeks)	672	313

Recovery rates have been maintained above the national average of 50%: Recovery rate for Q2 is 56% against a 50% national recovery target.

Recovery rates		
June	July	August
55%	56%	56%

2.2 Perinatal Mental Health

Recruitment is progressing for a Clinical Psychology role and Band 6 Mental Health Practitioner role as part of the MHIS to increase team capacity and the scope of interventions within the perinatal health service.

The additional staff will help the team access more women with moderate to severe mental health problems during pregnancy and up to a year postnatal. The funding will also improve the access to specialist perinatal psychological interventions.

Additionally, as part of the Long Term Plan ambitions the team is also beginning to explore offering assessments for Dads and partners. The service is working with Trust leads on peer support workers and as a service they are keen to employ peer supporters as part of ongoing service development.

In addition, the team has recently submitted a bid to be early adopters of a Maternity Mental Health service previously known as maternity outreach clinics. The Long

Term Plan set out the ambition to establish Maternal Mental Health services which will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from or related to the maternity experience, in all areas of England by 2023/24.

2.3 Psychiatric Liaison Service

Through the MHIS, funding has enabled the Mental Health Liaison Team to deliver the CORE 24 standard at Gloucestershire Royal Hospital and the aim is to integrate the children's and adult services into an all age model. Separate Mental Health Transformation funding has helped enhance the Mental Health Liaison Team service available at Cheltenham General Hospital (to achieve a 1 hour response time). Investment in Mental Health Liaison has enabled more timely clinical input into complex cases and oversight of patients with co-morbidity including those with substance misuse/ serious mental illness.

2.4 The Complex Emotional Needs Service

MHIS funding, targeted at Gloucester City ILP has been allocated to provide a specialist service for people with complex emotional needs which are not being met by existing services.

A complex needs task and finish group commenced in August 2020. The group aims to develop a co-design service model, providing integrated care across primary, secondary and their sector services. There is wide stakeholder representation, including VCSE, CCG, primary care, expert by experience and GHC representation pan directorates.

Recruitment of a clinical lead is being progressed this month who will also hold operational responsibility for the First Contact service below.

The Gloucestershire High Intensity Network (GHIN) project in conjunction with Gloucestershire Constabulary works with people that have been either subject to Section 136 or who are in contact with the Emergency Department, or the Ambulance Service on more than two occasions in the past month. The Team works with people aged over 18 years old and who present with a complicated history and behaviours that require specialist interventions. The GHIN project funding ends in March 2021 and a Business Case is being developed to continue funding for the service. The GHIN service, if funding continues, requires integration into the Complex Emotional Needs Service pathway.

2.5 Gloucester City First Contact Mental Health Practitioners

This small initiative consists of 1.6 wte Advance Care Practitioners (ACP) working within identified GP surgeries across Gloucester (Hadwen, Quedeley and Gloucester Health Access centre). The ACP's work within the GP surgeries and offer quicker assessment and treatment of mental health conditions which aim to take pressure off primary care and release GP capacity.

Following joint investment through the MHIS and PCN finances, the service is expanding by a further 2 Advanced Care practitioners to work across all Inner City PCN practices from November 2020.

2.6 Young Adults Project (18-25yrs)

This development, in line with the NHS Long Term Plan, and supported by MHIS funding is a partnership between GHC CAMHS and Young Gloucestershire with a strong emphasis on participation. The aim is to address the unmet mental health needs of young adults who do not meet the threshold of statutory Mental Health Services by supporting the counselling services in place at Young Gloucestershire. These typically include (but are not confined to) past trauma or Adverse Childhood Experiences (ACES) that are having an enduring impact on emotional wellbeing being or function. Innovative approaches will be planned and co-produced with young adults that may include group as well as individual work.

2.7 The Gloucestershire Mental Health Trailblazer 4WW Programme

Gloucestershire's MH Trailblazer has 2 elements – a 4WW pilot and the introduction of Mental Health in School Teams (MHSTs).

The 4WW pilot aims to improve accessibility to mental health services, including enhancing delivery through digital transformation and reducing the number of referrals which 'bounce' between agencies. Stakeholder, Children and Young People, and Parent and Carer forums have been established and all have met during August/September with great feedback from attendees. These will continue monthly and items will be taken for comment from task and finish groups.
Waiting times have improved, as of the end of August

Number of CYP awaiting first contact	103
Number of CYP awaiting second contact	54

Through September we are seeing an increase in referrals and the waiting times at mid-September are

Number of CYP awaiting first contact	137
Number of CYP awaiting second contact	67

Using a quality Improvement approach, the next phase of this initiative will be to establish specified Task & Finish Groups to attain key deliverables within a 3 year transformation plan. This will include:

- Remarketing and repositioning of the core CAMHS offer across the system.
- Phased implementation of a Multi-Agency Front Door to improve timeliness and accessibility of local mental health services for children and young people.

- Introduction to and embedding of the THRIVE framework across the system
- Development of needs based pathways to improve access and enable earlier intervention and prevention, seeking to reduce health inequalities.

The THRIVE framework is nationally recognised as an effective basis for service transformation plans for child and adolescent mental health services. The framework is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families which conceptualises need in five categories or needs based groups: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support.

In collaboration with the CGG, GHC host a Digital and Partnership/Inclusion Project Group which using technology aims to enable children and young people, and those supporting them, to easily access personalised mental health and wellbeing advice and help inform appropriate content for future service users. The aims of this work are to:

- Enable children and young people and their families, and professionals in Gloucestershire to have access to the most reliable and relevant information to help support mental health and wellbeing, including scoping out the potential for a patient portal.
- Co-design resources which are accessible and useful with children and young people, empowering them to drive our transformation programme.

The intention is also to recruit a Digital and Partnership Inclusion Lead Practitioner to drive this agenda, including developing a Children and Young People's health based Participation Plan.

In terms of Mental Health in School Teams (MHSTs) we have successfully completed the first year recruitment of 23 staff including Educational Mental Health Practitioners and Senior Mental Health Practitioners. We have established four Mental Health Support Teams who are fully operational across 73 Trailblazer schools in the Gloucester, Cheltenham and Forest of Dean localities.

The teams are working in collaboration with TIC+ and GHLL to provide early intervention for emotional wellbeing of children across the 73 schools using a Whole School Approach.

The MHST impact will be undergoing full evaluation in December 2020 by an external auditor with focus on qualitative and quantitative measures and will be available in the New Year.

2.8 Trevone House

Gloucestershire County Council has now partnered with a private provider, Homes2Inspire, to improve the quality of life for care experienced young people to enable them to remain in Gloucestershire with the support they need. Trevone House will provide semi-independent accommodation, as well as other specialist

services, that will help young people by giving them the support they need as they head into adulthood and build their independence.

The building itself will host semi-independent accommodation for young people aged 16 +, a designated space for day provision and well-being placements for young people with emotional health support providing a place of safety/calm. (Vision and specifications have yet to be developed for day provision and place of safety/calm).

A trauma informed partnership approach will be implemented by Homes2Inspire, operating in an ACES's aware manner.

The first cohorts of young people are expected to join Trevone House from December 2020 onwards.

The key objectives for Trevone House include:

- Provide a multi-agency support in county for care experienced young people
- Support young people stepping down from Tier 4 health beds, thereby improving stability, educational and employment prospect
- Support transition to adulthood
- Enable young people to successfully sustain a tenancy (staying close).

Trevone House is a new and innovative project which will change and test current delivery of services to our most vulnerable young people using a multi-agency partnership approach.

2.9 Review of complex Children and Young People

There have been long standing challenges in Gloucestershire in consistently addressing the needs of children and young people with complex presentations (particularly those with a mental health component) who require additional Social Care support including residential placements. GHC and GCC are jointly keen to tackle patterns of interaction between the organisations which are not conducive to delivering optimal care and as a result may have a negative impact for both the child/young person as well as the staff involved.

The aim of this work is to explore current barriers, gain a deeper understanding of each other's responsibilities and develop new ways of interacting that enable challenging but respectful discussions to reach consensus on the optimal plan for children and young people. The ultimate aim is to hold collective ownership for delivering high quality and responsive care for children and young people, which can be evidenced by Ofsted and CQC inspection findings.

2.10 CAMHS Level 3 Outreach Team

Through the MHIS the CAMHS Outreach Team will be established to provide interventions that are systemic, individualised and more intensive to support earlier discharge from Tier 4 Units where clinically indicated, as well as supporting core CAMHS provision to prevent 136 or Tier 4 admissions, including re-admissions.

2.11 CAMHS CIC Fostering Developments Project (FDT)

The Fostering Developments Team Pilot was set up as a result of an identified need for newly-approved foster carers to have additional and proactive support and training in the psychological needs of children and young people in care, rather than reactive support in a crisis / potential placement breakdown situation. The pilot ran between April 2019 and January 2021 (extended due to COVID), with the aim of to improving the understanding of newly-approved Gloucestershire County Council foster carers of the impact of adverse childhood experiences (ACE'S) on the emotional and relational needs of children in care.
To date:

- 61 sets of newly approved foster carers supported through consultation.
- 95 Individual children in care supported indirectly through consultation.
- 85 foster carers and social workers attended training.
- 87 social workers in regular clinical group supervision.

3.0 Conclusions

The range of developments within mental health, are fully aligned to our aspirations of prevention and early intervention as the main provider of specialist mental health services in Gloucestershire. We deliver many of our services in partnership with other statutory organisations and the Voluntary, Community and Social Enterprise (VCSE) sector.

The Covid pandemic has magnified issues in relation to health inequalities. It will be important as we move forward as a Trust, to understand the role that we can play in tackling issues relating to equality, diversity and inclusion particularly in relation to mental health. This will include how we work with the diverse range of community groups who have played a key role in supporting communities during the pandemic.

Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	**Trust Board – 30 September 2020**
PRESENTED BY:	Neil Savage, Director of HR & OD
AUTHORS:	Linda Gabaldoni, Head of OD/Neil Savage, Director of HR/OD
SUBJECT:	**STAFF HEALTH AND WELL-BEING - NATIONAL NHS PEOPLE PULSE SURVEY JULY TO AUGUST 2020 & COVID RISK ASSESSMENTS**

This report is provided for:

Decision ☐   Endorsement ☑   Assurance ☑   Information ☑

The purpose of this report is to:

This report sets out feedback and results from the Trust's voluntary participation in the National NHS People Pulse Survey between the months of July to August 2020. The feedback has been used to suggest recommended priorities going forwards. The report also provides an update on progress with COVID-19 risk assessments and highlights the next actions to continue to improve completion.

Recommendations and decisions required

The Board is asked to:
- **Review** and discuss the feedback and **note** the key actions agreed by the Executive Committee.

Executive summary

Early during the pandemic, the Trust agreed to participate voluntarily in a new nationally provided Health and Well-being Pulse survey. It was considered this would provide the Trust with an off-the-shelf local survey of colleagues' views alongside, importantly, helpful national benchmarking.

The Executives have previously received two update reports on the Pulse Survey feedback and this report to the Board provides an update and longitudinal picture.

The Trust has performed very well in comparison with other organisations, and in the majority of cases, consistently above average. The feedback trend from responses confirms that colleagues rate the Trust higher than the national average in response to the following keys areas:
- colleagues feeling informed
- feeling supported
- feeling able to have a work/life balance
- feeling calm
- feeling motivated
- feeling confident in local leaders

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Of note, the most common responses to the question 'What support would make the biggest difference to help you at work?' was 'more updates on changing operations/ways of working' (31.46%) and 'more frequent team huddles/virtual check ins or other ways to maintain team connection ' (30%).

Going forwards – particularly in light of COVID and the new NHS People Plan --, it is important that the Board, the Executives, the Health and Well-being Hub, line managers, Working Well and HR continue to put strong and regular focus on the importance of health and well-being within the organisation.

Finally, there is an update on our progress with COVID-19 risk assessments and highlights the next actions to continue to improve completion.

Risks associated with meeting the Trust's values

The risks of not progressing our health and well-being agenda within the Trust and the wider ICS risks lower resilience, higher sickness and avoidable turnover. It will be difficult to square a message of being the best place to work, without top notch and constantly developing health and well-being offers and support. The risk of not having completed COVID-19 risk assessments for all at risk colleagues present potentially increased personal health risk and liability risks for the Trust. It is important that our leadership supports the plans to improve completion.

Corporate considerations

Quality Implications	Quality clinical & non-clinical services demand quality health & well-being provision & support on a collective & personal basis.
Resource Implications	At the moment our health & well-being offers have been funded within existing resources alongside successful local & national charitable bids. This needs on-going review.
Equality Implications	Health & well-being offers within the Trust are regularly equality impact assessed to ensure that protected characteristics are not treated unfairly or unequally & that were necessary differentiated approaches are taken to mitigate inequalities.

Where has this issue been discussed before?

Executive Committee July and September 2020

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

Gloucestershire Health and Care NHS Foundation Trust – **TRUST BOARD - 30 September 2020**
AGENDA ITEM 12.1: Staff Health and Well-being – Pulse Survey & Risk Assessments   Page 2

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Staff Health and Well-being - National NHS People Pulse Survey July to August 2020 & COVID Risk Assessments

Wave 1 Pulse Survey Response

From a benchmark perspective, a high number of Trust colleagues (343) responded during that time and the rating was as follows:-

- 84% of colleagues felt informed (the same as the national average)
- 73% feel supported (no national comparison available)
- 65% feel able to have a work/life balance (*better* than the 62% national rate)
- 60% feel calm (*better* than the 57% national rate)
- 55% feel motivated (*better* than the 51% national rate)
- 67% feel confident in local leaders (the same as the 67% national rate)

This was one of the highest response rates from those organisations participating in the survey.

Importantly, the most common answer to the question '**What support would make the biggest difference to help you at work?** was '**more frequent team huddles/virtual check ins or other ways to maintain team connection. '**

Wave 2 Pulse Survey Response

Disappointingly only 65 Trust colleagues responded during that time. However, the benchmarking rating remained very positive with the ratings as follows:- .

⬆ ⬇ = compared to the Trust's Wave 1 response

- 93.8% of colleagues feel informed (the same as the national average)⬆
- 80% feel supported (better than national average) ⬆
- 70.8% feel able to have a work/life balance (better than 62% nationally) ⬆
- 57.8% feel calm (less than national) ⬇
- 56.3% feel motivated (better than the 51% national rate) ⬆
- 72.3% feel confident in local leaders (better than the 67% national rate) ⬆

The most common answer to the question '**What support would make the biggest difference to help you at work?'** was '**more frequent team huddles/virtual check ins or other ways to maintain team connection. ' (35.9%)** and more updates on changing operations/ways of working **(35.9%)**

The most common answers to '**What one piece of feedback about the NHS response to the coronavirus would you like to share with your senior local or national NHS leadership team?'** was '**Colleagues are overworked / tired / workload too high**' (15.4%) and '**Crisis has been handled well at the local level**' (15.4%)

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Wave 3 Pulse Survey Response

There was an improved response rate for this survey over Wave 2, with 134 Trust colleagues responding, with their ratings as follows:-

🔼 🔽 = compared to the Trust's Wave 2 response

- 89.6% of colleagues feel informed (***better*** than the national average) 🔽
- 71.6% feel supported (***better*** than the national average) 🔽
- 70.1% feel able to have a work/life balance (***better*** than national average) 🔽
- 64.9% feel calm (***better*** than national average) 🔼
- 61.2% feel motivated (***better*** than national average) 🔼
- 66.4% feel confident in local leaders (***better*** than national average) 🔽

Interestingly, in answer to the question **'I have found the national H&W support valuable' – 64% of people said 'wellbeing apps'**

In answer to the question **'I have found the local H&W support valuable' – 42% of people said '1:1 support'** and **39.1% said 'group support'**

Again, the most common answer to the question '**What support would make the biggest difference to help you at work?'** was '**more frequent team huddles/virtual check-ins or other ways to maintain team connection. '(39.8%)** and **more updates on changing operations/ways of working (28.6%).**

The most common answers to '**What one piece of feedback about the NHS response to the coronavirus would you like to share with your senior local or national NHS leadership team?'** was '**Improve safety guidelines/improve guidance enforcement'** (23.8%) and '**Communications need improvement'** (19%)

Wave 4 Survey Response

Again, there was an improved response rate for this survey, with 212 Trust colleagues participating and providing the following ratings:-

🔼 🔽 = compared to the Trust's response in Wave 3

- 89.2% of colleagues feel informed (higher than the national average) 🔽
- 75% feel supported (above national average) 🔼
- 73.1% feel able to have a work/life balance (above national average) 🔼
- 65.2% feel calm (higher than national average) 🔼
- 55.5% feel motivated (higher than national average) 🔽
- 70.3% feel confident in local leaders (above national average) 🔼

In answer to the question '**I have found the national H&W support valuable' – 52.9% of people said 'wellbeing apps'** and **35.3% said 'staff support'**

In answer to the question '**I have found the local H&W support valuable' – 57% of people said '1:1 support'** and **37.7% said 'group support'**

Again, the most common answer to the question '**What support would make the biggest difference to help you at work?'** was '**more updates on changing**

operations/ways of working' (31.46%) and 'more frequent team huddles/virtual check ins or other ways to maintain team connection ' (30%)

The most common answers to 'What one piece of feedback about the NHS response to the coronavirus would you like to share with your senior local or national NHS leadership team?' was 'Communications need improvement' (18%) and 'Improve safety guidelines/improve guidance enforcement' (17%) and 'lack of PPE/ lack of appropriate guidance on PPE' (15%)

Wave 5 Survey Response

Detailed graphs and infographics for the Wave 5 and earlier Wave responses are included in the appendix to this report. Notably in this most recent Wave, the majority of internal Trust ratings have scored lower than the previous Wave, but consistently remain better than the national averages. This is believed to reflect colleagues' thoughts and emotions with the end of summer holidays, schools returning and facing the reality of Winter and a second surge.

⬆ ⬇ = compared to the Trust's response in Wave 4

- 84.2% of colleagues feel informed (better than the national average) ⬇
- 84.2% feel supported (better than national average) ⬆
- 68.4% feel able to have a work/life balance (better than national average) ⬇
- 57.9% feel calm (better than national average) ⬇
- 52.65% feel motivated (better than national average) ⬇
- 78.9% feel confident in local leaders (better than national average) ⬆

31.6% of colleagues reported not needing additional health and well-being support.

Again, the most common answer to the question 'What support would make the biggest difference to help you at work?' was 'more frequent team huddles/virtual check-ins or other ways to maintain team connection ' (31.6%) and 'more updates on changing operations/ways of working' (26.3%)

Summary Pulse Highlights

The trend for the responses to the following questions is that the Trust is better than the national average in response to:

- colleagues feeling informed
- feeling supported
- feeling able to have a work/life balance
- feeling calm
- feeling motivated
- feeling confident in local leaders

COVID-19 Risk Assessment Update

The Trust continues to make good progress in uptake of its comprehensive COVID-19 risk assessment arrangements. This has been a sizeable project and needs sustained and continued focus.

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The **first focus** through May and June 2020 was on ensuring that **Black and Minority Ethnic (BAME) colleagues** were assessed and fully supported to mitigate the higher risks from COVID. A risk assessment tool with algorithm and record of the assessment, based on national advice, was developed by Working Well colleagues, tested with senior colleagues and rolled out for BAME colleagues and continues to be used for new BAME appointees.

The **second key focus** of activity through July and August 2020 has then been on risk assessing and supporting those **"shielding" colleagues** identified as higher risk from COVID-19 via Public Health England's list i.e. those with underlying conditions, and planning for their return or continued support to work from home.

The **third focus** of activity through July, August and September 2020 has been to supplement this by focussing on rolling out COVID risk assessments for more latterly identified **other higher risk colleagues**. These include All Males and White Europeans who are 60 years of age or over. This has been more challenging that the previous two focus areas due to much anecdotal feedback from colleagues, that "the horse has already bolted," alongside the holiday period for managers and staff over the July, August and September period. However, plans are in place for continued work to ensure higher uptake and compliance with a proposal to request completion of the outstanding risk assessments of these colleagues by the 11th October 2020. Additional general communications, Senior Leadership Network briefing and individual emails to colleagues are planned.

Finally, the **fourth focus** has been on offering an on-line risk assessment tool for **all colleagues** irrespective of their background, age or situation.

As of 11th September 2020, the completion of risk assessments was as follows:-

Staff Category	Percentage Completion
BAME	99%
All other at risk combined	67%
- Shielding	100%
- Males	44%
- White Europeans 60 or over	73%
- All 60 or over	71%
Proportion of total staff assessed*	30%

*NB Not all Trusts are offering a risk assessment tool to all colleagues.

Future Actions

Actions and areas for improvement agreed by the Executive Committee on 22nd September 2020 are as follows:-

- **More frequent team huddles/virtual check-ins or other ways to maintain team connection**
  Action: - All Executives and Communications to continue to remind line managers of the importance of this through 121s, Senior Leadership Network and Indie-to-go. NB. already covered in the home working guidance and the rebuilding and reflection sessions. Timescale: immediate. Responsibility: All Executive Directors and Communication team

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- **More updates on changing operations/ways of working**
  Action:- Feedback to Operations team and Executives' teams, for additional update provision and for teams generally to more widely adopt frequent general briefings and service updates. Timescale: immediate. Responsibility: All Executive Directors and Communication team

- **Communications need improvement**
  Action:- Executives and Senior Leaders to continue with the regular updates and reinforce role of line manager in keeping the team informed. Timescale: immediate Responsibility: All Executive Directors and Communication team

- **Improve safety guidelines/improve guidance enforcement**
  Actions:- Feedback to Executives, in particular the Director of Quality and Medical Director, supported by communications for consideration of additional options and actions. Timescale: September / early October. Responsibility: Director of Quality and Medical Director, supported by Communications.

- **Perceived lack of PPE/ lack of appropriate guidance on PPE**
  Action:- Feedback to Executives. Director of Quality, Operations, Stock and Communication colleagues to consider action Timescale: September. Responsibility: Director of Quality with Chief Operating Officer.

- **Colleagues feel overworked/tired/workload too high**
  Action:- Continue to keep high health and well-being focus and ensure appraisals/1:1s are carried out to support colleagues to prioritise and take regular breaks and that appropriate signposting is done for assistance. Timescale: immediate. Responsibility: All Executive Directors and Senior Leaders.

- **Greater clarity on the personal financial guidance available to employees**
  Action:- Salary Finance launch will be well published to Senior Leadership Network and usual comms routes to all colleagues. Inclusion in Corporate Induction. Timescale: September/October. Responsibility: Director of HR and OD.

- **Greater clarity on what travel is / isn't allowed**
  Action:- Provision of additional guidance to colleagues. Timescale: September. Responsibilities: Deputy Head of HR and Communications team.

- **Greater flexibility to my working schedule / pattern**
  Action:- Feed into flexible working, flexible retire and return policy and guidance review. Timescale: September / October. Responsibilities: Deputy Head of HR and Staff Side.

- **More details about wellbeing/mental health service**
  Action:- Health & Well-being Hub to further review the intranet pages and content of newsletter. Timescale: September / October. Responsibilities: Head of Organisation Development and Communications team.

- **Higher COVID-19 risk assessment completion**
  Action:- Request completion of the outstanding risk assessments of these colleagues by the 11th October 2020. Additional general communications, Senior Leadership Network briefing and individual emails to colleagues. Timescale: September/October. Responsibility: Director of HR and OD with Service Director Working Well and Communications team.

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Graphs and infographics for Wave 5

Do colleagues feel...*

...informed?

84.2% +2.9 vs. NHS overall ↓4.2 vs. last wave

| 84.2% | 15.8% |

...able to have a work-life balance?

68.4% +4.9 vs. NHS overall ↓3.8 vs. last wave

| 68.4% | 21.1% | 10.5% |

...supported?

84.2% +18.2 vs. NHS overall ↑10.1 vs. last wave

| 84.2% | 10.5% |

78.9% +13.9 vs. NHS overall ↑9 vs. last wave

| 78.9% | 21.1% |

Fortnightly trend

- Informed
- Supported
- Able to have a work-life balance
- Confident in local leaders
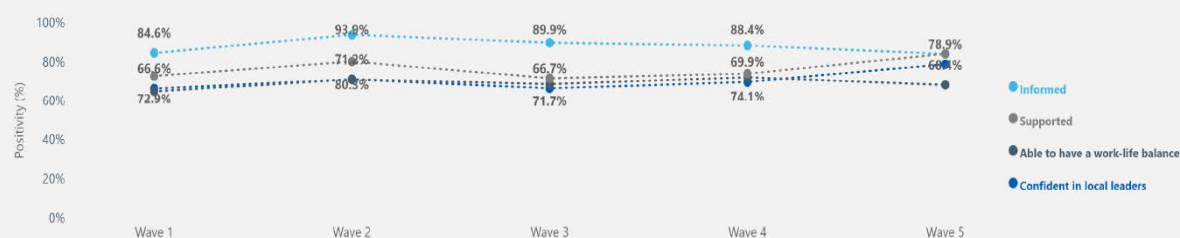
Overall, how anxious / unmotivated did you feel yesterday?

21.1% feel anxious -6.4 vs. NHS overall ↓1.8 vs. last wave

57.9% feel calm +0.1 vs. NHS overall ↓6.6 vs. last wave

	1	2	3	4	5	6	7
		5.3%	15.8%	21.1%	15.8%	5.3%	36.8%

31.6% feel unmotivated =0 vs. NHS overall ↑2.5 vs. last wave

52.6% feel motivated +0.6 vs. NHS overall ↓2.8 vs. last wave

	1	2	3	4	5	6	7
		10.5%	21.1%	15.8%	26.3%	21.1%	5.3%

Fortnightly trend

- Anxious
- Unmotivated

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I have found the national health and wellbeing support valuable:*

157 Colleagues selected N/A to this question

Bar chart showing Proportion who selected this option (%):
- Wellbei... apps: 52.9%
- Staff support line: 35.3%
- Leader... Circles: 15.7%
- Weekly health and wellbei... webinars: 13.7%
- People.... Website: 9.8%
- Text support line
- #lookin... national coaching offer
- Common rooms
- Bereav... support line
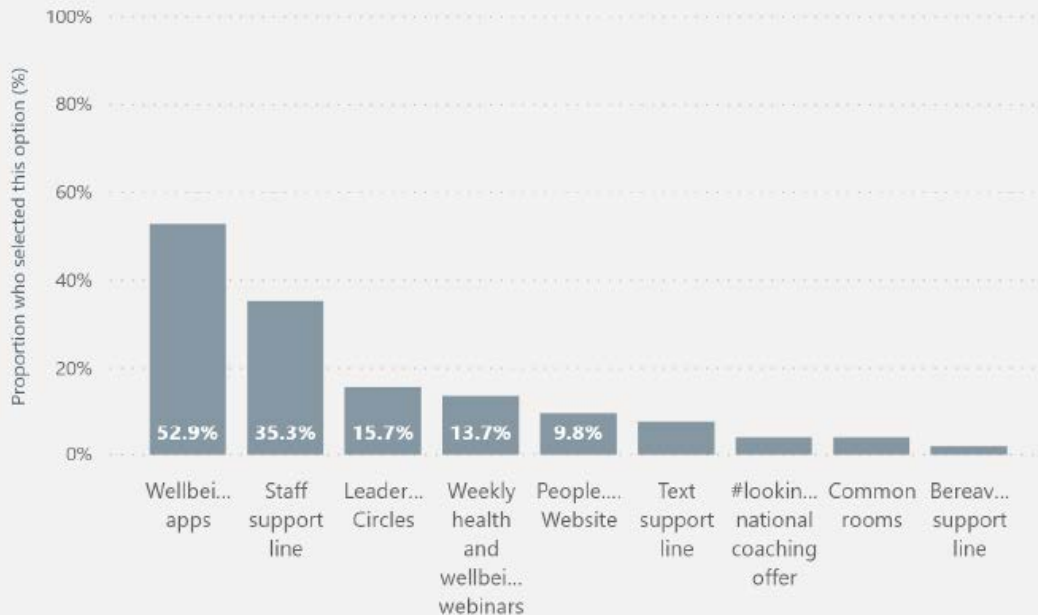
I have found the local health and wellbeing support valuable:*

89 Colleagues selected N/A to this question

Bar chart showing Proportion who selected this option (%):
- 1-1 support: 56.8%
- Group support: 37.3%
- Other (please specify): 25.4%
- Reflection/qui... room: 21.2%
- Local staff support line, incl. Employee Assistance Program (EAP)

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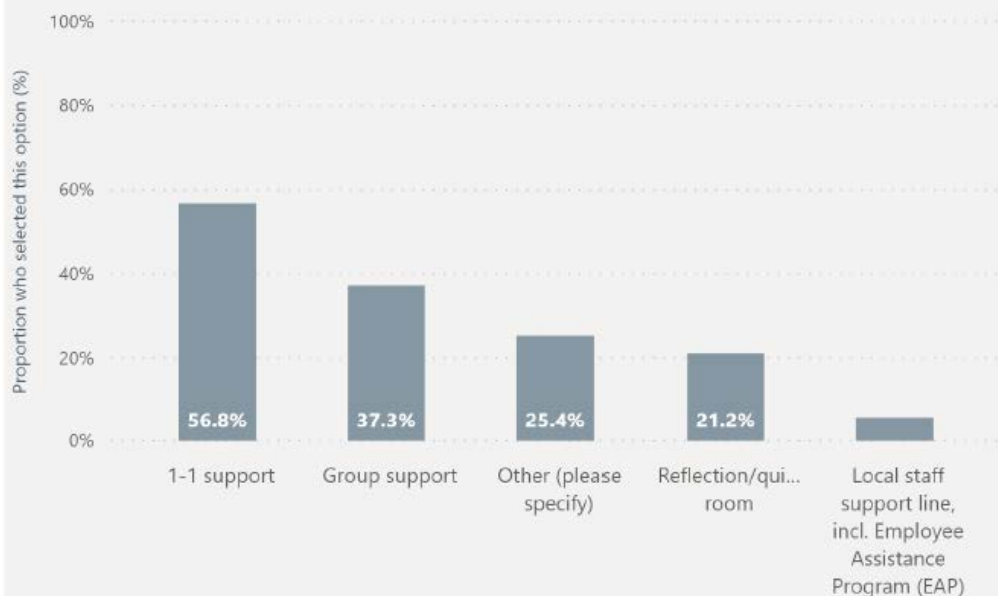
At this time, what support would make the biggest difference to help you at work?

| | 31.6% | 31.6% | 26.3% | 21.1% | 15.8% | 15.8% | 10.5% | 5.3% |

I don't require any additional support | More frequent team huddles / virtual check-ins or other ways to maintain team connection | More updates on changing operations / ways of working | Enhanced IT support | Greater flexibility to my working schedule / pattern | Other (please specify) | Greater clarity on the personal financial guidance available to employees | Greater clarity on what travel is / isn't allowed

Colleague feedback on coronavirus support

		Wave	Region	Trust
⊕ Click here to see demographic breakdowns		Wave 5 ∨	All ∨	Gloucestershire

Group	Question	Positivity (%)	vs. NHS overall	vs. last wave
Colleague feedback	I feel confident in the approach that my local NHS leaders are taking to manage the impact of the coronavirus	78.9%	+13.9	↑9
	In the current environment, I feel able to balance my work and my personal life in a way that works	68.4%	+4.9	↓3.8
	My organisation is keeping me informed about the impact of the coronavirus on my working life and safety	84.2%	+2.9	↓4.2
	My organisation is proactively supporting my health and wellbeing in the current environment	84.2%	+18.2	↑10.1
Colleague mood	Overall, how anxious did you feel yesterday?	57.9%	+0.1	↓6.6
	Overall, how motivated did you feel yesterday?	52.6%	+0.6	↓2.8
Practical support	Details about any wellbeing / mental health services		-15.9	↓12.8
	Enhanced IT support	21.1%	-1.8	↓5
	Greater clarity on the personal financial guidance available to employees	10.5%	+4.2	↑5.8
	Greater clarity on what travel is / isn't allowed	5.3%	-1.3	↓0.4
	Greater flexibility to my working schedule / pattern	15.8%	-11.2	↓12.6
	I don't require any additional support	31.6%	+7.6	↑5.5
	More frequent team huddles / virtual check-ins or other ways to maintain team connection	31.6%	+0.9	↑2.2
	More updates on changing operations / ways of working	26.3%	-4	↓5
	Other (please specify)	15.8%	-1.2	↑6.3

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NHS

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NHS People Plan & Promise

We are the NHS: action for us all

Briefing for the Board of Directors

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with you, for you

Key document links include:

- We are the NHS: action for us all (Full document)

- We are the NHS: action for us all (Easy Read)

- The NHS People Promise (Full document)

- The NHS People Promise (Easy Read)

- The NHS People Promise (A4)

Introduction to the People Plan

NHS
Gloucestershire Health and Care
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We are the NHS: action for us all - published end of July 2020 by **NHS England/NHS Improvement** & **Health Education England.** Sets out what NHS staff can expect from their leaders, their employers & each other and focuses on how during 2020/2021 we must be:-

① **Responding to new challenges and opportunities**

② **Looking after our people**

③ **Belonging in the NHS**

④ **New ways of working and delivering care**

⑤ **Growing for the future**

⑥ **Supporting our NHS people for the long term**

Funding commitments are made within the plan, but some **workforce growth aspirations** outlined in the plan and the government's manifesto, require discussion & are outside the Plan's scope.

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Context & Background

The Plan builds on previous interim NHS plans and the central themes of :

- More staff
- Working differently
- A compassionate & inclusive culture

It also includes a brand new "Our People Promise" which sets out national ambitions for what people working in the NHS will ideally say about it **by 2024.**

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People Plan - Commitments

NHS
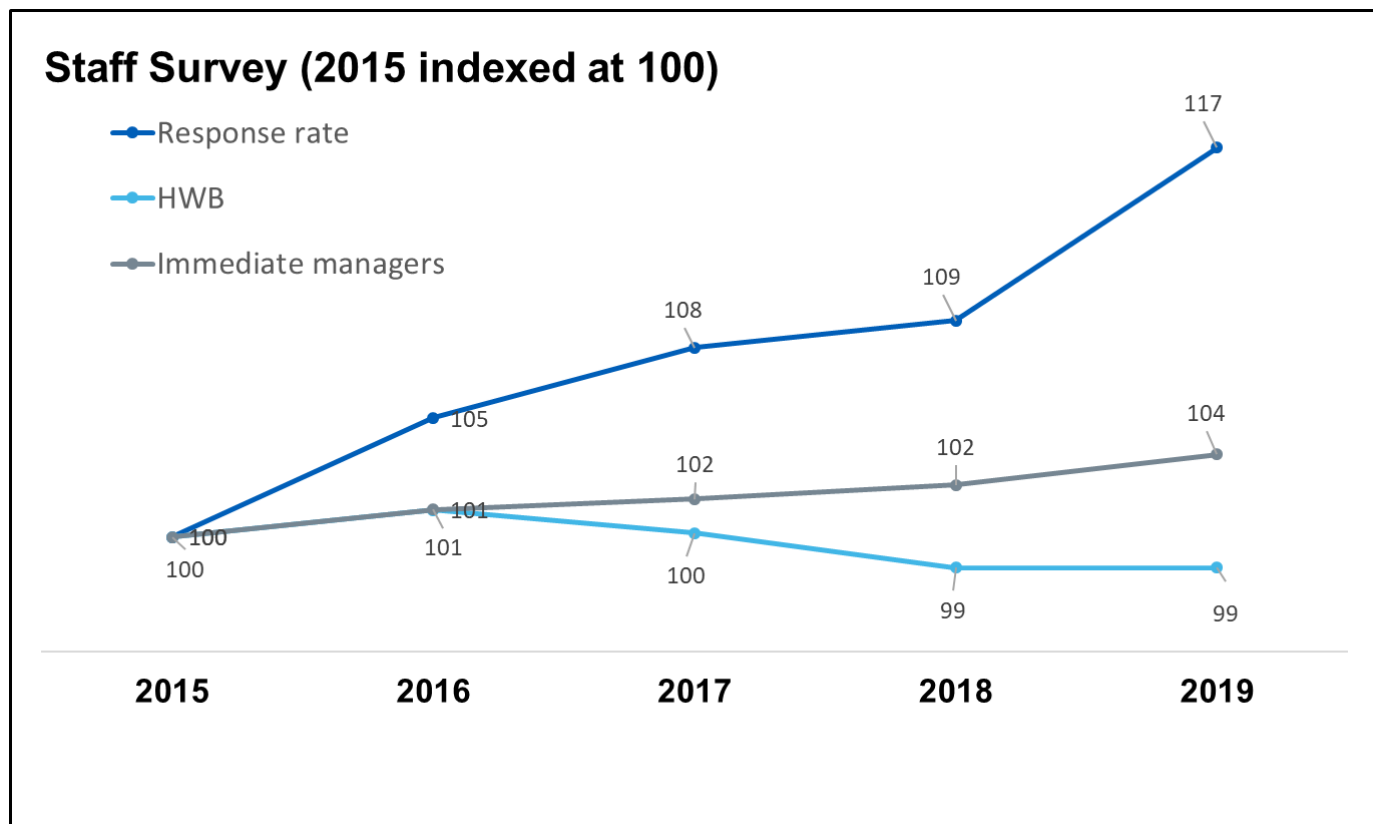**Gloucestershire Health and Care**
NHS Foundation Trust

The plan sets out practical actions that employers & ICSs should take, as well as the actions that NHSEI, HEE will take. It focuses on these 4 main themes:

1. **Looking after our people** – with quality health & wellbeing support for everyone

2. **Belonging in the NHS** – with a focus on removing discrimination that some staff face

3. **New ways of working** – capturing innovation, new roles, digital enablement etc.

4. **Growing for the future** – how we recruit, train & keep our people, welcoming back colleagues who want to return too

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NHS Staff Health & Well-being

While COVID-19 has focussed the attention and action on this, it is against a backdrop of static NHS staff rating of health and well-being.

Staff Survey (2015 indexed at 100)

- Response rate
- HWB
- Immediate managers

Year	Response rate	HWB	Immediate managers
2015	100	100	100
2016	105	101	101
2017	108	100	102
2018	109	99	102
2019	117	99	104

Our People Promise

The new NHS **People Promise** is central to the Plan.

This aims to embed a consistent & enduring offer to the NHS workforce. From next year, 2021, the annual NHS Staff Survey will align with it.

It sets out a **Promise** to everyone who works in the NHS.

This will help make the NHS a better place to work by ensuring staff are:

- **Safe and healthy**
- **Physically and mentally well**
- **Able to work flexibly**

We are compassionate and inclusive
We are recognised and rewarded
We each have a voice that counts
We are safe and healthy
We are always learning
We work flexibly
We are a team

OUR NHS PEOPLE PROMISE

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Key People Promise Commitments

Safe and healthy

- ✓ Infection risk, PPE, flu vaccination
- ✓ Risk assessments for vulnerable staff
- ✓ Rest and respite
- ✓ Civility and respect toolkit

Physically and mentally well

- ✓ Wellbeing guardian (e.g., NED)
- ✓ Health and wellbeing conversations
- ✓ Mental Health (Resilience) Hubs
- ✓ Support for people through sickness

Able to work flexibly

- ✓ 'Flexibility by default'
- ✓ Role modelling from the top
- ✓ Extending e-rostering
- ✓ Supporting staff who are also carers

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More On The People Promise

The following video includes what a range of staff across the NHS in England think of the Promise.

https://youtu.be/I_Tk5IX7rCs

The Ask For Systems & Trusts

- List of asks for systems & employers to be delivered during 2020-21. [23 actions on **Health & Well-being**, 11 on **Flexible Working**, 6 on **Equality & Diversity**, 15 on **Culture & Leadership**, 6 on **New Ways of Delivering Care**, 16 on **Growing the Workforce**, 9 on **Recruitment,** 10 on **Retention**, & 5 on **Recruitment & Deployment across Systems**]

- Each ICS to develop its own local People Plan, to be reviewed by **regional and system level People Boards**

- Employers encouraged to devise their **own local People Plan**. This comes at a great time for our new Trust Strategy and the creation of our "Best People Strategy".

- **Metrics** will be developed in "late September 2020" with the intention to track progress using the **NHS Oversight Framework**

Systems Working Together

The new plan makes clear the national intention to see a significantly increased role for **ICS / STP systems** to work as teams with their constituent parts, & for Health Education England, to use data to understand workforce & service requirements & support the attraction, deployment, development and retention of staff within systems.

But …further national work continues in relation to this, metrics/KPIs & a second plan is expected later in the year.

Equality, Diversity & Inclusion (EDI)

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The Trust has pre-existing general and specific equalities duties and obligations. These have been further added to with EDI requirements from:
- the Long Term Plan
- recent Public Health England recommendations
- the NHS People Plan and Our People Promise

As a result there are a number of additional asks for NHS providers on EDI for the workforce. Delivering the requirements will be a significant ask and resource commitment.

Our emerging strategy puts EDI at its heart, so, following receipt of a paper and job description, Executive Committee in September, Executives have agreed to the creation of a new **Equality, Diversity & Inclusion lead role** within the Trust. The Board is now asked to support this.

The aim is to offer the post initially as a secondment or fixed term, to drive forward agenda both within the Trust and more widely with ICS and Regional partners.

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EDI continued

The new **Equality, Diversity & Inclusion lead role** will provide significant focus and resource for progressing equalities and inclusion matters through the range of avenues such as:-

- NHS People Plan & Our People Promise response
- the Workforce Race Equality Scheme
- the Workforce Disability Equality Scheme
- Gender Pay Gap
- Alongside related input on progressing recruitment, related community engagement, leadership development, retention, and support to development our Diversity Network and sub groups

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GHC's Approach To People Plan

- **Sharing** the plan with Executives, Board, Leaders & Staff Side

- Colleague **Engagement & discussion** sessions

- Contribution to the **One Gloucestershire ICS People Plan**

- Creation of our "**Best People Strategy**" & action plan

- …reporting on updates through **Resources Committee**

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THANK YOU

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REPORT TO: Trust Board – 30 September 2020

PRESENTED BY: Sian Thomas, Deputy Chief Operating Officer

AUTHOR: Sian Thomas, Deputy Chief Operating Officer

SUBJECT: **COVID ACTIVE RECOVERY UPDATE**

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

The purpose of this report is to
Provide assurance to the Board on the work the Trust is undertaking in responding to Covid and the active recovery programme.

Recommendations and decisions required
The Board is asked to: • **Note** the update and work to date

Executive summary
This item provides an update on the Trust's active recovery work, including progress to date with service and operational recovery. Key points of learning have been highlighted alongside some of the successes and achievements.

Risks associated with meeting the Trust's values
A Covid specific risk register is being maintained, with the key strategic risk(s) raised on the corporate risk register.

Corporate considerations	
Quality Implications	Maintaining quality care has been at the forefront out our response to Covid.
Resource Implications	Our Covid response has required the redeployment of significant numbers of staff. Some equipment and facilities spend has been required, this has been attributed to a specific budget code.
Equality Implications	Ensuring incident management responses do not

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	disproportionately affect certain groups has been a key principle of our work.

Where has this issue been discussed before?
Weekly discussions held at Executive Team Meeting and Covid Programme Board

Appendices:	Covid Active Recovery presentation.

Report authorised by: John Campbell	**Title:** Chief Operating Officer

Gloucestershire Health and Care NHS Foundation Trust - **TRUST BOARD – 30 September 2020**
AGENDA ITEM 13: Cover Report for the Covid Active Recovery Update Page 2
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Recovery check ins

- Held sessions with each operational directorate with a range of colleagues from Quality, BI, HR, Facilities, Finance, IT
- Presented by SDs and Deputies
- Great feedback from attendees

UCASS
AC (MH & LD)
AC (PH)
Hospitals
CYP

Topics Covered:

- Successes to highlight

- Messages from partners and service users

- Learning to highlight

- Help you need with recovery (BI reports, estates, corporate, digital)

- Patient/Quality concerns

- New risks

Excellent presentation and update and really appreciated colleagues taking the time to update.

Service Recovery State (%)

Legend: A B G H
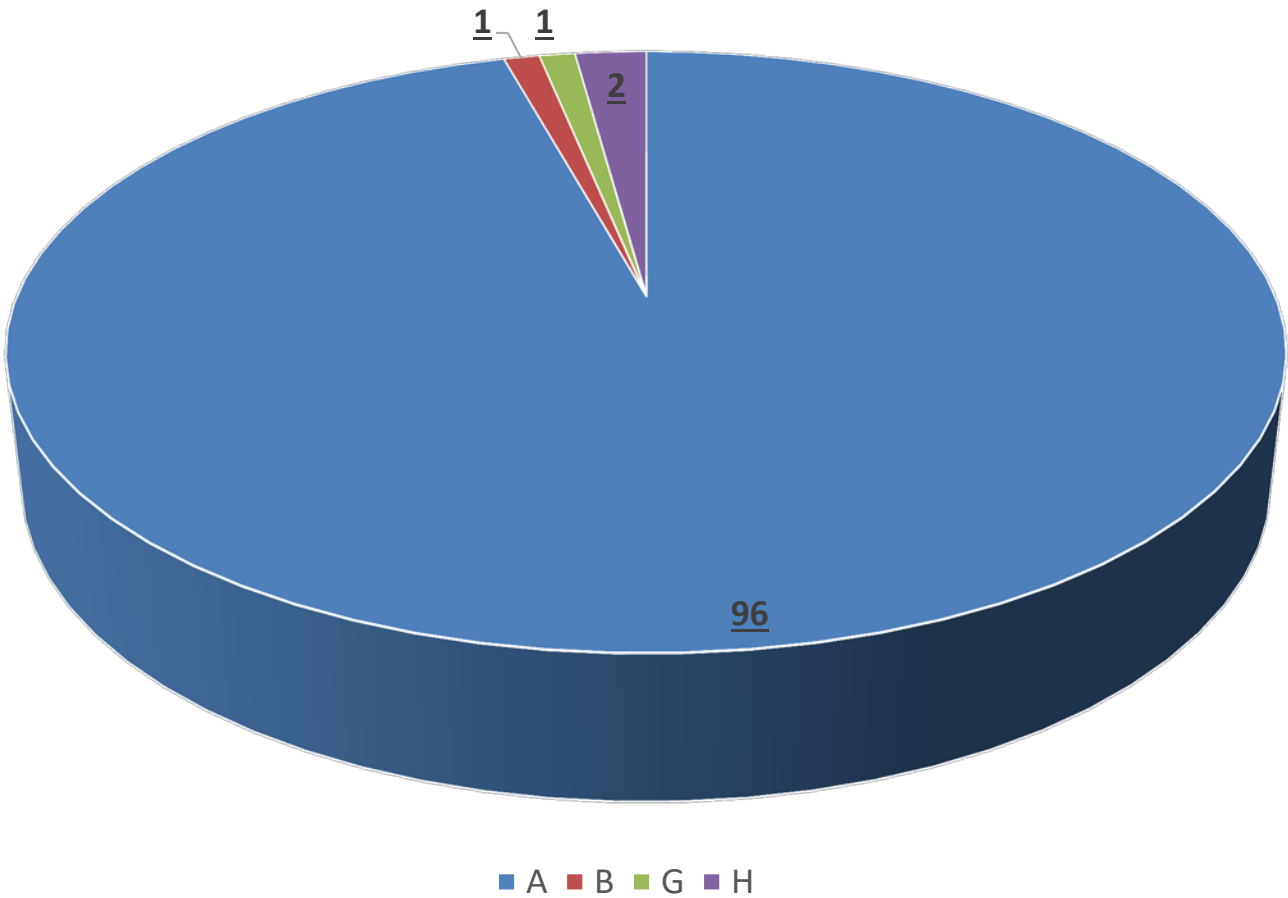
## Recovery code key

A	Open to all normal referrals
B	Reduced service offer: reduced sites/hours but delivering normal care
C	Reduced service offer: urgent/complex referrals only
D	Reduced service offer: accepting referrals, triage & advice but not care delivery
E	Closed to new referrals but supported priority patients
F	Closed and alternative service put in place
G	Full Closure
H	Partial opening

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Service Recovery State

Recovery Code	Service	Current offer	Reason for status	Forward plans
Reduced service offer: reduced sites/hours but delivering normal care	MIIU	**Open 8am – 8pm 7/7** North Cots, Ciren, Stroud, Lydney & Tewks **Opening in Oct** Vale **Remaining closed** Dilke	Reduced hours at sites to ensure resilient staffing offer Closure at Dilke due to estates limitations to be Covid secure	Current model agreed at HOSC until 31/03/21
Full Closure	Live well feel better	No offer A small (2 staff) service supporting service users with lived experience of Long Term Conditions (PH) to volunteer to lead expert patient groups	Due to risk of Covid to client group, plus limits on group work plus lack of resilience in staff model this has not been re-opened	In dialogue about future of service
Partial opening	Dental – special care & high street	Service is delivering in line with NHSE requirements to focus on urgent cases only	NHSE requirements	Special care is clearing waitlist and will fully open from 1st Oct High street has been asked by NHSE to support an access centre model for the foreseeable

Summary stats

Activity levels (%)

- 15
- 15
- 52
- 15
- 3
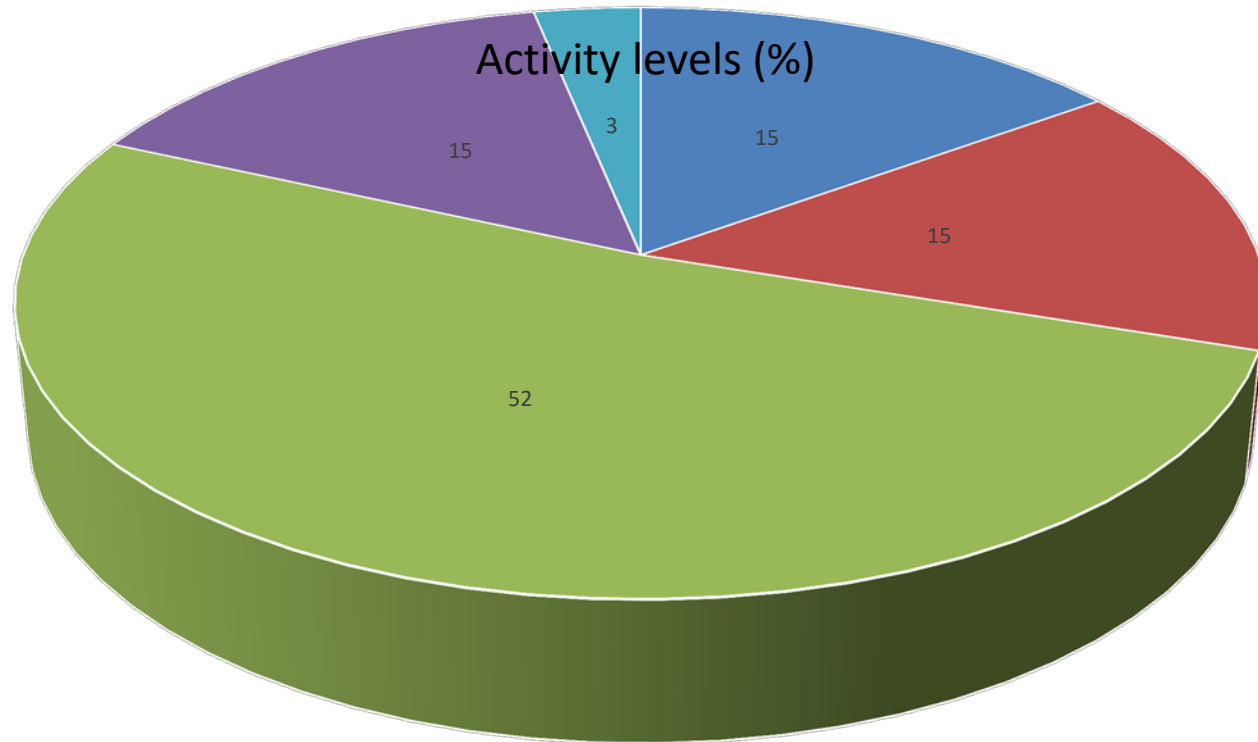
Legend:
- below normal
- on plan - normal by xmas
- normal
- above normal
- NA

58% of services do not have a waiting list

77% of services are 'Green' on their recovery plans

Successes to highlight

- ✓ Team working (enthusiasm, strength, togetherness)

- ✓ New triage processes in a range of services – speeding access, correct signposting, reducing travel, reducing risk

- ✓ Speeding up ideas/innovations

- ✓ Use of staff bubbles

- ✓ Use of clinically shielding staff to undertake range of non- F2F roles

- ✓ Development of novel treatment approaches

- ✓ Successful repatriation of colleagues

Messages from partners and service users

Gloucestershire Health and Care
NHS Foundation Trust

Overwhelmingly positive

- FFT & compliments
- Helped system flow
- Positively responded to range of requests
- Lots of positives re. digital
  - Speeding access to service
  - reducing travel
  - no waiting

Some areas to think about

- Concerns about referrals being rejected
- Lack of understanding of pace of change
- Understanding about each others interdependencies
- Limits to digital offer
  - Group work
  - therapeutic relationship

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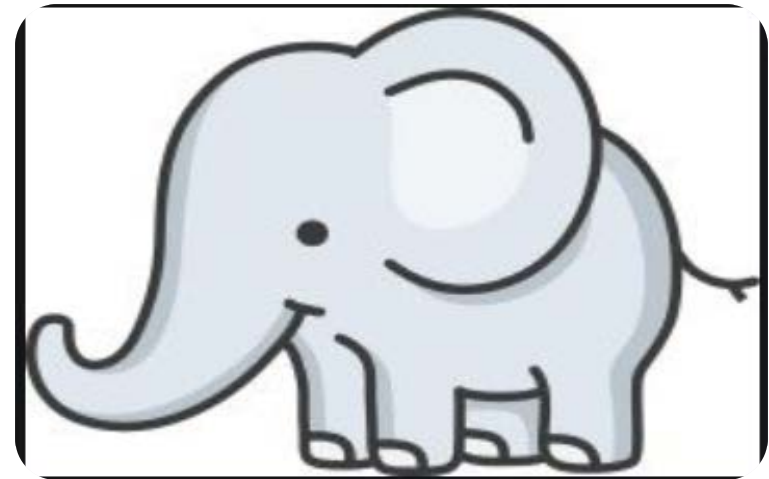
Covid Services

Testing team

- Leadership team recruited

- Interviewing for deliver team this week

Stock team

- Leadership team recruited

Covid Secure

– All sites inspected

- Undertaking unannounced site visits

- Group therapy guidance issued

- Some areas more challenging

Face Masks

Maintain space

Clear desk

Isolate & test

LEAD BY EXAMPLE

Rota for home working

Speak up

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REPORT TO: **Trust Board – 30ᵗʰ September 2020**

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

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

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

This report is provided for:			
Decision	Endorsement	Assurance ☑	Information

The purpose of this report is to

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

Recommendations and decisions required
The Committee is asked to:

- **Discuss, note** and **receive** the August 2020 Quality Dashboard

Executive summary
This report provides an overview of the Trust's quality activities for August 2020. This report will be produced monthly for Board, Quality Committee and Operational Governance Forum for assurance.

Quality issues for priority development
- Work is required to understand in more detail the reduction in the number of calls received into Single Point of Clinical Access (SPCA). It is possible this is as a result of altered system flow but this needs to be clarified and any impact on patients understood.
- The number of bed days for adult mental health inappropriate out of area placements has risen in the month of August. The reasons for this and impact on patients' needs to be fully understood and monitored.
- The data associated with the cardio-metabolic assessment and treatment for people with psychosis is currently not available. Further work will be undertaken in month with the business intelligence team to re-establish reporting.
- The Quality directorate will work with Children's Services to understand the recovery of a universal antenatal service to ensure that those identified as most at risk are being proactively managed.

Quality issues showing positive improvement

- No healthcare associated Covid-19 infections attributable to the Trust's care for the third month in a row
- Referral to treatment times for physical health services identified within the Quality Dashboard have all exceeded the required thresholds for the first time this year.
- The quality directorate have progressed plans to deliver the "Civility & Patient Safety" programme and the "Embedding learning following investigations project" are making good progress,

Are Our Services Caring?

Good assurance is available that demonstrates GHC services continue to be delivered in a caring way. 93% of respondents to the FFT would recommend Trust services. The Patient and Carer Experience Team have developed new ways of working in light of a Covid-19 secure environment with a further roll out of online platforms planned in Q3.

Are Our Services Safe?

Incident reporting rates have now returned to pre Covid-19 levels, and the proportion of reported moderate harm and above, and low/no harm incidents are comparable to the 2019/20-year end outturn. The prevention, identification and management of pressure ulcers, complex wounds and improving colleagues' tissue viability skills and knowledge remains a priority. As planned, an improvement framework is nearing completion. The Trust is fully assured on current and future supply of all PPE stock items via local and national supply routes. There is good assurance that safe staffing levels have been maintained throughout the month in our inpatient services, and that there has been successful recruitment of newly qualified nurses at both Wotton Lawn and Charlton Lane Hospitals.

Are Our Services Effective?

Good assurance is available that clinical service environments remain Covid-19 secure with a continuing Covid-19 acquired infection rate of zero. Early Intervention Services have met the required threshold for the second consecutive month, providing assurance regarding the effectiveness of service recovery plans. The deep dive regarding the ASC/ADHD Service demonstrates how the service has responded to the pandemic, and the effectiveness and benefit of virtual consultations for most service users. Work is ongoing regarding recovery of Trust services and winter planning.

Are Our Services Responsive?

The board is asked to note the improvement in referral to treatment times across the identified Integrated Care Teams. Paediatric Physiotherapy, Occupational Therapy and Speech and Language Therapy all met the required thresholds in August for the first time during 2020/21.

Are our Services Well Led?

Senior Trust Quality leads continue to visit services and engage with colleagues to listen and promote quality of care and patient safety. Feedback from colleagues

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suggests this approach is both welcomed and valued. A structured program of visits is now being developed for the next 12 months.

The Health and Well-being pages of the intranet continue to provide a single point of access for support under 6 domains: physical health, mental health, lifestyle, supporting colleagues, speaking up, and staff benefits.

Dashboard Development
Future iterations of the Quality Dashboard will incorporate the Non-Executive Directors Complaints audit report and summary detail of Non-Executive Director quality visits.

Risks associated with meeting the Trust's values

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

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

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Where has this issue been discussed before?

Trust Board on a monthly basis

Appendices:	See attached dashboard

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

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Quality Dashboard 2020/21

Physical Health, Mental Health & Learning Disability Services

Data covering August 2020

Executive Summary

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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 & Quality.

Are Our Services Caring?
The Patient and Carer Experience Team practice and process has resumed following the 'pause' on the national complaints process. Whilst concerns raised dropped by 50% this month, complaint activity is slowly increasing, and the inclusion of additional indicators within the dashboard from July 2020 provides greater focus on the performance of this team. The rate of acknowledging complaint letters within the required timescale dropped to 86% this month due to 1 late response but the team have increased caseload management oversight to ensure timelines remain on track. Response rates to the Friends & Family Test dropped this month but there is a planned wider roll-out of the online platform to compensate for the current need to prohibit paper-based feedback forms for the purpose of infection prevention and control. It is, however, reassuring that despite the diminished return rate, 93% of respondents would recommend Trust services.

Are Our Services Safe?
Incident reporting rates have now returned to pre Covid-19 levels, and the proportion of reported moderate harm and above, and low/no harm incidents are comparable to the 2019/20 year end outturn. One SIRI related to the death of an inpatient at Wotton Lawn Hospital, appropriate review and action has been taken to refresh the programme of work associated with ligature points. The prevention, identification and management of pressure ulcers, complex wounds and improving colleagues' tissue viability skills and knowledge remains a priority. As planned, an improvement framework is nearing completion. Following a medication incident within an independent sector environment the process for reporting to the responsible commissioner has been strengthened.

Are Our Services Effective?
Bed occupancy in physical health inpatient services continues to be lower than comparable historical levels as a direct consequence of lower than normal activity levels across the wider system and alternative discharge pathways being used. Clinical environments remain Covid-19 secure with a continuing Covid-19 acquired infection rate of zero. There were no Covid-19 deaths reported during the month. IAPT recovery rates have positively achieved the required threshold for the third consecutive month. Early Intervention Services have met the required threshold for the second consecutive month, providing assurance regarding the effectiveness of service recovery plans. The deep dive regarding the ASC/ADHD Service demonstrates how the service has responded to the pandemic, and the effectiveness and benefit of virtual consultations for most service users. The deep dive also highlights that not all assessments can be carried out virtually and some assessments will continue to be delayed until face to face consultations can safely resume.

Are Our Services Responsive?
Referral to treatment times across the identified Integrated Care Teams and paediatric physiotherapy, occupational therapy and speech and language therapy all met the required thresholds this month for the first time during 2020/21. The rate of performance in relation to timely Care Programme Approach (CPA) reviews is noted to have experienced minor fluctuations over the past four months and has not met the threshold of compliance during this period. It is important to note that the restrictions imposed by Covid-19 in terms of face to face contact have limited some opportunities for full CPA review. It is anticipated that achievement of this indicator will remain challenging whilst recovery plans are embedded and in keeping with current local and national Covid-19 restrictions. This will be monitored closely and discussions with operational colleagues to discuss effectiveness of recovery will take place during September/October.

Are our Services Well Led?
Senior Trust Quality leads continue to visit services and engage with colleagues to listen and promote quality of care and patient safety. The quality directorate have progressed plans to deliver the "Civility & Patient Safety" programme and the "Embedding learning following investigations project" are making good progress. Both statutory and mandatory training compliance and appraisal compliance have remained at 85% and 76% respectively this month. It is anticipated that compliance will improve further over the coming months as a result of the Trust's continuing programmes of recovery. There will be continued emphasis on the need for appraisal completion over the coming months, including the re-introduction of appraisal training. Sickness absence has remained consistent over the last 4 month period but continues to remain 1.14% above the Trust target of 4.00%. There is assurance that safe staffing levels have been maintained throughout the month in our inpatient services (noting challenges in specific ward and community team areas) and that there has been successful recruitment of newly qualified nurses at both Wotton Lawn and Charlton Lane Hospitals.

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 Patient Deaths reported to CPNS	N-R			30	7	1	0	0								38			N/A
2	Total number of deaths reported as C-19 related (C-19 not primary cause of death)	L-R			64	17	2	1	0								84			
3	No of Patients tested at least once *	N-R			202	234	259	295	472								1462			N/A
4	No of Patients tested C-19 positive or were admitted already positive *	N-R			120	65	6	1	2								194			N/A
5	No of Patients discharged from hospital post C-19	N-R			33	60	21	4	1								119			N/A
6	Community onset (Positive specimen <2 days after admission to the Trust)	N-R					0	0	0								0			N/A
7	Hospital onset (nosocomial) indeterminate healthcare associated (Positive specimen date 3-7 days after admission to the Trust)	N-R					0	0	0								0			N/A
8	Hospital onset (nosocomial) probable healthcare associated (Positive specimen 8-14 days after admission to the Trust)	N-R					0	0	0								0			N/A
9	Hospital onset (nosocomial) Definite healthcare associated (Positive specimen date 15 or more days after admission to the Trust	N-R					0	0	0								0			N/A
10	No of Staff Tested	N-R			276	521	104	57	204								958			N/A
11	No of Staff with confirmed C-19	L-R			85	38	0	0	0								123			N/A
12	No of Staff Self-Isolating	L-R			597	174	63	39	43											N/A
13	No Staff returning to work post Self-Isolating.	L-R			333	118	25	10	28											N/A

Additional Information

Patient Reporting

The table above shows that the number of Covid-19 patient deaths (primary cause of death) continues to reduce month on month since April 2020, with no deaths reported during August 2020. The age range for deaths reported to CPNS was 70-98 years. The information is shown by hospital site / community team in the graph opposite.

Patient Testing

As planned the Business Intelligence system now reports whole Trust data. The numbers of patients tested in month increased in August with the number of positive results remaining low.
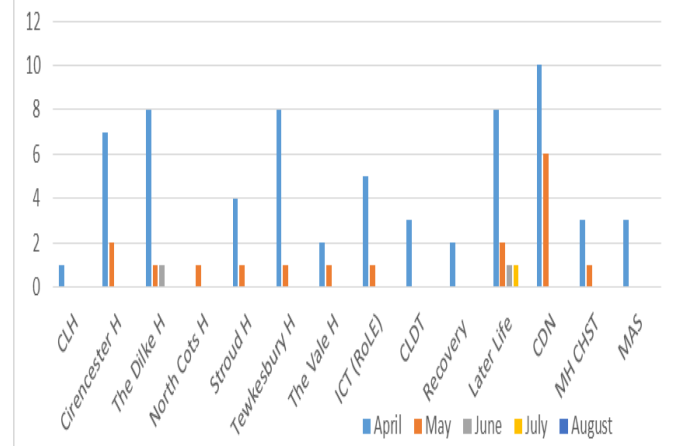
Staff Testing

GHC Staff testing is well established within the pillar one mechanism. The number of system Health and Social Care staff tested in August increased by 258. The number of GHC staff testing positive remains at zero for the third consecutive month. Numbers of staff self-isolating are increasing in light of uptick in cases through August. Trust testing services returned to a 7 day service in September 2020 and therefore numbers are expected to increase significantly.

Infection Prevention and Control - COVID 19

The Trust is required to report any healthcare associated COVID-19 infections (nosocomial infections) attributable to our care. A root cause analysis is required for each infection which is coordinated by the Infection Prevention and Control Team, discussed at the Trust's Infection Control Team meeting and the ICS Bronze System (IPC) Cell.

There have been no nosocomial (health care acquired) infections to report during August.

Covid-19 Related Patient Deaths Reported April-August 2020

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

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

Personal Protective Equipment (PPE)

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

The 'controlled pull model' for key PPE product lines continues to work well. The Team completes a 'pick list' each week and submit via the Covid-19 Logistics, Finance and Supplies Cell.

Updated guidance from Public Health England (PHE) was circulated on the afternoon of 21st August. The main change has been to terminology; previously termed green patient/zone will now be referred to as 'low risk', previously amber patient/zone will now be referred to as 'medium risk' and previously red patient/ zone will now be referred to as 'high risk'.

The PPE required for medium and high risk patients has not changed but some departments are now classified as medium risk areas (for example outpatients). Within mental health inpatient areas, even if a patient tests negative and has no symptoms they will be classified as a medium risk as they interact communally within the ward and many patients have leave away from the hospital.

The National New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) was asked to give an opinion on whether chest compressions and defibrillation should be considered to be aerosol generating procedures (AGPs). Based on this evidence review, PHE will not be adding chest compressions to the list of AGPs. The guidance states that healthcare organisations may choose to advise their clinical staff to wear FFP3 respirators when performing chest compressions, however it is strongly advised that there is no potential delay in delivering this life saving intervention. The Trust position therefore remains in line with guidance: immediately commence chest compressions whilst wearing a fluid-resistant surgical mask (FRSM) until relieved by colleagues who have donned full PPE, including an FFP3 mask.

The Trust has agreed a model of sustainable delivery of Covid-19 related work streams and recruitment has been successful to the Covid-19 Service Director and Deputy Service Director. Adverts for the remaining team roles went live on NHS Jobs on 27th August, with interviews commencing on 8th September 2020.

FFP3 fit-testing

Reporting compiled by the Training Team on 28/08/20 showed that 713 colleagues have been successfully fit-tested.

Fit-testing rates have reduced due to a combination of fit-testers being recalled to substantive roles and annual leave. The fit-testing work stream will move to the Covid-19 Directorate management team in September, following which a sustainable programme will be agreed and implemented.

The FFP3 Fit-testing project group continues to hold regular virtual meetings to monitor progress of the programme. The first choice mask remains the Cardinal RFP3FV and good supplies of this model continue to be received on the deliveries. The second preference is the GVS F31000 and we are assured by the Covid-19 South West Incident Co-ordination Centre that a good supply of this mask is available. Usage of both types of mask is monitored daily by the Central Stock Management Team.

A new model of FFP3 mask has been introduced to the Trust: the 3M 9330+ model. Fit-testers will introduce this mask to the list of options when Fit-testing.

3

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R / A / G	Exception Report?	Benchmarking Report
	Number of Friends and Family Test Responses Received	N - T			Suspended			699	496								1195			
	% of respondents indicating a positive experience of our services	N - R	95%	88%	Suspended			93%	93%								93%			
	Number of Compliments	L - R		2,938	228	58	166	74	67								593			
	Number of Complaints	N - R		117	5	6	1	4	7								23			
	Number of Concerns	L - R		620	31	24	44	60	31								190			
	Number of open complaints (not all opened within month)							27	35											
	Number of re-opened complaints (not all opened within month)							5	4											
	Percentage of complaints acknowledged within 3 working days							100%	86%											
	Number of complaints for which the team are agreeing investigation issues with complainant							7	10											
	Number of complaints awaiting investigation							2	1											
	Number of complaints under investigation							6	9											
	Number of investigations on hold							0	0											
	Number of Final Response Letters being drafted							12	12											
	Number of Final Response Letters awaiting Exec sign-off							0	0											
	Concerns escalated to a formal complaint							2	1											
	Current external reviews							3	3											

In addition to the above GHC data, the Patient and Carer Experience Team (PCET) are managing 5 complaints relating to services delivered in Herefordshire by ²gether NHS Foundation Trust.

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

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

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

Additional information – Patient and Carer Experience (PCET)

Recent activity

- Seven complaints were received in August 2020, which is a 30% reduction from the monthly average during 2019/20 (n= approx. 10 complaints per month in 2019/20).
- Numbers of compliments received this month are 72% lower than the average number of compliments received per month in 2019/20 (n= approx. 245 compliments per month in 2019/20). It is believed that this reduction is due to the suspension of PALS visits to inpatient settings and community hubs due to infection prevention and control measures as a result of Covid-19. PCET will now access the Alcove tablets used by POhWER for Independent Mental Health Advocacy work on the wards. PALS have been allocated system access and will arrange virtual PALS visits to the wards. The PALS visits enable patients to raise concerns directly with PCET and issues can often be resolved quickly and effectively. It will also increase our compliments and FFT response rates as PALS officers are able to ask patients for their feedback via this route.
- The number of concerns reported in August 2020 is lower than the monthly average number of concerns reported in the last financial year (n=approx. 52 concerns per month in 2019/20).
- The low number of concerns escalated to complaints and low number of reopened complaints suggests that people are broadly satisfied with our complaints process.
- Of the seven complaints received, one was not acknowledged within our three day timeframe resulting in the 86% response rate. In order to prevent a recurrence additional caseload monitoring has been introduced.
- The three complaints for external review are with the Parliamentary and Health Service Ombudsman (PHSO): one has been referred by the complainant but we have not received any contact from PHSO, one is under investigation by the PHSO, and the third is being reviewed by PHSO pending a decision on whether to investigate..
- Friends and Family Test (FFT) electronic and SMS messages (email and text) were reinstated on 1st July 2020. The use of paper FFT remains suspended due to Covid-19 infection prevention and control measures, impacting significantly on response rates..
- PCET is in the process of liaising with Operational colleagues and IT to develop the inclusion of FFT at the end of Attend Anywhere consultations.
- The PCET have reinstated the NED quarterly audit of complaints
- For further quality assurance, our internal audit of complaints is being undertaken by Pricewaterhouse Coopers in Q3 and includes complaints between March to August 2020.

You said, we did

A parent took her baby to the GP with concerns about his neck and was referred to Paediatric Physiotherapy Service. She had a telephone consultation but was very worried that without a physical examination and correct physiotherapy advice, her son could develop disabilities that would affect him for life.

A further telephone call was arranged with a senior Physiotherapist. Reassurance was offered and the complainant was advised that face to face appointments are available if a clinician is concerned that a virtual appointment is insufficient.

Out of hours District Nurses:
Patient called to offer thanks and praise to the District Nurses for coming to attend to his care following a recent discharge from hospital. He was very grateful for the help.

Community Dementia Nurses:
Telephone call received from the son of a patient to let the team know that she had passed away and he wanted to thank everyone for the wonderful work and care given to his mum.

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			N/A
Number of Serious Incidents Requiring Investigation (SIRI)	N - R		49	4	3	3	6	2								16			N/A
Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0								0			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding falls lead to fractures	N - R		6	0	1	0	1	0								2			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		5	0	0	1	0	0								1			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		18	2	0	0	4	2								6			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		6	3	1	1	0	0								5			N/A
Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		1	0	0	0	0	0								0			N/A
Total number of Patient Safety Incidents reported	L - R		12,109	690	866	1001	1047	1141								4745			N/A
% incidents resulting in low or no harm	L - R		94.71%	90.50%	92.50%	93.11%	94.56%	94.65%								93%			N/A
% incidents resulting in moderate harm, severe harm or death	L - R		5.29%	9.50%	7.50%	6.89%	5.44%	5.35%								7%			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%								2%			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%								2%			N/A
Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.	L - R		N/A	0	0	0	0	0								0			N/A

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

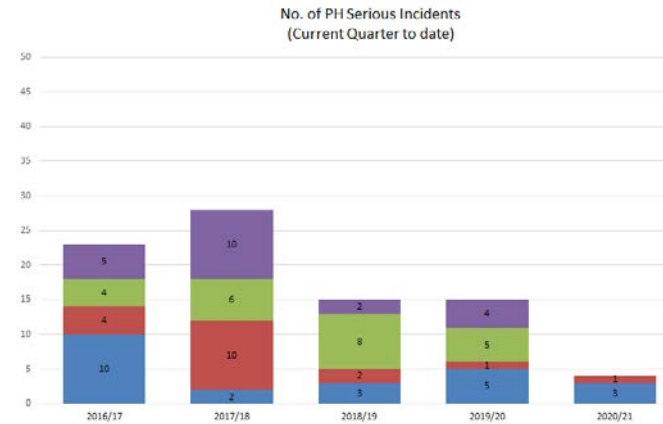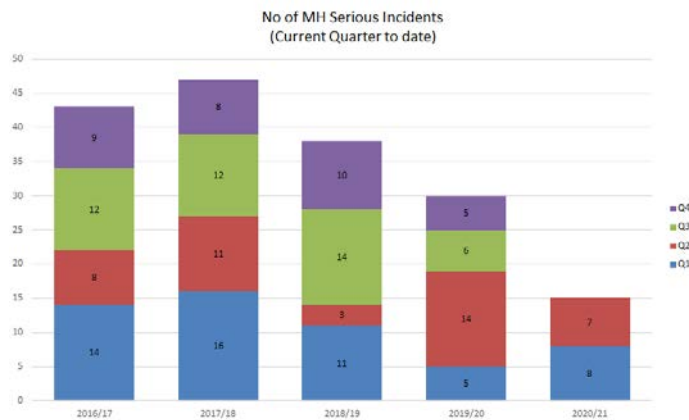|			
N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
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RAG Key: R – Red, A – Amber, G - Green

ARE SERVICES SAFE? – ADDITIONAL NARRATIVE INFORMATION

Two SIRIs were declared in August 2020, both within mental health services. One incident occurred with the South Crisis Team with a fatal self harm incident; the other was an inpatient suspected suicide at Wotton Lawn Hospital involving a ligature. All incidents were escalated in line with SIRI reporting requirements. An oversight in reporting had occurred in July whereby an incident (an inpatient fall within a physical health community hospital) was not added to STEIS in a timely way, this has since been corrected and the July data amended to reflect the omission.

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 demonstrate SIRI reporting over the past 5 years.

No of MH Serious Incidents (Current Quarter to date)

No. of PH Serious Incidents (Current Quarter to date)

Five SIRI final reports and three accompanying 'incidents on a page' were completed during August 2020. The two remaining 'incidents on a page' are in progress and will be disseminated upon completion. A Covid-19 recovery plan has been shared with senior managers and commissioners. There were 19 active SIRIs of which nine received an extension to the submission date, agreed with commissioners due to the complexity of 3 of the SIRIs and also the impact of Covid-19 redeployments from the Patient Safety Team. Progress is on track for these reports to be submitted as agreed by the end of September.

Regarding all patient safety incidents:

- The total number of patient safety incidents has continued to increase month on month from April (689) to August (1141). This was expected as services reopened.
- The percentage of patient safety incidents meeting moderate, severe and death thresholds continue to decrease month on month from April (9.58%) to August (5.35%). This may be a consequence of services that are now reopening having a lower risk profile for moderate, severe harm and death incidents than critical services that continued to operate during the earlier phase of the COVID-19 pandemic
- Percentage of falls resulting in moderate and above levels of harm decreased from July (3.16%) to August (2.44%). There were 2 moderate and below harm patient falls in August.
- Percentage of medication errors resulting in above moderate levels of harm decreased from July (1.85%) to August (1.82%). One medication error was reported as moderate harm in August 2020 however this was later regraded to No Harm by the incident handler when reviewing the incident. This referred to an under-dosing of prescribed lithium within an independent sector environment.
- To note, there have been some minor adjustments to data provided in the months prior to July 2020 due to ongoing incident review and approval processes. These adjustments did not substantially change the percentages reported against different levels of harm.

Quality Dashboard

NHS Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? 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%								96.0%	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	62	76	82	63	63								283	R		
Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	737	54	68	70	59	58								309	R		
Number of Category 3 Acquired pressure ulcers	L - R	0	46	4	6	8	3	4								25	R		
Number of Category 4 Acquired pressure ulcers	L - R	0	8	4	2	4	1	1								12	R		

Additional information

Safety Thermometer

Reporting remains suspended due to Covid-19 in agreement with commissioners. A discussion is scheduled at the September Gloucestershire CCG Clinical Quality Review Group to review reinstating the process or agree satisfactory alternatives

Pressure Ulcers

As planned, an improvement framework for Tissue Viability is nearing completion. Pressure ulcers are one of the three tissue viability priorities for the Trust.

The national awareness day for **#StopThePressure** is on the 19th November 2020 and GHC will be building on the previous work of the Trust's legacy organisations to continue to raise the profile and awareness of this quality priority.

A Quality improvement project has commenced in Charlton Lane Hospital to improve the recognition, treatment and reporting of pressure ulcers. Targeted education and learning from pressure ulcer incidents is underway across Gloucester Integrated Care Teams.

Each category 3, 4, unstageable, and suspected deep tissue injury is reviewed by the Patient Safety Team. The review process includes consideration as to whether an RCA, panel review or SIRI investigation is needed according to level of harm sustained. The learning from incident investigations and any emerging themes have been used to inform the Trust Tissue Viability improvement framework that has been developed.

VTE Risk Assessment

The percentage of inpatients with VTE Risk Assessment completed in Community Hospitals has continued to exceed the 95% target in August for the third consecutive month. Focussed work within Mental Health inpatient settings is being scoped following two incidents that highlighted improvement was required when completing VTE assessments and subsequent care planning.
*In-month threshold (i.e. March)

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NHS
Gloucestershire Health and Care
NHS Foundation Trust

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
Community Hospitals																				
	Bed Occupancy - Community Hospitals	L - C	92%	94.4%	76.1%	69.8%	83.3%	88.3%	86%								80.7%	R		90.4%
Mental Health Services																				
	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%	57.1%	85.7%	87.5%								69.4%	G		
	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas:																			
	Inpatient Wards	N - T	90%	80%																
	GRiP	N - T	90%	85%																
	Community	N - T	75%	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%	56.5%	55.7%								49.7%	A		
	Admissions to adult facilities of patients under 16 years old.	N - R		2	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	31								21	N/A		
Children's Services - Immunisations				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	85%*	89.5%	79.7%	Focus on Immunisation Programme provided in July Dashboard											79.7%	R		
Childrens Services - National Childhod Measurement Programme				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	70%*	97.7%	66.4%	68.0%	67.9%	69.7%	69.7%	Programme commences in November 2020							68%	R		
	Percentage of children in Year 6 with height and weight recorded	N - T	70%*	97.2%	66.1%	70.0%	69.8%	73.9%	73.9%	Programme commences in November 2020							70%	G		

Quality Dashboard

Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES EFFECTIVE

Additional Information

Bed Occupancy
Bed occupancy in physical health inpatient services continues to be lower than comparable historical levels as a direct consequence of lower than normal activity levels across the wider system and alternative discharge pathways being used, in particular those short terms discharge to assess placements within two reablement units. The Trust has a robust process in place to ensure that all inpatient settings are Covid-19 secure to protect colleagues and patients. The impact of this can be evidenced through the number of healthcare associated Covid-19 infections attributable to the Trusts care which remains at zero

Mental Health
IAPT recovery rates have achieved the required threshold for the third consecutive month.

Monthly and year to date data for Early Intervention in Psychosis (EIP) service was updated within the dashboard last month. EIP has met the required threshold for the second consecutive month and the service remains in active recovery .

CQC DOMAIN - ARE SERVICES EFFECTIVE

A focus on flu

Workforce flu vaccination planning

Public Health England has not set an uptake target for workforce flu vaccinations for 2020/21 however the ambition is to offer the flu vaccination to 100% of the frontline workforce.

In 2019/20 the Trust achieved an 86% uptake of flu vaccinations by frontline colleagues; the aim for 2020/21 is to exceed this rate.

In order to achieve this a review has been undertaken of the success and challenges encountered during the 2019/20 program. A dedicated working group has been set up with representation from colleagues across whole Trust services with meetings commencing in June 2020 on a monthly basis that have increased to weekly frequency from September 2020.

The working group has developed a strategy to progress the ambition of vaccinating all frontline colleagues that includes the following:

GHC flu vaccination program updates:
A dedicated flu team has been formed with representatives from a number of directorates, staff groups and regular meetings have commenced.
44 Peer Vaccinators have volunteered from a variety of Trust services and have been fully trained to support the roll out of the vaccination program.
An on-line booking system has been developed and is due to go live on Wednesday 23rd September 2020
The Trust has ordered 6,000 vaccines for GHC Staff in order to offer vaccines to all substantive and bank frontline colleagues. The first 1000 vaccines arrived on 16th September 2020 and these will be used by Working Well to vaccinate all staff who were or are shielding (i.e. those staff at highest risk) the remaining vaccines will be issued to Peer Vaccinators to commence the wider roll out of the program.
The Director of Nursing, Therapies and Quality has been assigned as the Board champion for the Trust flu campaign.
Weekly feedback on percentage uptake for staff groups will be circulated to the Flu Team from mid-October and copied to identified Executive Directors. Performance at directorate and service level will be extracted to identify poor take up areas.
A communication strategy has been developed that includes: • Publishing the rationale and facts for the flu vaccination programme -sponsored by senior clinical leaders and trades unions • Information shared at September 2020 Team Talks. • PHE Flu letter due to be sent to all staff week commencing 21st September 2020. • Mobile vaccination schedule to be published electronically, on social media and on paper. • Flu vaccination programme due to be publicised on screensavers, posters and social media throughout the Trust • Daily communications re available flu appointments. • Successes to be celebrated with weekly updates facilitated by Trust Communications Team

CQC DOMAIN - ARE SERVICES EFFECTIVE

A focus on flu

Vulnerable patient planning

All GHC inpatients who are eligible for a flu vaccination (in line with NHSE criteria) will be offered a seasonal flu vaccination whilst under the care of GHC.

In order to achieve this the following actions are in progress:

- Supplies of vaccine have been ordered from pharmacy providers and supporting paperwork has been drafted.

- Steps to check if patients have already received a flu vaccine within the wider health care system stem will be taken to reduce the risk of any patient receiving more than one seasonal flu vaccination.

Primary care support requirements

Community nursing teams will as in previous years vaccinate eligible patients identified on their case load.

In addition, this year community nursing teams will identify through the GP practices, carers of patients on the caseload and/or household contacts who are shielding who require home vaccination. These vaccinations will then be undertaken by the team.

CQC DOMAIN - ARE SERVICES EFFECTIVE?

Focus on: Autism Spectrum Conditions (ASC) Diagnostic Service and Attention Deficit with Hyperactivity Disorder (ADHD) Service

Performance

Due to the Covid -19 pandemic both the ASC and ADHD Services suspended, with clinical staff redeployed to a variety of roles within the Trust.. With the agreement of the CCG, all referrals into the service were suspended until further notice as these services were considered non-essential at this this time. Every individual on the caseload was sent a letter advising of the service suspension and providing information which included additional advice and guidance. This was followed up by a letter 3-4 months later, advising of the service re-opening.

In July 2020 colleagues began to be released from their redeployed posts in order to resume both the ASC and ADHD services, with full repatriation of colleagues to substantive roles by the beginning of September 2020. The services officially reopened in September 2020 with the services now accepting referrals as per usual business.

All assessments and consultations are being performed using the virtual platform of Attend Anywhere (AA) or by telephone. Where prescriptions need to be provided (ADHD), these are sent directly to service users' home addresses or their chosen pharmacy using recorded delivery methods. Alternatively, in exceptional circumstances, the situation is individually risk assessed and the service user attends The Pavilion. They are seen with the clinician wearing PPE as per Trust guidance. Where blood pressure and cardiac checks are required (ADHD) the service user is directed to the GP to have this completed. In exceptional circumstances, this is individually risk assessed and completed at The Pavilion with the use of PPE.

Procedures were put in place for guiding service users through the process of accessing the virtual platforms. Once the referrals were re-opened those who had been waiting the longest were contacted and were initially assessed via telephone/video, with further appointments made.

Two Consultant Psychiatrists returned to offer weekly diagnostic slots from September 2020. Four Learning Disability Consultants for ASC and one Learning Disability Consultant for ADHD have not returned as assessments are required to be undertaken in a face to face environment rather than virtually. As soon as face to face assessments can safely resume, this part of the service will recommence. The four Learning Disability Consultants for ASC were providing the service with ½ day per week on a rotational basis, so the impact of this is a reduction in assessment capacity of 1 assessment per week.

ADHD
Wait List Progress

	May 2020	02/7/20	06/7/20	13/7/20	20/7/20	27/7/20	03/8/20	10/8/20	07/9/20	14/9/20
ADHD 'Triage' Wait List	6	1	3	6	7	15	19	20	1	5
ADHD 'Initial Asst Wait List*	114	111	95	79	72	69	66	65	92	93
ADHD Asst Wait List **	103	110	121	132	135	135	137	141	140	142
ADHD Medication wait List ***	32	31	30	18	15	13	14	11	11	9
Not currently assigned to wait List ****	36	34	29	39	43	43	45	43	35	30
TOTAL	291	287	279	274	272	275	281	280	279	279

ASC
Wait List Progress

	May 2020	06/07/20	13/07/20	20/07/20	27/7/20	03/08/20	10/08/20	07/09/20	14/09/20
ASC 'Triage'	10	11	15	17	18	25	21	31	28
ASC Post Triage	8	8	8	8	8	8	2	1	1
ASC Pre –Initial Asst	47	47	47	48	48	48	24	9	11
ASC Initial Asst	106	106	106	106	106	106	125	133	133
ASC Asst	106	106	106	106	106	105	104	99	98
ASC SALT Asst	1	1	1	1	1	1	1	1	1
ASC Treatment/ therapy	18	18	18	18	16	17	18	23	20
Grand Total	295	296	301	304	302	309	294	297	292

Although there was a suspension to the referrals coming into the service, the waiting lists were already lengthy. With the reopening of referrals to the service, limited clinician time and the further loss of some consultant time the waiting times are expected to grow. To mitigate this, the service has implemented screening/triage clinics with the purpose of preventing inappropriate referrals being added to the waiting lists and lengthening them further. The service is are holding weekly reporting meetings to review progress with the waiting lists and identify any priorities. Additionally, they are developing further links with Primary Care and MHICT and joining the MHICT weekly meetings to allow time to discuss referrals with a view to reducing inappropriate referrals. Progress against this will be reported at future Quality Committee meetings.

CQC DOMAIN - ARE SERVICES EFFECTIVE?

Focus on – ASC and ADHD Service

Risks

Limited clinician capacity is resulting in increased waiting times. Referrals have increased since re opening in September.

Both the ASC and ADHD specialist clinicians have had to adapt and develop what was already a complex diagnostic assessment, to cater for the use of a virtual platform. This has taken great effort in order to allow for the non-verbal element of the assessment and to take into consideration the complex needs of this client group, along with the reasonable adjustments required. Due to the change in working environments and virtual appointments, administration tasks have greatly increased which will contribute to wait times.

Assurance

All assessments and consultations are completed via a virtual platform or by telephone.

Improved links have been established with our Primary Care/MHICT and wider GHC colleagues in order to offer an "advisory" service to provide education regarding the referral pathway and to offer time for colleagues to discuss any queries regarding referrals. This will allow joined up working to promote appropriate referrals coming into the team and the ability to signpost colleagues to more appropriate services at an earlier opportunity.

Celebrating Success

In the response to the pandemic the Clinical Specialists have shown resilience in a difficult and pressured time. They were flexible and dynamic at a time of global concern. The team have remained positive and continue to provide the best possible service under difficult circumstances. The team sickness rate has been below average and all colleagues have adapted to accommodate rapid changes in service delivery.

Colleagues have developed new ways of working; completing diagnostic assessments, administration and providing post-diagnostic groups in a way that would have previously been considered the impossible for this client group. Despite encountering hurdles, colleagues have continued to provide care and support to this client group and their families and carers.

Going forward, the use of virtual platforms and telephone consultations will allow the service to deliver these diagnostic assessments in a more efficient manner.

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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	00:14	00:17	00:11	00.13	00:17	0.15								00:14	R		

Referral to Treatment 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
Podiatry - % treated within 8 Weeks	L - C	95%	73.6%	92.9%	97.2	100%	94.2%	97.7%								96.%	G		
ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	79.8%	65.1%	57.9%	84.4%	93.6%	97.5%								75.2%	R		
ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	83.5%	79.4%	62.5%	93.6%	94.9%	98.4%								82.6%	R		
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	88.5%	60.2%	68.8%	95.3%	99.3%	100%								80.9%	R		
Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	84.5%	72.2%	98.8%	95.2%	99.0%	98.6%								91.3%	R		
Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.4%	92.9%	97.2%	96.2%	99.02%	98.7%								96.3 %	G		
Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	35939	1787	1731	1774	1712	1,702								8706	R		

Mental Health Services

	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
CPA Review within 12 Months	N - T	95%	96.9%	86.9%	86.7%	87.2%	86.3%	88.3%								86.7%	R		
Admissions to hospital gate kept by CRHTT	N - T	95%	100.0%	96.8%	94.8%	100%	100%	100%								97.9%	G		

Additional information

MIIUs
- The Dilke and Vale MIIUs remain closed as part of the Covid-19 response. Due to the increased level of demand as a consequence of the relaxation of lockdown measures and an increase in injury being seeing at CGH and GRH, Tewkesbury MIIU re-opened on 25/08/20 from 10am-6pm, with this due to increase to 8am-8pm from September (this aligns the 5 units' opening times).
- The Vale will reopen in October from 10am-6pm as currently a full staffing model for this site cannot be assured. The Dilke will remain closed as the clinical space makes it unsuitable for a walk-in model and there is an aim for the MIIU to be opened for pre-booked appointments later in the financial year.
- The MIIU team continue to provide telephone advice for those patients that call first to ensure the right clinical pathway is accessed as soon as possible. This approach has already shown a positive impact on flow within the MIIUs. Increasing bookable appointments through 111 has also improved flow and work is currently underway to improve the take up of this offer. It is understood that more work needs to be done in the 111 service to direct more patients into MIIUs from this provider.

ICTs
ICT therapies activity captured by the KPI definition has still not returned to pre-Covid-19 levels. August saw a month on month step up in referrals to both Physiotherapy and OT, but these are still 25% and 20% down on August 2019 referral numbers. Despite this, new referrals exceeded new cases seen in the month so the number of people waiting for an appointment has risen for the first time since the pandemic. Therapy teams continue to prioritise referrals on the basis of clinical need with 86.9% of people seen by ICT Physiotherapy and 86.8% of people seen by ICT OT in August having waited for 2 weeks or less.

The ICT KPIs pre-date the establishment of these multi-disciplinary teams and do not take account of the work undertaken by our therapists in the ICT referral centres
- If physiotherapy work within the ICT referral centres is combined with the ICT physiotherapy KPI data, then the percentage of people seen within 8 weeks is 98.9% for August.
- If occupational therapy work within the ICT referral centres is combined with the ICT occupational therapy KPI data, then the percentage of people seen within 8 weeks is 99.3% for August.
- This combined data provides a helpful reflection of the experiences of overall contact with the ICTs.

Mental health
- The rate of performance in relation to timely CPA reviews is noted to have experienced minor fluctuations over the past four months and has not met the threshold of compliance during this time period. It is important to note that the restrictions posed by Covid-19 in terms of face to face contact have limited some opportunities for full CPA review. It is anticipated that this indicator will remain challenging to achieve whilst recovery plans are embedded in keeping with current local and national Covid-19 restrictions.
- CRHTT has achieved 100% compliance with gatekeeping admissions to hospital for the third consecutive month this year, the deviation noted in May is largely due to the Trusts actions to reconfiguring services in response to Covid-19.

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

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

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

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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.		70%*	N/A	60.4%	60.4%	60.4%	61.5%	61.5%								60.6%	R		
Number of Antenatal visits carried out		92	944	46	42	35	24	24								171	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%	42.9%	30.6%	58.7%	75.7%	82.5%								58.1%	R		
Percentage of children who received a 6-8 weeks review.		95%	94.1%	12.2%	44.4%	71.8%	76.3%	86%								61.9%	R		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	84.8%	80.3%	75.2%	67.1%	70.8%	64%								72.3%	A		
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	90.2%	89.4%	86.2%	89.2%	87.5%	82.2%								87.2%	A		
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	83.5%	81.9%	85.3%	81.7%	73.9%	61.1%								76.8%	A		
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	54.9%	56.7%	56.2%	58.2%	58.2%	49%								56.1%	A		
Chlamydia Screening of Gloucestershire residents aged 15-24 (minimum positivity rate)		3108	1929	895	676	844	963	1233								3378			
Number of Positive Screens		169	1329	53	40	50	57	73								275			
Average Number of Community Hospital Beds Open		196	195.4	173.3	168.8	155.8	162.5	177.7								167.62	R		
Average Number of Community Hospital Beds Closed		0	1.1	19.2	27.2	40.2	33.5	18.3								28.3	R		

Additional Information

The reduction in numbers of antenatal visits has plateaued throughout August due to the partial suspension plan and continued pausing of the antenatal groups; there remains some public apprehension about home visits. Joint working with Gloucestershire Hospitals NHS FT continues to promote virtual antenatal group sessions for families, and a targeted approach is being adopted.

The vision screening programme was suspended when lockdown occurred on 23/03/20 as it is a school-based programme, a catch up programme will commence in September once schools have returned and are allowing access to school nursing staff.

The universal antenatal service is currently suspended but the Health Visitor (HV) and Midwifery services are currently developing a virtual offer. In addition the midwifery notification of antenatal is being reviewed as not all are notified to the HV service. The 24 visits delivered were all targeted based on vulnerability risk factors.

NBV – the dashboard data is limited to face to face activity, if telephone and virtual activity is included the percentage would increase to: 92.1 %. In addition 9 babies remain in Neonatal ICU

6-8 week – the dashboard data is limited to face to face activity; if telephone and virtual activity is included the percentage would increase to: 95.9%

9-12 month – 99 contacts declined the offer and 60 contacts requested a patient delay until face to face activity resumes. This is currently awaiting increased Covid-19 secure environments in order to deliver clinics safely.

12-15 month – 71 contacts declined the offer, 5 contacts requested a delay until face to face activity can resume.

2-2.5 years – 147 contacts declined the offer, 11 contacts requested delays until face to face activity resumes, 5 contacts had no access visits

Breastfeeding - review identified that some data in relation to this area was not being accurately recorded. This has been addressed within the service to ensure data accurately reflects activity.

The service is actively increasing the number of Covid-19 secure clinics to meet service user preference, as the decline in reviews is due to the increased requests for face to face appointments in clinic settings, rather than home visits. A system wide Better Births meeting was held in mid-August to review integrated practice between midwifery and health visiting.

Chlamydia screening: The increase in numbers of tests carried out in August is most likely due to the continued easing of social distancing and lockdown restrictions, it is noted that positivity rates increased this month.

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

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

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Quality Dashboard

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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%	85%											
% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	80.38%	72.7%	69.9%	65.4%	76%	76%								72%	R		
Sickness absence average % rolling rate - 12 months	L - I	<4%	4.72%	4.9%	5.0%	5.2%	5.21%	5.14%								5.09%	R		
SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.30%																	

Additional information

Mandatory training, appraisal and absence

The pause on statutory/mandatory training was lifted in July 2020. Although service recovery plans include a focus on meeting target thresholds, this is taking some time given the pressure on services and colleagues' annual leave. Social distancing requirements have posed challenges with room availability for the recommencement of face to face training, although it is anticipated that some key venues will be available from October 2020. The focus will be on the provision of face to face physical intervention and resuscitation training. Subject matter experts are still in the process of converting their training to online options to respond to this challenge. The main focus for training compliance continues to be Information Governance training; this is due to the need to declare alignment with the NHS's Data Security and Protection Toolkit (DSPT) training compliance target in September 2020. Training compliance is likely to remain below target until the new Trust training system, due for implementation in September 2020, is fully embedded.

Appraisal compliance has remained static at 76% for this month. It is anticipated that compliance will improve further over the coming months as a result of the Trust's continuing programmes of recovery, with colleagues returning from annual leave. There will be continued emphasis on the need for appraisal completion over the coming months, including the re-introduction of appraisal training.

Sickness absence has remained consistent over the last 4 month period but continues to remain above the Trust target of 4.00%.

Staff Health and Wellbeing

The Health and Well-being pages of the intranet continue to provide a single point of access for support under 6 domains: physical health, mental health, lifestyle, supporting colleagues, speaking up, and staff benefits.

Recent work and support available during August 2020 includes;
- Offers for staff communicated via emails, intranet, face to face contacts, and leaflet dropping; curating self-care materials including apps; collating and distributing gifts and donations
- Team based psychological support, team facilitation skills programme, and individual support (i.e. Working Well, Let's Talk, Psychology and specific input for shielding staff)
- Freedom to Speak Up support included as a health and wellbeing offer continued with a relaunch of the work in confidence system.
- Thank you letters for children and colleagues, supporting a 'thank you day' for all colleagues
- Water Bottle distribution by Board and Hub colleagues, supported by health and well-being information (during August).
- Feedback from national and local surveys to supporting further development, ensuring colleagues have a voice.
- Hub approved charitable fund bids to further support the development, quick wins and longer term i.e. 3 days for OH extra counselling; NHS Elect mindfulness/reflection programme
- Promoting health and well-being through creativity (e.g. GHC colleagues photography competition) and shared experiences (e.g. blogs by colleagues)
- Encouraging wider participation and feedback by extending Health and Wellbeing core group to include a variety of clinical and operational colleagues.

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CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Mental Health Inpatient – Aug 2020

Ward Name	Code 1 Hours	Code 1 Exceptions	Code 2 Hours	Code 2 Exceptions	Code 3 Hours	Code 3 Exceptions	Code 4 Hours	Code 4 Exceptions	Code 5 Hours	Code 5 Exceptions
Dean	42.5	4	0	0	0	0	10	1	0	0
Abbey	240	32	7.5	1	0	0	0		0	0
Priory	280	37	42.5	4	0	0	0	0	0	0
Kingsholm	67.5	9	0	0	0	0	0	0	0	0
Montpellier	45	6	10	1	0	0	0	0	0	0
Greyfriars	420	49	0	0	0	0	0	0	0	0
Willow	7.5	1	22.5	3	0	0	0	0	0	0
Chestnut	37.5	5	7.5	1	0	0	0	0	0	0
Mulberry	22.5	3	0	0	0	0	0	0	0	0
Laurel	0	0	0	0	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	0	0	15	1	0	0	0	0	0	0
Total In Hours/Exceptions	1162.5	146	105	11	0	0	10	1	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

The Code 4 exception was due to an agency staff member not arriving for the shift.

MENTAL HEALTH & LD Ward	Average Fill Rate	In-Post	Bank	Agency	Vacancies	Sickness
Dean Ward	114.14%	94.82%	13.15%	10.36%	13.15%	10.36%
Abbey Ward	110.65%	69.92%	32.52%	9.29%	32.52%	9.29%
Priory Ward	106.94%	86.06%	25.90%	2.36%	25.90%	2.36%
Kingsholm Ward	104.89%	89.63%	10.38%	8.04%	10.37%	8.04%
Montpellier	99.97%	94.76%	9.30%	4.11%	9.29%	4.11%
PICU Greyfriars Ward	138.98%	82.92%	2.97%	6.13%	2.97%	6.13%
Willow Ward	100.00%	93.84%	-1.96%	5.97%	-1.96%	5.97%
Chestnut Ward	105.91%	93.39%	10.75%	0.91%	10.74%	0.91%
Mulberry Ward	117.90%	96.77%	6.81%	11.03%	6.81%	11.03%
Laurel House	109.14%	88.44%	25.29%	6.97%	25.29%	6.97%
Honeybourne Unit	100.00%	102.58%	0.00%	0.00%	8.54%	9.99%
Berkeley House	111.06%	91.96%	22.13%	2.35%	22.13%	2.35%
Totals (August 2020)	109.97%	90.42%	13.10%	5.63%	13.81%	6.46%
Previous Month Totals	108.23%	86.19%	15.08%	6.96%	13.81%	5.69%

Mental Health and Learning Disability Inpatients

There are mitigations to note in reference to the gaps in the in-post percentages:

- Wotton Lawn is currently running at 23.70 WTE vacancies. There is a cohort of 8 newly qualified nursing staff joining Wotton Lawn in September 2020. Therefore, the net vacancy rate for Wotton Lawn will be 15.70 WTE. Charlton Lane is currently running at 3.8 WTE vacancies. There is a cohort of 3 newly qualified nursing staff joining Charlton Lane in September 2020. Therefore, the net vacancy rate for Charlton Lane will be 0.8 WTE. This is a positive development and reflects recruitment work undertaken earlier this year with student nurses. However further attention is required to maintain required staffing in these areas

- There are currently 8 x 12wk agency contracts in place in Wotton Lawn.

- An agency Guaranteed Volume Contract is in place in Wotton Lawn delivering 28 shifts per week. Work is currently underway 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 of care as these staff undertake RiO and clinical risk training so they can undertake the full clinical role, including being the nurse in charge.

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Physical Health – Aug 2020

Physical Health
The Trust continues to work to homogenise safe staffing reporting methods across the new organisation. However the Trust is able to report good levels of staffing maintained in inpatient areas set against agreed safe staffing levels. The table below shows that average fill rates in August 2020 were 103.15%, which is similar to July 2020 where average fill rates were 105.44%. A detailed piece of work will be undertaken to enable the reporting of physical health exceptions as currently delivered in Mental Health/Learning Disability services.
In response to current staffing levels for District Nursing, feedback from internal and system wide colleagues and opportunities for new ways of working within a primary care network environment will be explored by a task and finish group that has been established. This is sponsored by the Director of Nursing, Quality and Therapies and progress will be reported to Quality Committee via the Quality Assurance Group.

| PHYSICAL HEALTH						
Ward	Average Fill Rate	In-Post (RGN & HCA)	Bank	Agency	Vacancies	Sickness
Coln (Cirencester)	111.09%	83.53%	6.49%	4.32%	6.48%	4.32%
Windrush (Cirencester)	101.21%	82.41%	14.56%	7.01%	14.56%	7.01%
Jubilee (Stroud)	118.47%	77.98%	26.00%	6.26%	26.00%	6.26%
Cashes Green (Stroud)	94.18%	93.65%	23.88%	6.41%	23.96%	6.43%
Abbey View (Tewkesbury)	101.88%	90.30%	2.46%	7.46%	2.46%	7.45%
North Cotswolds	93.18%	103.35%	0.00%	0.00%	12.20%	5.40%
The Dilke	94.35%	92.26%	34.15%	4.89%	34.21%	4.90%
Lydney	118.45%	88.49%	-4.89%	2.68%	-4.89%	2.68%
Peak View (Vale)	95.57%	89.40%	14.68%	2.43%	14.68%	2.43%
Totals (August 2020)	**103.15%**	**89.81%**	**13.04%**	**4.61%**	**14.41%**	**5.21%**
Previous Month Totals	105.44%	85.59%	15.33%	4.52%	14.41%	5.71%

CQC DOMAIN - ARE SERVICES WELL LED?

Effective Staffing Review - July 2020 – Development data providing focus on ICT (District Nursing teams) activity and staffing levels

ICT Average Face2Face Contacts per nurse per shift (Aug-20)
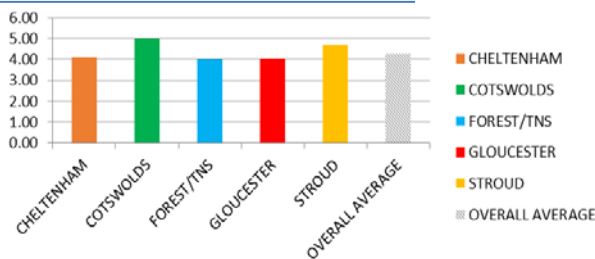
Minimum Staffing vs Actual (Aug-20)

Note: Coloured bars are current assessed service minimum staffing guides
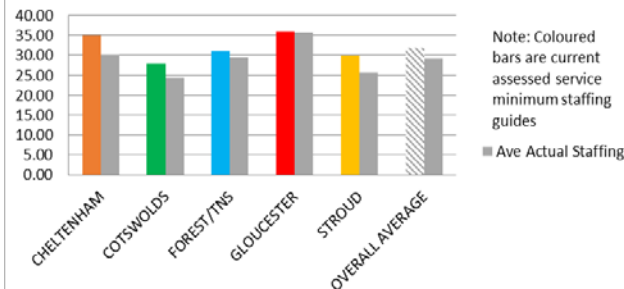
- The number of redeployed staff as of 01/08/2020 was 8, however by w/c 10/08/2020 all 8 had been repatriated. This is evident through the actual staffing levels which are on average 29.11 shifts per day compared to the minimum of 32 shifts per day. As all staff have now been repatriated, normalised data (post Covid-19) is expected for the month of September 2020 and will be reported in October 2020.

- The average face to face contacts per nurse per shift is an average taken across the skill mix. The average number during Aug 2020 is 4.29 compared to 6.27 in July 2020. During July there were still redeployed staff working in the teams.
- Phone contact with service users is currently utilised as a method of contact which is not included in these figures.

REPORT TO:	**Trust Board – 30th September 2020**
PRESENTED BY:	Sandra Betney, Director of Finance
AUTHOR:	Stephen Andrews, Deputy Director of Finance
SUBJECT:	**FINANCE REPORT FOR PERIOD ENDING 31ST AUGUST 2020**

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 is asked to:
- **Note** the month 5 position
- **Approve** the use of £110k merger savings to fund the strengthening of the Operations Directorate
- **Approve** the use of £57k merger savings to fund a new Equality, Diversity and Inclusion Lead

Executive summary

- There is a Covid interim financial framework for the NHS in place for April to September.
- A revised financial framework will be put in place for October to March.
- The Trust's position at month 5 is break even. All Trusts are required to show a break even position by NHSI.
- To reach a break even position the Trust has requested a retrospective top-up of £1.484m for Apr to August. £1.072m of this has been approved by NHSI for April to July.
- To support the creation of a Service Director post in CYPs the Trust is proposing to invest £110k of merger savings in the Operations directorate.
- The cash balance at month 5 is £71.453m.
- Capital expenditure is £0.978m at month 5. The Trust has a capital plan for 20/21 of £10.045m.
- The revised recurring Cost Improvement Plan (CIP) target for the merged

Trust is £4.352m and the amount delivered to date is £3.277m.
- The Trust has spent £1.790m on Covid related revenue costs between April and August.

| **Risks associated with meeting the Trust's values** |
| Risks identified within the paper. |

Corporate considerations	
Quality Implications	None identified
Resource Implications	As set out in the paper
Equality Implications	None identified

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

| **Appendices:** | Finance Report |

| **Report authorised by:** | **Title:** |
| Sandra Betney | Director of Finance |

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AGENDA ITEM 15.1

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Finance Report
Month 5

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Gloucestershire Health & Care Overview

- The Covid interim financial framework for the NHS in place since April to September, from October a number of adjustments to the financial framework are being introduced. Block contract payments will continue.

- Gloucestershire ICS has been given an overall funding envelope that it collectively has to manage.

- Trusts have to complete activity, finance and performance plans for the remainder of 20/21

- The Trust has been notified it will receive £1.072m of retrospective true up funding relating to April to July, and has calculated a further £412k for August in order to break even

- This will bring the total retrospective true up payments to £1.484m

- The Trust has £700k reduction in NCA income as we have been instructed not to invoice

- The Trust has recorded Covid related expenditure of £1.790m for April to August

- The adjusted recurrent Cost Improvement Plan target for the Trust following the extension of the interim planning guidance is now £4.352m. The CIP removed so far is £3.277m

- 20/21 Capital plan was approved at £9.945m, with an additional £100k for critical backlog maintenance. Spend to month 5 is £978k, Capital Management Group is monitoring forecast outturn

- Agency cost forecast is £4.832m which is £1.4m lower than 2019/20. No Agency ceiling has been issued by NHSI for 20/21

- Cash at the end of month 5 is £71.5m due to the Trust receiving September's block contract payment early

- To strengthen the capacity of the Operations directorate and support the transformation agenda that formed an integral part of the merger it is proposed to utilise merger savings of £110k to support the creation of a Service Director post in Children and Young People's Services.

- A new Equality, Diversity and Inclusion Lead is also proposed to be funded from the merger reserve at £57k. After these two posts are funded there will be £189k left in the reserve.

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GHC Income and Expenditure

The performance at Month 5 is above the planned deficit of £0.210m at break even in line with NHSI policy. The Trust has requested £1,484k of true-ups over five months.

Statement of comprehensive income £000	GHC 2019/20 Actual	GHC Month 5 2020/21 NHS I Interim plan	Budget	Actual	Variance
Operating income from patient care activities	187,601	95,945	87,370	90,031	2,661
Other operating income exc PSF	9,642	4,125	3,780	2,664	(1,116)
True up income		0	0	1,484	1,484
Provider sustainability fund (PSF) income	2,042	0	0	0	0
Employee expenses	(142,521)	(67,515)	(67,340)	(68,556)	(1,216)
Operating expenses excluding employee expenses	(55,456)	(25,780)	(22,350)	(24,127)	(1,777)
PDC dividends payable/refundable	(2,351)	(1,655)	(1,675)	(1,550)	125
Other gains / losses	222	25	5	10	5
Surplus/(deficit) before impairments & transfers	**(821)**	**5,145**	**(210)**	**(44)**	**166**
impairments	3,489	0	0	0	0
Remove capital donations/grants I&E impact	56	0	0	44	44
Surplus/(deficit) inc PSF	**2,724**	**5,145**	**(210)**	**0**	**210**

Note . The variance compares 'Budget' against 'Actual'

GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

STATEMENT OF FINANCIAL POSITION (all figures £000)		GHC 2019/20 Actual	GHC Month 5 2020/21 Year to Date Budget	Actual	Variance
Non-current assets	Intangible assets	2,023	2,283	1,307	(976)
	Property, plant and equipment: other	115,916	121,248	111,524	(9,724)
	Total non-current assets	**117,939**	**123,531**	**112,831**	**(10,700)**
Current assets	Inventories	288	245	283	38
	NHS receivables	11,017	8,456	5,427	(3,029)
	Non-NHS receivables	8,973	5,723	11,672	5,949
	Cash and cash equivalents:	26,619	28,469	71,453	42,984
	Property held for sale	0	500	0	(500)
	Total current assets	**46,897**	**43,393**	**88,835**	**45,442**
Current liabilities	Trade and other payables: capital	(2,143)	(1,784)	(776)	1,008
	Trade and other payables: non-capital	(5,580)	(10,551)	(12,284)	(1,733)
	Borrowings	(76)	(104)	(164)	(60)
	Provisions	(371)	(604)	(544)	60
	Other liabilities: deferred income including contract liabilities	(16,655)	(1,482)	(45,047)	(43,565)
	Total current liabilities	**(24,825)**	**(14,525)**	**(58,816)**	**(44,291)**
Non-current liabilities	Borrowings	(1,773)	(8,338)	(1,377)	6,961
	Provisions	(3,491)	(451)	(3,725)	(3,274)
	Total net assets employed	**134,747**	**143,610**	**137,748**	**(5,862)**
Taxpayers Equity	Public dividend capital	127,526	125,181	120,611	(4,571)
	Revaluation reserve	6,566	7,098	7,204	106
	Other reserves	(1,241)	(1,241)	(1,241)	(0)
	Income and expenditure reserve	1,896	12,572	11,175	(1,397)
	Total taxpayers' and others' equity	**134,747**	**143,610**	**137,748**	**(5,862)**

Note. £32m deferred income. September income received in August

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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	
Cash and cash equivalents at start of period		**33,553**		**37,720**
Cash flows from operating activities				
Operating surplus/(deficit)	1,308		1,540	
Add back: Depreciation on donated assets	0		44	
Adjusted Operating surplus/(deficit) per I&E	**1,308**		**1,584**	
Add back: Depreciation on owned assets	4,944		3,554	
Add back: Impairment	3,489		0	
(Increase)/Decrease in inventories	(38)		0	
(Increase)/Decrease in trade & other receivables	(3,516)		3,810	
Increase/(Decrease) in provisions	2,485		184	
Increase/(Decrease) in trade and other payables	2,580		18,067	
Increase/(Decrease) in other liabilities	(863)		7,633	
Net cash generated from / (used in) operations		**10,389**		**34,832**
Cash flows from investing activities				
Interest received	206		1	
Purchase of property, plant and equipment	(4,835)		(979)	
Sale of Property	560		0	
Net cash generated used in investing activities		**(4,069)**		**(978)**
Cash flows from financing activities				
PDC Dividend Received	570		0	
PDC Dividend (Paid)	(2,565)		0	
Finance Lease Rental Payments	(158)		(120)	
		(2,153)		**(120)**
Cash and cash equivalents at end of period		**37,720**		**71,454**

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Gloucestershire Health & Care Covid 1

- No Covid related capital costs were identified in 19/20.

- Urgent Covid related capital costs have been incurred in 20/21 and a request for funding was put forward for national sign-off which has now been approved (£137k).

- The Trust has submitted further capital proposals under phase 2 of the NHS recovery plan totalling £3.745m.

- Covid related revenue costs of £1,790k have been identified for April to August 2020.

For periods up to and including 31/08/2020 (M1-5)	Pay TOTAL	Non Pay M5	Comments (M5)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	260,519.00	0.00	Includes Nurse Trainees, Medical and some admin
Sick pay at full pay (all staff types)	28,636.00		
COVID-19 virus testing (NHS laboratories)	42,625.00	19,066.00	Includes serology. Review of staffing costs M1-5 (lower).
Remote management of patients	0.00	51,816.00	
Plans to release bed capacity	0.00	34,502.00	
Existing workforce additional shifts	104,033.00		Additional historic re-deployed costs recognised in M5.
Decontamination	0.00	142,454.00	Includes all portakabins as showers, some might be storage now
Backfill for higher sickness absence	788,737.00		Incl YTD agreed domestic agency staff
Remote working for non patient activites	0.00	52,480.00	
National procurement areas	0.00	192,963.00	Includes Hotel, expenses, travel as well as earlier purchases of PPE
Other	0.00	72,370.00	
	1,224,550.00	565,651.00	1,790,201.00

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Gloucestershire Health & Care Covid 2

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NHS Foundation Trust

- The Trust has completed a forecast for Covid related revenue costs in 20/21.
- The Covid related revenue cost forecast is £3.453m for 20/21.
- Recurring costs are £1.068m in a full year.
- The forecast split by scheme is as follows;

COVID FORECAST 20/21				21/22
Covid Scheme	**Recurring** £	**Non Recurring** £	**Total** £	**Recurring** £
Infrastructure	172,816	0	172,816	296,258
Virus Testing	139,160	103,400	242,560	238,566
Stock Control	179,865	0	179,865	308,337
IT	150,000	96,903	246,903	225,000
Additional Clinicial Staffing	0	1,368,934	1,368,934	0
Additional Support Staffing	0	186,000	186,000	0
Vale Stroke Ward	0	176,059	176,059	0
Buildings	0	61,518	61,518	0
Decontamination	0	305,374	305,374	0
Procurement	0	419,541	419,541	0
Other	0	92,952	92,952	0
Total of Schemes	**641,841**	**2,810,680**	**3,452,521**	**1,068,161**

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Capital – Five year Plan

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NHS Foundation Trust

Capital 5 year Plan	Original Plan	Revised Plan	Actuals to date	Plan	Plan	Plan	Plan	
£000s	2020/21	2020/21	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Land and Buildings								
Buildings	4,259	3,383	406	3,202	4,500	2,500	1,000	14,585
Backlog Maintenance	1,393	1,563	63	1,371	1,050	1,050	250	5,284
Urgent Care	475	200	0	275		0		475
Covid	0	138	86	0				138
Cirencester Scheme						5,000		5,000
Medical Equipment	1,220	587	23	1,059	730	730	3,330	6,436
IT								
IT Device and software upgrade	600	1,270	209	0	600	600	600	3,070
IT Infrastructure	1,498	2,705	128	132	1,400	1,300	1,300	6,837
Sub Total	**9,445**	**9,845**	**915**	**6,039**	**8,280**	**11,180**	**6,480**	**41,824**
Forest of Dean	500	200	62	6,500	6,300		0	13,000
Total	**9,945**	**10,045**	**978**	**12,539**	**14,580**	**11,180**	**6,480**	**54,824**
Disposals				(3,260)		(1,500)		(4,760)
Donation - Cirencester Scheme						(5,000)		(5,000)
	9,945	**10,045**	**978**	**9,279**	**14,580**	**4,680**	**6,480**	**45,064**

Forest of Dean - £900k spent in 2018/19 and 19/20. Brings total planned spend to £13.9m.
Additional £100k added to plan in 20/21 for backlog maintenance from Critical Infrastructure Risk funding

The Capital Management Group have reviewed all schemes for any result of a covid related slow start to the year and concluded that the forecast outturn is still deliverable.

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Risks

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

Gloucestershire Health & Care Risks	20/21 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood	Impact	RISK SCORE
Unidentified Differential CIP schemes	169	169	0	2	2	4
Interim finance might lead to loss of ability to deliver agreed developments	1,291	0	1,291	4	3	12
	2,537	833	1,704			

Single Operating Framework Ratings

Gloucestershire Health and Care
NHS Foundation Trust

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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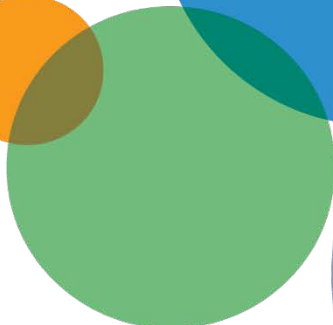
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REPORT TO:	**Trust Board – 30th September 2020**
PRESENTED BY:	Sandra Betney, Director of Finance
AUTHOR:	Chris Woon, Associate Director of Business Intelligence
SUBJECT:	**COMBINED PERFORMANCE DASHBOARD AUGUST 2020 (MONTH 5)**

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 separated into the following reporting sections;

- 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 August (month 5 of the 2020/21 contract period). This report aligns to the organisational response to Covid-19 and associated recovery of services. Data validation and associated indicator narrative has improved, but it is recognised that exception narrative could be a stronger focal point during the period (rather than retrospectively), particularly within Finance & Performance (F&P) operational meetings. Discussions continue on how this can be improved with operational and corporate stakeholders and this is overseen though the Business Intelligence Management Group (BIMG).

Where possible, it has been highlighted within the indicator narrative where **Covid-19** may have contributed to in-period data quality, narrative and/ or performance.

Where performance is not compliant, operational service leads are prioritising appropriately to address issues. Service led Covid-19 recovery plans will schedule recovery trajectories, 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 is asked to:

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

- **Acknowledge** the impact of **<u>Covid-19</u>** (management and recovery) on operational performance and where relevant reduced activity across teams.
- **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

The Board's attention is requested to review the 10 **mental health** key performance thresholds listed in the dashboard (with associated narrative) that were not met for August 2020. It is of note that all indicators have been in exception within the last 12 months. 3.21(Transition) is included purely for data quality reference.

In addition, attention is drawn to the 20 **physical health** performance thresholds listed in the dashboard (with associated narrative) that were not met for August 2020. Within these, 12 are within CYPS and 3 within wheelchair services. In addition there are 4 workforce indicators within the physical health section that now apply to all GHC services. It is of note that all of these indicators have been in exception within the last 12 months. It is further noted that there are addition physical health indicators outside of threshold but are 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.

Note on 3.21: CYPS Transition to the Recovery Service within 4 weeks; Although not in exception, there were 3 non-compliant records reported in July due to data entry errors. These have not yet been corrected on the clinical system. No response has been received from the CYP service and the Recovery service has now been approached directly for further response

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.

Corporate considerations

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

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Where has this issue been discussed before?	BIMG 17/09/2020

Report authorised by:	Title:
Sandra Betney	Director of Finance

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Performance Dashboard Report & BI Update

Aligned for the period to the end August 2020 (month 5)

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 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, a Covid-19 Recovery Programme 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.

In spite of unplanned Covid-19 BI demands and increasing recovery activity, 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 since the last update;

- The development of business critical operational performance reports within Tableau
- Availability of following data sources to reporting anaylists; Datix, Safety Thermometer, Safer Staffing, Imms Reporting, Lillie (sexual Health)
- Physical Health SystmOne and Mental Health RiO aligned system hierarchy (for merged reporting)
- Initial data validation processing of Incident (Datix), Workforce (ESR) and Finance (Integra) data.
- Winter & 2nd C19 surge planning
- Service level recovery engagement and planning
- Finalisation of C19 Exec Dashboard (*PPE stock control outstanding*)
- Finance (Centros) data extract into data warehouse

The following tasks continue to be 'in the development pipeline';
- Key financial reporting to support the new General Ledger (GL) (Oct 2020/21).
- Dashboard visualisation capability further developed to include; threshold figures in place of variances, benchmarking observation, SRAP alerts and data quality alerts (Q3 2020/21).
- C19 Programme Management Board Dashboard developmentn (Q3 2020/21)
- Final legacy GCS reports migrated to Tableau (Q3 2020/21)
- Complete data sources replication for complimentary systems (Q3 2020/21)
- Supplementary system sources brought into BI reporting (Datix, Service Experience, Q4 2020/21)
- 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)
- Integrated Business Intelligence Performance Dashboard (Q4 2020/21) for Board/ Resources Committee (incorporating full BI stack).
- Birtie decommissioning (Q4 2020/21)

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.

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KPI Breakdown

Mental Health - National Requirements Gloucestershire

		August		YTD		
1.04	Care Programme Approach - formal review within12 months	87.3%	-7.7%	88.4%	-6.6%	

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
This indicator is non-compliant for August at 87.3% (124 non-compliant records) against a 95% threshold with the majority of cases within the Recovery Service (65), AOT Service (24) and EI service (8).

The Adult community teams are now in active recovery post-**Covid** and re-engaging with clinical caseloads. CPA reviews have been scheduled from August onwards, with the aim to achieve compliance by the end of Quarter 2 (September).

The EI service has been concentrating on Priority 1 clients as part of **Covid planning** and as part of recovery planning were hoping to achieve compliance earlier, however are now seeking to return to compliance by the end of October. The service have issued reminders to staff during the month, highlighting areas of concern and are currently proactively working through business intelligence exception reports to monitor and improve compliance going forward.

KPI Breakdown

Mental Health & Learning Disabilty - Local Contract

		August		YTD	
3.07	CPA Review - 95% of those on CPA to be reviewed within 1 month (Review within 13 months)	91.9%	3.1%	94.9%	-0.1%
3.12	IAPT access rate: Access to psychological therapies for adults should be improved	82.7%	-17.3%	67.9%	-32.1%
3.25	% of CYP entering partnership (treatment) in CYPS have pre and post treatment outcomes and measures recorded	21.0%	-79.0%	48.9%	-51.1%
3.31	Patients with Dementia have delirium screening near discharge	75.0%	-10.0%	66.6%	-18.4%
3.33	CPI: Assessment to Treatment within 16 weeks	46.1%	-43.9%	43.1%	-46.9%
3.35	Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	94.1%	-0.9%	86.9%	-8.1%
3.40	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	91.3%	-3.7%	72.2%	-22.8%

Mental Health & Learning Disability - Social Care
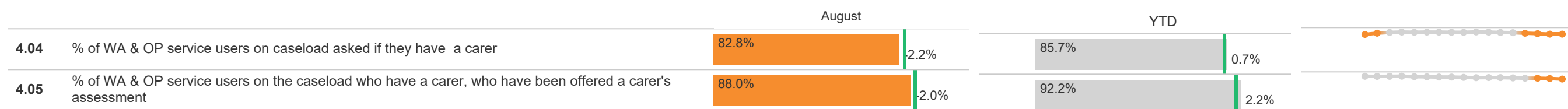
		August		YTD	
4.04	% of WA & OP service users on caseload asked if they have a carer	82.8%	2.2%	85.7%	0.7%
4.05	% of WA & OP service users on the caseload who have a carer, who have been offered a carer's assessment	88.0%	-2.0%	92.2%	2.2%

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

3.07: CPA Review: 95% of those on CPA to be reviewed within 1 month (Review within 13 months)
Performance for August is at 91.9% against a 95% threshold. This indicator is a subset of 1.04 and of those non-compliant records there were 78 where the CPA review is not recorded as having taken place within 13 months. Of these, 41 were with the Recovery service, 17 with the AOT Service and 4 with the EI service.

The Adult community teams are now in active recovery and re-engaging with clinical caseloads. CPA reviews are being scheduled from August onwards, with the aim to achieve compliance by the end of Quarter 2.

The EI service has been concentrating on Priority 1 clients as part of **Covid planning** and as part of recovery planning were hoping to achieve compliance earlier, however are now seeking to return to compliance by the end of October. The service have issued reminders to staff during the month, highlighting areas of concern and are currently proactively working through business intelligence exception reports to monitor and improve compliance going forward.

3.12: IAPT Access rate
August monthly compliance is 83% of expected numbers based on the trajectory agreed with Gloucestershire prior to the **COVID-19 outbreak**.

Referral rates are increasing and therefore access rates (those that enter treatment) are also expected to increase in September and October. Internal modelling is taking place to inform discussions with commissioners as to what is achievable for the remainder of financial year.

3.25: CYPs entering partnership have pre and post treatment outcomes and measures recorded
Compliance has been affected by the currently delivery of services virtually by "Attend Anywhere" and the fact that outcomes are currently collected using paper returns. The service is now reliant on families returning the forms rather than collection during an attendance. This is causing both a reduction in the number returned and delays in receiving and entering the data.

The service is monitoring this closely and is sending reminders. They are also looking at other virtual collection solutions.

3.31: Patients with Dementia have delirium screening near discharge
There were 2 non-compliant cases in August where screening did not take place near discharge. Both patients were on an acute ward, not the Dementia ward, and had a primary diagnosis of psychosis. The ward manager will be highlighting, in MDT meetings, the need to be clear on whether there is also a diagnosis of Dementia recorded.

3.33: CPI Assessment to Treatment within 16 weeks
There were 7 non-compliant cases in August. These clients were assessed before the service closed at the end of March due to **COVID-19.** They remained under the care of recovery service during this time and have now engaged with the CPI service for the start of treatment. One patient is waiting for face to face therapy which is currently not on offer.

Non-compliance is expected to continue over the next few months as patients begin to engage for treatment and the service are able to offer more intervention types.

3.35 Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks
There was 1 non-compliant case in August. The client was seen 8 days post referral for assessment, placed on the CBT waiting list and treatment began 6 -7 weeks after referral. There are fewer staff with skills to provide CBT and therefore when this treatment is clinically indicated the wait is longer than for the majority of cases where FBT can begin at the first appointment.

3.40: Eating Disorders: Wait time for Adult psychological interventions will be 16 weeks
There were two non-compliant cases in August.

One client commenced CBT treatment within 20 weeks of assessment. Due to the expected longer wait a further check-in assessment was given 9 weeks after assessment.

The second client was offered treatment between 16 and 17 weeks after assessment but did not engage. The client was then in prison and treatment via telephone offered but due to prison restrictions not permitted. CBT treatment commenced once the client was released from prison which was 34-35 weeks after assessment.

4.04: % of WA & OP service users on the caseload asked if they have a carer
This indicator is non-compliant for August at 82.8% (910 non-compliant records) against an 85% threshold with the majority of cases within the Older People's services (Managing Memory Together: 334, OP Community Services: 204) and Recovery Service (150).

4.05: % of WA & OP service users on the caseload who have a carer who have been offered a carer's assessment
Performance is reported at 88.0% for August with 201 service users reported with carers who have not been offered a carer's assessment. The majority of cases are within the Older People services (Managing Memory Together: 68, OP Community Services: 60) and Recovery Service (40).

Commentary for 4.04 and 4.05
In response to **COVID-19** the services dealing with patients with dementia have adopted a more crisis level response. Memory Assessment services were closed down and staff redeployed to both priority 1 services and Later Life teams.
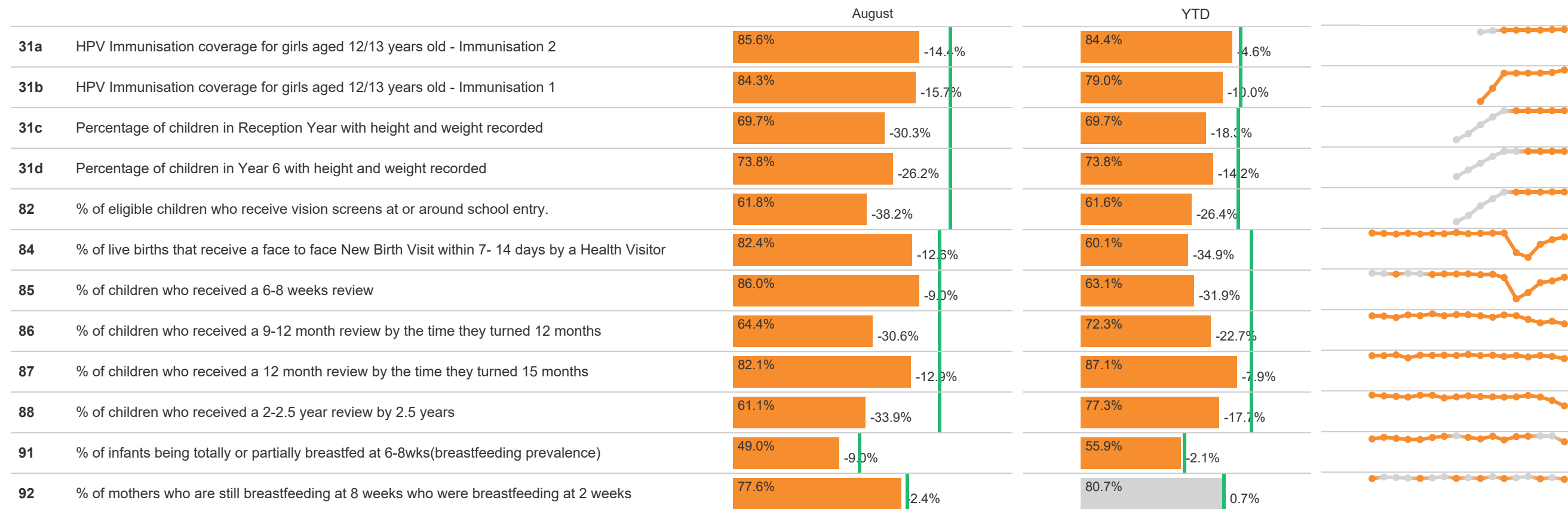
Staff are beginning to return to pre-Covid posts based on the capacity for reallocation of caseloads and work has begun on processing referrals, and re-engaging with clients which should improve compliance. However, these groups of patients are vulnerable and shielding is leading to a reduction in the number of routine contacts at which this information is captured.

The Adult community teams are now in active recovery and re-engaging with clinical caseloads which will improve compliance.

KPI Breakdown

Physical Health - National Requirements

		August		YTD		
31a	HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 2	85.6%	-14.4%	84.4%	-4.6%	
31b	HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 1	84.3%	-15.7%	79.0%	-10.0%	
31c	Percentage of children in Reception Year with height and weight recorded	69.7%	-30.3%	69.7%	-18.3%	
31d	Percentage of children in Year 6 with height and weight recorded	73.8%	-26.2%	73.8%	-14.2%	
82	% of eligible children who receive vision screens at or around school entry.	61.8%	-38.2%	61.6%	-26.4%	
84	% of live births that receive a face to face New Birth Visit within 7- 14 days by a Health Visitor	82.4%	-12.6%	60.1%	-34.9%	
85	% of children who received a 6-8 weeks review	86.0%	-9.0%	63.1%	-31.9%	
86	% of children who received a 9-12 month review by the time they turned 12 months	64.4%	-30.6%	72.3%	-22.7%	
87	% of children who received a 12 month review by the time they turned 15 months	82.1%	-12.9%	87.1%	-7.9%	
88	% of children who received a 2-2.5 year review by 2.5 years	61.1%	-33.9%	77.3%	-17.7%	
91	% of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)	49.0%	-9.0%	55.9%	-2.1%	
92	% of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks	77.6%	2.4%	80.7%	0.7%	

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

31a: HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 2
The service resumed the HPV immunisations programme at the beginning of July 2020 to facilitate the completion of outstanding HPV 1 and 2 doses for the 2019/20 academic year.
The cumulative position for HPV 1st dose is now 85.7% compared to an internal trajectory of 90%.

HPV immunisation performance is compared to an increasing trajectory each month up to a target of 90% at the end of the programme at the close of the academic year in August.

31b: HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 1
The service resumed the HPV immunisations programme at the beginning of July 2020 to facilitate the completion of outstanding HPV 1 and 2 doses for the 2019/20 academic year.
The cumulative position for in August 2020 is 84.4% compared to internal trajectory of 90%.

HPV immunisation performance is compared to an increasing trajectory each month up to a target of 90% at the end of the programme at the close of the academic year in August.

Additional commentary for 31a and 31b
The team aims to catch up on children that were absent, unwell or did not respond at the original school based sessions. The school sessions that were cancelled due to Covid-19 and who have not had their HPV 1 year 8 first dose will be caught up in September and will have both doses (HPV 1 & 2) in year 9.

31c: Percentage of children in Reception Year with height and weight recorded
The 2019/20 National Childhood Measurement Programme (NCMP) was suspended due the Covid-19 outbreak. Trust has now submitted all NCMP measurements for the 2019/20 academic year that were recorded before the school closures on March 23 according to Public Health England (PHE) guidelines.

The position for 2019/20 academic year was finalised on 5th August 2020 and performance is behind the internal trajectory (69.7% compared to trajectory of 95%). 4,610 children were measured out of a cohort of 6,610. 48 out of 246 schools were not measured as a result of the Covid-19 outbreak.

31d: Percentage of children in Year 6 with height and weight recorded
The 2019/20 National Childhood Measurement Programme (NCMP) was suspended due the Covid-19 outbreak. Trust has now submitted all NCMP measurements for the 2019/20 academic year that were recorded before the school closures on March 23 according to Public Health England (PHE) guidelines.

The cumulative position for 2019/20 academic year was finalised on 5th August 2020 and is behind the internal trajectory (73.9% compared to trajectory of 95%). 4,871 children were measured out of a

cohort of 6,595. 48 out of 246 schools were not measured as a result of the Covid-19 outbreak.

Additional commentary for 31c and 31d
Public Health England (PHE) does not expect that local authorities will resume NCMP measurements for the current school year, even when schools reopen. For the 2019/20 school year, there will therefore not be an expectation that local authorities meet the minimum participation rates (as set out in the NCMP operational guidance 2019). The service, in accordance with PHE guidance, is working towards restarting the programme in January 2021.

82: Proportion of eligible children who receive vision screens at or around school entry
The 2019/20 Vision Screening Programme was suspended due to the Covid-19 outbreak.
The cumulative position in August is unchanged and remains behind the internal trajectory (61.5% compared to trajectory 95%). No vision screens have taken place since schools were closed in March. The service has commenced a catch up programme for the Vision Screening programme in September 2020. This is for children who will be in Year 1 in September who were not screened in the academic year 2019-20 when they would have been in Reception year. The service intend for this short catch up period to be finalised in October.

84: Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor
The target (95%) was not achieved in August 2020 (82.5%). 409 out of 496 visits were completed within the timeframe. This is as a result of COVID-19 outbreak with visits cancelled by parents, health advice was therefore offered over the phone.
All families of children in this cohort have received an offer of a visit either by telephone, video (attend anywhere) and/or face to face.

There has been a further increase in the number of parents agreeing to a home visit in August compared to the past 3 months and performance is starting to improve.

85: Percentage of children who received a 6-8 weeks review
The target (95%) was not achieved in August 2020 (86%). 443 out of 515 reviews were completed within the timeframe. Performance continue to improve compared to previous three months, however, this continues to be below target mainly as a result of the Covid-19 pandemic where visits have been cancelled by parents. Families of children in this cohort have received an offer of a visit either by telephone, video (attend anywhere) and/or face to face as part of the recovery plan.

In recent weeks, the numbers of parents who had declined a home visit for the NBV have been more receptive to wanting the HV to see them in the home when the baby is 6 weeks old, hence the significant increase in contacts in August in comparison to the previous 3 months.

For those parents that have declined a home visit for both the NBV and 6 week review, their names have been collated so that a FHNA can be undertaken F2F as part of the Recovery plan

86: Percentage of children who received a 9-12 month review by the time they turned 12 months.
The target (95%) was missed in August 2020 (64.4%). 324 out of 503 reviews were completed within the timeframe. All families of children in this cohort have received an offer of a visit and are being seen as part of the service recovery plan. Families of children in this cohort have received an offer of a visit either by telephone, video (attend anywhere) and/or face to face as part of the recovery plan.

87: Percentage of children who received a 12 month review by the time they turned 15 months.
The target (95%) was missed in August 2020 (82.2%). 410 out of 499 reviews were completed within the timeframe. Families of children in this cohort have received an offer of a visit either by telephone, video (attend anywhere) and/or face to face as part of the recovery plan.

88: Percentage of children who received a 2-2.5 year review by 2.5 years.
The target (95%) was missed in August 2020 (61.1%). 294 out of 481 reviews were completed within the timeframe. Families of children in this cohort have received an offer of a visit either by telephone, video (attend anywhere) and/or face to face as part of the recovery plan.

Additional commentary for 86, 87 and 88
All parents were contacted by phone or via Attend Anywhere (AA). If they agreed to having their developmental assessment via phone or AA this was completed. Parents that requested a F2F visit have been added to a waiting list as part of the Recovery Plan.

As more COVID risk assessments are completed and we have access to clinical space, the service will be able to see more children again F2F and complete catch-up work. Community Nursery Nurses supporting Health Visitors has impacted on the number of ASQs they are able to undertake.
The service is promoting the current service offer on social media and on the GHC Health Visiting website pages. There is also a centralised contact number for the HV teams in each locality and a duty HV to respond to this increased volume of calls that the service is receiving. In August, the service has recruited to Health Visitor, Public Health Nurses and Student Health Visitor vacancies.

91. % of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence)
The target (58%) was missed in August 2020 (49%). 254 out of 518 infants were being totally or partially breastfed at 6-8 weeks.

92. % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks
The target (80%) was missed in August 2020 (77.6%). 250 out of 322 mothers were still breastfeeding at 8 weeks who were breastfeeding at 2 weeks.
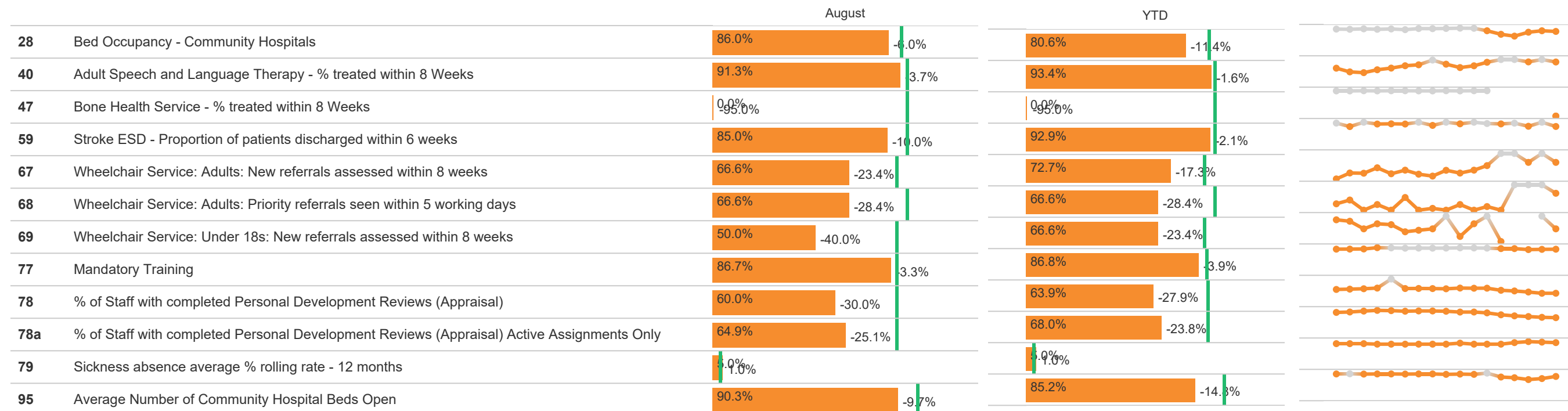
Additional Commentary for 91 & 92
Due to the pandemic, there has been a ceasing of F2F community breastfeeding support groups and some families have chosen to have contacts from the HV team via telephone or virtual platforms. Peer support helps mothers to sustain breastfeeding for longer.

An action plan, in collaboration with the Infant Feeding Specialist Health Visitor to offer further support is underway.

KPI Breakdown

Physical Health - Local Requirements

		August		YTD		
28	Bed Occupancy - Community Hospitals	86.0%	-6.0%	80.6%	-11.4%	
40	Adult Speech and Language Therapy - % treated within 8 Weeks	91.3%	3.7%	93.4%	-1.6%	
47	Bone Health Service - % treated within 8 Weeks	0.0% -95.0%		0.0% -95.0%		
59	Stroke ESD - Proportion of patients discharged within 6 weeks	85.0%	-10.0%	92.9%	-2.1%	
67	Wheelchair Service: Adults: New referrals assessed within 8 weeks	66.6%	-23.4%	72.7%	-17.3%	
68	Wheelchair Service: Adults: Priority referrals seen within 5 working days	66.6%	-28.4%	66.6%	-28.4%	
69	Wheelchair Service: Under 18s: New referrals assessed within 8 weeks	50.0%	-40.0%	66.6%	-23.4%	
77	Mandatory Training	86.7%	3.3%	86.8%	-3.9%	
78	% of Staff with completed Personal Development Reviews (Appraisal)	60.0%	-30.0%	63.9%	-27.9%	
78a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	64.9%	-25.1%	68.0%	-23.8%	
79	Sickness absence average % rolling rate - 12 months	5.0% -1.0%		4.0% -1.0%		
95	Average Number of Community Hospital Beds Open	90.3%	-9.7%	85.2%	-14.8%	

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

28: Bed Occupancy - Community Hospitals
Bed Occupancy in Community Hospitals has shown a continued reduction and is now below SPC chart lower control limit based on 2018/19. Performance in August was 86%, below the threshold of 92%. August was noted to be lower than July of 88.3% due to more beds becoming available however, the number of occupied beds still increased by 6.5% compared to the previous month . The reduced occupancy is mainly due to reduced demand for Community Hospital beds in the wake of the __Covid-19__ outbreak but is showing signs that bed occupancy is returning to normal Levels post easing of __Covid-19__ lockdown restrictions.

40. Adult Speech and Language Therapy - % treated within 8 Weeks
Performance was 91.3% in August 2020, this is below the threshold of the 95%. 21 out of 23 patients were seen within the 8 week target. Both of the patients that breached had a telephone contact prior to starting treatment which does not currently stop the clock. The service have identified that telephone contacts are clinically significant and part of their new model of working post __Covid__. A review of the methodology with all relevant stakeholders will need to take place before this change takes place.

47: Bone Health Service - % treated within 8 Weeks
The service reopened in August 2020 after being closed due to __Covid-19__. Patient contacts in August were largely telephone/ video contact with one Face to Face contact which breached the 8 week target. This patient however had a clinically significant telephone contact in July. The service has indicated that this KPI is currently suspended for the foreseeable future. Formal agreement with the relevant stakeholders is being sought. The service has also highlighted that their model is changing to include telephone contacts in the Referral to Treatment criteria. This development change will be made as soon as it receives confirmation from the service that they have been agreed with relevant stakeholders.

59. Stroke ESD - Proportion of patients discharged within 6 weeks
The proportion of patients discharged within 6 weeks was 85% in August 2020 which is below the threshold of 95%. The total number of patients seen was 20, 3 of which were discharged over 6 weeks. Performance is within SPC chart control limits. Due to __Covid-19__ restrictions patients are undergoing additional therapy sessions in the absence of home visits, which in turn has impacted on the service's capacity to discharge.

67. Wheelchair Service: Adults: New referrals assessed within 8 weeks
10 out of 15 (66.6%) of new referrals were assessed within 8 weeks, in August. This is below the target of 90%.

68. Wheelchair Service: Adults: Priority referrals seen within 5 working days
2 out of 3 (66.6%) priority referrals were seen within 5 working days in August. This is below the target of 95%

69. Wheelchair Service: Under 18s: New referrals assessed within 8 weeks
1 out of 2 (50%) assessments was carried out in August which did not meet the 8 weeks target.

Additional Commentary for 67, 68 and 69:
*The wheelchair service recognises that there are performance and data quality issues, which are actively being addressed through its service recovery action plan. As such it is difficult to confidently comment on this data. Work to address performance reporting has resumed now the service has commenced the recovery process following the **Covid-19** response.*

77: Mandatory Training
Performance was 86.7% in August 2020, higher than the previous four months, but continues to be below the target of 92%. There is increasing focus to improve compliance rates across the Trust in the coming months.

78: % of Staff with completed Personal Development Reviews (Appraisal)
Performance in August was 60% compared to a target of 95%. There is increasing focus to improve compliance rates across the Trust in the coming months.

78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only.
Performance in August was 64.9% compared to a target of 95%. There is increasing focus to improve compliance rates across the Trust in the coming months.

79: Sickness absence average % rolling rate - 12 months
Performance is 5.1% compared to a threshold of 4% for the rolling 12 months. Performance is outside of SPC chart normal variation based on 2018/19 data.

Additional Commentary for 77, 78, 78a and 79
These figures show GHC totals rather than split between former 2G and GCS Trusts.

95: Average Number of Community Hospital Beds Open
*The average number of beds open in Community Hospitals in August was 178 (compared to usual bed stock of 196 beds) and is below SPC Chart lower control limits. This is due to reduced demand for Community Hospital beds combined with a reduced bed stock in the wake of the **Covid-19** outbreak, but it appears more beds are now being open compared to the past three months. See also KPI no. 28.*

Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	**Trust Board – 30th September 2020**
PRESENTED BY:	John Trevains, Director of Nursing, Therapies', Quality & Infection Control
AUTHOR:	Laura Bucknell, Chief Pharmacist
SUBJECT:	**FLU VACCINATION PROGRAMME 20/21**

This report is provided for:

Decision ☐   Endorsement ☑   Assurance ☑   Information ☐

The purpose of this report is to:

- Inform the Board of the role of Gloucestershire Health and Care in the operational delivery of seasonal flu vaccination
- Meet the requirements of the 2nd Flu Letter (5th August 2020) regarding the GHC self-assessment against the NHS England healthcare worker flu vaccination, best practice management checklist

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Recommendations and decisions required

The Board is asked to:
- **Note** the content of this paper
- **Endorse** the GHC completed self-assessment checklist

Executive summary

Delivery of a comprehensive flu vaccination programme is essential to protect patients and staff and to support the resilience of the health and social care system. It is identified that delivery of the flu programme this year will be challenging as a result of the pressures and challenges of COVID-19.

GHC are actively involved in a number of work stream to support the flu vaccination programme for 20/21. These work streams are detailed in this paper.

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Risks associated with meeting the Trust's values
No risks identified

Corporate considerations	
Quality Implications	Failure to deliver this programme would have significant impact on quality of care inclusive of patient safety matters
Resource Implications	Resources required for this programme are within existing budgets
Equality Implications	No equality implications have been identified

Where has this issue been discussed before?
Quality Committee

Appendices:	Appendix 1 - GHC Healthcare Worker Flu Vaccination Best Practice Management Checklist

Report authorised by: John Trevains	Title: Director of Nursing, Therapies, Quality & Infection Control

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FLU VACCINATION PROGRAMME 20-21

1.0 INTRODUCTION

1.1 Flu vaccination is one of the most effective interventions available to reduce pressure on the health and social care system this winter. Planning for delivery of flu vaccination will be challenging this year due to the additional pressures and challenges of COVID-19 however it is more important than ever to deliver a comprehensive flu vaccination programme

1.2 Two annual flu letters have been published, to date, this year, detailing the requirements of this national flu immunisation programme for 20-21.

1.3 The national flu vaccination programme is essential to protecting vulnerable people and supporting the resilience of the health and care system. To support the maximum uptake of flu vaccination across Gloucestershire, the Gloucestershire Integrated Care System (ICS) has developed a seasonal flu group. GHC is actively engaged in the Operational Subgroup of this group which has an operational focus on the arrangements and delivery of seasonal flu vaccinations across the system to improve uptake.

1.0 GHC ACTIONS

1.1 GHC are involved in a number of the operational work streams

- Vaccination of frontline health care workers employed/engaged by GHC
- Vaccination of GHC inpatients
- Vaccination of school age children
- Vaccination of patients on the community nursing caseload, to include carers and shielding household contacts of patients on the case load
- Support the extension of the national flu vaccination programme to include adults aged 50-64 if directed to by Public Health England (PHE)

1.2 Vaccination of frontline health care workers

1.2.1 For 20-21, 100% of GHC frontline colleagues are to be offered a flu vaccination. There is no national vaccination uptake target for this year but GHC aims to exceed last year's rate of 86% of frontline colleagues having a flu vaccination. In order to achieve this a review has been undertaken of the success and challenges encountered during the 2019/20 program. A dedicated working group has been set up with representation from colleagues across Trust services with meetings commenced in June 2020. The frequency of these meetings have now increased to weekly during the flu season

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AGENDA ITEM 17: Flu Vaccination Programme 2020-2021 Page 3

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- NHS England has developed a' Healthcare worker flu vaccination best practice management checklist'. A requirement of the 2nd Annual Flu letter published on 5th August is that:
- Every NHS Trust should completed a self-assessment against this best practice checklist. The GHC completed self-assessment is attached at Appendix 1
- The Trust's completed checklist is to be published in the public board papers at the start of the flu season

1.3   Vaccination of GHC inpatients

- To reflect the need to achieve the maximum uptake of flu vaccination across the system, GHC will be offering a flu vaccination to all inpatient, in an eligible group, during the flu season, in line with the request in the national flu letter.
- The vaccination will be delivered by a trained Peer vaccinator

1.4   Vaccination of school age children

- This program will be delivered by the GHC School Age Immunisation Service and will deliver vaccination to all primary school age children and year 7 in secondary school
- The team are working closely with schools to ensure an effective model of delivery

1.5   Vaccination of patients on the community nursing caseload

- As in previous years community nursing teams will deliver flu vaccination to eligible patients on the current case load
- In addition, this year, they will also support the vaccination of:
  o carers of patients on the caseload
  o people who are on the NHS shielded list and are a household contact of a patient on the caseload

2.0   RECOMMENDATIONS

2.1   The Board is asked to

- **Note** the content of this paper
- **Endorse** the GHC completed self-assessment checklist

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Gloucestershire Health and Care NHS Trust

Healthcare worker flu vaccination best practice management checklist

For public assurance via trust boards by December 2020

A	Committed leadership	Trust self- assessment
A1	Board record commitment to achieving the ambition of vaccinating all frontline healthcare workers	• PHE have not published an uptake target but have stated an ambition of – 'Offer 100%" • This is taken to assume we will offer flu vaccination to all frontline healthcare workers. This is part of the GHC flu plan detailed below which has full organisational commitment • A Trust target has not been agreed but we aim to vaccinate more front line colleagues than last year (2019/20 – 86%) • In addition GHC offer a flu vaccination to non-front line colleagues as we recognise the importance of supporting all colleagues to stay well and protected
A2	Trust has ordered and provided a quadrivalent (QIV) flu vaccine for healthcare workers	• Working Well has ordered 6,000 vaccine doses for GHC staff for the 2020/21 season. • This quantity will allow us to offer to 100% of colleagues(substantive and bank staff) • We have already taken delivery of 1000 QIVe (arrived 16 Sept) and clinics are commencing 22nd September
A3	Board receive an evaluation of the flu programme 2019/20, including data, successes, challenges and lessons learnt	• The flu vaccination programme for 19/20 was the most successful to date • 86% of frontline colleagues had a flu vaccination which

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A	Committed leadership	Trust self- assessment
		exceeded the CQUIN target of 80% Reasons for success • Focused small flu team of key Trust Influencers who communicate weekly to decide on actions • Our focus is on 'doing the right thing' not CQUIN target • Use of peer vaccinators • Review poor performing units – concentrating on those where most staff are based and high risk units • Regular communication to colleagues about locations of clinics • Unplanned walk arounds of sites by Peer Vaccinators • Make it easy for staff to tell us if they have had the jab elsewhere (using Smart Survey) • Flexible staff who will go out at a minutes notice • Keeping the workforce informed of flu outbreaks • Flu stories – service users and staff • We managed to secure some additional funding to pay for some additional resource for flu (£15K). **Challenges** • Keeping the message fresh throughout the flu season • Maintaining the momentum • Supporting those unsure/reluctant to get a vaccination • Processing paperwork to get up to date accurate date to feedback to teams
A4	Agree on a board champion for flu campaign	• John Trevains, Director of Nursing, will be the Board champion for the flu campaign

A	Committed leadership	Trust self- assessment
A5	All board members receive flu vaccination and publicise this	• This can be organised over the next few weeks and we would want to publicise this using the Communication Team
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	**Flu Team members** ✓ **Alice Higley**, Communications Team ✓ **Alison Curson**, Head of Nursing & Quality ✓ **Alison James/Amanda Horne** (Working Well), ✓ **Angela Willan**, Lead Nurse for Nursing Projects ✓ **Elaine Tingle**, Admin Support, Flu Co-ordinator ✓ **Graeme Skipp** Staff Side Representative ✓ **Holly Smith**, Complex Case Clinical Lead for Demand and Capacity ✓ **Laura Bucknell**, Chief Pharmacist ✓ **Louise Forrester**, Lead Nurse for Infection Control for Mental Health and Learning Disability ✓ **Michelle Shapland**, PA to Head of Nursing & Quality
A7	Flu team to meet regularly from September 2020	• Meetings commenced in June 2020 and are operating monthly up to 30th September and then will move to weekly up to achievement of target.
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	• Information to be included in Team Talk 14 and 16 Sept. • PHE Flu letter to be sent to all staff week commencing 21 Sept • Flu Page will be hosted on the intranet and will contain myth busting facts, clinical evidence supporting vaccination and Q&A.

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A	Committed leadership	Trust self- assessment
		• Weekly updated in Indigo throughout the flu season • Regular use of Trust social media to support the campaign
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	• Drop-in clinics are not possible within current COVID restrictions • Clinic dates and plan will be published on all available communications • Working well clinics will be by appointment only and will be booked using an online booking system • Appointment times will be 5 mins • The details of Peer vaccinators will be readily available to allow colleagues to contact them directly to arrange for vaccination
B3	Board and senior managers having their vaccinations to be publicised	• This can be organised over the next few weeks and we would want to publicise this using the Communication Team • The Flu Team also want to publicise a range of colleagues having a flu vaccination
B4	Flu vaccination programme and access to vaccination on induction programmes	• Currently there is little face to face induction but this situation will be closely monitored and reviewed regularly
B5	Programme to be publicised on screensavers, posters and social media	• Screensavers, posters and social media will be organised by the Communication Team • Flu letter will go out to all colleagues. This will be sent with a note regarding the booking system which will go live Wed 23 September 2020 • Peer Vaccinators contact details will be publicised with their agreement

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A	Committed leadership	Trust self- assessment
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	• The data will be provided by Elaine Tingle from the Flu Team and the feedback to teams and colleagues issued by the Communication Team
C	**Flexible accessibility**	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	• 44 Peer Vaccinators have been trained and are ready to go • This includes at least 1 peer vaccinator in each inpatient unit • Vaccinations will be made available at sites that have suitable storage to allow Peer Vaccinators easy access. • Peer vaccinators will deliver vaccines in a way that suits there day to day role i.e. ad-hoc, planned clinics, individual arrangement with colleagues
C2	Schedule for easy access drop in clinics agreed	• Drop in clinics will not be in place due to Covid-19 • On-line booking system will be in place for working well clinics • Clinics will be held at majority of Trust premises. (8 Flu Nurses available, which is 4 more than last year) • Daily updates will be issued via global email with available appointments.
C3	Schedule for 24 hour mobile vaccinations to be agreed	This is being considered as we have volunteers for evenings and weekends
D	**Incentives**	
D1	Board to agree on incentives and how to publicise this	To be discussed – flu badge has been ordered. No other incentives such as sweets due to COVID

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A	Committed leadership	Trust self- assessment
D2	Success to be celebrated weekly	To be discussed – Comms happy to do weekly updates

REPORT TO: **Trust Board 30 September 2020**

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Zoë Lewis, Patient Safety Administrator

SUBJECT: **Learning From Deaths 2020/21 Quarter 1**

This report is provided for:

Decision ☐   Endorsement ☐   Assurance ☑   Information ☐

The purpose of this report is to:

The purpose of this report is to Inform Trust Board of the mortality review process and outcomes during 2020/21 Quarter 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.

Recommendations and decisions required

The Board is asked to:
- **Note** the contents of this Learning From Deaths report which covers 2020/21 Quarter 1

Executive summary

- The Board is asked to note that this is the first quarter in which Gloucestershire Health and Care NHS Foundation Trust (GHC) will report both mental health and physical health deaths as a combined figure.

- During 2020/21 Q1, there were 276 reported GHC patient deaths, with an unusually high number reported in April due to the Covid-19 pandemic. At time of writing this report, none of the 276 patient deaths are judged to be more likely than not to have been due to problems in the care provided by the Trust.

- An initial analysis of the impact of the Covid-19 pandemic upon the reported death rates of both inpatients and patients open to mental health or learning disability community teams is presented in this paper.

Risks associated with meeting the Trust's values

There are no identified risks associated with learning from deaths associated with the Trusts values.

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

Where has this issue been discussed before?
Quality Committee 01/09/20

Appendices:	None

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

LEARNING FROM DEATHS 2020/21 QUARTER 1

1.0   INTRODUCTION

1.1   The purpose of this report is to inform the Board of the mortality review process and outcomes during 2020/21 Quarter 1.

1.2   The Board is asked to note that from this quarter, 2020/21 Q1, Gloucester Health and Care NHS Foundation Trust (GHC) will report both mental health and physical health mortality data in a combined manner.

1.3   MIDAS, the electronic data collection tool use by Gloucestershire Care Services NHS Trust was decommissioned on 31/03/2020 and since 01/04/2020, deaths of community hospital inpatients are now reported in Datix, facilitating the reporting of combined physical health and mental health data.

1.4   The Covid-19 pandemic has impacted upon the reporting rate of both inpatient and community patient deaths. An initial assessment of this impact is presented in this paper.

2.0   OVERVIEW

2.1   During 2020/21 Q1, 276 GHC patients died. This comprised the following number of deaths which occurred in each month of that reporting period:
185 in April;
63 in May;
28 in June.

2.2   At time of writing, 23/08/2020, 12 case record reviews and investigations have been carried out in relation to the 276 deaths included in 2.1. The number of deaths in each month for which a case record review or an investigation was completed was:
10 in April;
Zero in May;
2 in June 2020.

2.3   Numbers in paragraph 2.2 do not include open investigations and case record reviews.

2.4 Zero, representing 0.0% of the patient deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patient. In relation to each month, this consisted of:

Zero representing 0.0% for April;

Zero representing 0.0% for May;

Zero representing 0.0% for June.

2.5 The numbers stated in paragraph 2.4 have been estimated using Structured Judgement Review (SJR). For deaths of :

- mental health patients, the RCPsych Mortality Review Tool 2019 is employed;
- LD patients, a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disabilities Premature Mortality Review (LeDeR) programme;
- physical health patients, a SJR tool has been developed by the Trust to robustly assess the standard of care provided to patients that die during an inpatient stay at a community hospital.

2.6 Case record reviews are discussed at Mortality Review Group (MRG) meetings chaired by Deputy Medical Directors / Clinical Directors and the community hospital MRG meetings are also attended by the County Medical Examiner.

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

2.8 At time of writing this report, 16 case record reviews and investigations had been completed for deaths which took place before the start of the reporting period.

2.9 Zero representing 0.0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.10 The numbers in paragraph 2.9 have been estimated using either SJR for case reviews or comprehensive investigations, including Root Cause Analysis, for any deaths meeting Serious Incident or Clinical Incident criteria.

3.0 LEARNING

3.1 Impact of Covid-19 pandemic upon investigations and SJRs

3.1.1 Both incident investigations and MRG meetings have been negatively impacted upon during the Covid19 pandemic, with key members of the Patient Safety Team being seconded to other duties. The Trust negotiated with the CCG to be granted extensions to investigations. The seconded members of the Patient Safety Team have now returned to post and investigations have recommenced.

3.1.2 After an initial delay, both LD MRG and MH MRG continued to meet via Microsoft Teams.

3.1.3 The meeting of PH MRG was suspended during the time of the Covid-19 pandemic. Much discussion has taken place in recent weeks and months as to the structure of PH MRG and the loss of the resource to screen all unexpected and 10% of expected inpatient deaths. More recently, a decision has been made to use a trigger system for mortality review, similar to that used by GHFT, to facilitate discussion of appropriate deaths by PH MRG. The new trigger system will go live in Datix on 01/09/2020.

3.1.4 Check-box triggers in Datix that will flag a patient death for discussion by PH MRG are:

- Relative concerns and/or complaints
- Medical examiner concern
- Unexpected death
- Inappropriate admission
- Death occurring within 72 hours of admission (including within 72 hours of readmission to the Emergency Department or acute hospital)
- Death from Covid-19
- Death from hospital-acquired infection, including C-difficile, MRSA bacteraemia.
- Death necessitating referral to Coroner
- Head injuries
- Deaths as a result of trauma, including falls and fractures in the community hospital
- Post-surgery
- Any incident that ward staff wish to be escalated for discussion.

From September 2020, PH MRG will take place immediately after the monthly Community Hospitals Governance Meeting, and it is hoped that this rescheduling, combined with the new mortality review trigger system within Datix, will facilitate deaths being reviewed in a more timely fashion and ultimately aid learning.

3.2   Learning from SJRs and Investigations

3.2.1   Following the suspected suicide of a MHICT patient, the Trust has identified that Service leads will clarify the overlap and interplay between primary care mental health services (IAPT and MHICT Nursing) and secondary care mental health services (often Recovery Teams) to address the perceived gap in service provision.

3.2.2   Where a patient is transferred between mental health teams, especially between the primary/secondary care divide, those teams must have active dialogue, preferably involving the patient, and each be involved in the plan to be followed by the receiving team in line with the host principle in place across the Trust.

3.2.3   All individuals supervising colleagues are reminded of the need to ensure that patients with a pattern of increasing risk should continue to be managed by the supervisee, whether trainee or non-training grade.

3.2.4   Community Service Managers must ensure their staff are appropriately supported during the delivery of bad news, often following a fatality, and ensure a formal debrief is offered in conjunction with other teams/services associated with the patient's care.

3.2.5   Following an unexpected death (suspected overdose/self-poisoning) on Abbey Ward, Wotton Lawn Hospital, staff should be reminded that clinicians can still engage in conversation with family members to hear their concerns without breaching patient confidentiality, even if no consent to share information has been given.

3.2.6   Risk assessment is a dynamic process. Staff members are to be reminded that:
- All risk incidents and events should be documented in the appropriate section of the risk assessment within a timeframe that is reasonably practicable.
- Factors increasing risk (aggravating factors) should all be clearly documented in the relevant section of the risk assessment. These should include actuarial factors, clinical factors and protective factors as per Trust policy. Factors decreasing risk (mitigating factors), including factors that protect against suicide, should also be thoroughly documented.
- All risk management plans should be clearly documented in the formal risk assessment document.

- The Risk History tool should be used by all who have interventions with a patient, including in-patient unit staff.

3.2.7 Consideration should be given to highlighting how online pro-suicide resources can impact on the risk to vulnerable individuals.

3.2.8 The MH MRG has recognised the need for a second End of Life room at CLH and recommended the exploration of charities to support the renovation.

3.2.9 The MH MRG recommended a review of nurse handovers regarding palliative care patients to ensure that all the relevant information and plans are handed over.

3.2.10 LeDeR has recently published its 2019/20 annual report and has identified the following issues and learning themes:
- Delays in the diagnosis and treatment of illness
- Poor care coordination and communication between agencies
- Omissions in the care or the provision of substandard care
- Poor application of the Mental Capacity Act
- Lack of timely referral to specialists in including learning disability services and neurologists.

3.2.11 LeDeR has made several recommendations for NHSE and DHSC in terms of policy making. The full LeDeR 2019/20 annual report can be found here: http://www.bristol.ac.uk/sps/leder/resources/annual-reports/

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

4.0 IMPACT OF COVID-19 ON REPORTED GHC PATIENT DEATHS

4.1 Impact of Covid-19 on GHC inpatient deaths

4.1.1 During 2020/21 Q1, there were a total of 55 GHC inpatient deaths across all hospital sites, the majority of which took place April 2020. Chart 1 shows the distribution of the 55 deaths across April, May and June 2020.

Chart 1. Number of deaths across all GHC inpatients sites in April, May and June 2020
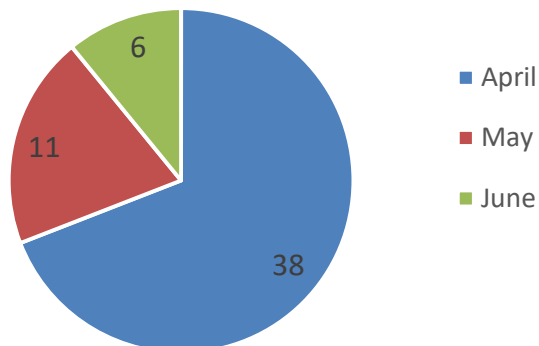
4.1.2 Of the 55 inpatient deaths in 2020/21 Q1, 37 tested positive for Covid-19 prior to their death. Additionally, there were 2 deaths of inpatients who had tested negative for Covid-19, but whose management remained as per Covid-19, as infection was highly suspected, and there was also 1 death where the patient had initially tested positive for Covid-19 before testing negative prior to their death. There were a further 8 deaths where patients had tested negative for Covid-19. Finally, there were 7 deaths of patients who were not tested for Covid-19 as the infection was not suspected (these deaths occurred before swabbing of patients for Covid-19 as standard was implemented).

4.1.3 Table 1, and Charts 2 and 3, show the breakdown of the 55 inpatient deaths referred to in 4.1.1 by hospital location and whether Covid-19 was:

- recorded as the cause of death at Part I of the Medical Certificate Cause of Death (MCCD) and the patient tested positive for Covid-19;

- recorded at Part II of the MCCD, indicating a significant condition that could have hastened death, but is not related to the condition recorded as cause of death at Part I of the MCCD, and the patient tested positive for Covid-19;

- recorded as the cause of death at Part I of the MCCD (patients tested negative for Covid-19);

- not implicated in the cause of death and not recorded on the MCCD, although patient tested positive for Covid-19;
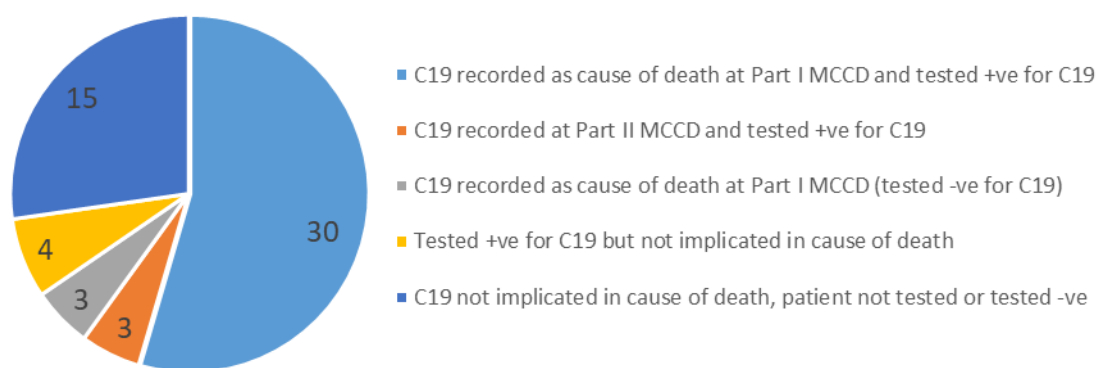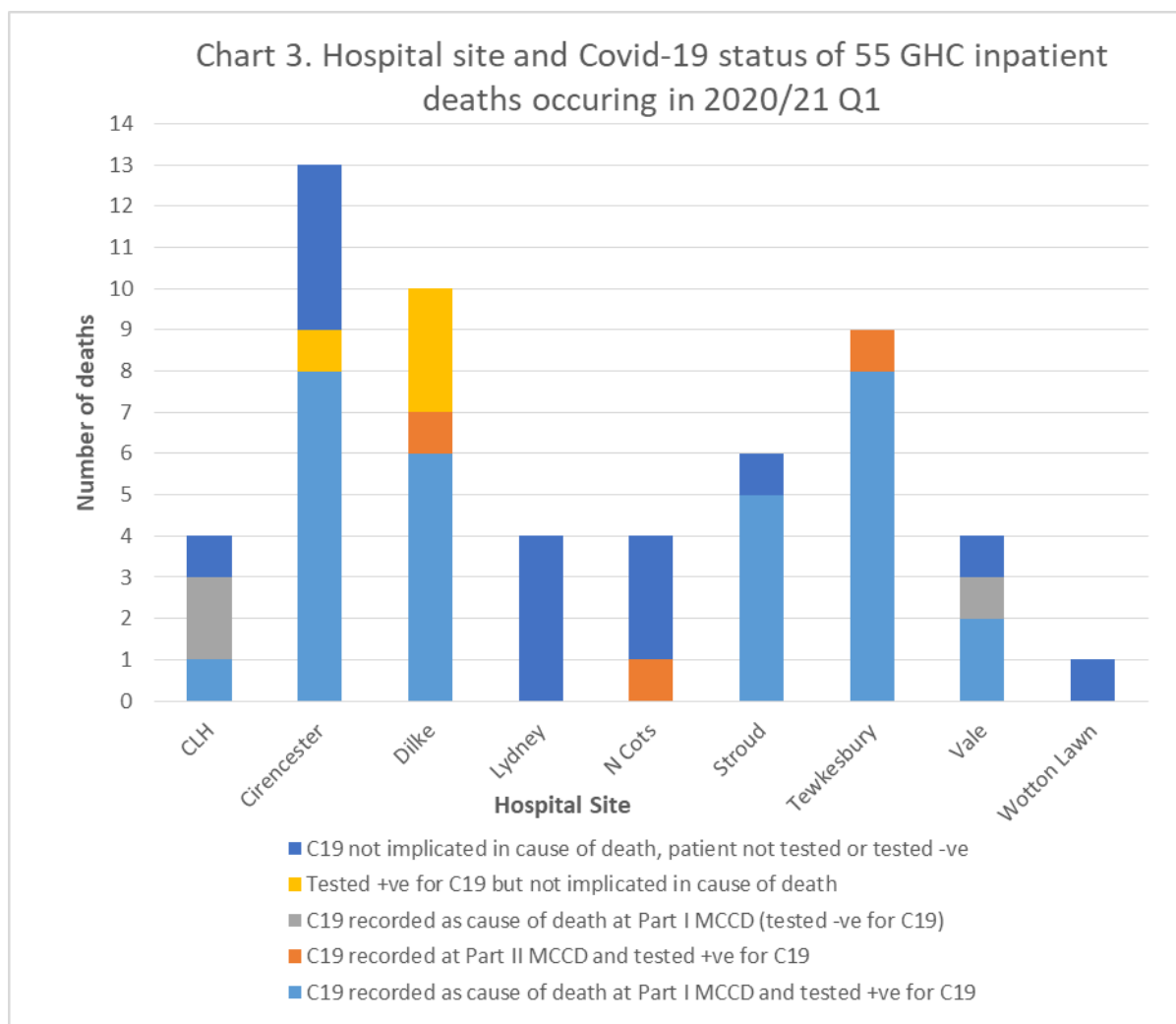
- not implicated in the cause of death and not recorded on the MCCD, the patient received a negative test result or was not tested, as infection was not suspected.

Table 1. Hospital site and Covid-19 status of GHC inpatient deaths which occurred in 2020/21 Q1:

Hospital	C19 recorded as cause of death at Part I MCCD and tested +ve for C19	C19 recorded at Part II MCCD and tested +ve for C19	C19 recorded as cause of death at Part I MCCD (tested -ve for C19)	Tested +ve for C19 but not implicated in cause of death	C19 not implicated in cause of death, patient not tested or tested -ve	Total
CLH	1	0	2	0	1	**4**
Cirencester	8	0	0	1	4	**13**
Dilke	6	1	0	3	0	**10**
Lydney	0	0	0	0	4	**4**
N Cots	0	1	0	0	3	**4**
Stroud	5	0	0	0	1	**6**
Tewkesbury	8	1	0	0	0	**9**
Vale	2	0	1	0	1	**4**
Wotton Lawn	0	0	0	0	1	**1**
Total	**30**	**3**	**3**	**4**	**15**	**55**

Chart 2. Covid-19 status of 55 GHC inpatient deaths occuring in 2020/21 Q1 across all inpatient sites

- C19 recorded as cause of death at Part I MCCD and tested +ve for C19
- C19 recorded at Part II MCCD and tested +ve for C19
- C19 recorded as cause of death at Part I MCCD (tested -ve for C19)
- Tested +ve for C19 but not implicated in cause of death
- C19 not implicated in cause of death, patient not tested or tested -ve

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Chart 3. Hospital site and Covid-19 status of 55 GHC inpatient deaths occuring in 2020/21 Q1

Legend:
- C19 not implicated in cause of death, patient not tested or tested -ve
- Tested +ve for C19 but not implicated in cause of death
- C19 recorded as cause of death at Part I MCCD (tested -ve for C19)
- C19 recorded at Part II MCCD and tested +ve for C19
- C19 recorded as cause of death at Part I MCCD and tested +ve for C19

4.1.4   During 2020/21 Q1, there were 40 GHC inpatient deaths where patients had tested positive for Covid-19 prior to their death and/or where Covid-19 was recorded on the MCCD. At date of death, the ages of these patients ranged from 64 to 98 years of age. Chart 4 shows the distribution in age of the 40 GHC inpatients deaths described above.

Chart 4. Distribution of Covid-19-related GHC inpatient deaths by age at date of death
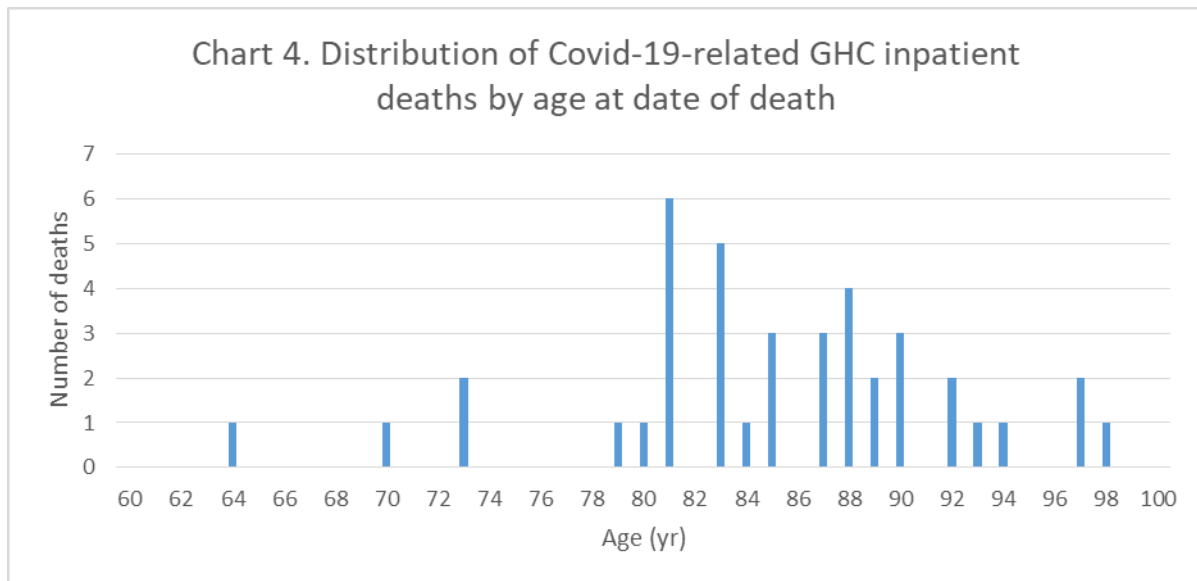
4.1.5 During 2020/21 Q1, there were a total of 55 GHC inpatient deaths across all GHC hospital sites. During the same time frame in 2019 and 2018, there were 38 and 44 inpatient deaths (excluding Sis), respectively. Chart 5 shows this comparison broken down by number of deaths per month.

Chart 5. Comparison of number of inpatient deaths with 2018 and 2019 data
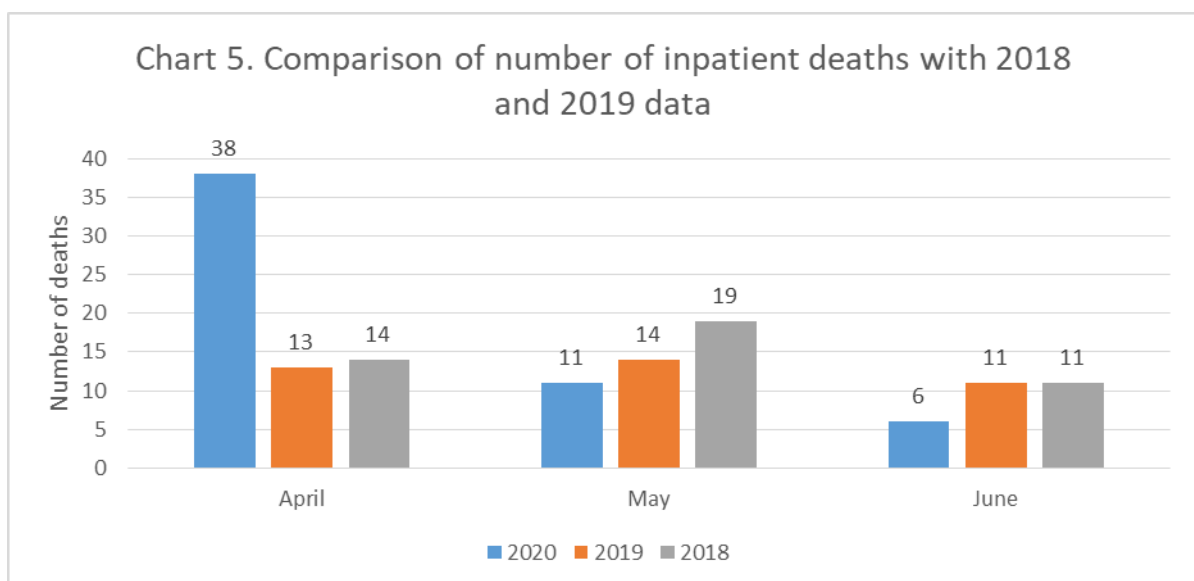
4.1.6 Chart 5 shows that after the initial peak in April 2020, the number of inpatient deaths occurring in May and June has decreased to below that of the previous two years' reporting rates. During April 2020, there were 38 inpatient deaths which represents a 2.9 and 2.7 fold increase on the number of inpatient deaths reported during April in 2019 and 2018, respectively.

4.1.7 The Trust's Datix system was rapidly configured to capture the required dataset for onward national reporting of all Covid-19 related deaths to the

Covid-19 Patient Notification System (CPNS). During 2020/21 Q1, a total of 38 deaths met the criteria for reporting to CPNS. As the pandemic progressed, the criteria for reporting Covid-19-related deaths and the dataset required was updated several times by CPNS. The Trust Datix system has likewise been updated at each step to capture the requested data.

4.1.8 Two deaths which occurred in early April 2020 at Charlton Lane Hospital where Covid-19 was recorded on the MCCD, but where the patients tested negative for the infection, were not reported to CPNS,. At that point in time, the deaths did not meet the reporting criteria, due to the patients not having a positive Covid-19 test result. Subsequently, CPNS have amended the reporting criteria to include all deaths where Covid-19 is recorded on the MCCD with or without a positive test result, however, CPNS have decided not to retrospectively collect such data for deaths which occurred before the reporting criteria was changed.

4.1.9 Onward reporting to CPNS has been facilitated by the Patient Safety Team. 30 inpatient deaths were reported to CPNS in April, 7 in May and 1 in June 2020.

4.2 Impact of Covid-19 on GHC mental health and learning disability community patient death reporting

4.2.1 All deaths of patients open to community mental health and LD caseloads are reported on the Trust's Datix system. During 2020/21 Q1, there were 37 community mental health and LD patient deaths reported as being either confirmed or suspected to be Covid-19 related. Chart 6 shows the distribution of the 37 patient deaths across the mental health and LD community teams.

Chart 6. Distribution by community team of mental health and LD patient deaths reported as confirmed / suspected Covid-19 related during 2020/21 Q1
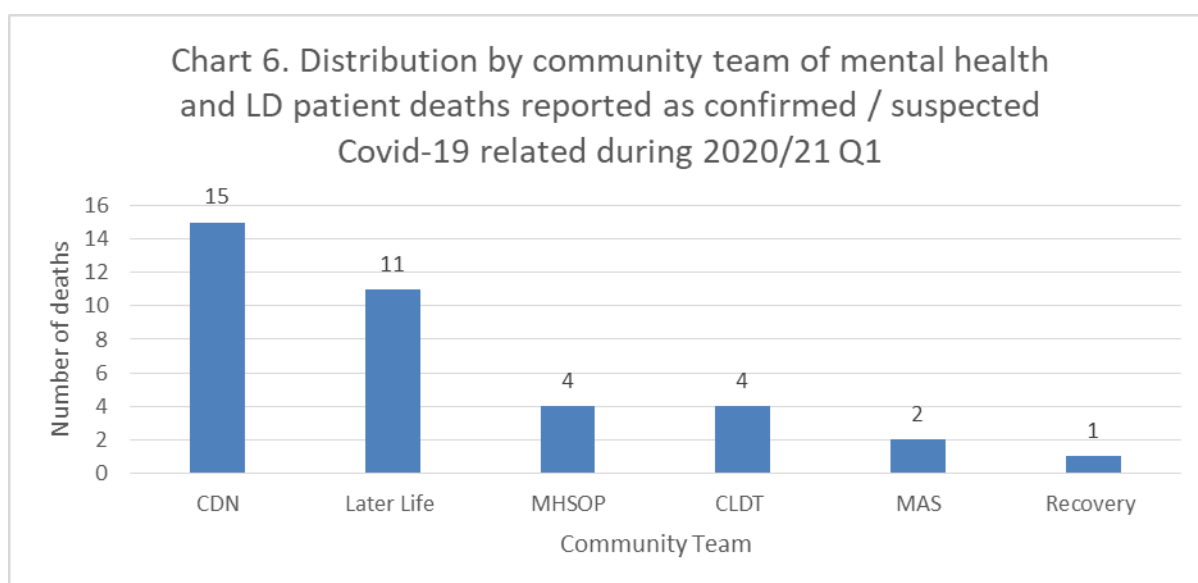
4.2.2 In most cases, reporters of deaths on Datix are not aware of the patient's cause of death, therefore, when trying to gauge the impact of the Covid-19 pandemic upon the number of deaths of patients who were open to mental health and LD community caseloads at the time of their death, it is helpful to look at the total number of deaths that have been reported during Q1 2020/21 and compare this with the same timeframe last year. At time of writing, 23/08/2020, 221 community mental health and LD patient deaths had been reported. Chart 7 shows the number of mental health and LD community patient deaths reported by month during 2020/21 Q1 compared to 2019/20 Q1.

Chart 7. Number of mental health and LD community patient deaths reported during Q1 2020 and 2019 (correct as of 23/08/20)
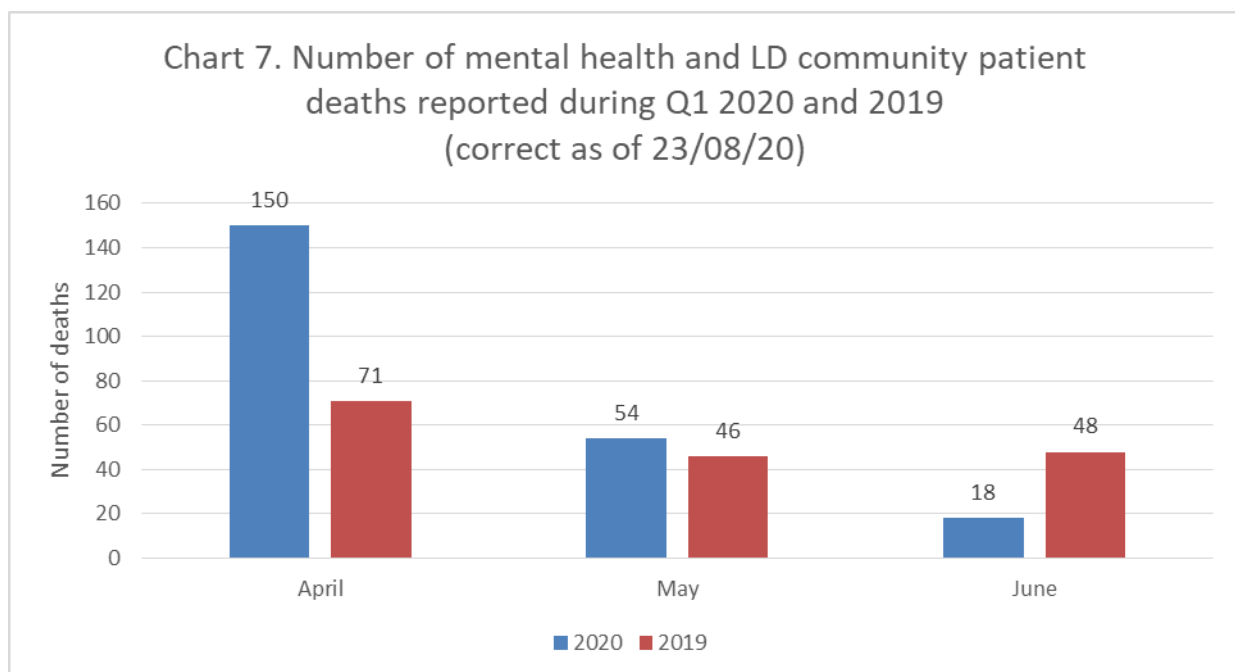
4.2.3 It is important to note that deaths from Q1 of this year will continue to be reported for months to come, which is especially relevant to the Community Dementia Nurse service, where many patients are seen annually for dementia medication review, hence the relatively low number of deaths reported in June 2020 at time of writing. From Chart 7, it is already clear to see the impact upon the number of deaths in the community during the peak of the pandemic in April 2020.

4.2.4 Chart 8 shows the how the total number of reported mental health and LD community patient deaths during 2020/21 Q1 are distributed across the community teams.

Chart 8. Total number of mental health and LD community patient deaths reported during 2020/21 Q1 by team (correct as of 23/08/20)
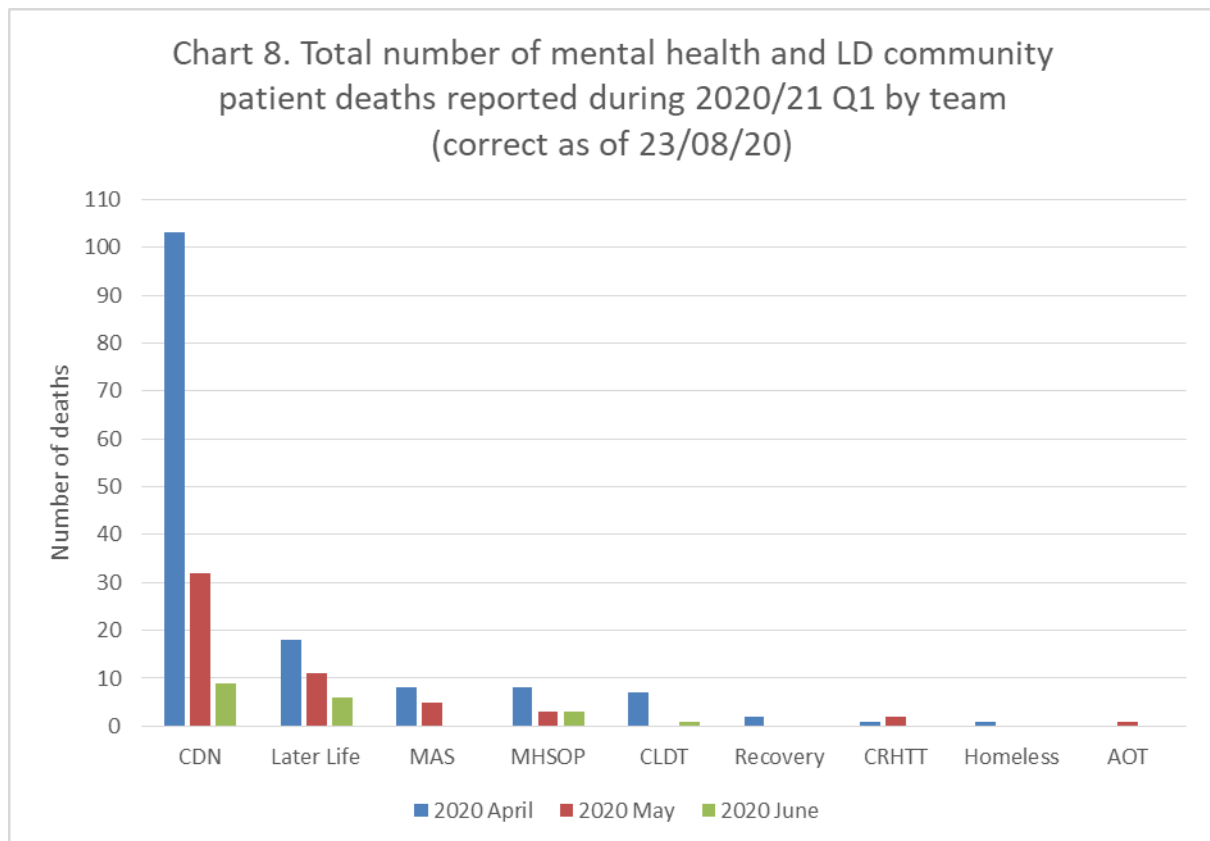
4.3 Impact of Covid-19 upon deaths reported amongst dementia patients open to the Community Dementia Nurse (CDN) service

4.3.1 Chart 9 shows that an unusually high number of deaths of dementia patients, who were open to the CDN service for annual review of dementia medication, have been reported during April this year, compared to the number of deaths reported for this patient group in April 2019.

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Chart 9. Number of reported deaths of patients open to the CDN service in Q1 2020 and Q1 2019 (correct as of 23/08/20)
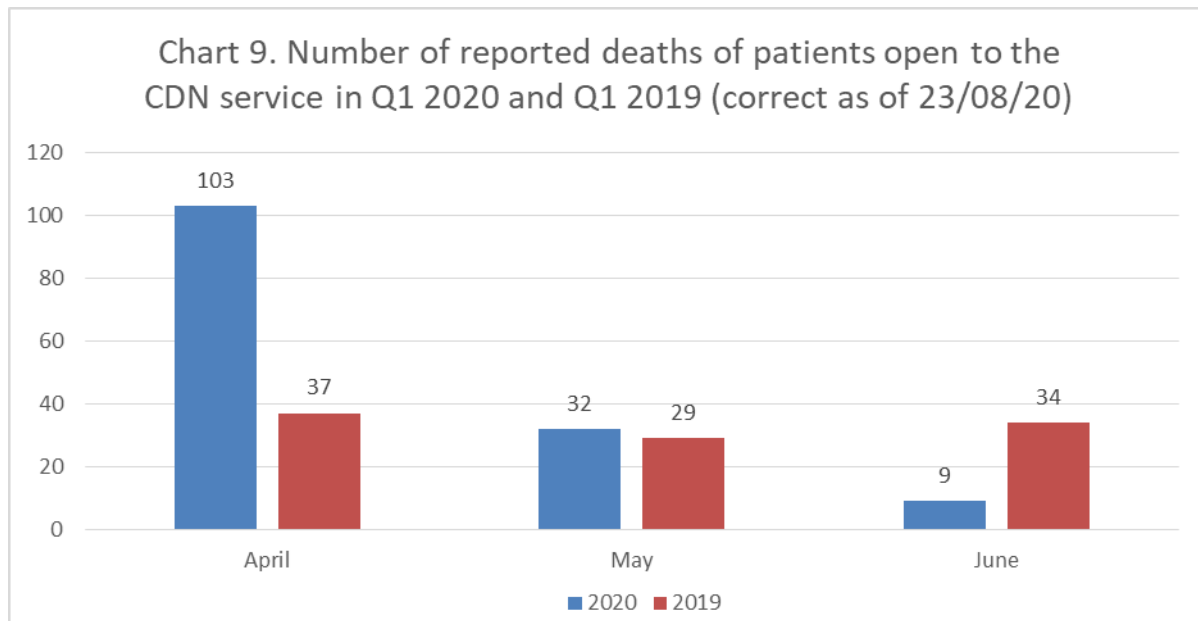
4.3.2 Typically, deaths of patients open to the CDN service can be reported up to many months after the date of death, sometimes up to when the next annual medication review is scheduled, therefore we can anticipate that the number of deaths reported in April 2020 amongst this cohort of patients is likely to increase still further.

4.3.3 A review will be undertaken to analyse whether Covid-19 was recorded on these patients' MCCDs. These data can be difficult to obtain, but we will endeavour to obtain at least a sample to give an indication as to whether we can attribute Covid-19 to the unusually high number of deaths reported amongst this patient group in April 2020.

REPORT TO: Trust Board – 30 September 2020

PRESENTED BY: Dr Amjad Uppal, Medical Director

AUTHOR: Dr Abbasi/Dr Sally Morgan – Guardian of Safe Working Hours

SUBJECT: **GUARDIAN OF SAFE WORKING HOURS Q4 & Q1 REPORTS**

This report is provided for:

Decision ☐   Endorsement ☐   Assurance ☑   Information ☑

The purpose of this report is to:

It was agreed in the 2016 national negotiations that all NHS Trusts employing trainees (junior doctors) were required to appoint a 'Guardian of Safe Working Hours' in order to work with junior doctors to ensure safe working practices during their training.

As part of that agreement, the Guardian of Safe Working Hours is required to provide quarterly reports to the Trust Board for assurance and information. This is a national template that is used.

Further information about role and requirements can be seen under point 1 – Introduction/Context.

Reports are provided for Q4 2019/2020 and Q1 2020/2021

Recommendations and decisions required

The Board is asked to **note**:

1. The report from the Guardian of Safe Working Hours.
2. Ongoing issues are being addressed.
3. The historical open reports will be closed following agreement between trainees, the Guardian and DME.

Executive summary

- The exception reporting process is part of the new Juniors Doctors Contract to enable them to raise and resolve issues with their working hours and training.

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- 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.

- The purpose of the report is to give assurance to the Quality Committee and Board that the doctors in training are safely rostered and their working hours are complaint with the TCS.

Risks associated with meeting the Trust's values

- Providing suitable and safe training placements for junior doctors is essential for the Trust in terms of reputation and developing workforce.
- This data is monitored by CQC and HEE.

Corporate considerations	
Quality Implications	✔
Resource Implications	✔
Equality Implications	✔

Where has this issue been discussed before?
Trust Quality Committee on 1st Sept 2020

Appendices:	Appendix 1 – Q4 Report for 19/20 Appendix 2 – Q1 Report for 20/21

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

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GUARDIAN OF SAFE WORKING

1.0   INTRODUCTION / CONTEXT

1.1   The safety of patients is of paramount importance for the NHS and staff fatigue is a hazard both to patients and the staff. The 2016 national contract for junior doctors encourages stronger safeguards to prevent doctors working excessive hours. It was agreed during negotiations with the BMA that a 'Guardian of Safe Working Hours' will be appointed in all NHS Trusts employing trainees (junior doctors) to ensure safe working practice.

1.2   The role of 'Guardian of Safe Working Hours' is independent of the Trust management structure, with the primary aim to represent and resolve issues related to working hours for the junior doctors employed by it. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and/or employer, as appropriate; and will provide assurance to the Trust Quality Committee and Board or equivalent body that doctors' working hours are safe.

1.3   The work of the Guardian will be subject to external scrutiny of doctors' working hours by the Care Quality Commission (CQC) and by the continued scrutiny of the quality of training by Health Education England (HEE). These measures should ensure the safety of doctors and therefore of patients.

1.4   The Trust has invested in relevant software to help monitor the 'Exception Reports' in line with national guidance and the system is relatively well established in the Trust now.

1.5   The Guardian's Quarterly Report, as required by the junior doctor's contract, is intended to provide the Trust's Quality Committee and Board with an evidence based report on the working hours and practices of junior doctors within the Trust, confirming safe working practices and highlighting any areas of concern.

2.0   REPORTS

These reports are made using the nationally agreed template. Please refer to the specific report for details on the exception reports made and actions taken.

2.1   Q4 report for 19/20 – no exception reports made

2.2   Q1 report for 20/21 – 6 exception reports made

2.3   The difference in number of trainees between these two reports is because of the transfer of Herefordshire services to Worcestershire.

3.0   Appointment of Guardian of Safe Working Hours

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Dr Abbasi left the Trust and his role as Guardian of Safe Working Hours in June 2020. Following an internal recruitment process, Dr Sally Morgan was appointed in to the role of Guardian of Safe Working Hours with effect from July 2020.

Quarterly Report on Safe Working Hours Data

Reporting Time Period:		January 2020-March 2020
Trust Name:		Gloucestershire Health & Care NHS Foundation Trust
Guardian of Safe Working Hours Name:		Nader Abbasi
GOSW Email Address:		nader.abbasi@ghc.nhs.uk
No.of doctors/dentists in training (total)		40 (31 Gloucestershire and 9 Herefordshire)
No.of doctors/dentists in training on the 2016 contract TCS (total)		40
No. of lead employer trainees on the 2016 contract at your Trust		
Amount of time available in job plan for Guardian to do the role		1PA
Admin support provided to the Guardian (if any)		
Amount of job-planned time for educational supervisors		

Specialities/Site	Exception reports													Work Schedule Reviews															Fines by department	
	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment				No. that are on-going	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment				No. that are on-going	No.of fines levied	Values of fines levied
	Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	TOIL	Payment	Please		Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	Payment	Please			
Gloucestershire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hereford	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0

*If you have any additional comments, issues arising or concerns then please fully detail in the section below

Quarterly Report on Safe Working Hours Data

Reporting Time Period:	April 2020-June 2020
Trust Name:	Gloucestershire Health & Care NHS Foundation Trust
Guardian of Safe Working Hours Name:	Nader Abbasi
GOSW Email Address:	nader.abbasi@ghc.nhs.uk
No.of doctors/dentists in training (total)	28
No.of doctors/dentists in training on the 2016 contract TCS (total)	28
No. of lead employer trainees on the 2016 contract at your Trust	
Amount of time available in job plan for Guardian to do the role	1PA
Admin support provided to the Guardian (if any)	
Amount of job-planned time for educational supervisors	

Exception reports / Work Schedule Reviews / Fines by department

Specialities/Site	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment				No. that are on-going	No. GP Trainees		No. Foundation Yesars		No.at CT Level		No.at ST3+ Level		No. given TOIL or payment			No. that are on-going	No.of fines levied	Values of fines levied
	Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	TOIL	Payment	Please		Raised	Closed	Raised	Closed	Raised	Closed	Raised	Closed	TOIL	Payment	Please			
Gloucestershire	0	0	0	0	5	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	1		
																										0	0

*If you have any additional comments, issues arising or concerns then please fully detail in the section below

We had 6 exception reports during this quadrant(April, May, June), five by core trainees and one by an advance trainee. These trainees who developed these reports managed to have their initual review meetings with their supervisor within normal time plan. All the reports were outcomed as Compensation: Time off in lieu and five of the trainees agreed with the outcome and closed the reportas. One trainee although had the initial meeting and outcome but report hasn't been closed by trainee yet and hasn't raised concern with the Guardian regarding outcome either. It seems to be due to unprecedented time of COVID-19 rather than an actual disagreement. We have contacted the trainee and informed them of situation, hopefully report will be closed soon or be raised to be resolved with the help of Guardian. During these period there were two on call shifts that were covered by agency doctors and also there are 6 trainees who are not able to complete their on-calls as normal. In general it seems Trust had managed well through the current situation with appropriate support for trainees which in turn would provide a safe service for our patients.

AUDIT AND ASSURANCE COMMITTEE SUMMARY REPORT

DATE OF MEETING 06 AUGUST 2020

COMMITTEE GOVERNANCE	• Committee Chair – Marcia Gallagher, Non-Executive Director
	• Attendance (membership) – 100%
	• Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL AUDIT

The Committee received the Internal Audit Progress Report 2020/21 informing the Committee of the progress since the previous meeting.

It was noted that both the Estates and Facilities audit work and the Cost Improvement Programme audit work were overdue. The Committee received assurance that out of the three outstanding actions for Estates and Facilities, two had now been completed. The outstanding action related to *routine look back on historical data.* This had been delayed due to Covid 19 activities, but was expected to be closed within the upcoming weeks. In relation to the overdue actions for the CIP; all four actions were expected to be completed by the end of August.

EXTERNAL AUDIT

KPMG shared the External Audit Progress Report and Technical Update with the Committee and confirmed that the annual accounts had been signed off within the deadlines. KPMG reported that the audit of the Charity Accounts would be completed before December 2020.

COUNTER FRAUD, BRIBERY AND CORRUPTION

The Committee received the Counter Fraud, Bribery and Corruption report, which included the Final Annual Report of activity undertaken by the Trust and Gloucestershire NHS Counter Fraud Service in 2019/20. A benchmarking analysis of the Self-Review Tool (SRT) was also included. There were no active investigations currently relating to the Trust and it was noted that the Committee Chair continued to have regular meetings with Counter Fraud colleagues.

FINANCE COMPLIANCE REPORT

The Committee received the Compliance Report which provided an update on actions that had been taken under delegated powers. The report noted that the debt relating to GHFT had been significantly reduced. The remaining £900k was expected to be paid soon.

The Committee received assurance that the bad debt relating to Gloucestershire County Council was due to the complex nature of the invoices and Covid. The 91+ days recorded in the report only related to one outstanding invoice. The invoices would be finalised week commencing 10th August and progressed.

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REVIEW OF EXTERNAL AUDITOR EFFECTIVENESS

KMPG, the Trust's external auditors were not present for this item

The Committee received and reviewed the External Auditor Assessment 2020 which included a summary of the results from the questionnaire which was circulated to the members of the Audit and Assurance Committee. A satisfactory outcome was noted.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	5 November 2020

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REPORT TO:	**TRUST BOARD – 30 September 2020**
PRESENTED BY:	Lavinia Rowsell – Head of Corporate Governance and Trust Secretary
AUTHOR:	Lavinia Rowsell – Head of Corporate Governance and Trust Secretary
SUBJECT:	**AUDIT AND ASSURANCE ANNUAL REPORT 01 October 2019 – 31 March 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

Consider the draft annual report of the Audit And Assurance Committee to the Trust Public Board being held on the 30 September 2020.

Recommendations and decisions required

The Board is asked to **consider** the Committee's Annual Report 2019/20.

Executive summary

The Committee's terms of reference require that: "*The Audit and Assurance Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and concerns requiring further consideration or decision by the Board*".

"*The Committee will report to the Board annually on its work in support of the Annual Governance Statement.*"

This year this process has been delayed as the Committee in its current format has only been in place since the merger with Gloucestershire Care Services NHS Trust on 1st October 2019. The Annual Governance Statement reflected the operation of

the Committee through review of the Committee Reports and Papers provided to the Board.

The attached report provides an overview of the Committee's work in the last financial year, from 1 October 2019 to 31 March 2020 in sections which reflect the headings in the Committee's terms of reference. The report also provides an overview of the work of the Committee in overseeing internal control mechanisms in the Trust as reflected in the Annual Governance Statement. No issues have been highlighted as areas of concern. The Committee has operated in line with its terms of reference to meet the functions delegated to it by the Board.

It is recommended that future reports will be presented to the Committee at its early May meeting in order to align with the annual reporting timescales.

Risks associated with meeting the Trust's values

Failure to identify and mitigate corporate and strategic risks may adversely affect the Trust's strategic goals of engagement, quality and sustainability.

Corporate considerations	
Quality Implications	Effective management of risk provides assurance that patient services are being delivered safely.
Resource Implications	None other than those identified in the report.
Equality Implications	None other than those identified in the report.

Where has this issue been discussed before?

N/A

Report authorised by:	Title:
Marcia Gallagher	Non-Executive Director
Sandra Betney	Director of Finance
	21 July 2020

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Gloucestershire Health and Care NHS Foundation Trust

AUDIT AND ASSURANCE COMMITTEE ANNUAL REPORT
1st October 2019 – 31 March 2020

Gloucestershire Health and Care NHS Foundation Trust – **Trust Board – 30 September 2020**
AGENDA ITEM 20.1: Audit and Assurance Annual Report – Oct 19 – March 2020   Page 3

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1.0 INTRODUCTION

1.1 The Audit and Assurance Committee was established in its current form under Board delegation from 1 October 2019 in line with the governance arrangements agreed and set in place from the date of the merger of the Trust with Gloucestershire Care Services NHS Trust. Its terms of reference are informed by good practice and Audit and Assurance Committee guidance within the NHS sector and other sectors.

1.2 All Non-Executive Directors are members of the Committee, with the exception of the Trust Chair. This membership enables the Committee to triangulate information and assurance received at other Board Committees, each of which is chaired by a member of the Audit and Assurance Committee.

1.3 A number of officers are in regular attendance in accordance with the Committee's Terms of Reference. These include the Director of Finance (or a delegated alternate), the Head of Governance and Trust Secretary (or a delegated alternate), Internal and External Auditors, and the Local Counter Fraud Specialist. Other Directors and Managers attended at the request of the Committee, for example where further information is required on follow up actions following issues being raised through an Internal Audit. After each meeting of the Committee, the Audit and Assurance Committee Chair provides a summary report of the Committee's deliberations and decisions to the next Board meeting.

1.4 The Committee met 2 times during the period 1 October 2019 to 31 March 2020, and has discharged its responsibilities for scrutinising the risks and controls which affect all aspects of the Trust's business through self-assessment and review, and by requesting assurances from Trust Officers. Each meeting was quorate.

1.5 Attendance by members at the Committee during the period was as follows:

Non-Executive Directors	Nov 19	Feb 20
Marcia Gallagher(Chair)	Y	Y
Graham Russell	Y	Y
Jan Marriott	Y	Y
Duncan Sutherland	N	N
Sumita Hutchison[1]	N	N
Maria Bond	Y	Y

All members receive papers and have the opportunity to raise any concerns with the Chair even where they do not attend.

1.6   The following were in attendance at the Committee during the period with their attendance dependent on issues to be discussed.

- Director of Finance
- Deputy Director of Finance
- Head of Counter Fraud and/or Team members (receives papers and can raise any concerns with the Chair or Director of Finance if not attending.
- Members of the Trust Secretariat
- Internal Audit
- External Audit
- Members of the Management Team for specific items

2.0   PRINCIPAL REVIEW AREAS

2.1   This annual report is divided into five sections, reflecting the five key duties of the Committee as set out in its terms of reference.

2.2   Governance, Risk Management and Internal Control

2.3   The Committee has reviewed relevant disclosure statements, in particular the Annual Governance Statement together with the Head of Internal Audit Opinion, external audit opinion and other appropriate independent assurances. – **CONFIRMED for Financial Year 2019/20.**

2.4   The Head of Internal Audit Opinion was based on the audit work carried out during the year in line with the plan approved by the Committee, and also had regard to the Trust's Board Assurance Framework, Risk Register, and other control mechanisms. This opinion contributed to the Committee's assessment of the effectiveness of the Trust's system of internal control, and to the completion of its Annual Governance Statement. **CONFIRMED for Financial Year 2019/20.**

2.5   The Committee reviewed the Corporate Risk Register and the Board Assurance Framework at regular intervals in order to provide challenge and receive assurance that strategic and corporate risks are being adequately monitored. – **CONFIRMED.**

2.6   The Committee reviewed both the draft and final versions of the Annual Governance Statement which set out the systems and processes for internal control and formed part of the Trust's 2019/20 Annual Report.

2.7   Compliance reports on governance processes including the Register of Directors' Interests, and the Register of Gifts and Hospitality are reviewed annually.

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2.8   The Chairs of all Gloucestershire Trusts' Audit and Assurance Committees are able to meet to discuss governance issues around Integrated Care Systems and Sustainability and Transformation Plans for the County and other issues of mutual interest.

2.9   The Committee has reviewed the completeness of the risk management system and the extent to which it is embedded within the organisation. The Committee believes that while adequate systems for risk management are in place, continued management focus is required to ensure that risk management continues to be embedded within the trust, particularly with the coming together of the Risk Management systems of the two trusts at merger and the ongoing redevelopment of the Board Assurance Framework to reflect the new strategic priorities of the organisation.

2.10   Internal Audit

2.11   In completing its work, the Committee places considerable reliance on the work of Internal Auditors. Throughout the year the Committee has worked effectively with internal audit to strengthen the Trust's internal control processes and during the year the Committee:

Reviewed and approved the internal audit plan for 2019/20.

Considered the findings of internal audit in relation to work on the following issues:

- Risk Management
- Business Continuity Management
- Cost Improvement Programme (Phase 2)
- Corporate Governance
- Finance Systems
- Information Governance (DSP toolkit)
- Estate and Facilities - High Risk
- Performance management
- Staff Complaints and Speaking up
- Statutory and mandatory training

2.12   The Estate and Facilities report had been included in the audit programme at management's request. This review was rated as a High Risk, and the Committee sought and received assurance that measures had been put in place to ensure that the recommendations were to be taken forward with timeliness. All other audit reports were classified as either Medium or Low risk. The audits produced a total of 29 findings (covering only period as GHC) (55 last year – full year). There were 11 Low, 16 medium and 2 high risk-rated findings In respect of each of these findings the Committee sought and received assurance on the mitigating actions being taken, following up

outstanding actions as necessary and referring issues to other Committees as appropriate in order for progress with action plans to be monitored.

The Internal Auditors advised that "In light of the COVID-19 outbreak and latest government guidance it was agreed with management that not all of the planned reviews would take place, specifically: ICT and information management; and Recruitment and Retention. This was a result of the reviews being unsuitable to complete remotely as well as management capacity to support in the review and because the timing of the review was no longer appropriate. During the year we were asked to carry out a review of the supplier data transfer, but this project was delayed. Although these reviews have not taken place we felt sufficient work had been undertaken during the year to provide evidence in support of the areas upon which we are required to provide an opinion, although it should be noted that had these other reviews taken place additional findings may have been identified which may have affected our internal audit opinion." These reviews will be taken forward as possible in 2020/21.

2.13 The Committee has been pleased to note during the period continued good performance in terms of the timely completion of management actions arising from Internal Audit Reviews. Tracking of IA recommendations will be reviewed at each meeting.

2.14 External Audit

- The Committee received and noted the final audit in respect of the 2019/20 Financial Accounts and the 2019/20 Quality Report (unaudited), and approved the Financial Accounts and the Quality Report (unaudited) on behalf of the Trust Board.
- The Committee reviewed and agreed the external audit plan for 2019/20.
- The Committee reviewed and commented on the reports prepared by external audit which have kept the Committee apprised of progress against the External Audit Plan.

2.15 Private Meeting with the Auditors

2.16 The Committee Chair met privately with internal and external auditors during the period. No concerns were raised by either auditor, and both gave positive feedback about the reputation of the Trust and the working relationships that had been established.

2.17 Other Assurance Functions

2.18 The Committee has reviewed the findings of other significant assurance functions where appropriate, and has considered any governance implications for the Trust.

2.19 The Committee received regular Counter Fraud updates, and received the Counter Fraud Annual Report for 2019/20 and the Counter Fraud work plans

for 2019/20 and for 2020/21. The agreed planned total of days of counter fraud activity was delivered during 2019/20 across the 4 generic areas of Counter Fraud activity as defined by the NHS Counter Fraud Authority. The areas of activity for 2019/20 were apportioned thus: 40 to 'Strategic Governance' 48 to 'Inform and Involve', 80 to 'Prevent and Deter' and 89 to 'Hold to Account'. The total cost of the Counter Fraud service during 2019/20 was £114,139.

2.20   The NHS CFA self-review tool provides assurance that the Trust is compliant with the NHS CFA's Standards for Providers. To be compliant with NHS Counter Fraud Authority (NHSCFA) requirements, the Annual Report must include the 2020 Self Review Tool (SRT) of organisational compliance with the counter fraud standards within the Standard Contract. However, due to the pressures of COVID-19 activity, the submission date for the SRT was extended to 30 May 2020 which delayed submission to the Committee and an update is awaited. Performance is expected to be in line with previous years.

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2.21   Management

2.22   The Committee has challenged the assurance process when appropriate, and has requested and received assurance from Trust management and various other sources both internally and externally throughout the year.

2.23   The Committee works to an annual plan of scheduled agenda topics. In setting this annual plan, the Committee considers items currently on the Risk Register, items of current interest, and items raised by the auditors and the Executive Team. In addition the Committee follows up risk items previously identified to ensure that it remains informed of progress against previously agreed actions. A rolling programme of actions is maintained and monitored accordingly for all Committee meetings.

2.24   Compliance Reporting

2.25   The Committee received Losses and Special Payments reports at various points through the year, as required by the Trust's Standing Financial Instructions. The Committee sought assurance in each case as to the processes in place to recover these amounts, and prevent recurrence.

2.26   The Committee has regular reports at meetings on waivers over £25k applied in the preceding period. This reporting includes nil returns.

2.27   The Committee reviewed the 2019/20 financial statements and annual report at the May 2020 meeting prior to recommending the final accounts for Accounting Officer signature, in line with authority delegated by the Board.

2.28   The Committee was pleased to note the external audit report which indicated that an unqualified audit opinion was to be given to the accounts, and that the auditors had not identified any significant weaknesses in systems of accounting and financial control.

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3.0 OTHER MATTERS

3.1 The Committee will formally review its own effectiveness during the year. Its format and operation has been informed by best practice and no issues have been identified to date.

3.2 The Committee compiled an Annual Report on its activities which will be considered by the Board.

3.3 The Committee will review its terms of reference during the year.

4.0 CONCLUSION

4.1 The Committee's primary contribution to the achievement of the Trust's strategic objectives is to ensure that Governance, Control, Risk Management and Audit systems are sound, reliable, and robust. The work of the Committee in the last financial year, and the triangulation of information and assurance received both at the Audit and Assurance Committee and at other Committees chaired by members of the Audit and Assurance Committee, have enabled the Audit and Assurance Committee to conclude that the Trust's systems are in the main sound, reliable and robust.

Marcia Gallagher
Chair, Audit and Assurance Committee
July 2020

RESOURCES COMMITTEE SUMMARY REPORT

DATE OF MEETING 5 AUGUST AND 27 AUGUST 2020

COMMITTEE GOVERNANCE	- Committee Chair – Graham Russell, Non-Executive Director - Attendance (membership) – 80% and 50% - Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

EXTRAORDINARY COMMITTEE MEETING – 5 AUGUST 2020

An extraordinary meeting of the Resources Committee took place on 5ᵗʰ August to discuss the delivery options for the new Forest of Dean Hospital.

COMMITTEE MEETING – 27 AUGUST 2020

FINANCE REPORT – MONTH 4
The Committee received the Finance Report for month 4. The Trust had requested a retrospective top-up of £1,072m for the period April to July. £726k of this had been approved by NHSI for April to June. This was to ensure that the Trust would reach a break even position. The System as a whole was required to reach a break even position from months 7 to 12.

THIRD PHASE PLANNING UPDATE
The Committee received a report which provided an update on the latest guidance received for the third phase of the NHS Response to Covid-19.

The Trust had received a letter from Sir Simon Stevens and Amanda Pritchard on 31st July 2020 which provided details on the next phase of the Covid response; including:
- Confirmation of the NHS EPRR incident level move from Level 4 to Level 3
- Setting out priorities for the remainder of 2020/21
- Outlining financial arrangements heading into autumn as agreed with Government.

There were a total of 8 urgent actions and 67 priorities. The actions were set out in the report and they were largely focused on the long term plan ambitions and learning from Covid. A key piece of work on equalities and learning was also identified.

The Trust was required to submit the Local People Plan on 21ˢᵗ September. This was supported by Workforce and Business Intelligence colleagues. The People Plan would be submitted to the Trust Board in September.

Operational Work and Priorities
The Committee received a presentation detailing the Covid Recovery Phase 3 Requirements,

focusing on the Operational Work and Priorities. The presentation highlighted that new requirements had been received in the previous week with regards to hospital discharge guidance and IPC and PPE guidance. A concern was raised that the finances for this were currently unknown due to the financial envelope not yet having being received.

Several scenario workshops had been held as a corporate exercise, addressing possible situations which may arise in winter or if there is to be a second surge of Covid.

The Committee discussed both the report and the presentation and focussed on the differing elements of the recovery phase. An item would be included on the agenda for the September Board Meeting for further discussion.

SOUTH WEST ADULT SECURE MENTAL HEALTH PROVIDER COLLABORATIVE
The Committee received an update on the South West Adult Secure Mental Health Provider Collaborative, noting that the New Care Models Programme was initially introduced in April 2017. The New Care Models Programme would focus on local systems working together through provider collaborates looking at specialised services; which include Children and Adolescent Tier 4 services, Learning Disability, Eating Disorders and Perinatal services.

The decision had been made (following recommendations) that the South West would lead for Adult services and that Thames Valley would lead for Children's services. This was agreed due to where the best pathways were provided to patients.

The Committee was informed that the intention was for the South West Adult Secure Mental Health Services Collaborative to now go 'live' from the 1st October. A Board decision would be required and as such a report would be prepared for the Trust Board in September.

BUSINESS DEVELOPMENT REPORT
The Committee received the Business Development Report providing the Committee with an update on the Trust's business development activities and potential opportunities to strengthen existing income streams and to generate new ones.

HR POLICIES, COVID WORKFORCE RESPONSE & KPIS
The Committee was informed that the Trust's Recruitment Policy and Disputes Policy had been updated.

Training within the Trust had recommenced on 6th July, however face to face courses were being reintroduced on a phased basis due to Covid restrictions.

The Committee received an update on the workforce KPIs, including turnover rates.

The Committee noted the report and expressed thanks to the Director of HR and the wider HR Team for their hard work and efforts over the past few months.

ACTIONS REQUIRED BY THE BOARD
The Board is asked to:
- **Note** the contents of this summary.

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| DATE OF NEXT MEETING | 22 October 2020 |

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QUALITY COMMITTEE SUMMARY REPORT

01 SEPTEMBER 2020

COMMITTEE GOVERNANCE	• Committee Chair – Maria Bond, Non-Executive director • Attendance (membership) – 86% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

SIRI (SERIOUS INCIDENTS REQUIRING INVESTIGATION) UPDATE

The Committee received the SIRI update for the period June/July 2020. There had been three SIRIs declared in June and six declared in July. The number of SIRIs had reduced in August, with two SIRIs declared; which bought the quarterly average to the normal expected level. The Committee was informed that comparative data showed a drop in incidents reported of 15.2% against the drop in patient contacts which was 16.6%.

QUALITATIVE AND QUANTITATIVE RISK AUDIT REPORT

The Committee received the Qualitative and Quantitative Risk Audit Report which formed part of the Trust's clinical audit programme. Findings from the audit were shared with colleagues, reported through the Trust's operational and corporate governance systems and fed into the Trust's Learning and Assurance Framework to ensure a continuous cycle of improvement and development. This report was noted.

QUALITY DASHBOARD REPORT

The Committee discussed, received and noted the Quality Dashboard Report for July 2020, drawing attention to those areas requiring further development, and those quality issues showing positive improvement.

There was an ongoing challenge surrounding wound care matters. There was a good level of reporting and visibility on wound care issues, but the area was a focus for improvement. There would be further reporting to the Quality Committee on wound care and enhanced deep dives would be brought to the Committee on pressure ulcers, leg ulcers and tissue viability. Prevention of falls across the services was another area for ongoing development identified.

The Committee was informed of the work that had been done by the Quality Directorate in promoting the new project across the Trust 'Civility Saves Lives' programme. The principle was that if staff were encouraged and helped to communicate politely – better patient outcomes would be achieved. This would be adopted as the patient safety programme for the remainder of the year.

The Committee Chair thanked John Trevains and his team for the report which kept improving every month and was an extremely helpful addition which provided good commentary and excellent assurance on quality issues. The Team was asked to consider

how the dashboard could be developed further to incorporate more outcomes based quality measures.

ASSESSMENT AND CARE MANAGEMENT AUDIT REPORT

The Committee received the Assessment and Care Management Audit Report. The report provided the Committee with the outcome of an audit, measuring compliance against the Trust's Assessment and Care Management Policy carried out in July 2020. The report considered both Qualitative and Quantitative data and looked at the wider aspects of the records from an Assessment and Care Management perspective. It was noted that compliance rates remained static.

The Committee discussed elements within the report particularly surrounding data quality. Compliance with qualitative data was good, however, quantitative compliance was low. This continued to relate to data being recorded in the incorrect place on the clinical record. A Task and Finish Group would be set up and facilitated by quality colleagues in partnership with operational governance leads to devise and agree on an action plan to address this, with a timeframe anticipated of 1st April 2021 to undertake this piece of work.

CLINICAL AUDIT PROGRAMME OVERSIGHT REPORT

The Committee received the Clinical Audit Programme Oversight Report. The team had reviewed what was achievable for the remainder of the year on a risk basis. The initial review had reduced to 150 audits. Of the 150 audits, 53% were underway and 39% were not due to be undertaken at present. 8% of the audits had been completed. The Clinical Audit team would be reviewing how to stream line the audits and the work would be lined up with governance forums.

ETHICS GROUP TERMS OF REFERENCE

The Committee approved the change of the Ethics Group Terms of Reference to reflect that the Ethics Group would report to the Quality Committee.

QUALITY ASSURANCE GROUP SUMMARY REPORT

The Committee noted the contents of the summary reports for the Quality Assurance Group which took place 24th July and 21st August 2020. Once again the Committee noted the huge amount of work taking place at the QAG and the excellent assurance that this report provided back to the Quality Committee. Continued high levels of attendance were also noted and welcomed.

COMPLAINTS ANNUAL REPORT

The Committee received and noted the Complaints Annual Report. The numbers of complaints received in 2019/20 was the same as in the previous year. The numbers of complaints received were low in comparison to the amount of patient contacts received.

ACTIONS REQUIRED BY THE BOARD
The Board is asked to:
- **Note** the contents of this summary.

DATE OF NEXT MEETING	3 November 2020

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Wednesday, 17 June 2020

held via Microsoft Teams

Confirmed MINUTES

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PRESENT:	Ingrid Barker (Chair)	Vic Godding	Alison Feher
	Katie Clark	Bren McInerney	Anneka Newman
	Brian Robinson	Anne Roberts	Mervyn Dawe
	Said Hansdot	Jenny Hincks	Karen Bennett
	Faisal Khan	Jo Smith	Nic Matthews
	Katherine Stratton		

IN ATTENDANCE: Steve Alvis, Associate Non-Executive Director
Sandra Betney, Deputy Chief Executive/Director of Finance
Maria Bond, Non-Executive Director
Steve Brittan, Associate Non-Executive Director
Marcia Gallagher, Non-Executive Director
Anna Hilditch, Assistant Trust Secretary
Sumita Hutchison, Non-Executive Director
Jan Marriott, Non-Executive Director
Lavinia Rowsell, Head of Corporate Governance
Kate Nelmes, Head of Communications
Graham Russell, Non-Executive Director (Deputy Chair)
Neil Savage, Director of Organisational Development
Gillian Steels, Trust Secretary Advisor
John Trevains, Director of Nursing, Quality and Therapies
Dr Amjad Uppal, Medical Director

1. WELCOMES AND APOLOGIES

1.1 Apologies were received from June Hennell and Stephen McDonnell. Paul Roberts, Chief Executive had also sent his apologies for this meeting.

1.2 Ingrid Barker welcomed everyone to the meeting. Governors were introduced to Steve Brittan, Associate Non-Executive Director who had been appointed to the Trust Board from 18th May.

1.3 The Council noted that this would be Vic Godding's final meeting, as he would be coming to the end of his second term as a Public Governor for Cheltenham on 31 July. Ingrid Barker expressed her thanks to Vic for his commitment, enthusiasm and huge contribution over the past 6 years.

1.4 The Council of Governors were asked to note that Lawrence Fielder, Appointed Governor for Gloucestershire CCG had resigned from general practice and had therefore been required to stand down as the CCGs Governor representative from 1 May. Ingrid Barker advised that she had written to the CCG seeking a further nomination; however, it was possible that it could take up to 6 months in the current challenging times to find a replacement. The CCG said that they would nominate a lay member in the interim.

2. MINUTES OF THE PREVIOUS MEETING

2.1 The minutes from the previous meeting held on 19 March were agreed as a correct record.

3. MATTERS ARISING AND ACTION POINTS

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

3.2 Mervyn Dawe said that he had previously requested a report to be shared with Governors focussing on Out of County Placements. He said that he fully understood that other business had taken precedent over the past few months and simply asked that his request be kept on the record for a future time as he was still keen to receive the information.

ACTION: Briefing for Governors on Out of County Placements to be prepared and presented at a future meeting

4. CHIEF EXECUTIVE'S REPORT

4.1 Sandra Betney, Deputy Chief Executive presented a verbal report to the Council, separated out under a number of key headings.

Coronavirus update

4.2 The Governors received an update on progress with recovery from Covid arrangements. All services and teams were being asked to reflect on their own service recovery, and were attending Recovery Clinics set up to review plans and service models. These recovery plans, which included key risks and staffing data, were then received by the Executive Committee for approval, at which point services could then move into active recovery. Sandra Betney advised that 50% of services were now in active recovery, which was a staged plan for them to work towards. It was hoped that all services would have moved into the active recovery phase by the beginning of July.

4.3 Sandra Betney informed the Governors that communication would be going out around the Minor Injury Units (MIIUs). Due to Covid, the Trust had made the decision to temporarily close some of the units, with others having their operational hours reduced. She said that the plan was to continue with these temporary arrangements whilst the Trust looked to manage its active

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recovery. It was noted that there could be a move to more of a booked appointment arrangement, rather than walk-ins so the Trust could manage patient flows in line with social distancing guidelines. Brian Robinson said that MIIUs were a sensitive point as they offered people in more rural areas access to services. Ingrid Barker agreed that there was a need to manage the sensitivities around the communication, however, it was noted that current demand for minor injuries units was very low.

4.4   It was noted that there was good capacity within community hospital inpatient services and improving capacity in mental health inpatient services, so a positive picture across the Trust.

4.5   In terms of Learning from Covid, Sandra Betney advised that the Trust had a Future State programme in place and some lessons learned exercises had already been carried out to get vital feedback from colleagues such as online surveys, drop in sessions and posters. GHC was also feeding in to the ICS Recovery Group, where discussions would be taking place around system wide learning.

4.6   Bren McInerney noted that there was good capacity within services currently but suggested that the Trust needed to do more to communicate with and encourage people to start using these services again. Sandra Betney said that work was taking place to review the Trust's waiting lists for some services and communication with primary care colleagues was ongoing to ensure that there was a clear and consistent message sent out about how we are managing new referrals.

4.7   Sandra Betney said that the Trust was carrying out its recovery process in a planned and measured way. There was a need to focus on those services with high demand, as well as working with partner organisations to look at joint recovery as many of the Trust's services linked in as part of the wider care pathway.

Strategy
4.8   The Council noted that the Trust had reviewed its Strategic Framework at the March Board and had planned to carry out a wider programme of engagement. Sadly this had been delayed due to Covid. However, Sandra Betney advised that work on this would recommence shortly and information would be shared with Governors. It was noted that the Board would be holding a series of seminars over the coming months focussing on strategy.

Integrated Care System (ICS) Update
4.9   The Council of Governors noted that the Gloucestershire Health Overview and Scrutiny Committee Meetings had been postponed due to Covid but it was hoped that this would be reinstated in July. Engagement on Fit for the Future and the Forest of Dean Hospital could then recommence as it had not been possible in the interim to carry out the level of engagement desired. Brian Robinson said that he welcomed the return of Scrutiny as this would ensure that the necessary level of due diligence was being carried out on key service developments and changes.

Black and Minority Ethnic Community and the Impact of Covid

4.10   Sandra Betney advised that discussions had been taking place internally about how the Trust responds to the current focus on equality, in particular Black Lives Matter. The Chief Executive had written two blog posts on the subject, and had announced that focus group meetings were being set up for Trust colleagues to discuss this in more detail. A Diversity Network was also being launched, to be chaired by Sumita Hutchison, which would be outcome and action focussed.

4.11   In terms of the differential impact of Covid on BAME communities, Neil Savage said that GHC had written to all affected staff members and developed local risk assessment guidance, with the Trust's Working Well (Occupational Health) Team supporting people in doing this. The Trust has redeployed staff accordingly. He offered assurance that there were robust processes in place to manage this position and any concerns that may arise would be closely monitored.

4.12   Nic Matthews said that he welcomed the setting up of the Diversity Network and focus groups for staff and suggested that it would be helpful if the Trust could ensure that its organisational policies were updated to be reflective of the outcome of these important discussions.

Other

4.13   Bren McInerney expressed his thanks to the Executive Team, Non-Executive Directors and Trust colleagues for all of the work carried out to manage Covid whilst at the same time maintaining safe and quality services. Ingrid Barker also gave a massive thanks to the Executives and Trust teams, who had worked incredibly hard. She said that the Trust would be looking to find a way to recognise and celebrate that contribution at a future date.

4.14   The Governors noted that a Senior Leadership Network meeting had taken place the previous week and presentations were received from a range of staff sharing their own personal experiences of Covid which had been powerful.

5.   REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE

5.1   Mervyn Dawe, Public Governor and Committee Member presented this report to the Council, summarising the key business conducted at the meeting of the Nominations and Remuneration Committee held on 9 June.

5.2   The Committee had received the outcome of the Trust Chair appraisal. Mervyn Dawe said that the Committee was pleased to receive and note the very positive appraisal report for Ingrid Barker, acknowledging that the past year had been complex and challenging with a merger and Covid-19 to steer through. Ingrid was seen as a compassionate, approachable and responsive Chair dedicated to those people served by the Trust, with a strong commitment to partnership and system wide working.

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5.3   The Committee also received the positive outcome from the Non-Executive Director appraisals, which were completed for Marcia Gallagher, Duncan Sutherland, Graham Russell, Maria Bond, Sumita Hutchinson and Jan Marriott. All six appraised NEDs had made valuable contributions to the Trust and were performing well at Board, as Committee Chairs and across their broader roles. It was noted that there were no performance issues to be raised. The diverse range of skills, experience and backgrounds within the NED pool was seen as very valuable.

5.4   Mervyn Dawe said that the Committee had discussed the response rate to both the NED and Chair appraisals from Governors, which he had already raised with Governors in the earlier pre-meeting. Only 9 responses were received, however, it was felt that this was understandable given the number of vacant posts and newly appointed Governors who would not have been in a position to contribute on this occasion. Governors would be encouraged to contribute next year and a framework for Governors to use to provide their feedback would also be considered.

5.5   The Committee had received and noted a report setting out the recruitment process and subsequent appointment of Steve Brittan as an Associate Non-Executive Director with effect from 18 May 2020.

5.6   As the Council had already been made aware, the Trust's interim Lead Governor had sadly resigned from his position as a Public Governor for the Forest. The Council asked that their thanks and good wishes to Simon Smith be formally recorded. Since that time, discussions had taken place amongst Governors and a proposal for a new Interim Lead Governor and deputy was put forward. Mervyn Dawe said that the Governor pre-meeting had received and approved the proposal that Faisal Khan be appointed as interim Lead Governor, with Mervyn Dawe as deputy, interim roles that would continue until the end of December 2020. Ingrid Barker thanked both Mervyn and Faisal for putting themselves forward for this important role.

5.7   The Council of Governors was asked to endorse the appointment of June Hennell as a member of the Nominations and Remuneration Committee. Further appointments to the Committee would be required and the process for this would be carried out in line with the Governor Review and Refresh work. June's appointment was approved.

6.   ANNUAL REPORT AND ACCOUNTS 2019/20

6.1   Lavinia Rowsell informed the Council that the Trust's Audit and Assurance Committee had met earlier in the day and had approved the Annual Report and Accounts. It was very pleasing to note that this had received a clean audit opinion.

6.2   Due to Covid, the timeline for producing the annual report and accounts had been delayed, which therefore meant that the Trust had made the decision to postpone its AGM originally planned for July, until later in September. Lavinia Rowsell advised that the Council would formally receive the Annual Report

and Accounts at its September meeting; however, final copies would be circulated for information well in advance of this. Lavinia said that she would be happy to arrange a training session for interested Governors on the Annual Report and Accounts, which could be carried out via MS Teams. Interest in participating in such a session was expressed, and it was agreed that a date would be sought and circulated out to Governors.

ACTION: Training session for Governors on the Annual Report and Accounts, to be carried out via MS Teams to be set up and a date circulated to Governors

6.3   Bren McInerney said that the Trust's AGM would historically have information stands and stalls for people to visit which was always seen as an excellent networking opportunity. He appreciated that this may not be possible at the current time but suggested that there were opportunities that could be embraced and asked that this be considered as part of the planning for the event.

7.   STAFF SURVEY RESULTS AND ACTION PLAN - PRESENTATION

7.1   Neil Savage presented this item to the Council of Governors, which provided a summary of the 2019 Annual Staff Survey results published in February 2020.

7.2   The national office required the Trust to compete two separate surveys – one for the former 2gether NHSFT (2g) and another the former Gloucestershire Care Services NHST (GCS). The survey was completed between October and November 2019. All staff in post on 1st September 2019 were invited to take part in the confidential online survey. The results of the survey were reported to the March 2020 Board.

7.3   Overall, Neil Savage advised that the report demonstrated a performance to be proud of given the context of the merger. In terms of headlines, the following areas were highlighted:
- GCS services show some marked and sustained improvements
- 2G services largely maintained position with a few exceptions and remained in top half of MH/LD Trusts
- GCS, 3rd best Community Trust for colleagues recommending the Trust as a place to receive care
- 2G, 4th best MH/LD Trust for colleagues recommending Trust both as (A) a place to receive care and (B) an organisation to work for
- 2G 6/11 Themes above benchmark cluster average
- GCS 8/11 Themes improved
- Staff engagement rating for GCS improved to 7.1, the highest score in 5 years, while 2G remained at 7.2, in top half of MH/LD Trusts

7.4   The Council noted that both Trusts had the lowest response rates for 5 years – with 36% for GCS and 33% for 2g. Neil Savage said that this was disappointing; however, given the amount of engagement and other surveys

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being carried out regularly by Trust colleagues during the period, it was not necessarily surprising that a low response had been received on this occasion. Once confirmation was received that the staff survey would be carried out this year, the Trust would then work with the Communications Team and Trust colleagues to encourage engagement with the survey.

7.5   Nic Matthews, also a Staffside representative, said that it had been challenging to engage with staff over the past few months so agreed that looking at different options of connecting with people could improve the uptake.

7.6   A full report had been produced summarising the staff survey results and the actions being taken, which would be presented to the Trust's Resources Committee. Neil Savage agreed that this report be shared with Governors after the Committee meeting, and also offered to meet with Governors to review the report in more detail.

ACTION: Report on Staff Survey Results and actions, being presented to the Resources Committee, to be shared with Governors once approved by the Committee.

ACTION: Session for Governors to meet with Neil Savage to drill down further into the staff survey results to be arranged.

8.   GOVERNOR MEMBERSHIP AND ELECTION UPDATE

8.1   Lavinia Rowsell presented this report which provided an update on the current membership of the Council of Governors, an overview of vacant Governor positions, and details for the forthcoming Governor elections. This report and the timeline for elections was noted.

9.   GOVERNOR REVIEW AND REFRESH UPDATE

9.1   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.

9.2   Following agreement at the March Council meeting, two workstreams to the Review and Refresh work were proposed, one focussing on Membership and the other on the Constitution and Governance. Short life working groups would be set up over the next 4-6 weeks, with two meetings of each group planned. The groups would be chaired by Ingrid Barker, with one or two Non-Executive Directors also in attendance, reflecting the interrelation between the Board and the Council. Lavinia Rowsell invited Governors to volunteer to

participate on the groups, noting that it would be helpful to have two public and two staff governors on each group.

ACTION: Governors to nominate themselves to sit on the Review and Refresh working groups

10. CHAIR'S REPORT

10.1 Ingrid Barker provided a verbal report of her activity over the past few months. A full written report would be produced for presentation at the Trust Board meeting in July, which would also be shared with Governors. Ingrid continued to actively engage with national networks, participating in both the recent Chairs forums and NHS Providers Forum. Close links had continued with local partners to keep in touch during Covid and ensure that people remained up to date on key developments despite the lack of face to face meetings. Work was being carried out to looking at reinstating service visits with Non-Executive Directors and how this could be done given the current social distancing guidelines. Governors were presented with the updated NED portfolios for information following the recent appointment of Steve Brittan.

10.2 Ingrid Barker said that she hoped Governors felt that they were being kept up to date via the fortnightly e-newsletter. Governors agreed that this newsletter was extremely informative and welcomed.

11. GOVERNOR ACTIVITY UPDATES

11.1 Anne Roberts said that a large number of Trust colleagues were now working from home, and she talked about the challenges but also the positive and "human" aspects of working from home and using MS Teams for meetings. She said that it was important to recognise this. Katie Clark agreed, adding that people were using more creative methods of working and there were opportunities to be taken from this.

11.2 Jo Smith said that she had been taking time to make regular contact with vulnerable friends and family.

11.3 Jenny Hincks informed the Council that is was national Carers Week and she had been engaging with lots of other carers and seeing how the last few months had been for them. She said that many carers were shielding themselves and had found the last few months especially difficult. The immense role played by carers was acknowledged.

12. ANY OTHER BUSINESS

12.1 There was no other business.

13. DATE OF NEXT MEETING

13.1 The next meeting would take place on Wednesday, 16 September at 2.00pm.

**COUNCIL OF GOVERNORS
ACTIONS**

Item	Action	Lead	Progress
17 June 2020			
3.2	Briefing for Governors on Out of County Placements to be prepared and presented at a future meeting	John Trevains	**Scheduled** A briefing paper is scheduled for presentation at the November 2020 Council meeting.
6.2	Training session for Governors on the Annual Report and Accounts, to be carried out via MS Teams to be set up and a date circulated to Governors	Anna Hilditch	**Complete** Marcia Gallagher and Sandra Betney to lead a session on 2nd Sept at 10.30am
7.6	Share the report on Staff Survey Results and actions, being presented to the Resources Committee, with Governors once approved by the Committee	Anna Hilditch	**Complete** Report circulated on 2 July to Governors, along with an invitation to attend a session to discuss the Staff Survey in more detail
7.6	Offer a date and time for interested Governors to meet with Neil Savage to drill down further into the staff survey results	Anna Hilditch / Neil Savage	**Complete** Session to take place on 15th July at 10-11am
9.2	Governors to nominate themselves to sit on the Review and Refresh working groups – Membership and Constitution/Governance	Anna Hilditch	**Complete** Two sessions set up and dates circulated to Governors to express an interest in participating.

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