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NHS
Gloucestershire Health and Care
NHS Foundation Trust

TRUST BOARD MEETING

PUBLIC SESSION

Thursday 27 May 2021

10.00 – 13.00pm

To be held via Microsoft Teams

AGENDA

TIME	Agenda Item	Title	Purpose		Presenter
Opening Business					
10.00	01/0521	Apologies for absence and quorum	Assurance	Verbal	Chair
	02/0521	Declarations of interest	Assurance	**Paper**	Chair
10.05	03/0521	Service User Story Presentation	Assurance	Verbal	DoNQT
10.25	04/0521	Draft Minutes of the meeting held on 31 March 2021 • Response to Public Question received at March Board	Approve Assurance	**Paper**	Chair
	05/0521	Matters arising and Action Log	Assurance	**Paper**	Chair
10.30	06/0521	Questions from the Public	Assurance	Verbal	Chair
Strategic Issues					
10.35	07/0521	Report from the Chair	Assurance	**Paper**	Chair
10.40	08/0521	Report from Chief Executive	Assurance	**Paper**	CEO
10.50	09/0521	Organisational Priorities Update	Assurance	**Paper**	CEO
11.00	10/0521	Regroup, Reconnect, Recover	Assurance	**Paper**	Acting COO
11.15	11/0521	Systemwide Update	Assurance	**Paper**	DoSP
11.30	12/0521	System Operating Plan 2021-22	Approve	Verbal	DoF
11.40	13/0521	Digital Strategy 2021-2026	Approve	**Paper**	DoF
11.50am - BREAK – 10 Minutes					
Performance and Patient Experience					
12.00	14/0521	Freedom to Speak Up Report	Assurance	**Paper**	SP/DoNQT
12.10	15/0521	Quality Dashboard Report	Assurance	**Paper**	DoNQT
12.20	16/0521	Patient Safety Report Q4	Assurance	**Paper**	MD
12.30	17/0521	Performance Report	Assurance	**Paper**	DoF
Governance					
12.40	18/0521	Provider Licence Declarations	Approve	**Paper**	HoG
12.45	19/0521	Change to the Constitution	Approve	**Paper**	HoG

TIME	Agenda Item	Title	Purpose		Presenter
12.50	20/0521	Use of the Trust Seal Q3/Q4 2020/21	Assurance	**Paper**	HoG
12.55	21/0521	Council of Governor Minutes – March	Assurance	**Paper**	HoG
Board Committee Summary Assurance Reports (Reporting by Exception)					
	22/0521	FoD Assurance Committee (16 April)	Information	**Paper**	FoD Chair
	23/0521	Mental Health Legislation Scrutiny Committee Summary (21 April)	Endorse	**Paper**	MHLS Chair
	24/0521	Resources Committee Summary (29 April)	Information	**Paper**	Resources Chair
	25/0521	Audit and Assurance Committee (6 May)	Information	**Paper**	Audit Chair
	26/0521	Quality Committee Summary (11 May)	Information	**Paper**	Quality Chair
Closing Business					
13.00	27/0521	Any other business	Note	Verbal	Chair
	28/0521	**Date of Next Meeting** **2021** Thursday 29 July Thursday 30 September Thursday 25 November	Note	Verbal	All

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Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 04/0521

MINUTES OF THE TRUST BOARD MEETING

Wednesday 31 March 2021

Via Microsoft Teams

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

IN ATTENDANCE:
Sarah Birmingham, Deputy Chief Operating Officer
Dan Brookes, Trust Governor (Public)
Dr Oana Ciobanasu, Consultant (External)
Lauren Edwards, Deputy Director of Quality and Therapies
Graham Hewitt, Trust Governor (Public)
Anna Hilditch, Assistant Trust Secretary
Kizzy Kukreja, Trust Governor (Staff)
Bob Lloyd-Smith, Healthwatch
Kate Nelmes, Head of Communications
Lavinia Rowsell, Head of Governance/Trust Secretary

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed everyone to the meeting. Apologies for the meeting had been received from John Campbell and Helen Goodey.

2. DECLARATIONS OF INTEREST

2.1 The Board received and noted the complete 2020/21 Board Declarations register.

2.2 There were no new declarations of interest.

3. SERVICE USER STORY PRESENTATION

3.1 The Board welcomed Mrs. Jennifer Downing to the meeting, who was joined by Sophie Belson, Community Nurse with a Specialist Interest in Complex Leg Wounds. Mrs. Downing spoke to the Board about a leg wound that she had developed following an accident at home.

3.2 The Board noted that following Mrs. Downing's accident, she developed an edema and was in Lydney Hospital for 2 weeks. On discharge, she was seen by District Nurses and then referred to the Lydney Complex Leg Wound Team. Treatment was moved from a clinic to the home setting due to Covid and lockdown, noting that Mrs. Downing was shielding.

3.3 It was at the point of referral to the Complex Leg Wound Team that compression therapy was used. Mrs. Downing said that this was uncomfortable; however, it made all the difference. Sophie Belson said that they had now moved to using supported hosiery which meant that when it became uncomfortable, Mrs. Downing could remove it, unlike the compression bandages. It was pleasing to report that the wound was vastly improved.

3.4 Steve Alvis asked whether any other support was required during this period from other agencies such as social services. Mrs. Downing said that her husband was able to help her on a day to day basis; however, she did receive assistance in terms of the provision of walking aids.

3.5 Angela Potter asked Sophie Belson whether there was anything that would help in progressing the service provided by the Complex Leg Wound Team. Sophie said that being able to offer sharp debridement therapy would be a helpful development, and also getting a trust wide message out to colleagues that compression therapy should the first thing to do for leg wounds, not a last resort. John Trevains agreed to pick this up as part of the wound care development programme. **ACTION**

3.6 Mrs. Downing said that she had gone through a period of feeling very down during her treatment; however, she said that she had received great support from the Trust's community services and the Complex Leg Wound nurses. The importance of combining physical and mental health services and having the necessary support available was recognised.

3.7 The Board thanked Mrs. Downing for attending and speaking so openly about her experience. Thanks were also given to Sophie Belson and her team for the tremendous service that they provided. Ingrid Barker said that it was important to hear about personal stories as it really did ground the Board in why we are here.

4. MINUTES OF THE PREVIOUS MEETING HELD ON 28 JANUARY 2021

4.1 The Board received the minutes from the previous meeting held on 28 January 2021. Subject to two minor typos, these were accepted as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

5.1 The Board reviewed the action log and noted that all actions were now complete or progressing to plan. There were no further matters arising.

6. QUESTIONS FROM THE PUBLIC

6.1 The Trust had received one question from the public in advance of the Board meeting in relation to the development of the new Forest of Dean Hospital. A verbal response was given at the meeting, as follows:

QUESTION – Can you explain in full detail how the hospitals as you have stated "are no longer fit for purpose", as you have announced on numerous occasions and patients are happy with the facilities? *Louise Penny, Campaigner for HOLD*

RESPONSE

Angela Potter advised that the Trust fully recognised that both existing hospitals were very much loved and valued by the local populations of the Forest of Dean and our staff continue to deliver excellent care within the constraints of the environment that they are working in. However, the Dilke Memorial Hospital and Lydney & District Hospital are both aged hospital sites which present a range of operational and

maintenance challenges, including poor patient flow, asbestos, inability to carry out internal reconfiguration, privacy and dignity issues and compliance with single sex regulations. Angela Potter said that the Trust really wanted to make sure that the facilities and environment available to the Forest population was at the same high standard as the level of care provided.

6.2 A full written response to the question would be provided and this response would expand on those areas highlighted. A copy of the full response would be included for reference with the minutes of this meeting presented at the May Board (Appendix 1).

7. COVID PROGRAMME UPDATE

7.1 This item provided an update to the Board on progress with the ongoing management of Covid.

7.2 Updates were provided around Covid Testing and central stock management.

7.3 During the second covid surge, a commitment was made to continue where possible to maintain all service delivery. Two services were however closed with full system support, the Vale MIIU to enable a PCN vaccination site to be established and Tewkesbury MIIU with staff redeployed to enable Rapid Response to be available. Apart from these system supported closures, no GHC services were closed, with 13 providing a reduced service offer to focus on urgent priority referrals. Reprioritising services enabled the release of staff to support essential services and the enhance offers required to enable effective operational flow.

7.4 Work has commenced to support teams and services to 'Regroup, Reconnect, Recover' as we begin to shape service delivery post the second covid surge in Gloucestershire. This process is underpinned by principles of inclusion and collaboration, considering the needs of all stakeholders and a realistic evaluation of time frames and capacity required to meet increased demands. Each service is producing a plan on a page and has the opportunity for bespoke support via Working Well and the health and wellbeing hub to enable individual and team recovery. Paul Roberts said that recovery was right at the core and a huge amount and work and effort was being put into the recovery agenda.

7.5 GHC continue to contribute to the covid vaccination programme across the county and the programme is operating successfully. Focused work continues to support uptake in the GHC workforce for those in eligible cohorts. Progress has been made in the last 4 weeks as a result of targeted communications, advice and education through Working Well, learning from a staff survey and additional pop-up clinics in areas of lower uptake. Uptake from frontline staff was now at 89% and Ethnic minority staff at 64%. Graham Russell asked for assurance about colleague vaccinations and whether current performance was in line with plan. Sarah Birmingham said that the Trust wanted to achieve higher and continued to promote the vaccinations. Paul Roberts said that there was an equity issue; however, it was important to be mindful that some staff members would not want to receive the vaccination, despite being offered.

7.6 Work was under way in conjunction with PCN colleagues to review the current use of three GHC sites as vaccination centres and explore future options to enable GHC service recovery in a timely manner. The GHC mass vaccination team are also working alongside the vaccine equity group to undertake a deep dive into the data on vaccine uptake for those with a learning disability, severe mental illness and dementia.

7.7 Paul Roberts informed the Board that it had been agreed to stand down the Gold/silver/bronze command with the wider system, with things being incorporated into business as usual going forwards. Jan Marriott said that she had found this to be a

helpful way of getting information agreed and disseminated out into the system rapidly and queried whether this would still be possible once it had been stood down. Paul Roberts said that it was hoped that this level of communication and collaborative working with the system would continue going forwards.

7.8 Sumita Hutchison asked about the learning from Covid and what would be done differently having taken that into account. Sarah Birmingham advised that GHC had introduced Attend Anywhere which had allowed patients to connect with us virtually and this would continue, along with other digital platforms as feedback from patients demonstrated that these were valued. Steve Brittan welcomed this information, in particular the benefits of using technology to support service delivery; and said he was glad to hear that the Trust was going to continue innovative approaches, based on recent experiences. John Trevains added that a huge amount of learning had been captured throughout the Covid pandemic and this was available to staff via the Covid Portal.

8. CHAIR'S REPORT

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

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

9. CHIEF EXECUTIVE'S REPORT

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

9.2 Paul Roberts opened his report by informing the Board that a number of long serving senior colleagues would be leaving the Trust over the coming months. This included Marieanne Bubb-McGhee, Bernie Wood, Sue Heafield, Kathy Campbell and Terry Gibbs. Their huge length of service and commitment to the Trust was acknowledged, and the Board joined Paul in expressing their thanks and good wishes to those concerned.

9.3 The Executive team, on behalf of the Board, is exploring what "business as usual" may look like over the coming months following the Government announcement setting out the roadmap to recovery from Covid. The Board and Executive team have begun to concentrate on a "recovery and refocus" programme balancing:

- Individual recovery - ensuring the Trust continued to focus on the health and wellbeing of colleagues.
- Service recovery – ensuring that there are plans to restore services, accommodate changing demand patterns and to embed innovative practice associated with the pandemic response.
- Refocus on strategic ambitions – increase effort to deliver the strategic ambitions of the organisation, set out when it was formed in October 2019.

9.4 Paul Roberts has continued to develop his work as lead CEO for equality, diversity and inclusion (EDI) for the Gloucestershire ICS. The partnership is developing its approach to the systematic tackling inequality and to co-ordinate its response to the recent

challenges brought to light by the pandemic. The "eight urgent actions" outlined by NHS England in August 2020 provide a useful framework for this work. Sumita Hutchison said that she welcomed this work and asked what would change for GHC as a result of the actions set out. Paul Roberts suggested that outcomes would change and improve, noting that the framework looked at equity as well as equality. This would be embedded into the Trust committee structure, with Board oversight for assurance.

9.5 NHS England recently released its White Paper, Integration and Innovation, working together to improve health and social care for all. The proposals would lead to Integrated Care Systems becoming statutory bodies and a mandate to work more closely with Local Authority and other system partners including the voluntary sector. It was noted that a Board Development session was planned for April for the Board to consider this in more detail.

9.6 In November 2020 Sarah Scott (now Executive Director of Adult Social Care and Public Health) attended the Board to present her annual report. The report focussed on race, health and inequality in the context of Covid. The report discussed six areas of action and response to Covid which were incorporated into eight recommendations for the county. The Board received a brief update on Trust activity in the six themed areas.

9.7 Marcia Gallagher noted that Paul Roberts had been invited to join the SW Imaging Regional Focus Group to steer the development of the national imaging strategy. She asked about commitment to cancers and whether this group had oversight of the workforce and national shortages of radiographers. Paul Roberts advised that the group had not yet met but acknowledged that this was a challenging agenda.

10. INTEGRATED CARE SYSTEM UPDATE

10.1 This paper provided an overview of a range of activity taking place across the Integrated Care System.

10.2 Ongoing dialogue with the Health Overview and Scrutiny Committee took place on 2nd March and sought support to extend the temporary service changes put in place associated with Covid. An extra-ordinary meeting took place on 22nd March to further consider the Fit for the Future proposals.

10.3 The Health and Well Being Board met on 16th March with a focused agenda on health inequalities and the activities taking place across the county to take forward this complex and important agenda.

10.4 The Integrated Locality Partnerships have now also re-commenced some of their activities and started to revisit their priority actions moving forward, taking into account the impact of COVID. Jan Marriott asked about Governor involvement with the ILPs. Angela Potter advised that the Strategy and Partnerships Team had now been aligned to localities and some mapping work would take place to see how links with Trust Governors could best be established. **ACTION**

10.5 Ingrid Barker said that she welcomed the breadth of coverage within this report. It was noted that a set of principles around system working were being developed and these would be shared with the Board in due course.

11. BUSINESS PLANNING 2021/22

11.1 The purpose of this paper was to set out the Business Planning process for 2021/22 and the proposed Business Planning Objectives for operational and corporate teams.

11.2 This report set out the business planning process that was launched in December to support Directorates and Teams in developing their business planning objectives for 2021/22. The business plan is key to the delivery of the Trust Strategy and the business planning structure has been updated and underpinned by our four strategic aims.

11.3 It was noted that the National Planning guidance had been published for 2021/22 for Quarter 1 and further guidance was expected in April for the remainder of the year. The Trust had agreed to continue with a business as usual approach and a business planning refresh is therefore proposed at the 6-month mid-point to allow for further national guidance and in-year changes.

11.4 Sandra Betney informed the Board that producing the business plan had been challenging, however, the Trust had supported colleagues to identify service objectives that were realistic, and she said that there had been amazing engagement from staff.

11.5 The Board noted that the Business Planning process had been shared with Governors at their meeting on 10 March to enable their comments to be taken into account. Sandra Betney advised that a lot of detail sat beneath each of the objectives, including specific measurements for achievement. The Board also noted that the Business Plan had been produced in line with budget setting for 2021/22. System planning was now commencing and updates on this would be presented to the Resources Committee moving forward.

11.6 Maria Bond welcomed this report, noting that it was clear and visually helpful. She queried how many of the identified objectives would be of system benefit, rather than simply a benefit to GHC. Sandra Betney agreed that this would be helpful to see and noted that it was planned to include a review of this as part of the systemwide planning process.

11.7 Graham Russell agreed that this was a good document and like other Board members he supported the “business as usual” approach that had been taken. He queried whether the plan was clear enough about its linkage with the Trust Strategy and whether further reference needed to be included. There was a need to ensure read across and consistency. **ACTION**

11.8 The Board approved the business planning objectives and noted that a formal refresh of these was planned for quarter 2. Thanks were given to the team for producing a very readable and encouraging document, and to Trust colleagues for engaging with the process despite the challenges being faced.

12. BUDGET SETTING 2021/22

12.1 The Trust’s Standing Financial Instructions state in section 2 ‘Business Planning, Budgets, Budgetary Control and Monitoring’ that the Director of Finance will ‘prepare and submit budgets for approval by the Board’. This paper set out the level of budgets proposed and how they have been prepared in order to meet this annual obligation under the Standing Financial Instructions.

12.2 It was noted that the budgets proposed in this paper formed the financial governance of the Trust for 21/22. Although national interim funding arrangements will remain in place for the first half of the next financial year these budgets will provide a clear financial framework in which all Trust staff can continue to operate and make financial decisions. It was noted that these budgets also formed the basis of the plans on which the Trust will deliver its business planning objectives and strategic aims for the year ahead.

12.3 Sandra Betney advised that national planning guidance had not yet been issued for 21/22 so the Trust has used the planning assumptions from the NHS Five Year Plan where appropriate e.g. income and pay uplifts. The financial planning assumptions used mean these budgets will deliver a surplus. It is possible that the new financial regime may not encourage, or may even prohibit, surpluses for Foundation Trusts. These budgets will deliver a surplus of £0.790m, which includes delivery of a non-recurrent £600k surplus in order to generate cash for the Forest of Dean Hospital scheme. If the surplus needs to be reduced then the Trust can reduce the level of non-recurring savings, but needs to continue to deliver all recurring savings so that it stays in recurring balance.

12.4 In order to deliver these budgets recurring cost improvement schemes of £3.90m will be required. In addition, £1.600m of non-recurrent savings will need to be found to support non-recurrent expenditure and non-recurrent cost pressures. During budget setting 67% of recurring savings have already been identified.

12.5 A capital expenditure budget of £14.363m is proposed for 2021/22. The disposal of the Holly House site for c.£2m has been moved in 22/23 so there are no capital disposals planned for 21/22. The Capital Management Group has met to discuss the priorities for next year. The main focus of the programme will be the development of the new hospital in the Forest of Dean, the completion of the ensuite upgrade of the Montpellier Low Secure facility and addressing c.£2.0m of outstanding Condition C&D High or Significant risk backlog maintenance issues.

12.6 Marcia Gallagher thanked Sandra Betney and colleagues for this clear report. She asked whether there was a sense yet of how much additional funding the Trust would receive for Covid and the treatment of long Covid. Sandra Betney advised that this was not yet clear but any funding received would be non-recurrent.

12.7 The Board noted the budget setting process and linkages within business planning and Cost Improvement Programme development processes. The Board approved the revenue and capital budgets for 2021/22 and noted the five-year capital plan. It was noted that a revised capital plan would be presented to the Resources Committee for approval at its April meeting once the allocation of the system envelope had been agreed. The Board also reviewed and noted the risks associated with the proposed budgets for 2021/22.

13. OUR TRUST STRATEGY 2021-2026

13.1 The Board received this report which presented the Trust's five-year strategy for 2021 – 2026 and highlighted the final process of engagement and drafting refinements.

13.2 'Our strategy 2021-2026' is for all our staff, service users, patients, carers and our partners. It seeks to provide clarity on who we are, what is important to us, what we want to achieve and how we will do it. This remains a public facing document, ensuring that everyone can access, understand and contribute to implementing our strategy.

13.3 The Board noted that the strategy was supported by the Annual Business Plan for 2021/22, which articulates the detailed plan for delivering year one of our five-year strategy. Throughout the life of this strategy, subsequent annual plans will provide the specific annual actions and milestones. The Board also noted that the data included within strategy was set at 31 March, to ensure that this was consistent and enabled read across with the Trust's annual report.

13.4 Angela Potter advised that the aim was to communicate the strategy widely with our staff and partners and a communication and engagement strategy was in the process of being developed. Following approval of the strategy the Trust would take forward the

development of a "plan on a page" and an easy read version of the strategy. Work would take place with our senior leaders to support cascading the strategy and build it into their team and individual objectives and plans.

13.5 Jan Marriott made reference to the section highlighting "our journey so far" and asked whether some clear examples of providing integrated care could be included. **ACTION**

13.6 Steve Brittan asked how the Trust was measuring its effectiveness through this strategy and whether there was a need to quantify the benefits. Angela Potter noted that the enabling strategies that sat beneath this overarching strategy would help with specificity and benefits. It was agreed that there was a need to identify top level measures and a Board development session was planned for June to look in more detail at measuring "what matters". Paul Roberts said that measuring outcomes was challenging but this would be kept under review by the Board.

13.7 The Board agreed that the Strategy set out the big picture direction of travel. There would be a need to come back and revisit some specifics, such as outcomes; however, the Strategy was approved, subject to some minor typos and comments received.

14. OUR PEOPLE STRATEGY

14.1 The Board was presented with the draft "Our People Strategy", a subset of the emerging Trust Five-Year Strategy, for consideration, comment and agreement in principle prior to it being formatted for launch.

14.2 Our People Strategy sets out the vision and framework for achieving our goal. It translates the six strategic objectives from the main Trust strategy into six easy to remember "commitments" to deliver our Great Place to Work ambition. These are:

- Model Recruitment & Retention
- Health & Well-being
- Great Culture, Values & Behaviours
- Strong Voice
- Equality, Diversity & Inclusion, and
- Full Potential

14.3 The strategy also included a proposed 'road map' outlining how we intend to approach delivering our goal, aims and commitments, alongside key measures of performance. The Board agreed that this road map was a helpful inclusion.

14.4 The Board noted that once approved, the strategy would be professionally formatted in line with the draft Trust Strategy with infographics.

14.5 It was noted that the draft Our People Strategy had previously been received and discussed by the Resources Committee and feedback had been incorporated into this final draft.

14.6 The Board reviewed and was happy to endorse the final draft Our People Strategy.

15. QUALITY DASHBOARD REPORT

15.1 This report provided an overview of the Trust's quality activities for February 2021. It was noted that key data was reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led. The dashboard also contained the Q3 NED Audit of Complaints and Guardian of Safe Working data.

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

However, there was frustration that not all areas had progressed as quickly as had been planned due to the impact on capacity from Covid. The report highlighted those Quality issues for priority development to the Board:

- Work is underway to design the 2021/22 Quality Dashboard, the quality team will be using quality metrics from a wider range of Trust services such as sexual health, dental, complex leg wound and specialist mental health/learning disability services, to commence from April 2021.
- A quality deep dive into the Memory Assessment Service is planned for inclusion in the next Quality Committee Dashboard.
- CPA compliance remains under threshold and a CPA audit has commenced to understand challenges.
- Continued focus and quality improvement work to enhance recovery within the complaint management process following the national pause.
- To support the NHS Long Term Plan to eliminate out of area mental health placements, there is a comprehensive quality improvement plan in place which focuses on governance and leadership, operational practice, and service development.

15.3 Those Quality issues showing positive improvement:

- The number of Category 1 and 2 acquired pressure ulcers has reduced to below threshold and for the first time since September there were no reported Category 4 acquired pressure ulcers in the month of February
- 89% of all GHC staff have now received their first vaccination for Covid-19
- An action plan is being delivered and a monthly exception reporting regime in place for recovering resuscitation and restrictive physical intervention training (PMVA and PBM) compliance.
- The regrouped training strategy for medical emergency training has been well received by frontline staff and found to increase staff confidence in the application of skills following the reduction in face to face training resulting from COVID.

15.4 John Trevains informed the Board that the Trust had secured funding of £250k for international recruitment into community services. The Board was assured that the Trust ensured ethical recruitment practices.

15.5 Steve Alvis had carried out the Quarter 3 NED Audit of Complaints, the results of which had been included within the dashboard. He said that he had been very impressed with the quality and thoroughness of the paperwork, and congratulated the Patient Experience Team on the work they had carried out. John Trevains agreed to pass these thanks to the team. He added that the NED input into the complaints process was really valued.

15.6 Ingrid Barker said that it was pleasing to see the reduction in the reporting of pressure ulcers, and she asked whether this was going to be a sustainable improvement. John Trevains advised that this reduction had primarily been seen within the district nursing team. The improvement work the Trust had introduced was gaining traction and this included education sessions, professional support and integration of policies.

15.7 Ingrid Barker noted that the Trust had 5 complaints in the system which had remained open for over a year. She asked whether it would be possible to include a trajectory in future reports to be able to get a sense for when these were expected to be closed down. **ACTION**

15.8 Ingrid Barker said that it was helpful to see the vacancy data within the dashboard. There were some big gaps within the ICT Teams and she asked if further information

could be included around the impact of these vacancies on quality and continuity of care. John Trevains advised that more detailed analysis of this was planned as part of the continued development of the quality dashboard.

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

16. LEARNING FROM DEATHS REPORT – QUARTER 3

16.1 The Board received the Learning from Deaths report for quarter 3. During the quarter there were 139 reported GHC patient deaths. None of these patient deaths were judged to be more likely than not to have been due to problems in the care provided by the Trust.

16.2 Marcia Gallagher made reference to 3.4 of the report which stated that "the Trust is continuing its work with regard to installing electronic countermeasures". Given the importance of this work around reducing ligatures, Marcia asked for further assurance around progress and when work was likely to be complete. Amjad Uppal agreed to seek and provide the necessary information to the Board. **ACTION**

17. FINANCE REPORT

17.1 The Board received the month 11 Finance Report for the period ending 28 February 2021.

17.2 There is a Covid interim financial framework for the NHS in place for October to March 2021. The Trust has received additional block contract payments to cover Covid costs, lost income and some new developments but will receive no further top ups. The Trust has spent £3.213m on Covid related revenue costs between April and February.

17.3 The Trust has an interim plan of a deficit of £439k for October to March. The Trust's position at month 11 was a surplus of £145k. The Trust is forecasting a year end surplus of £0.163m. The Trust has decreased its annual leave accrual estimate by £520k to £2.514m

17.4 The revised recurring Cost Improvement Plan (CIP) target for GHC is £3.230m and the amount delivered to date is £3.492m.

17.5 The cash balance at month 11 was £68.8m.

17.6 The Trust has reviewed its balance sheet and released several provisions and proposed a number of asset and debtor write-offs. The Trust has identified 4 HIV drugs invoices to CCGs, dating back to 2014-2017, that required Board approval to be written off. This approval was received.

17.7 Capital expenditure was £5.269m at month 11. The Trust has a revised capital plan for 20/21 of £10.772m. Sandra Betney advised that the Trust had amended the capital programme to increase the Forest of Dean scheme to £20.4m and moved the sale of Holly House back one year to 22/23.

18. PERFORMANCE DASHBOARD

18.1 Sandra Betney presented the Performance Dashboard to the Board for the period February 2021 (Month 11 2020/21). This report provided a high-level view of key performance indicators (KPIs) in exception across the organisation.

18.2 At the end of February, there were 10 mental health key performance thresholds and 16 physical health key performance thresholds that were not met. It was noted that all

bar two of these indicators had been in exception previously within the last 12 months. The two new indicators were '1.05: Delayed Transfers of Care' and '50: Psychosexual Service - % treated within 8 weeks'. Sandra Betney informed the Board that there were a large number of exceptions but offered assurance that many of these related to data quality issues and this was starting to improve following Covid. Relevant services and teams had been contacted and asked to start looking at service recovery plans. It was noted that the 4 Trust wide workforce indicators included within the dashboard remained in exception this month; however, there had been an improvement in the supporting commentary.

18.3 It was noted that the Eating Disorder Service continued to face major performance challenges due to a high number of referrals and high vacancy rate. The Board was assured that the Executive Team continued to closely monitor and review the service challenges.

18.4 The Board was asked to note that there was 1 admission of an under 18 in February. A young person under the care of EI and Crisis services was admitted initially to the Maxwell Suite and then to Wotton Lawn overnight. A Tier 4 placement was found, and the young person transferred the next day.

19. STAFF SURVEY RESULTS 2020

19.1 The purpose of this report was to present the Board with a summary of the 2020 Annual Staff Survey results. This was Gloucestershire Health and Care NHS Foundation Trust's first ever single Staff Survey feedback report, covering data gathered from colleagues during Quarter 3 of 2020/21. It was important to note that the 2020 Survey came at a time when colleagues, the organisation and the wider NHS was significantly impacted by Covid.

19.2 The Board noted that this year's survey was changed from previous years, with a shorter core survey, the addition of Covid questions, and the option for Trusts to have some additional questions.

19.3 The Trust was also now in a new benchmarking category - *"Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts."*

19.4 Neil Savage said that the results presented a performance that the Trust should be proud of given the context of the post-merger period and the pandemic, with many post-merger organisations having historically suffered a notable reduction in staff ratings.

19.5 The Board received the key headlines which included:

- Significantly **improved response rate – 46.3%.**
- **80%** of ratings **improved or remained unchanged**
- Of the **Ten Themes - 7 improved, two were unchanged,** and **one worsened**
- **Highest improvement** rating is an **11% increase** (colleagues reporting that they do not "come to work when feeling unwell in the last 3 months"), with a number of other statistically significant improvements in the order of 5%, 6%, 7%, 8% and 10%
- **10% improvement** on colleagues agreeing the Trust takes **positive action** on **Health and Well-being**
- Colleagues agreeing **senior managers act on staff feedback is up 8%**
- **71%** of colleagues **would recommend** the Trust as a **place to work**
- **79.5%** of colleagues **would recommend** the Trust to **provide care**
- Largest reduced rating is '**During the last 12 months have you felt unwell as a result of work-related stress?'** which is up by 3%

- All the other reduced scores are in the low 1-2% reduced rating range
- The **highest % of improved scores/stayed the same** are in the **line manager** and **health and wellbeing** sections
- **The highest % of the reduced scores** are in the **Your Job** section

19.6 It was noted that the survey results had been discussed widely and the draft staff survey results action plan had been presented to the Executive Team meeting. There would be a further opportunity to review and discuss the Staff Survey results, with a session taking place in May for Board members.

19.7 Sumita Hutchison said that it was excellent to see an increase in a number of the scoring areas, especially as the survey was carried out during Covid. She noted however, that January/February had been an especially hard time for people and queried whether the scores could have been affected had the survey taken place then. Neil Savage said that it was difficult to tell but he offered the Board some assurance that the Trust would be reintroducing quarterly internal surveys which it was hoped would capture this data.

19.8 In relation to staff Health and Wellbeing, Angela Potter reported that the Trust had been successful in receiving £99k from NHS Charities Together which would be used to support the Trust's wellbeing offers to staff.

19.9 The Board received and noted the Staff Survey results report 2020 and was assured that approaches to people management, workforce culture and communications over the past year, since the merger, were paying positive dividends, with generally improving scores, and recognised that in light of new benchmarking the Trust still had much more improvement work to do to become a consistent top quartile performer.

20. GENDER PAY GAP ANNUAL REPORT

20.1 The purpose of this report was to inform the Board on the 2020 gender pay gap within Gloucestershire Health & Care NHS Foundation Trust. The UK Gender Pay Gap legislation requires NHS Trusts to annually publish a series of details and calculations that highlight the gender pay gap across the workforce. The information must be published on the Trust website and Gov.UK by 4 April 2021 and is based on data drawn from 31 March 2020.

20.2 This report contained the statutorily required calculations, presenting the gender pay gap against the six requisite indicators. The Board was asked to note that this was the first joint report for GHC, with the results summarised below considering performance from the legacy Trusts, 2gether and GCS:

- **Mean average gender pay gap**. Women earn less than men by 18.63%. This compares with the 2019 gap of 22% in 2G and 12% gap in GCS.
- **Median average gender pay gap**. Women earn less than men by 7.55%. This compares with a previous 2019 gap of zero in GCS and 14% in 2G.
- **Mean average bonus gender pay gap**. Women are paid less than men by 11.8%. This compares with a previous 2019 gap of 7% in 2G and 71% in GCS.
- **Median average bonus gender pay gap**. Women are paid more than men by 16.67%. The latter figure is impacted by the small number of staff that fall into this category (6 women and 26 men). This compares with a previous 2019 gap in women being paid more than men by 35% in 2G, and by 83% less in GCS.

- **Employee numbers by quartile.** The proportion of men and women (when divided into four groups) ordered from lowest to highest pay shows there are a higher proportion of women in all quartiles and the gap closes with progression toward the upper quartile.

20.3 This data shows a 2020 position whereby the Trust has effectively landed in the middle, between the previously slightly lower pay gap for GCS and the higher 2G gap. It also shows a small widening of the gender pay gap in year when reviewing the average hourly rate, while also showing an improvement on the median average bonus pay for women over 2019.

20.4 The Board noted that the report presented an all too typical position highlighting the scale of challenge and the inherent unfairness in the system within and beyond the Trust. Sustainable improvements will arguably require further changes in legislation, continued application of good practice, such as positive action in recruitment and Clinical Excellence Award marketing and support, alongside changes in education, careers advice, flexible working, management and leadership culture.

20.5 Neil Savage advised that this report had been previously received and scrutinised by the Appointments and Terms of Service Committee, who recommended that the Board endorse the following statement:

"The Board of Gloucestershire Health and Care NHS Foundation Trust confirms its commitment to ongoing monitoring and analysis of its Gender Pay Gap data and to developing the appropriate actions which will reduce and eradicate this gap over time."

20.6 The Appointments and Terms of Service Committee also asked that the Board consider an additional statement to strengthen the Trust's commitment to closing the gap which also sends a positive message to colleagues and applicants.

"Additionally, the Board is fully committed to working in partnership with colleagues, stakeholder organisations and external agencies to learn from other organisations, apply good practice and to take innovative approaches, including positive action in its action to reduce and remove the gender pay gap."

20.7 The Board agreed that this report clearly demonstrated the degree of challenge and importance being placed on this area of work by the Trust. It was noted that the report would also be presented at the Trust's Women's Network for discussion. The Board supported the recommendations set out and agreed to publish this report and the commitment statements on the Trust website, and via the government website.

21. MEMBERSHIP AND ENGAGEMENT STRATEGY

21.1 The Board received the Membership and Engagement Strategy 2021-2024 for endorsement. The purpose of the Strategy and its related action plan was to build a membership which is engaged and reflects the breadth of the communities the Trust serves.

21.2 It was noted that the Governor's Membership and Engagement Committee had met twice since it was agreed to establish it at the November Council meeting. The Strategy was considered and updated in the light of feedback from the Committee who highlighted the need to clearly communicate the benefits of membership, to target our communications effectively to different audiences and to use partnership working to help spread the message of membership. An Action Plan was developed to put in place some of the key foundations needed to support this strategy and the work on this is

now ongoing. A Partnership Methodology had also been produced to reflect how the Membership and Engagement Strategy plans to work with partners to achieve its aims.

21.3 The Board endorsed the Membership and Engagement Strategy 2021-24, noting that the Council of Governors had received and approved this at their meeting on 10 March.

22. BOARD COMMITTEE STRUCTURE REVIEW AND TERMS OF REFERENCE

22.1 The purpose of this report was to provide a summary of the outcome from the Annual Board Committee evaluation process and set out the proposed next steps.

22.2 The Board noted the key themes identified from the effectiveness reviews, and it was agreed that a wider review be carried out to see how the Board Committee structure, and the interplay and reporting between the Committees could be further developed and strengthened. Discussions would take place with the Committee Chairs and Executive Leads to address the themes identified and propose any revisions to the Committee structure as required to ensure the ongoing effectiveness of the Trust's governance framework. Any changes would be brought to the May Board meeting for approval, with work then taking place to ensure implementation by Quarter 3. Board members supported this approach.

22.3 The Terms of Reference for each of the Board Committees are reviewed annually, with any change recommended to the Trust Board for approval. This year the TOR were reviewed with specific focus on consistency and formatting, in line with the recommendations arising from the Internal Audit on Corporate Governance. In addition to this, a number of changes have been made to membership and attendance at the Committees to take into account the transfer of Herefordshire MH services to Worcestershire in April 2020. The Board was asked to note that the terms of reference for the Board Committees may require further revisions during the year dependent on the outcome of the wider Committee Review, however, it was deemed prudent to have a full set of consistent and up to date terms of reference in place to refer to as part of this review. The Board received and approved the following Terms of Reference:

- Appointments and Terms of Service Committee
- Forest of Dean Assurance Committee (New)
- MH Legislation Scrutiny Committee
- Quality Committee
- Resources Committee

23. BOARD COMMITTEE SUMMARY REPORTS

23.1 Mental Health Legislation Scrutiny Committee

The Board received and noted the summary report from the MHLS Committee meeting held on 20 January 2021.

23.2 Audit and Assurance Committee

The Board received and noted the summary report from the Audit and Assurance Committee meeting held on 11 February 2021. It was noted that a Counter Fraud survey had been sent out and Board members were encouraged to complete this.

23.3 Resources Committee

The Board received and noted the summary report from the Resources Committee meeting held on 25 February 2021.

23.4 Quality Committee

The Board received and noted the summary report from the Quality Committee meeting held on 4 March 2021.

23.5 Appointments and Terms of Service Committee

The Board received and noted the summary report from the ATOS Committee meeting held on 17 March 2021.

23.6 Forest of Dean Assurance Committee

The Board received and noted the summary report from the first FoD Assurance Committee meeting held on 4 March 2021. Two further meetings of the Committee would be scheduled to go through the plans and review the Business Case in advance of it being received by the Board for sign off in May.

24. ANY OTHER BUSINESS

24.1 There was no other business.

25. DATE OF NEXT MEETING

25.1 The next meeting would take place on Thursday 27 May 2021.

Signed: ……..….. **Dated: ……**

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

with you, for you

Agenda Item: 04.1/0521

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19th April 2021

Louise Penny
Via Email

Dear Louise

Many thanks for your further question to the public session of our Trust Board meeting in March 2021. I provided a summary response at the meeting and am pleased to provide a more detailed response below to your question which is as follows:

Can you explain in full detail how the hospitals as you have stated "are no longer fit for purpose", as you have announced on numerous occasions and patients are happy with the facilities?

We fully recognise that both of the existing hospitals are very much loved and valued by the local populations of the Forest of Dean and our staff continue to deliver excellent care within the constraints of the environment that they are working in. However, we do hear from our staff that they struggle to provide efficient and effective care due to these constraints and the inpatient environments particularly presents challenges.

The Dilke Memorial Hospital and Lydney & District Hospital are both aged hospital sites which present a range of operational and maintenance challenges which can be summarised as follows.

<u>The clinical/operational environment challenges include:</u>

- The two community hospitals have grown organically over many years, often reactively to immediate priorities and this has resulted in poor flow around the buildings (this is exemplified by the lack of a single reception in Lydney and the site being split in the middle by a road). The current configuration of the estate means that it is not possible to modify or refurbish the existing estate to bring it up to modern building standards. Any works that we were to undertake would need to meet today's compliance standards and not the standards that the buildings currently comply with.
- On the inpatient wards, bed spaces are small and separated only by curtains which can lead to issues of privacy and dignity: equally, neither hospital has a dedicated dayroom to allow inpatients, as well as friends and families, to eat or spend time together. The available space in the areas would not allow us to suitably re-develop and add in this space.

- A lack of appropriately configured space, particularly storage space, for the equipment needed to provide modern healthcare – the size and amount of equipment has increased considerably since the ward hospitals were first built.

- There are no patients dining or social space on either inpatient wards which is a vital component of patient rehabilitation.

- There is a limited number of single rooms which severely impacts on infection prevention and control regulations, and impacts on the ability to comply with the latest single sex guidelines. Again, the space and configuration of the ward environments do not allow us to reconfigure the space to build in the required en-suite facilities and create an increased proportion of single rooms.

- The single rooms that we do have often don't have en-suite facilities which makes it very challenging to maintain patient dignity, especially for those with overnight support needs.

- Neither hospital benefits from piped oxygen and we rely heavily on gas cylinders which have to be moved around the site. Retrofitting gas supply is problematic and challenging across either of the sites.

- Lydney Hospital in particular struggles to accept Bariatric patients because the accessways are too narrow to accommodate the requisite equipment and outpatient rooms, especially those in the Dilke, are very small, which restricts the types of clinics which can be provided

<u>The Physical Environmental challenges include;</u>

- Due to the age and physical dimensions of both community hospital buildings, it is increasingly challenging, and cost-ineffective, to comply with prevailing Health Technical Memorandums (HTMs), Health Building Notes (HBNs) and other necessary building requirements. Any works undertaken now have to meet the relevant building standards of today and we cannot replace on a like for like basis with what was there historically. This inevitably means that the space needed is often much greater than the space available within the current estate and as I have previously mentioned, the ad-hoc way in which the sites have grown do not lend themselves to good services adjacencies and flow around the site.

- Asbestos is present at the sites meaning that any upgrading and alterations are challenging and potentially prohibitive. Any attempts to remove the asbestos would need to comply with all health and safety requirements and result in site closures etc throughout any periods of works.

- The sites are incredibly inefficient to power (The Dilke relying on Oil heating) which severely hampers our ability to achieve the latest NHS Sustainability targets and for the Dilke in particular, the physical condition of the heating and domestic hot and cold water services means that more winter breakdowns are anticipated, and if severe, these may result in the hospital's services being compromised;

- Maintenance of the heating, lighting and electrical systems requires a disproportionate amount of resource due to the maintaining the heating systems – the replacement parts etc for many of the systems are no longer manufactured and therefore any refurbishment of the existing hospital infrastructure would require the retrofitting of completely new heating and electrical systems. The presence of the asbestos previously mentioned, makes these extremely challenging.

I hope that the above demonstrate that in previous phases of the project considerable thought was put into whether the retention and refurbishment of the two current hospitals was indeed a viable option moving forward. For the reasons outlined above, we do not believe that it is. In addition, one of the other key challenges that was laid out in the case for change was the issue of staffing two sites with a scarce workforce across the Forest. Whilst this is not directly answering your question about why the two hospitals are no longer fit for purpose, it is a key factor in terms of operating a robust and resilient level of service from both sites.

I trust that the above answers your questions but please do not hesitate to contact me should you require any further information.

Yours sincerely

Angela Potter
Director of Strategy and Partnerships

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 05/0521

TRUST BOARD PUBLIC SESSION: Matters Arising Action Log – 27 May 2021

Key to RAG rating:

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

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
31 March 2021	3.5	The message about the importance of using compression therapy for leg wounds to be picked up as part of the wound care development programme.	John Trevains	May 2021	**Complete** This message has been passed through to Trust wound care leads and quality improvement work streams via H Williams, Dep Director Nursing	
	10.4	Mapping work would take place to see how locality links with Trust Governors could best be established and possible Governor involvement with the ILPs.	Angela Potter	May 2021	**Complete** Locality leads within the Strategy & Partnerships team have been identified and communicated out to relevant Public Governors for links to be made.	
	11.7	Trust Business plan to be clear about its linkage with the Trust Strategy to ensure read across and consistency	Sandra Betney	May 2021	**Complete**	
	13.5	Section of Our Trust Strategy highlighting “our journey so far” to include some clear examples of providing integrated care.	Angela Potter	May 2021	**Complete**	

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
	15.7	A trajectory for open complaints in the system to be included in future QD reports to be able to see the timescales for when these were expected to be closed down.	John Trevains	May 2021	**Progressing to plan/Scheduled** This is being developed as part of the quality improvement work, alongside a new internal quality indicator for 21/22 Complaints Time to Completion.	
	16.2	Amjad Uppal agreed to seek and provide assurance to the Board on progress and target completion dates of the Trust's work to install "electronic countermeasures" given the importance of this work around reducing ligatures.	Amjad Uppal	May 2021	**Progressing to plan/Scheduled** The Trust is currently reviewing options available in the use of an Electronic Patient Observation System in our in-patient units. A business case has been written and it is anticipated that this will be presented to the relevant committees over the next two months for a decision on the next steps.	

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 07/0521

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 27 MAY 2021**
PRESENTED BY:	Ingrid Barker, Chair
AUTHOR:	Ingrid Barker, Chair
SUBJECT:	**REPORT FROM THE CHAIR**

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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to

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

Recommendations and decisions required

The Board is asked to:

- **Note** the report and the assurance provided.

Executive summary

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

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

It is highlighted that as the move out of lockdown continues that the Chair and Non-Executive Directors will be moving back to more face to face visits and quality visits where appropriate.

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:	Page 10 - **Appendix 1** Non-Executive Director – Summary of Activity – 1st March to 30th April 2021

Report authorised by:	**Title:**
Ingrid Barker	Chair

REPORT FROM THE CHAIR

1. INTRODUCTION AND PURPOSE

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

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

2. BOARD

2.1 Non-Executive Director (NED) Update

The Non-Executive Directors and I continue to hold our monthly meetings and virtual meetings were held on 29th April and 18th May. With lockdown restrictions easing, we also enjoyed an informal social gathering in an open air setting on 24th May recognising the importance of building our relationship as a team despite the challenges of remote meetings.

NED meetings have been helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive at this difficult time and to continuously improve the way we operate.

At the NEDs meeting on **29th April** we received an update on the performance and activities of the Children and Young People's Directorate over the last year. This Directorate provides care through 33 services delivered by over 500 colleagues and the meeting involved updates on the Directorate's working through COVID, including innovations, and longer-term implications; the impact of COVID on the service and subsequent system pressures; and proposals for going forward. My thanks to Hilary Shand (Acting Chief Operating Officer), Sarah Birmingham (Deputy Chief Operating Officer) and Melanie Harrison (Service Director, Children and Young People's Service) for setting time aside to give Board members an informative and very interesting presentation.

Jan Marriott, Non-Executive Director, was agreed for re-appointment at the Council of Governors to serve a further three-year term from 1st Oct 2021 recognising that she is a valued and experienced Non-Executive Director who has the confidence of fellow Directors on the Board and who brings an independent clinical and quality focus to the Board and its Committees.

I continue to have regular meetings with the **Vice-Chair and Senior Independent Director**, along with individual 1:1s with all Non-Executive Directors.

2.2 **Board Updates:**

Board Strategy:
On 11th May, the Chief Executive and I were proud to launch the **Trust's Strategy for 2021 to 2026**. The Strategy - called '**Better Care Together'** - was developed in partnership with our colleagues, volunteers, people we serve, carers, members, and a wide range of other stakeholders.

It is the Trust's road map for the next five years and through it we pledge to put people at the heart of our services, focusing on personalised care by **asking 'what matters to you?' rather than 'what is the matter with you?'**

The strategy outlines the Trust's **Mission:** ***Enabling People to Live the Best Life They Can***

It also states the Trust's **Vision:** ***Working Together to Provide Outstanding Care***

Four strategic aims have been identified – **High Quality Care, Better Health, Great Place to Work and Sustainability** – each underpinned by measurable, specific goals and objectives.

The full strategy is available on the Trust website and hard copies can be requested via the Comms Team - ghccomms@ghc.nhs.uk.

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

- **14th April -** facilitated by The King's Fund and focussed on taking stock of where the Trust is one year into the pandemic; looking forward at the national and local policy agendas; developing strategic aims. Taking time for reflection, whilst challenging to schedule at a time when operational challenges remain, was an invaluable use of Board time, helping us ensure our strategic and long-term focus is maintained.

- **15th April** – Reforming the Mental Health Act development session. This session was an opportunity to understand more about the proposed reforms of the Mental Health Act and contribute to the Trust's organisational response to the consultation. We were joined by Experts by Lived Experience, Approved Mental Health Practitioners (AMHPs) and Medical colleagues all of whom have their own experiences and perspectives of the use of the Mental Health Act. This approach reflects our Trust's commitment to co-production – and the insights it provided will be very useful for informing our response to the consultation.

- **4th May –** Deep dive into the Staff Survey Results for 2020. Our results, along with all other NHS organisations have been published nationally and were reported on at the March Board. This was our opportunity to look at variation and trends and consider how we can continue to build on the improved results and improved response rate.

- **18th May –** informal update on progress with plans for the new Forest of Dean community hospital.

Committee changes:
Following the recent annual committee evaluation process and consideration of the outcomes of an internal audit on governance, the Trust's Committee structure has been reviewed in discussion with Board Members and in the context of the Trust's new 5-year strategic framework. The following changes have been agreed:

- That a dedicated **People/Workforce** Committee be established
- That oversight of **performance reporting** remains within the remit of the Resources Committee.
- That the terms of reference for all Committees be reviewed to embed **Equality Diversity and Inclusion** within each Committee's remit with oversight at Board level.

The proposed terms of reference for the People Committee will be presented for approval to the July meeting of the Board for implementation in Quarter 3 2021/2022. The resulting governance structure will be reviewed against the aims of the strategic framework to ensure that there is a governance space for all aims with particular consideration of our work on **Better Health and Place** and **People Participation.** Consideration will also be given to the relationship between the Trust's governance structure and developing plans for changes to the **Integrated Care System**.

Veterans Covenant Healthcare Alliance (VCHA):
I am pleased to announce that the Chief Executive and I recently received a letter from the Patron and Chair of the **Veterans Covenant Healthcare Alliance** (VCHA) advising that as a result of the hard work undertaken by Jonathan Thomas, Sophie Ayre and Andrew Mills in demonstrating the Trust's commitment to the **Armed Forces Covenant,** the Trust has received **Accreditation as a Veteran Aware Hospital** which recognises the Trust's work in identifying and sharing best practice across the NHS as an exemplar of the best standards of care for the Armed Forces community.

3. GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham,** and we met on 15th April and 5th May. These sessions are helpful as we work together to further develop the Council of Governors.

- I chaired a meeting of the **Nominations and Remuneration Committee** on 28th April.

- **A Staff Governor Session** was held on 6th May. Topics discussed included the Governor role description and how can staff Governors get involved / engage with Members. This was a really enjoyable session with thoughtful and honest contributions from all attendees which we will use to help revise how Staff Governors engage with their members. We have a review session planned for the autumn so that we can reflect on how the planned changes are going.

- A meeting of the **Council of Governors** was held on 12th May. This included a more detailed discussion on the Staff Survey outcomes which had been considered in headline terms at the last meeting and a holding to account session on the Quality Committee. These new sessions are proving invaluable in providing the Council with new opportunities to probe and challenge.

- **Alison Feher**'s Term of Office as a staff governor will end on 31 May and she was thanked for her contribution to the Council over the period she has served. **Dawn Rooke**, Public Governor for the Forest of Dean resigned from her position on 13 April. Our thanks and best wishes have been communicated to Dawn.

4. NATIONAL AND REGIONAL MEETINGS

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

- **NHS Providers Board** – 5th May - where we discussed important policy and national operational issues and current challenges and opportunities. Having served eight years as a Trustee, I will be leaving the NHS Providers Board in June.

- **NHS Confederation NHS Reset Webinars** continue to take place on a regular basis and attended by some of the Non-Executive Directors. These recognise the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the past months.

- **NHS Confederation Mental Health Network** – meetings take place weekly and I attend when my diary permits.

- **National Chairs' Advisory Group** – 21st April – this meeting focussed on the efforts to recover the service demand backlog.

- I had an introductory meeting with the newly appointed **CEO of the NHS Confederation**, Matthew Taylor, who takes up his post in early June. The Chair of the Gloucestershire ICS Board will be inviting the new CEO to Gloucestershire as soon as his diary permits.

- I chaired a meeting of the **NHS Providers Remuneration Committee** on 5th May.

- On 18th May I was invited to participate in a **Good Governance Institute** event on **Systems and Funding**.

- The **NHS Providers Annual Governance and Quality Conference** took place from 17th-20th May and I was pleased to be asked to Chair the morning session on Weds 19th May.

5. WORKING WITH OUR PARTNERS

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

- As Chair of the ICS Board Remuneration Committee it is my responsibility to undertake the **annual appraisal for the Independent Chair of the Gloucestershire ICS *(Integrated Care System)* Board**, and this took place on 29th April.

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

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

- **ICS Boards** were held on 15th April and 20th May. A number of important operational and strategic issues were discussed. Partnership work is a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported.

- Following an initial meeting held in February regarding the proposed partnership working with the **University of Gloucestershire**, a **Task and Finish Group** was held on 4th May. Three joint workshops with the University of Gloucestershire are being scheduled over the next few weeks and further updates will be given as this exciting initiative moves forward.

- To further enhance the Trust's work with the University of Gloucestershire, I attended the **Inaugural Civic University Network conference** which took place from 18th – 20th May, and joined several interesting sessions.

6. WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

The Trust was delighted and honoured to receive **HRH The Princess Royal** in the grounds of Wotton Lawn Hospital on Wednesday 21st April. Her Royal Highness had conversations with nurses, allied health professionals, facilities colleagues, emergency response leads and Trust Executive and Non-Executive Directors about their roles and the challenges they have faced over the past 18 months. Colleagues were able to share details of the breadth of their work throughout the pandemic. HRH was particularly interested in hearing about the work of the Trust's COVID

testing team, the vaccinators, the Homeless Healthcare service, facilities and infection control colleagues and hospital and community teams who have worked tirelessly to keep the people of Gloucestershire safe and well throughout what has been an unprecedented and incredibly challenging time.

7. ENGAGING WITH OUR TRUST COLLEAGUES

- I attended a **Reciprocal Mentoring Development update session** on 20th April where we discussed experiences to date, shared learning, identified gaps and discussed next steps.

- I have dedicated a high proportion of my time throughout April preparing for and undertaking the **annual appraisals** for the Trust's seven Non-Executive Directors.

- I have also dedicated time throughout April consulting with ICS partners and colleagues in relation to the **Chief Executive's annual appraisal**, scheduled for the beginning of June.

- Non-Executive and Executive Director **"pairing"** meetings continue to take place and I was pleased to meet with the Director of Strategy and Partnerships, Angela Potter, for an informal open air catch up on 12th May.

- With lockdown restrictions thankfully easing, I plan to **informally visit** as many of the Trust's services across the county as possible in the forthcoming weeks - diary and COVID restrictions permitting. I was pleased to visit the Dilke Hospital in Cinderford on 12th May and Wotton Lawn Hospital in Gloucester on 13th May.

- I attended the **Senior Leaders Network** meeting on 25th May.

- **Formal Quality Visits** in person by myself and the NEDs had to be put on hold throughout the pandemic. However, with restrictions now easing a schedule of formal in person Quality Visits for myself and the Non-Executive Directors is currently being compiled for June onwards and will be reported on at future meetings.

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

Whilst drop in chats with services and colleagues need to be virtual I continue to try to make myself available to support colleagues and recognise their endeavours. I have an active presence on social media to fly the GHC flag and highlight great work and issues across the county

8. NED ACTIVITY

The Non-Executive Directors continue to be very active, attending virtual meetings across the Trust and where possible visiting services and they too are looking forward to moving back to more in person meetings.

See **Appendix 1** for the summary of the Non-Executive Directors activity for March and April 2021.

9. CONCLUSION AND RECOMMENDATIONS

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

Appendix 1

Non-Executive Director – Summary of Activity – 1st March to 30th April

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Graham Russell	ICS Board (2) Meeting with Chief Operating Officer Meeting with Trust Chair Staff Forum Meeting with Chair and Senior Independent Director Meeting with Trust Chair for annual appraisal	Visit of HRH The Princess Royal Pre-meet with The King's Fund	Forest of Dean Community Hospital Assurance Committee COVID briefing (2) Council of Governors ATOS Committee Trust Board NEDs meetings (2) Chair's appraisal meeting Board Development with The King's Fund Nomination and Remuneration Committee Resources Committee Board Seminar – Mental Health Act Board briefing: Children & Young People Service
Marcia Gallagher	Meeting with Trust Chair (2) GCCG Audit Committee Meeting with Director of Finance Meeting with Director of Primary Care Meeting with Medical Director Meeting with Director of Nursing, Therapies and Quality Senior Leadership Network (2) Meeting with Trust Chair for annual appraisal Meeting with Counter Fraud Meeting with Trust Chair for Chair appraisal Meeting with Chair and Vice-Chair Meeting with Associate Director of Estates	Digital Webinar Cynapsis GGI Intuition in Resource Allocation GGI Do the Numbers Matter Pre-meet with The King's Fund Visit of HRH The Princess Royal GGI ref Digital and Data Mental Health Act Panel	COVID Briefing (2) Council of Governors Chair's appraisal meeting ATOS Committee Trust Board NEDs (2) Board Development with The King's Fund Board Seminar Mental Health Act Board briefing: Children & Young People Service

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Dr. Stephen Alvis	Serious Incident Review Investigation Chair Team Talk (2) UCASS Clinical Governance Senior Leadership Network (2) MHA Manager personal development review Meeting with Trust Chair for annual appraisal Meeting with MHAM Member	Breakfast Webinar GGI (2) Good Governance Institute for NEDs (4) NHS Reset Chairs meeting (2) Pre-meet with The King's Fund Consultants CEA meeting GGI NED Development Programme (2)	Ethics Committee Quality Committee COVID briefing (2) Council of Governors ATOS Committee MHAM Forum Trust Board Chair's appraisal meeting NEDs meetings (2) Board Development with The King's Fund Board Seminar Mental Health Act Board briefing: Children & Young People Service
Maria Bond	Post Quality Committee meeting with Governors and Experts by Experience Meeting with Director of HR & OD Senior Leaders Network Meeting with Chair of Audit & Risk Committee Meeting with Director of Nursing, Therapies and Quality Meeting with Trust Chair for annual appraisal	Promoting Mental Health and Wellbeing of BAME staff through COVID and beyond NHS Providers Risk Management Course NHS Reset Chairs Meeting Pre-meet with The King's Fund	Quality Committee Forest of Dean Community Hospital Assurance Committee COVID briefing (2) ATOS Committee Trust Board Council of Governors NEDs meetings (2) Board Development with The King's Fund Board Seminar Mental Health Act Board briefing: Children & Young People Service
Steve Brittan	Meeting with Trust Chair for annual appraisal Meetings with Sustainability Manager (2) Meeting with Senior Independent Director (4) Meeting with Director of Finance (2) Meeting with Trust Chair (2)	Pre-meet with The King's Fund Meeting ref Integrating Data Systems To Divert Patients Away From Emergency Departments Meeting with Richard Graham MP and Trust Colleagues	Forest of Dean Community Hospital Assurance Committee Board Development with The King's Fund Board Seminar Mental Health Act Board briefing: Children & Young People Service COVID briefing (2)

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Meeting with Director of Strategy and Partnerships Meeting with Chief Executive	One Gloucestershire Digital Workshop Part 1 Meeting with Cinapsis Serious Investigation Review meeting NHS Reset Chairs Meeting	Oxevision Project Group (2) Council of Governors NEDs meetings (2) Trust Board
Jan Marriott	Meeting with NED Meeting with Chair and NED Meeting with Medical Director Meeting with Community Nursing Student Senior Leadership Network Meeting with Executive Director Meeting with Person with Lived Experience Meeting with Governance colleague Meeting with Trust Chair for annual appraisal Attendance at Performance and Ops Team meeting Meeting with Executive Director Meeting with NED	Pre-meet with The King's Fund Oliver McGowan Project Launch MH Operation Group Cheltenham Know Your Patch Good Governance Institute NED network	Quality Committee COVID briefing (2) Trust Board Chair's appraisal meeting NEDs meeting (2) Board Development with The King's Fund Board Seminar Mental Health Act MHLSC Resources Committee Board briefing: Children & Young People Service
Sumita Hutchison	Meeting with Trust Chair for annual appraisal Women's Leadership Meeting Trust staff wellbeing core project team Meeting with Governor Wellbeing Guardian meeting Promoting Mental Health and Wellbeing of BAME Staff, through COVID and beyond Meeting with Director of HR&OD (2) Meeting with NED Meeting with Trust Chair and NED	Pre-meet with The King's Fund NHS Providers Risk Management Training Wellbeing Guardian meeting	Trust Board Quality Committee Ethics Committee Resources Committee COVID briefing Board briefing: Children & Young People Service Board Development with The King's Fund Board Seminar Mental Health Act Council of Governors ATOS Committee NEDs meetings (2)

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
	Meeting with Director of Strategy and Partnerships Meeting with Sustainability Manager (2) Diversity Network meeting Senior Leadership Network		NEDs meeting ref Chair's appraisal

AGENDA ITEM: 08/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

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 Chief Executive and the Executive Directors, alongside many across the Trust and wider NHS, have adapted working practices as part of ongoing response to the Covid-19 pandemic. The impact of this is gradually reducing as the NHS emergency response level changes but the executive directors still maintain two “bubbles” and work in a blended digital and face to face way – formal meetings remain digital in the main.

The Trust continues to make progress on other key projects including the Forest of Dean, significant and welcome Mental Health investments, Covid service recovery (on the agenda today), Equality, Diversity and Inclusion (EDI) initiatives, and following on from the March Board meeting the launch of the new Trust Strategy.

The efforts put in by all colleagues to continue to move services and projects forward, while proficiently responding to the pandemic continues to be extraordinary. I am proud and grateful for the hard work, determination, and motivation of all those working within the Trust as we continue to work towards achieving our goals.

An update on the Trust Strategy is provided as well as updates on the Oliver McGowan Training, new Trust appointments, the Reciprocal Mentoring Programme, and the Local Clinical Excellence Awards.

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

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE CONTEXT AND ENGAGEMENT

1.1 Covid-19

Since the March Trust Board, the organisation has been continuing its exceptional work responding to the pandemic, encouragingly however Covid-19 related infections continue to fall in the community, with Gloucestershire numbers lower than both the South West and the National rates of infection. This is reflected in the reduced mortality rate attributable to Covid-19 in the county. At time of writing there are no Covid-19 positive patients within our inpatient services.

Patient deaths are subject to further Gloucestershire system-wide Covid-19 mortality reviews in line with national guidance. This work is being led by the Trust Medical Director and the NTQ team. Due attention is being paid to communicating with relatives and the duty of candour requirements. Further updates will be provided through the Quality Committee into the Trust Board.

The Trust continues actively to participate in supporting the **Primary Care Network vaccination activities**. Many Trust staff have now received their second vaccination and the organisation continues to promote uptake of vaccination to vulnerable staff groups. The Trust continues to provide “Pillar 1” testing and is providing considerable testing support to enable GHFT elective surgery with pre-op testing rates of above 150 tests per day regularly being delivered at EJC. PPE supplies remain at good levels and the Trust Infection Control Team and Health and Safety Team continue to oversee advice and guidance to ensure our facilities are considered Covid-19 secure.

1.2 Tackling inequalities

I have continued to develop my work as **lead CEO for tackling inequality,** for the Gloucestershire ICS. I regularly convene and attend meetings that seek to respond to and in the longer term prevent the systematic inequalities brought to light by the pandemic, as well as the long-standing inequalities which were already recognised. As part of this work, Gloucestershire County Council and the ICS are establishing an “**inequalities panel**”, which I will join, and is designed to provide oversight of the wider inequality agenda and in particular to provide co-ordination of the Health and Wellbeing Programme and the ICS Programme.

I am a member of the **South West Inequalities Leadership Forum** which is new and is designed to share good practice and monitor progress across the South West NHS Region.

On 8th April I attended the **Building Trust to Improve Vaccination Uptake** webinar facilitated by Jazzi Chopra-Povall - CNO BAME Lead SW, Acting

Divisional Director of Nursing & Quality, Gloucestershire Hospitals. The webinar discussed vaccination hesitancy, looking at possible causes and responses. The webinar focused on the importance of building trust when addressing this issue and was a very informative session which will feed in to my work as Chair of the **Gloucestershire Covid- 19 Vaccination Equity Group.**

This group, which held weekly meeting in the initial phase is now moving forward with monthly meeting. The purpose of the group is to support equitable uptake of Covid-19 vaccinations across the population of Gloucestershire. The group continues to focus on addressing vaccination inequity and hesitancy within populations where evidence suggests vaccination rates may be lower including traveller communities, boating communities, people with disabilities or long-term illnesses and minority ethnic communities. The group is moving at pace to facilitate efforts that aid in addressing these areas and help to enable vaccination uptake across the county. GHC is playing a central role alongside primary care colleagues by providing a flexible vaccination outreach service.

I am a member of the **SW Equality Diversity and Inclusion Board** and attend monthly meetings that discuss various initiatives focussing on improving the experience of NHS colleagues including: A regional Leading for Inclusion Programme, National EDI Work Programme, and the Interim Workforce Equality and Inclusion Strategy. Each of these projects is working towards greater EDI throughout their respective areas. I look forward to continuing to be a part of these projects that work to address inequality which is a key element of the Trust's newly launched Strategy.

1.3 **Other activities**

I have visited a number of our service centres, in person – where this can be done safely - over the last couple of months. I value the opportunity to hear first-hand how colleagues are experiencing their new ways of working and how they are coping with the ever-changing challenges presented to them. Recently I have based myself at the Stroud General Hospital, Wotton Lawn Hospital, Tewkesbury Hospital and Cirencester Hospital where I was able to meet with colleagues and patients and also be on hand to discuss any topics or issues that they wished to raise.

I would like to thank and congratulate the teams at Stroud General Hospital and Cirencester Hospital for successfully passing the **JAG assessment for the Stroud Endoscopy services**. The JAG accreditation is only awarded to high quality gastrointestinal endoscopy services after a rigorous assessment process. This accreditation is hugely beneficial for our services and highlights the quality of work that these exceptional teams produce.

I have been asked to chair the regional **Mental Health Programme Board** which will be an excellent opportunity to further progress mental health priorities in the Long-Term Plan and this will benefit the Trust's Mental Health agenda by improving our wider connectedness.

Mental Health awareness week took place in May and highlighting the importance of focusing on mental health and connecting to the natural environment, especially important during the unique and challenging circumstances presented by the pandemic.

The Chair and I welcomed Her Royal Highness, The **Princess Royal** on 21st April to the Trust. During the visit to Gloucester, Her Royal Highness had conversations with nurses, allied health professionals, facilities colleagues, emergency response leads, and Trust Executive and Non-Executive Directors about their roles and the challenges they have faced over the past 18 months.

I am **truly grateful to our entire workforce**, both clinical and support, who have worked brilliantly and flexibility to serve our patients and communities. I am incredibly proud of all of my colleagues for their hard work and dedication throughout this tough year and I am confident that our Trust team will continue to work together as we enter the next phase of the pandemic.

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

Internal focus

A **Board Development Session** was held on 14th April, which was facilitated by the **Kings Fund**, with whom the Trust Board has had a partnership over the last two years. At the seminar Helen McKenna, a Senior Fellow at the Fund who is leading on policy connected with the development of ICSs and Dame Gill Morgan the independent Chair of the Gloucestershire ICS, presented and discussed their perspectives on the latest NHS White Paper and the potential implications for the Trust. The second part focussed on leading the recovery programme and setting priorities for the year.

Monthly **Team Talk** sessions continue to be held as digital events and are led by an Executive or a deputy. They are open for all Trust employees to attend and provide an opportunity for the Executive Team to share the latest Trust news and for staff to share their thoughts, feelings and concerns. The sessions typically cover an update on the latest Covid and Workforce news, amongst other recent items of interest, such as an update on the Launch of the new Trust Strategy and new Trust Leadership Programme. The Team Talk sessions help to ensure effective communication across the Trust and provides an opportunity for the staff voice to be heard directly by the Executive Team.

Virtual **Senior Leadership Network** (SLN) meetings were held on 27th April and 25th May. These provided an excellent opportunity to update the SLN on Trust and national developments. The April session featured an informative presentation from Sarah Scott (Director of Public Health, Gloucestershire) on population health management. Neil Savage (Director of HR and Organisational Development) also provided further updates on Recovery and Refocus following on from the March session. Linda Gabaldoni (Head of Leadership and Organisational Development) provided a presentation on the Leadership and Development Programmes (Brilliant Essentials and Leading Better Care Together) which have been developed based on the values of the

Trust and aims to equip our leaders with the tools and techniques to be the best leaders they can be.

Corporate Induction has continued to be run as a weekly virtual event throughout the lockdown period. 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. We expect the use of e-learning to continue where it has been shown to best meet our needs but we are also exploring which types of training and development should return to face to face sessions when it is considered appropriate.

The Trust has continued to hold its **Covid-19 Briefing calls** for senior and on call managers. The frequency of these meetings is dictated by the level of activity in the Trust and system and are currently being held twice weekly. These calls provide daily national, regional and local updates and data on the number of Covid positive patients in Gloucestershire hospitals. They also provide an update on the GHC testing team, number of staff isolating and any PPE stock updates. These calls ensure we can respond quickly to changes, and are able to assess resilience in these key areas on a daily basis and put it place any actions required. Twice weekly **Oversight Calls** are also being held, led by the Operations Directorate.

I attended the **Non-Executive Director's meeting** on 29th April and provided an informal update. Sandra Betney deputised for me at the meeting on 18th May. This meeting is reported on in more detail in the Chair's report.

I attended a **Council of Governors** meeting on12th May to provide the CEO update on a number of important matters, including an update on Covid-19 and the updated hospital visiting arrangements. This meeting is reported on in more detail in the Chair's report.

I have continued involvement, along with other GHC Directors, in the **Reciprocal Mentoring Scheme** and I attended a workshop on the 20th April which included a constructive discussion on our experiences so far, shared learning, identified gaps and recommended next steps. See 6.0 below.

On 4th May we held an Executive's deep dive session to examine and discuss the results of the **2020 Staff Survey results**. This meeting provided an excellent opportunity to assess the trends and results of the survey and look at how we can make a meaningful impact for our colleagues moving forward.

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. I also continue to have regular meetings with senior officers and Leaders at Gloucestershire County Council, including Sarah Scott, **Executive Director of Adult Social Care and Public Health,** we have reinstated our informal operational informal senior team meetings to share common priorities and issues**.**

I have attended the monthly **ICS Board**, **ICS Executive** and **ICS CEO Meetings**, which continue to focus on system-wide planning and resilience, and provide updates on organisational matters and projects. The 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 system **Gold Health System Strategic Command CEOs** call has continued to be in operation until the beginning of April as part of the **Gloucestershire ICS Covid-19 Response Programme**; recently the frequency has reduced frequency to once a week with a focus on executive review of our improvements to system patient flow. This forum has proved essential in overseeing the system response to the Covid pandemic and in providing a regular liason point between senior leaders in the NHS and social care system.

I continue to attend the bi-weekly **Gloucestershire MP briefings**, led by CEOs of the Gloucestershire NHS organisations and senior County Council officers and Leaders. These largely focus on the latest developments in the management of the Covid-19 pandemic including providing updates on vaccination mobilisation and PPE. Elective diagnostics recovery, system flow delivery and primary care updates are also provided at these meetings.

I continue to chair the **ICS Diagnostic Programme Board**, which met on 13th May. The Board is continuing to progress the important work on developing local proposals for potential Community Diagnostic Hubs (CDH). A CDH has been defined nationally as a 'free standing multi-diagnostic facility that is designed to be located away from main 'acute' hospital sites, including on the high street and in retail locations. The service model will be to provide quick and easy access a range of elective diagnostic tests on the same day, supporting earlier diagnosis, greater convenience to patients and the drive to reduce health inequalities. Resources have been made available to regions and we are exploring the viability of such development to complement existing community diagnostic services.

The Chair and I attended the first task and finish group meeting for the **University of Gloucestershire Partnership** on 4th April with other directors, senior clinicians and senior managers. This session discussed the commencement of work on forming a bilateral partnership with the University of Gloucestershire to complement the wider system work, such as Research for Gloucestershire. The task and finish group spoke positively about the potential opportunities of this partnership and looks forward to working together in the coming months to progress this project.

Further system updates are provided later in the agenda.

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, the key meetings have included:

- NHS England's monthly MH (Mental Health) Trusts CEO Meeting, chaired by Claire Murdoch
- Monthly SW Regional Chief Executive meetings, chaired by Elizabeth O'Mahoney; and
- SW MH (Mental Health) CEO's meetings, which I now Chair and which act as the executive leadership group for the MH collaborative.

Additionally, I chaired the virtual **West of England Academic Health Science Network (AHSN) Patient Safety Collaborative Board** meeting on 11th May. The main focus of this meeting was an overview of the five workstreams and the Local Improvement Plan for the West of England's National Patient Safety Improvement Programme. An informative presentation was provided by Noshin Mezies on reducing Health Inequality.

2.0 TRUST STRATEGY

Following our approval at the March Board meeting on 11th May, our new **Trust Strategy** was launched for 2021 to 2026. The strategy – called 'Better Care Together' – was developed in partnership with our colleagues, volunteers, people we serve, carers, members, and a wide range of other stakeholders. It is our road map for the next five years and through it we pledge to put people at the heart of our services, focusing on personalised care by asking 'what matters to you?' rather than 'what is the matter with you?' It describes our Mission: to **Enable People to Live the Best Life They Can and** our Vision: **Working Together to Provide Outstanding Care**. It also details our four strategic aims are – **High Quality Care, Better Health, Great Place to Work and Sustainability** – each underpinned by measurable, specific goals and objectives.

We will be using this framework to shape the ambitions and priorities of the organisation, as an example today we are considering the Digital Strategy for the Trust.

3.0 APPOINTMENTS

I am pleased to announce that following a competitive selection process, Liz Lovett has been appointed to the substantive post of **Matron of Stroud and Vale** community hospitals. Liz has been leading and supporting both hospitals in an acting capacity since June 2020 and will commence this role with immediate effect. She brings a wealth of varied and highly-applicable clinical and leadership experience and knowledge to the position.

Margaret Dalziel has now joined the organisation as **interim Deputy COO** whilst Hilary Shand acts up as interim COO whilst John Campbell is absent.

We also welcome Tania J Hamilton who joins the Trust for the next three months working with our **Diversity Network** and subgroups to help us ensure all our colleagues at GHC have a voice, feel equally valued and supported. Tania has worked in HR and diversity across public, private and non-profit sectors, and is a non-executive Board Trustee for diversity and inclusion with Charity 'Active Gloucestershire'.

4.0 OLIVER MCGOWAN LD AND AUTISM TRAINING

The **Oliver McGowan Mandatory Training** Trial in LD and Autism launched in Gloucestershire on 1st April with over 90 people attending the training on the first day. This training is named after 18-year-old Oliver McGowan, whose tragic death in 2016 highlighted the need for health and social care staff to have better training in learning disabilities and autism. It is part of a national commitment to develop a standardised training package, and GHC was one of four national partners appointed to co-design and co-deliver the training as part of a national pilot. All of the training is fully co-designed and co-delivered with people with a learning disability, autistic people, family carers and people working within learning disability and autism services. When it becomes mandatory across England in 2022 it will make a huge difference to people with a learning disability and autistic people, in accessing the help they need from the NHS and social care in a way that meets their needs effectively. This training is now available for all staff within GHC to register with many training dates available throughout the remainder of the year.

5.0 RECIPROCAL MENTORING UPDATE

Board members will remember that we launched our pilot of the NHS Leadership Academy's Reciprocal Mentoring programme in late November 2019. Since then a number of colleagues have benefited from the programme and, in particular, from their reciprocal mentoring relationship. Some participants have obtained career promotions and some have moved on and left the programme and we are currently seeking additional participants. Nationally, the Leadership Academy are reinitiating the programme with 34 Trusts across England now participating in the programme.

By means of background, reciprocal mentoring has benefits for the both the organisation and individual. As a methodology, it is known to have a positive impact on changing mind sets and influencing real cultural transformation. There is conclusive research from Australia, India, USA and the UK that evidences the benefits reciprocal mentoring can have on organisational diversity, fairness, psychological safety, the representation of protected characteristics across all levels, the bottom line, and the broader workplace culture. National and local data through the Workforce Disability Equality Scheme (WDES), Workforce Race Equality Scheme (WRES), Staff Surveys

and research by Stonewall all evidence there is both real disparity of experience and inequality in the NHS. Reciprocal mentoring can be a game changer for improvement.

Inevitably, COVID has impacted our ability to make the level of progress at the pace we would have liked. **The Leadership Academy paused the programme for much of 2020**, while the Trust itself also temporarily paused much of its training and education activity at the same time. After a soft relaunch earlier this year and the most recent session on 19th May 2021, it would be helpful to schedule a discussion with the Board with a view to gaining an explicit recommitment to growing and developing the programme as part of our strategic ambition of being a Great Place to Work. There is now a timely opportunity to recommit and set our future strategic ambition on our approach to reciprocal mentoring.

The Board has recently agreed a key **People Strategy** objective of being an organisation that takes positive action to create an organisational culture that is welcoming and celebrates inclusivity and diversity and provides a sense of belonging and trust. Reciprocal mentoring is one key component to delivering this objective, alongside our stated commitment to helping colleagues reach their full potential.

The Board is asked to consider a recommitment to developing and growing the scheme. It is also asked to consider its appetite and ambition for a more systemic roll out of further cohorts generally, and, more specifically, offering the scheme to a more diverse groups of colleagues.

An ultimate longer-term vision could be to make reciprocal mentoring available to all colleagues at all levels within the Trust. This would need on-going partnership working with the Leadership Academy, alongside internal planning, resource and time to further develop and fine hone our intended longer-term outcomes and objectives of the programme.

The delivery of this ambition could truly set the organisation apart from others and contribute to tackling our recruitment and retention challenges.

Our intent is to now set up a Programme Management Team to support the programme. Part of its role will be to ensure the whole organisation supports participants taking part (in terms of time release and resources), and also to assist the programme with innovating and experimenting with new ideas and approaches to addressing challenges and make change happen. Places will also be offered in a targeted manner to members of the Diversity Network and its subgroups and colleagues in the CCG.

6.0 LOCAL EXCELLENCE AWARDS

The Trust has now completed the most recent year's round of local **Clinical Excellence Awards CEAs**. In this year's round 34 Consultants were eligible to apply and 8 applications were received. There were no five-year award review applications. Candidates from protected characteristics were particularly

encouraged to apply for this year's round, with buddying being offered, alongside a training programme delivered by the Medical Director.

The Committee included NED and external lay representation, Local Negotiating Committee representation, the Medical Director, the Director of HR and OD, and consultants not eligible to apply this year. There were 13 CEA awards that could have been made for the 2019/20 year, plus 4 carried over from the previous year, On the basis of the applications and their accompanying evidence, alongside the scoring by the panel members, the Committee is recommending making 4 awards of 2 CEAs, and 3 awards of a single CEA. 6 potential awards would therefore be carried forward to 2020/21. A date is now being sought for the Committee's recommendations and reflections from this year's round to be taken to an Appointment and Terms of Service Committee for debate, consideration and approval.

7.0 CONCLUSION AND RECOMMENDATIONS

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 09/0521

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 27 May 2021**
PRESENTED BY:	Paul Roberts, Chief Executive Officer
AUTHOR:	Paul Roberts, Chief Executive Officer
SUBJECT:	**UPDATE ON ORGANISATIONAL PRIORITIES**

Can this subject be discussed at a public Board meeting? If not, explain why	N/A

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

PURPOSE OF REPORT

To remind and update the Board on the short term priorities adopted in 2019 and 2020. To recommit to the balanced approach to delivering Trust priorities in 2021/22.

RECOMMENDATIONS

The Board is asked to:

- **note** the short-term priorities and progress made in 2019 and 2020
- **recommit** to the balanced approach to achieving the Trust's priorities as described in section 4.0 of this paper.

EXECUTIVE SUMMARY

When Gloucestershire Health and Care NHS Foundation Trust was launched in October 2019 following the merger of 2gether and Gloucestershire Care Services it was impossible predict the context in which it was to operate for most of the first twenty months of its existence. This context has clearly had significant implications for the pursuit of the priorities and ambitions identified through the merger process and on operational capacity to deliver priorities beyond the Covid response.

Nevertheless the Board agreed a number of short-term priorities in September 2019 and a larger number in 2020 to ensure that an achievable strategic progress was made. In November 2020 the second wave of Covid had a further and arguably more significant impact on the Trust's capacity to deliver its wider ambitions; again however despite this progress has been made.

This paper describes the short-term priorities agreed in 2019 and 2020 with a brief commentary on progress and sets out the broad approach taken for 2020/21.

Risks associated with meeting the Trust's values
None.

Corporate Considerations	
Quality implications	None directly
Resource implications:	None directly
Equalities implications:	None directly
Risk implications:	Addresses the organisational risks associated with recovering from the Covid Pandemic

Where has this issue been discussed before?
CoG, Board, Executive group and Senior Leadership Network

What wider engagement has there been?
Via Team Talk, Global updates and other media

Appendices:	None

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

UPDATE ON ORGANISATIONAL PRIORITIES

1.0 BACKGROUND

When Gloucestershire Health and Care NHS Foundation Trust was launched in October 2019 following the merger of 2gether and Gloucestershire Care Services it was impossible predict the context in which it was to operate for most of the first twenty months of its existence. This context has clearly had significant implications for the pursuit of the priorities and ambitions identified through the merger process and on operational capacity to deliver priorities beyond the Covid response.

Nevertheless, the Board agreed a number of short-term priorities in September 2019 and a larger number in 2020 to ensure that an achievable strategic progress was made. In November 2020 the second wave of Covid had a further and arguably more significant impact on the Trust's capacity to deliver its wider ambitions; again however despite this, progress has been made.

This paper describes the short-term priorities agreed in 2019 and 2020 with a brief commentary on progress and sets out the approach taken for the coming months.

2.0 HIGH LEVEL PRIORITIES 2019/20

The Board meeting on 26th September 2019 agreed five short-term high-level priorities to be delivered in the early months post-merger and whilst the Trust developed its five-year strategy, below is a brief commentary on progress:

Priority	Progress
Consolidation of the merger	Largely complete although some system integration is still being finalised. Ironically the pandemic has ensured that culturally the organisation has had to come together to deliver appropriate care.
Development of a Trust Strategic Framework	• The Trust Strategic Aims adopted by the Board in March 2020 • Our People Strategy adopted March 2021 • Five-Year Organisational Strategy: Better Care Together adopted March 2021 and launched in May 2021. • Digital Strategy being considered today
Transfer of the Herefordshire mental health and learning disability services	Complete – March 2020
Building blocks of organisational transformation	• ED&I Programme launched July 2020 • Leadership/Management Development Programme launched March 2021

Priority	Progress
Progress on "system" and "place" agenda	Progressing but ongoing – key opportunity with White Paper

3.0 ORGANISATIONAL PRIORITIES 2020/21

At the September 2020 Board meeting following a review of the 2020/21 short-term priorities twenty-three organisational priorities covering each of the Trust's four newly agreed strategic aims were approved for the remainder of 2020/21. It was acknowledged at the time that these priorities were in addition to the Trust's requirement to continue to deliver the Phase 3 NHS Recovery and, even more significant, the response to Covid "Wave 2" which was more demanding than Wave 1. Below is a brief commentary on progress to date:

Strategic Aim	Organisational Priorities	Progress
High quality care	• Further build a strong voice within the ICS	• Good progress, Trust leads some key work streams/programmes
	• Develop and maintain Covid safe environments	• Good compliance and encouraging feedback via the staff survey
	• Develop an effective QI programme	• Many of QI team redeployed during Covid – now making active progress
	• Build sustainable access to digital care platforms	• Used professional and service user feedback to choose and support systems
	• Develop a focussed academic partnership	• Involvement in AHSN reinvigorated and started process of closer partnership with UoG
	• Maximising the impact of the MH Investment Standard	• This has been very challenging with Covid but is receiving significant focus
	• Finalise plans for a hospital in the FoD which provides an excellent and future-proof environment	• A complex project with many challenges but making progress
	• Continued ambitious roll-out of personalised care agenda	• Limited progress, AP will now chair the system programme board to move this forward.

Strategic Aim	Organisational Priorities	Progress
Better health	• Develop a process for routine access to good PHM data and information	• Work ongoing led mainly at ILP level
	• Focus on developing relationship with Gloucester and Cheltenham ILPs with shared priorities which match GHC ambitions	• Although interrupted by Covid, now actively meeting with clear GHC leadership/involvement
	• Develop good data and information on access by high risk communities to our services (a Phase 3 requirement)	• Part of service recovery process – focus on recovering inclusively
	• Participate in PHM programmes in Cheltenham and Gloucester focussed on inequality	• Fully engaged in Cheltenham. Ready to participate as programme rolls out
	• Some further targeted ILP activity focussed inequality in Gloucester linked to Mental Health investments	• Appropriate elements of the MHIS investments are focussed in Gloucester as planned.
Great place to work	• Continued development of recruitment and retention approaches	• There has been a need to focus on temporary staffing and redeployment in Covid. Now more strategic focus, particularly on WL staffing.
	• Further development of H&WB support	• H&WB has been continually reviewed on the hub and good feedback from colleagues
	• A focussed equality, diversity and inclusion programme	• We have developed our diversity networks and our response to Covid with clear ED&I outcomes in mind. Reinvigorating our reciprocal mentoring programme currently
	• Pilot a more radical approach to distributed	• No specific progress but distributed leadership approach

Strategic Aim	Organisational Priorities	Progress
	leadership (self-managed teams for instance)	part of relaunched leadership development programmes.
Sustain-ability	• Develop an estates and "assets" enabling strategy • Develop an environmental sustainability strategy and programme	• In progress (Board workshop in May) • Later in 2021
Generic	• Provide good support for digital technologies • Continue the development of the Trust Strategy and the detailed ambitions and objectives to support it • Finalise the digital strategy specifically for GHC • Targeted "Covid inspired" role out of digital technology	• Generally good support during Covid • Strategy agreed in March 2021 by the Board. Trust Operational Plan builds on it • To Board in May 2021 • As above and in Digital Strategy

4.0 APPROACH TO DELIVERING TRUST PRIORITIES FOR 2021/22

NHS England/Improvement (NHSE/I) published its planning guidance for 2020/21 in March 2021 which built on interim guidance published in December 2020 which focussed on Covid recovery as well as reinforcing the NHS Long Term Plan priorities. The latest guidance set out a division of the financial year in to two halves "H1" and H2". The guidance emphasised system working and the submission date for the Gloucestershire consolidated plan is in early June.

Notwithstanding the unusual circumstances GHC is in a comparatively good planning position having adopted its organisational strategy, people strategy and an annual (not half-year) business plan at the March Board meeting and the Digital Strategy is being considered today. The Board will also be receiving today an update on the service recovery programme for the Trust which will reflect a huge element of the capacity and focus for clinical, service and operational teams throughout the coming year.

Given the above, the Trust has clearly gone some way to re-establishing "normal" planning processes (as was set out in the business plan in March) based on Trust strategic aims, commissioning intentions and national guidance. It is therefore not proposed to adopt short-term priorities as was done in a different context in 2019 and 2020.

It is however worth reinforcing recommitting to the guiding approach that has been discussed informally by the Council of Governors, the Board, the executive team and senior leadership team over the last few months: our commitment to balancing individual recovery, service recovery and our determination to fulfil our strategic ambitions as illustrated below.

5.0 RECOMMENDATIONS

The Board is asked to:

- **NOTE** the short-term priorities and progress made in 2019 and 2020
- **RECOMMIT** to the balanced approach to achieving the Trust's priorities as described in section 4.0 of this paper.

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NHS Foundation Trust

AGENDA ITEM: 10/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

PRESENTED BY: Hilary Shand, Acting Chief Operating Officer

AUTHOR: Sarah Birmingham, Deputy Chief Operating Officer

SUBJECT: **REGROUP, RECONNECT, RECOVER**

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

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

The purpose of this report is to:

Provide the Board with an overview of the comprehensive approach to recovery across Gloucestershire Health and Care NHS Foundation Trust following the first and second wave of the Covid-19 pandemic.

Recommendations and decisions required

The Board is asked to:

- **Note** the approach being taken by the Operational Directorate in order to Regroup, Reconnect and Recover.
- **Note** the 4 key areas identified as risk and issues across the organisation with an overview of the mitigation plans

Executive summary

Following the undertaking of recovery clinics across all Operational Directorates, recovery plans have been agreed and formalised that take into account the need to regroup, reconnect and recover.

This has identified 4 major risk/issues across the organisation that may hinder recovery and impact upon the delivery of patient care.

The Directorates have identified mitigation working collaboratively with partners.

Risks associated with meeting the Trust's values
4 key risk have been identified: • Colleagues health and well-being • Demand and capacity • Workforce • Estates

Corporate considerations	
Quality Implications	Clinical risk
Resource Implications	Waiting List
Equality Implications	Access

Where has this issue been discussed before?
• Recovery Clinics • Operational Governance and delivery Forum • Executive Team • Chief Operating Team

Appendices:	Regroup, Reconnect, Recover Presentation

Report authorised by: Margaret Dalziel	**Title:** Interim Deputy Chief Operating Officer

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AGENDA ITEM: **10.1**/0521

Regroup, Reconnect, Recover

Trust Public Board

27 May 2021

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Regroup, Reconnect, Recover
Background

Gloucestershire Health and Care
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October to March 2020/21

- During the 2nd Covid -19 wave (October 2020 - March 2021) key GHC services remained open for business and continued to accept referrals, maintain waiting lists and deliver care.
- During this period 18 (out of 90) GHC services were reprioritised to priority level 2, offering a service for urgent and priority patients only whilst continuing to accept referrals, provide triage/advice and wait list maintenance.
- Seasonal winter pressures during this same compounded the challenge of the pandemic.
- Reduction in Covid related operational pressures in March enabled the Operational Teams to start the process of Regroup, Reconnect, Recover.

Regroup, Reconnect, Recover
Organisational Approach

Gloucestershire Health and Care
NHS Foundation Trust

- **Regroup** - Individual Recovery—putting our people/workforce first
- **Reconnect** - Service & Team Recovery—getting back to a new normal
- **Recover** – Focus on Service Recover and refocus on our aims and on our transformation—why we merged and re-energising our ambitions

Regroup, Reconnect, Recover

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Principles of Recovery Planning

- Staff health and well-being is core
- Wider system partner are considered ensuring we considered the potential impact of recovery decisions.
- Preparation for further Covid waves and impact
- Align with business planning as a core part of 2021/22 priority work
- Incorporating learning from the last 12 months
- Planning seeks and reflects service user feedback.

Regroup, Reconnect, Recover

Gloucestershire Health and Care NHS Foundation Trust

Process

Recovery Clinic for each Operational Directorate held in April 2021 reviewed all services with a focus on:

Workforce and OD

- Health and well being of individuals and teams
- Bespoke welfare support plans for Directorates
- Workforce challenges impacting on resilience and capacity
- Training needs

Demand/Capacity and Business Intelligence

- Demand profile across 20/21
- Forecast demand 21/22
- Patients waiting and waiting lists plans
- Capacity to meet demand
- Forecast demand and capacity and recovery trajectory

Regroup, Reconnect, Recover

Gloucestershire Health and Care
NHS Foundation Trust

Process

Recovery Clinic for each Operational Directorate held in April 2021 reviewed all services with a focus on:

Service Developments and Changes

- Service user experience
- Estates challenges and opportunities for expanded service delivery (Covid secure)
- New ways of working – what's the 'new normal'
- What's the planned new delivery model - face to face, virtual and telephone.

Quality & Risk

- Patient safety
- Staff safety
- Risk, issues and mitigation
- Complaints / themes
- Use of decision making matrix and risk stratification to prioritise and direct care.
- Review of service risks and issues in relation to recovery.

Communications

- Communication with staff and with patients / users

Regroup, Reconnect, Recover

Outcome – Plan on a Page

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Following each recovery clinic, a plan on a page was completed by the Service Director with their teams highlighting key milestones, delivery trajectories, risk, issues, support required and an opportunity for reflective feedback.

SERVICE OVERVIEW: predictions for 'New Normal'

INITIAL RECOVERY PLAN: What will we do?

Milestone	Q1	Q2	Q3	Q4
Workforce				
Operating model				
Service user engagement				
Business planning expectations				

DEMAND AND CAPACITY PLANNING

Recovery trajectory	Q1	Q2	Q3	Q4

NEW NEED/SUPPORT REQUIRED

Support	Q1	Q2	Q3	Q4
Health &Well-being				
Estates				
BI				
Service User Experience				
Training				
IT equipment				
PPE				

RISKS AND ISSUES

REFLECTIVE FEEDBACK

Regroup, Reconnect, Recover

Risk Rated Recovery

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Each service has RAG rated their ability to recover using the descriptors below:

Recovery Descriptor	Risk Rating
Service recovery plan in place to support recovery	**Low Risk**
Service recovery plan in place to support recovery within 12 months. Moderate level of risk Identified which may involve workforce, demand and capacity, estates or service design challenges	**Moderate Risk**
Service recovery plan in place to support recovery to take in excess of 12 months. High level of risk identified which may involve workforce, demand and capacity, estates or service redesign challenges.	**High Risk**

- There is an immediate focus on those services that are High Risk.
- Service Recovery will be regularly reviewed, with those moving to High Risk being prioritised.
- We predict to see an increase in High Risk services in Mental Health over the coming months

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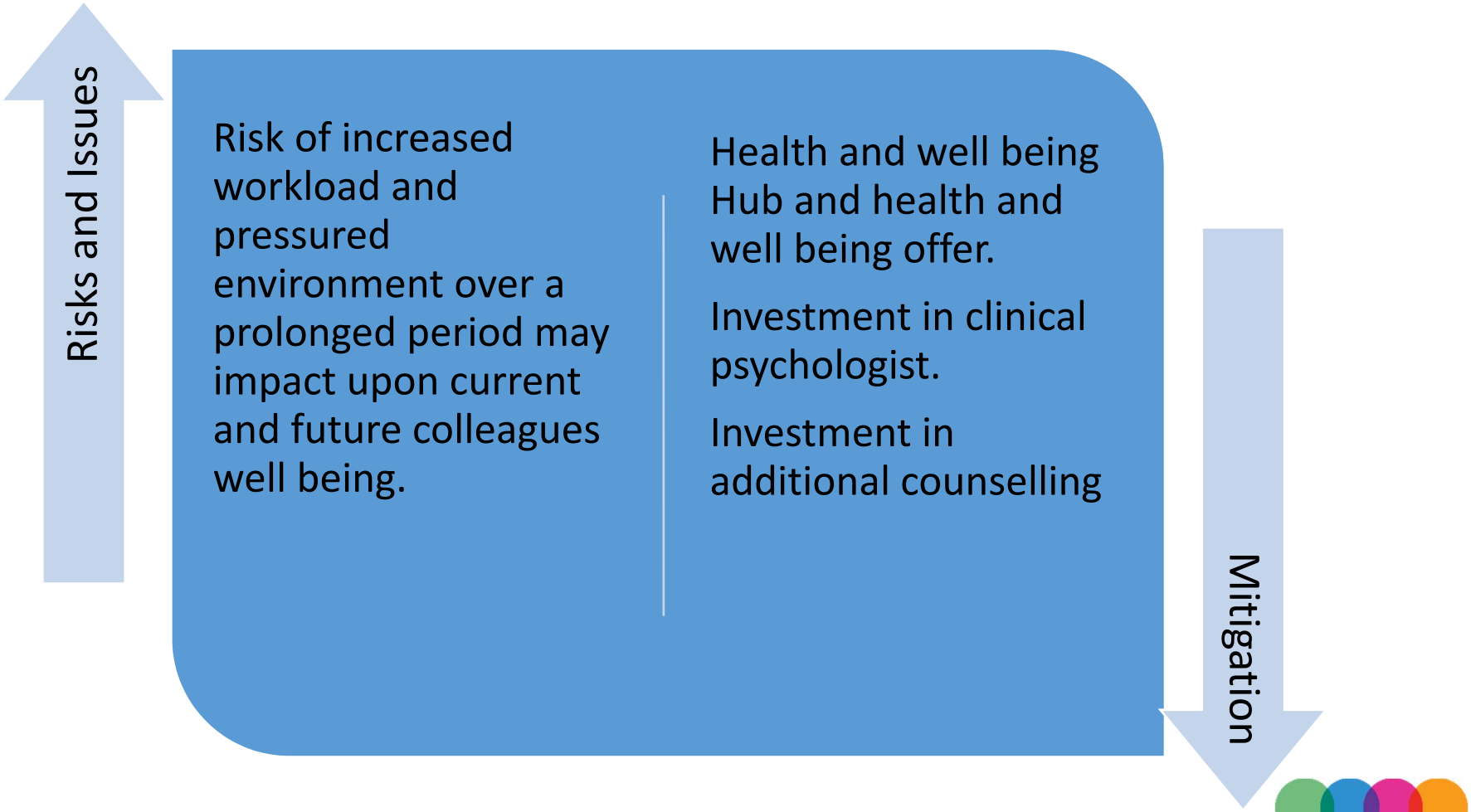
Key Risks, Issues and Mitigation to Recovery:
Colleagues Well-being



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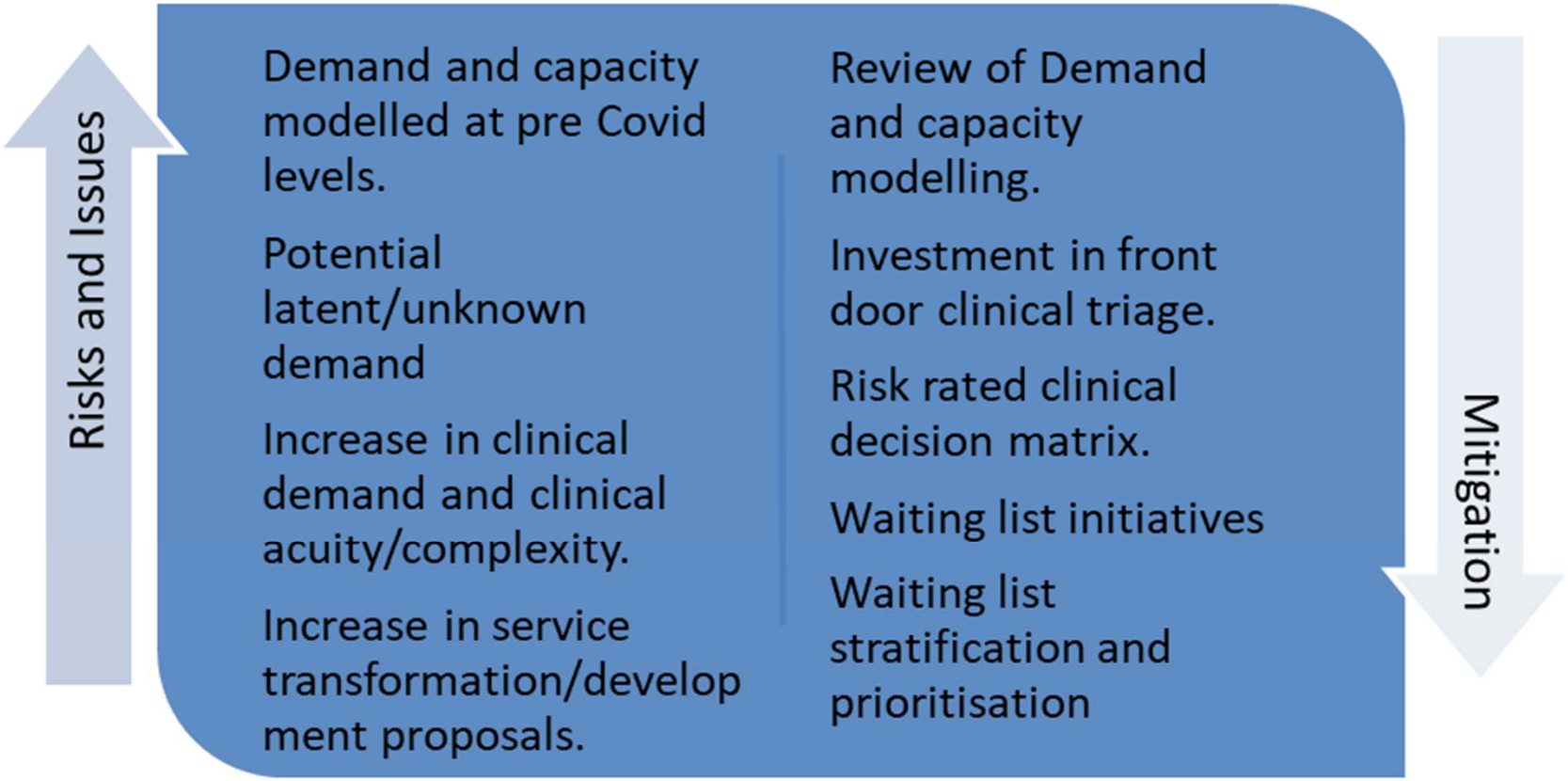
Key Risks, Issues and Mitigation to Recovery:
Demand & Capacity



Regroup, Reconnect, Recover

Waiting List Management

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Measures in place to support safe waiting list management and to mitigate the risk:

- Robust Clinical triage
- Triage supportive conversation
- Prioritisation of urgent and priority needs
- Support/welfare telephone calls - Registered Clinicians where Clinical Risk is discussed, alongside any changes to presentation and a check in with any self-help materials
- Referrals to other services are also actioned if it becomes apparent they would be helpful whilst waiting or if circumstances change (e.g. Early Help, Hospital Education).

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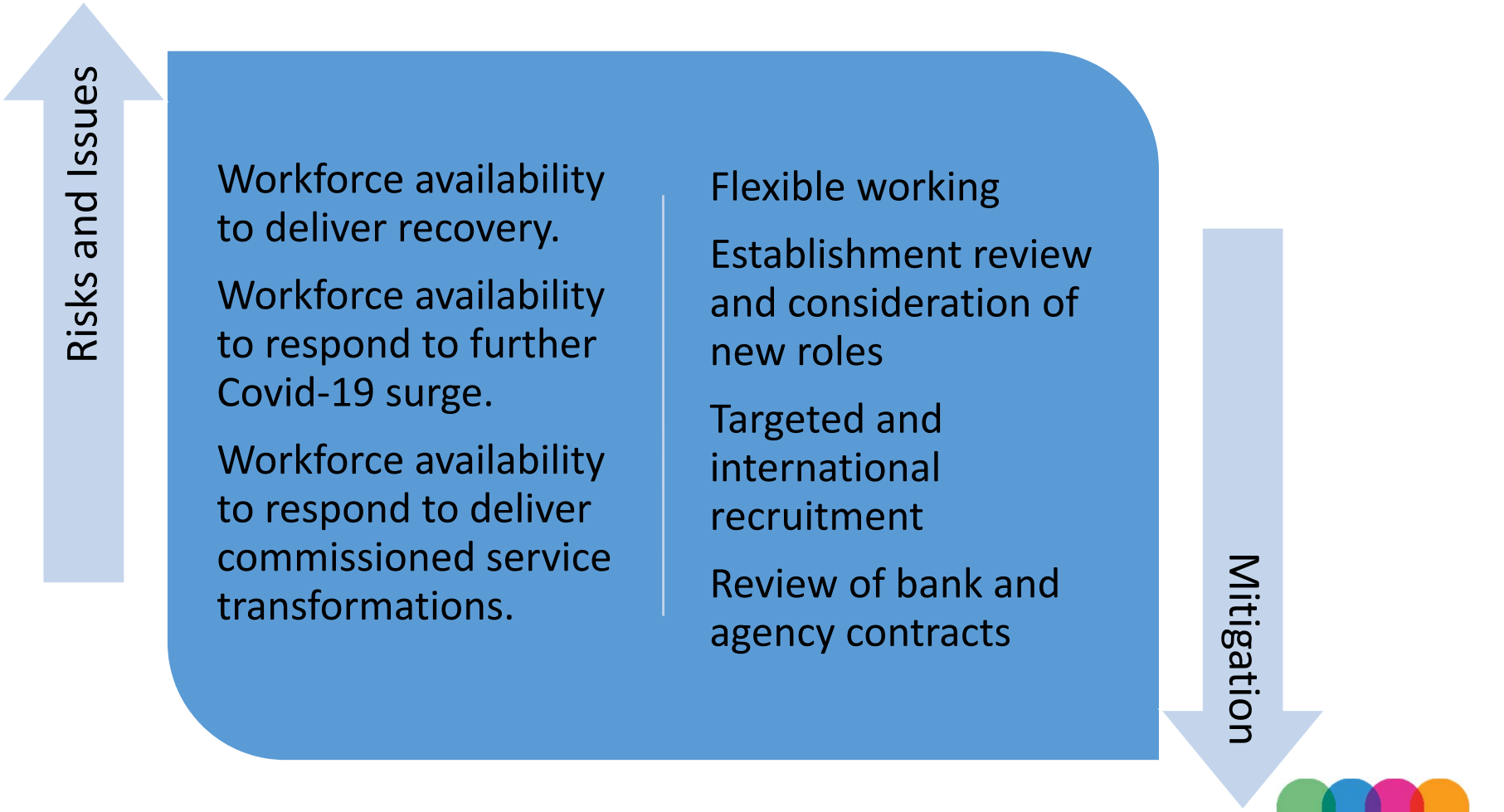
Key Risks, Issues and Mitigation to Recovery:
Workforce



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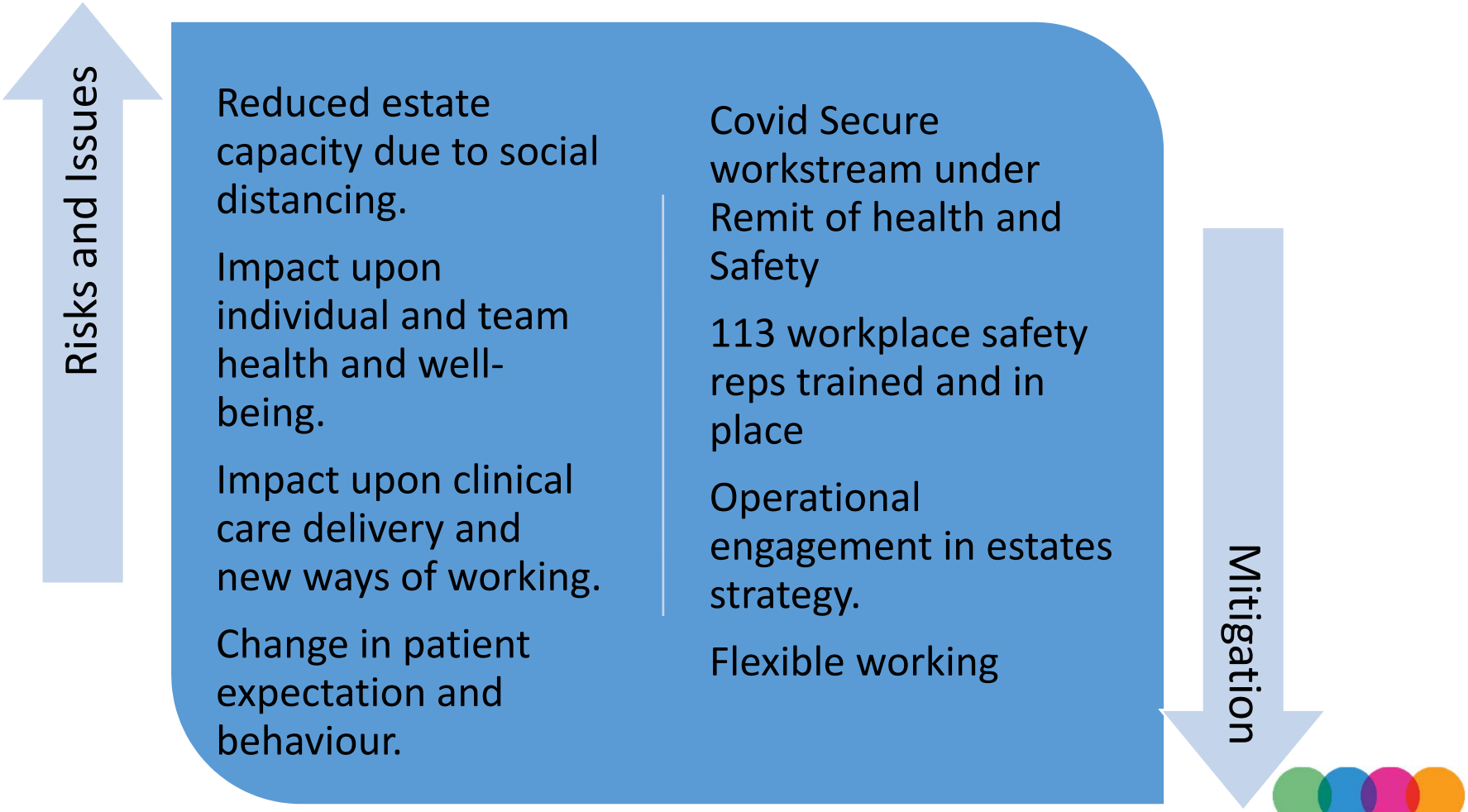
Key Risks, Issues and Mitigation to Recovery:
Estates



Regroup, Reconnect, Recover

Governance & Oversight

Gloucestershire Health and Care
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Monthly Operational Recovery Oversight & Task Force Group
Establishment of a the Group to provide support to services and to track recovery. Membership includes colleagues from the Health and well-being Hub, Quality Improvement, Human Resources, Nursing Quality and Therapy, Business intelligence.

Weekly Operational Recovery Drop-in Clinic
Implementation of a drop in clinic available to all services, with Operational and Corporate Services leads.

Monthly Health Inequalities & Waiting Lists Forum
Review of waiting lists and agreed actions to understand service recovery focus needs for BAME communities, deprivation and potential unmet need.

Monthly Operational Governance Reporting
Monthly review and reporting at Directorate and Pan-Directorate Governance Forums.

Quarterly Workshop
Cross Directorate sharing, learning and developmental recovery focussed workshop.

Regroup, Reconnect, Recover

Gloucestershire Health and Care
NHS Foundation Trust

Health inequalities & Waiting Lists

Working collaboratively with our system partners we aim to:

- Protect the most vulnerable by connecting with and understand our communities
- Restore inclusivity – enable those with greatest need to access our care
- Support digital enabled care pathways increasing inclusivity and access
- Recover preventative programmes to proactively engage those at greatest risk
- Support mental health across all communities

We have establishes a monthly Health Inequalities and Waiting List Forum to review ethnicity and demographic data across mental and physical health waiting lists.

Regroup, Reconnect, Recover

Health inequalities & Waiting Lists

Gloucestershire Health and Care
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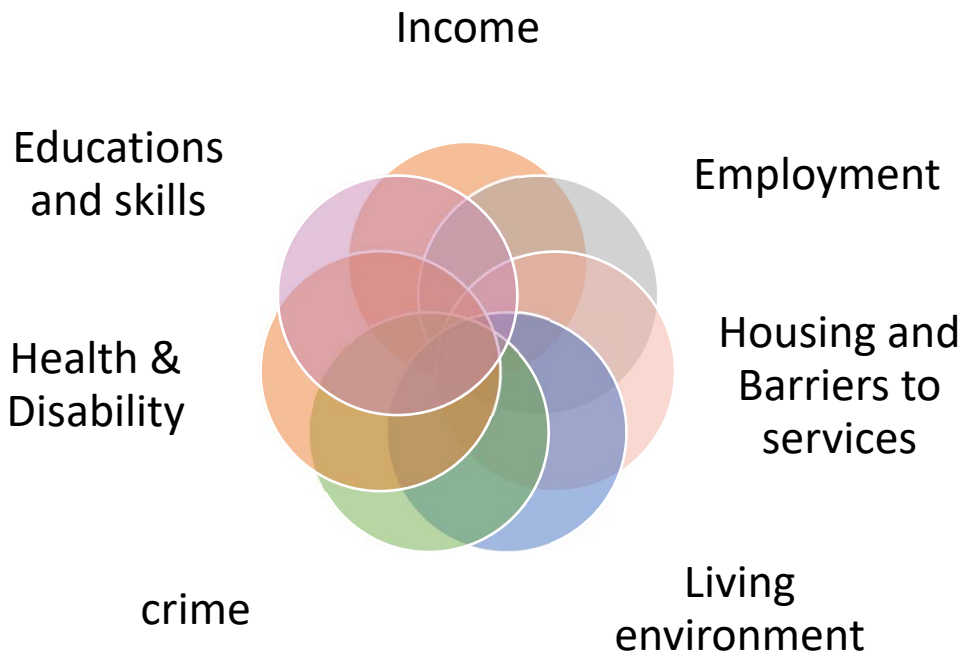
Index of Multiple Deprivation (IMD)

By combining information from the seven domains illustrated we will produce an overall relative measure of deprivation score, the Index of Multiple Deprivation (IMD).



Two additional Supplementary Indices:

- Income deprivation affecting children index
- Income deprivation affecting Older people index.

Regroup, Reconnect, Recover

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Health inequalities & Waiting Lists

Use the Index of Multiple Deprivation (IMD) score for targeting services initially across:

- Children's Mental Health
- Adult Mental Health
- Cardiac
- Pulmonary Rehabilitation
- Diabetes
- Inpatient admissions

Focused recovery of service delivery by taking account of the bottom 20% by IMD and black and minority ethnic populations for patients.

Review black and minority ethnic population access data with CCG to consider patterns between different population groups accessing or not accessing our services.

Regroup, Reconnect, Recover

Next Steps

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Under the Governance of the Operational Recovery Oversight and Task Force, the focus and support for Regroup, Reconnect and Recovery will include:

Regroup

- Confirmation and support of the various offers from internal directorates, including Health and Wellbeing, Quality, Business Intelligence and HR, whilst also promoting what teams offer as BAU.
- High Risk services to receive a personalised support package, with all other services being invited to regular Recovery drop-in Clinics, where support offers can be agreed or tailored to the need.

Reconnect

- Assessment of workforce and estate challenges.
- Communication with staff at all levels, with a focus on recovery and creating an organisational support network.

Recover

- Review of demand and capacity modelling and waiting list trajectory.
- Implementation of waiting list initiatives, supported by Quality Improvement colleagues.
- Continue stratification and prioritisation of wait lists with health inequalities.
- Communications plan to ensure aligned, timely engagement with staff, patients and the system.
- Longer term links with Business plans and wider Strategies, e.g. potential impact of recovery, and aligning recovery support with People Plan priorities.

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AGENDA ITEM: 11/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

PRESENTED BY: Angela Potter, Director of Strategy & Partnerships

AUTHOR: Angela Potter, Director of Strategy & Partnerships

SUBJECT: **INTEGRATED CARE SYSTEM UPDATE**

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

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

The purpose of this report is to
This paper provides an update on the activities that are taking place across the Gloucestershire Integrated Care System (ICS).

Recommendations and decisions required

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

Executive Summary
This paper provides an overview of a range of activity taking place across the Integrated Care System. This update includes:

A number of service developments continue to happen across the county including the launch of the Reducing Re-offending strategic objectives, the Safeguard Adults Board and the Carers Partnership Board's engagement work and the work of the Gloucester City Race Relations Board.

The Integrated Locality Partnerships have now also re-commenced some of their activities and an overview of ongoing activity is included in the report.

Engagement updates, including completion of recent surveys and engagement activities undertaken by partners such as Inclusion Gloucestershire and Healthwatch Gloucestershire, are also included.

The ICS Board Minutes are available in the reading room for further information. There is no Accountable Officer Report available due to the timings of the Health Overview and Scrutiny Committee (HOSC) meeting.

Risks associated with meeting the Trust's values
None

Corporate considerations	
Quality Implications	The Trust will make specific note of any engagement and feedback reports specific to our surveys and include them within future service reviews and developments
Resource Implications	None specific to the Trust
Equality Implications	The Trust is actively engaged in the Race Relations work and will build any findings into the Trust service developments moving forward

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

Appendices:	ICS Board Minutes

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

INTEGRATED CARE SYSTEM UPDATE REPORT

1.0 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.

1.1 Health Overview and Scrutiny Committee Activities

HOSC has not met since the last Board and will reconvene once the new cabinet is assembled.

1.2 Wider ICS and Partner updates:

1.2.1 Active Communities Grants

Gloucestershire County Council has launched an 'Active Communities Grant application process' as part of the Tackling Inequalities work run by Sports England. The fund aims to minimise the impact of coronavirus on the activity levels of people from under-represented groups, particularly those groups who are working with lower income households, ethnically diverse groups and disabled people. The funding will help to create safe spaces that build confidence and connections and support people to increase connectivity and resilience.

1.2.2 Safeguarding Adult Board Update

Gloucestershire Safeguarding Adults Board Roadshow had over 500 people attend across its week of activities to promote and develop inclusive plans reflecting the commitment to multi-agency and partnership work across Gloucestershire. The events were held virtually, with a focus on safeguarding during the COVID-19 pandemic and the Voluntary and Community Sectors contribution to keeping people safe during this challenging time. Each day had a specific theme; these were Financial Abuse, Domestic Abuse, Substance Misuse, Mental Health and Disability.

1.2.3 Gloucester City Commission to review Race Relations

A Commission has been set up by Gloucester City Council and is headed by local businessman and social entrepreneur Rupert Walters. Running for a year, it aims to identify areas where it can help to improve the lives and opportunities for those who experience racism and disadvantage because of their colour.

The Commission members are made up of representatives from both major institutions and from BAME communities within the city and will be tasked with putting together a strategy based on the findings of the Commission.

Commissioners are a cross-section of those representing major institutions and BAME communities within the City. Whilst commissioners will draw on their

institutional and personal experiences, they are acting in the interest of the City as a whole. The Trust is represented by the Strategy & Partnerships Directorate.

The work programme has been now agreed by the Commissioners and will consist of seven focused events that will explore or investigate a particular issue, service, or experiences. The evidence provided will be used to inform recommendations in the Commission's final report, to be shared with the city's key organisations and decision makers.

In addition, commissioners are calling for evidence and case studies from individuals and organisations.

The work programme includes:

(1) Health Inequalities – BAME and Mental Health (co-led by Trust rep)
(2) Race inequalities in the criminal justice system with focus on youth justice
(3) Education attainment
(4) Health inequalities – Diabetes (co-led by Trust rep)
(5) BAME workforce representation
(6) Heritage Assets
(7) Housing

1.2.4 Reducing Re-Offending Strategic Objectives Launch

Reducing re-offending and increasing rehabilitation opportunities via better services are key objectives of the County and the Gloucestershire Reducing Re-offending Board is a multi-agency partnership that aims to facilitate and co-ordinate partnership work to help build better strategies for diversion and rehabilitation to achieve these objectives. The Board have released their strategic objectives 2021 this month which include 5 priority delivery groups that they will focus on which include:

- Women in Criminal Justice
- Mental Health
- Accommodation
- Integrated Offender Management
- Proportionality in the Criminal Justice System

As the Trust has just commenced its work through the South West Provider Collaborative on the development of a Forensic Community Liaison pathway the release of this strategy is timely and will inform our work moving forward.

1.3 **Carers Partnership Board**

The Trust plays an active role in the Gloucestershire Carers Partnership Board which aims is to ensure that carers, commissioners, providers and partner agencies work closely together to ensure that Carers are resilient and feel supported to manage their own health and wellbeing whilst also feeling valued and having their voice heard at an individual and strategic level. The

Partnership Board is in the process of developing a new action plan for carers which we anticipate to be released shortly and will help support the Trust's own work to support carers.

1.4 **Integrated Locality Partnerships**

The Trust is actively engaged with all Integrated Locality Partnerships as they re-commence activity following Covid. Below is a number of the key highlights from discussions since the last update;

1.4.1 **Cheltenham ILP** – Met April 2021 and now planning to meet bi-monthly. Population Health Management (PHM) work continues across the Primary Care Networks (PCNs) as much as Covid activities allow. For example, Central PCN have expanded the approach to a further cohort of Children & Young people (CYP), to review progress and linking CYP's into the project. The aim of this PHM aspect is to work with children and young people and their families to build resilience with the view to prevention of future need. They are linking in their CYP Social prescriber, meeting regularly with the Trust's trailblazer workers to prevent duplication.

1.4.2 **Gloucester ILP** – Met April 2021 and intending to meet monthly moving forward. Gloucester City ILP had its first meeting since November 2020 and undertook a detailed review of the impact of Covid and discussed the benefit of having close working relationships throughout the period was noted. The support from the Trust into the vaccination programme was particularly noted and the impact of the Rapid Response teams.

Work has also progressed on the Community Builders project across the City and a map of community builders and social prescribing services in Gloucester City has been produced along with initial work taking place to develop an Engagement Strategy. It was recognised that as this project further develops, there may an opportunity to align this work as a work stream within the Health Equality work.

1.4.3 **Tewkesbury ILP** – A number of Partnership wide task & finish groups have been established with two being led by members from the Trust's Strategy & Partnerships team; one that focuses on work around Healthy Lifestyles and Prevention and one focusing on Mental Health. Both areas of work consider the wider determinants of health and how particularly working age adults and children and young people can access support and services.

1.4.4 **Stroud ILP** – received an update on the Community Dementia work that has been taking place across Stroud & Berkeley Vale by the Trust and the discussions regarding potential roll out and next steps which remain ongoing.

1.4.5 **Cotswolds ILP –** continue to work on priority areas and keen to pick up dialogue regarding new ways of working and ongoing partnership working with the Trust. This will be taken forward as part of a wider system piece of work in conjunction with operational colleagues, the nursing and therapies teams and

supported by myself and Helen Goodey, Director of Primary Care & Locality Development.

1.4.6 **Forest ILP** – Discussions are underway with regard to a timetable to recommence formal ILP activities but priority work areas have continued where possible.

2.0 FOCUS ON PATIENT, CARER AND STAFF FEEDBACK AND ENGAGEMENT

2.1 Healthwatch Gloucestershire has commenced a survey to seek people's views of the CV19 vaccination programme and if there are any aspects of the roll out that could be improved upon. The survey closed on the 3rd May and we will review the findings once they are released.

2.2 Gloucestershire VCS Alliance are exploring the ways in which the VCS sector is providing mental health support in the county by undertaking a survey of the local VCS organisations to understand both the work they are doing and any challenges they may have in undertaking this. The work is being supported by Barnwood Trust who are providing some background work and hosting the survey.

2.3 In May 2021, Inclusion Gloucestershire and Kingfisher Treasure Seekers have released their report relating to the experiences of people from different ethnic backgrounds in accessing services. The report acknowledges some of the ongoing struggles for individuals accessing health services and can be found via Health Inequalities Report | Kingfisher Treasure Seekers (kftseekers.org.uk) *(Board members can access this document in the Reading Room on Diligent).*

2.4 *Heads Up Cheltenham* is a steering group of partners which exists to encourage good mental health and wellbeing across Cheltenham. The first key 'project' was to input in a wellbeing survey #CheltenhamUnmuted which has over 100 respondents and the results will be shared in the new few weeks.

The Trust has been actively engaged in this work through the Partnership and Inclusion Team along with Alex Burrage, Consultant Psychological Therapist who will be part of the official launch of the Campaign.

2.5 In April 2021, Healthwatch Gloucestershire launched a new Young Listeners project to help bring positive change to young people's health and social care services and ensure that you people can directly influence the services they use. They are recruiting volunteer Young Listeners aged 16-24 to find out more about the views on young people on the services they use.

The Trust is also developing a similar strand within its People Participation work and has been commencing work through a number of Young Ambassadors conversations which will help inform the development of a Youth forum for the Trust. Links will continue to be made with Healthwatch Gloucestershire to ensure we learn and support each other as we take forward these pieces of work.

Angela Potter
Director of Strategy & Partnerships

AGENDA ITEM: 13/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

PRESENTED BY: Sandra Betney, Director of Finance & Deputy Chief Executive

AUTHOR: Informatics Team

SUBJECT: **DIGITAL STRATEGY**

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 get endorsement/feedback on the updated Trust Digital strategy to enable a final version to be published. The digital strategy is one of the key enabling strategies supporting the overall strategy work the organisation is pulling together.

Recommendations and decisions required

The Board is asked to:

- **Endorse** the content of the digital strategy.

Executive summary

The digital strategy being presented today is an evolution of work that has taken place since May 19. What started life as the digital framework for the merging organisation has subsequently considered feedback from many stakeholders and the consequences of the Covid Pandemic. This has radically impacted on how NHS organisations and patients think about digital and provided opportunities to move forward in many areas such as remote consultations which has been built into the updated strategy.

The digital strategy has introduced a new digital vision and moved towards a plainer English version removing the technical language that was utilised previously. This alongside the more visual look of the strategy will hopefully support a wider organisational engagement and understanding in the digital strategy and what is trying to be achieved over the next 5 years.

Risks associated with meeting the Trust's values
It is important that the trusts digital strategy reflects the wider strategic vision of the trust to ensure alignment with what the organisation wants to achieve over the next 5 years.

Corporate considerations	
Quality Implications	Implementing the digital strategy should impact on all aspects of the trust and its patients including quality, resource and health inequalities
Resource Implications	Implementing the digital strategy should impact on all aspects of the trust and its patients including quality, resource and health inequalities
Equality Implications	Implementing the digital strategy should impact on all aspects of the trust and its patients including quality, resource and health inequalities

Where has this issue been discussed before?
The new organisational strategy work has been discussed at numerous forums within the organisation. The Digital Strategy and previous iterations have been to the Digital Group, the Resources Committee, a Board workshop and has been part of many engagement sessions both internally and within the wider ICS.

Appendices:	Appendix 1: Digital Strategy

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

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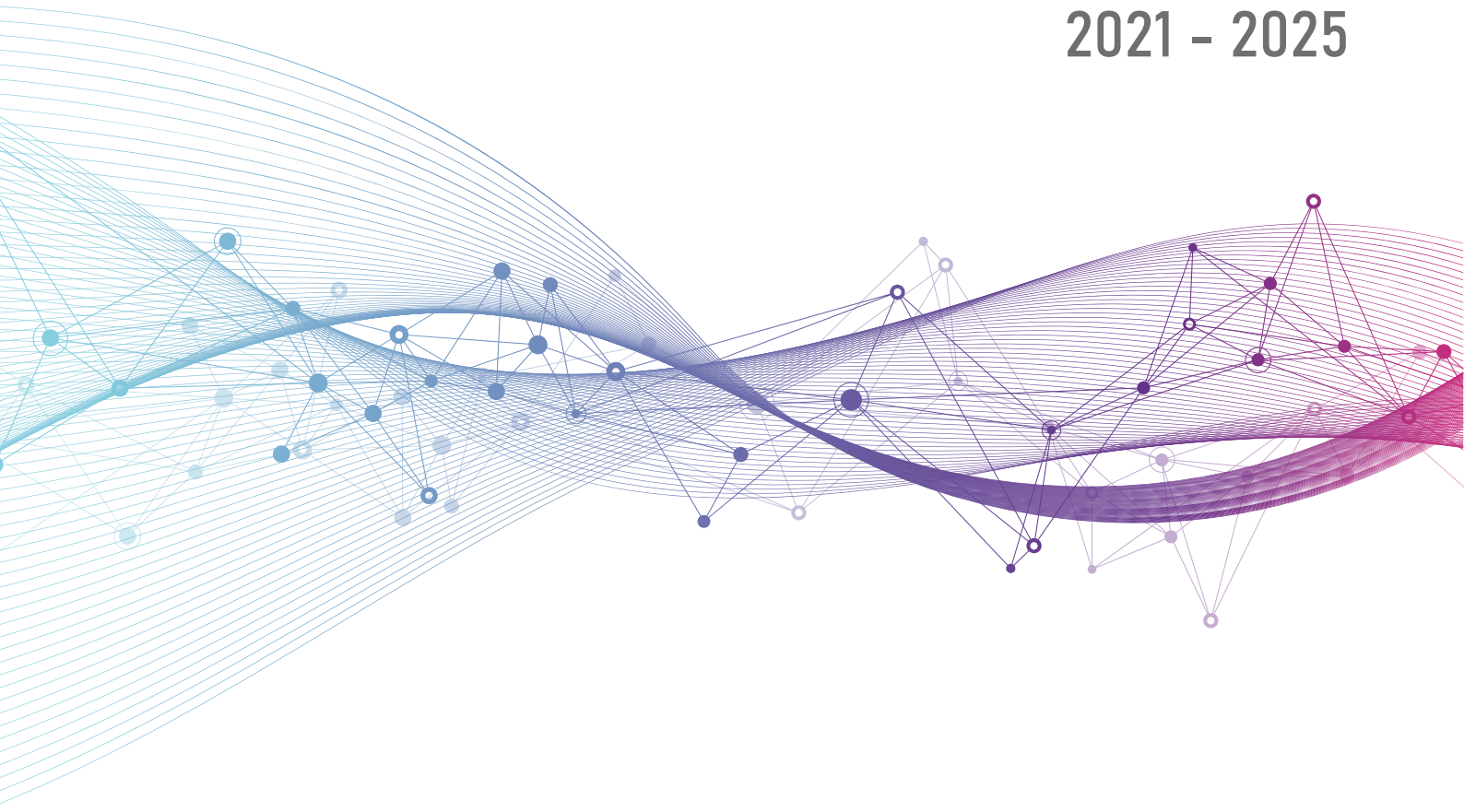
Digital Strategy 2021 - 2025



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Executive Summary

As our society rapidly embraces and adopts technology the NHS cannot stand still. Our Digital Strategy describes our five year plan to achieve our organisation, local and national ambitions for digital transformation, integration and innovation. Improving people's health, well-being and care experiences, through the effective use of data, digital technology and technology-enabled care.

This document explains how we will work towards our Digital priorities to achieve our vision:

To become a fully digital Trust.

Our vision means that we intend to integrate digital solutions into every interaction to improve the quality and experience of care. We have identified five strategic aims that will help us in our journey:

Empower people; Enable clinicians; Integrate systems; Revolutionise information; Build the future.

Our vision is not just about IT systems and equipment, it is about developing a digital culture within the Trust. Gaining a collective understanding and mindset where we confidently use information and digital solutions to improve care experiences and aid decision making; contribute to how we can operate responsibly as an anchor institution in Gloucestershire; add value and increase efficiency; and effectively transform services to make the most of digital and techonological innovation. Coproduction and collaboration are key to how we will achieve our vision, working with the population we serve, services that deliver and support care, local partners and NHS Digital.

This journey will include:

- Increasing access for people using services, enable people to self manage and interact with the NHS more effectively from their own homes.
- Ensuring personalised care approach programmes and resources are integrated into clinical systems.
- Making sure people have options so that they are not digitally excluded and support personalised care
- Building a digitally skilled workforce with the right technology, training and infrastructure in place to support planning, digitalise processes and improve mobile working.
- Ensuring that technology and information is available in the right place, for the right person, at the right time and on the right device.
- Collaborating with Gloucestershire's Integrated Care System partners to build a robust digital infrastructure capable of supporting joined-up accessible health records and data sharing.
- Revolutionising data and information consumption to enhance quality improvement, research and evidence based practice as well as support complex modelling, cost reduction and decision making.
- Transforming and integrating infrastructure and technology ensuring they are fit for the future reflected by increasing our digital maturity index

Introduction

The NHS policy, 'The future of healthcare: our vision for digital, data and technology in health and care' (2017) outlines specific ambitions for NHS organisations to support health and care provision. To quote the highly regarded Wachter report "… **the one thing the NHS cannot afford to do is remain a largely non-digital system. It is time to get on with IT**".

This Digital Strategy is our response to that challenge.

This strategy does not sit is isolation but as one of six integrated enabling strategies for Gloucestershire Health and Care NHS Foundation Trust (GHC) first five year plan 'Our Strategy for the Future' 2021-2026.

As a new organisation formed in October 2019 from two high performing NHS Trusts, our digital transformation and ambitions build on the strengths of our legacy trusts. Our merger programme dominated our attention during 2019 in bringing together a number of diverse information systems. This included both clinical and non-clinical systems ensuring we provided colleagues with access to relevant information and technology from any location and at any time in all of our services.

This digital strategy encompasses a much broader scope and set of ambitions that will explain how we will contribute towards our mission:

Enabling people to live the best life they can

And how we will work towards achieving over arching vision:

Working together to provide outstanding care

The GHC Information Technology (IT), Clinical Systems and Business Intelligence (BI) teams are the key enablers working together to making our ambitions a reality. Collaboration with Gloucestershire's Integrated Care Sytem partners and NHS Digital national team will be essential to achieving our organisational and local delivery ambitions ensuring our health and care system is collectively fit for the future.

Our road to embracing digital will see us remove digital friction, implement enabling technologies, ensure technology is aligned to roles, and enable high quality data at the point of care. Additionally we will improve digitisation of interactions for people using services, and the automation of related processes, enabling data sharing across the system. Finally we will reflect our growing wealth of data back to decision-makers at all levels of the Trust through compelling self-serve Business Intelligence.

Where we are... and where we want to be

2019

- Merger
- Integration of Trust systems

2020

- EPMA roll out in mental health services
- Office 2010 replacement
- Total mobile project progressed
- BI system integration progressed
- Covid response
- Rapid roll out of virtual consualtations and MS Teams
- Mobile access infrastructure upgrades

2021

- CAMHS online PHR portal launch
- Digital inclusion project launch
- Community mental health clinical system review
- E-Obs roll out in mental health services
- Integrated rostering roll out

2022

- Implement further use of enhanced medical equipment
- Progress clinical system review recommendations
- ICS information sharing in place

2023

- Digital skills and training programme roll out
- ICS system optimisation of real time monitoring to support clinical decision making

2024

- Further develop artifical intelligence to enable proactive use of data
- GHC fully cloud transitioned

Case Study

Berkeley House: First inpatient facility using e-prescribing enables high quality care and sustainability

Simon Eddy
Developing Advance Nurse Practitioner for Learning Disabilities and Autism

"We've only had e-prescribing a few weeks and need to iron out a few challenges from poor wifi signal but we can already see the significant benefits e-prescribing brings to both staff and patients. No more rewriting charts, interpreting handwriting, storing mountains of paper medical charts and needless trips to the GP for a signature. It is also easier to report, analyse and review medicinal history.

The advantages are clear - safer prescribing, quicker implementation of medicinal treatment, reduced time spent on admin and reduced costs."

Berkeley House is a learning disability assessment and treatment inpatient unit for adults with learning disabilities and autism.

Case Study

Rapid expansion of remote working kept people safe and made sure services could maintain care through lockdown

Hannah Borne
Speech and Language Therapist

"Video consultations have benefitted our patients in a number of ways. Many of our less mobile patients have commented on the convenience of being able to access therapy from within their own homes instead of travelling to clinics. Others said that virtual appointments are less stressful. People also reported they can fit appointments more easily in to their working day."

What people said about using video consultations:

"Easy to access on the internet. My therapist was really helpful and had lots of patience with me."

"All connections work well today and I appreciate the continued support."

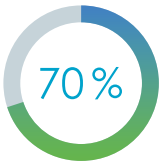
"As a clinically at risk person, I have benefitted from being able to work safely from home."

Learning from our Covid response

The impact of the Covid-19 pandemic has changed the landscape of delivery across our health care services. This has resulted in an accelerated transition to virtual consultations and digital approaches to communication and service delivery.

The speed and agility of the digital response to the pandemic has raised the expectation of leaders and staff highlighting the continued importance of digital capability and infrastructure.

Across Gloucestershire we use a shared network which includes primary care and acute sites/services enabling colleagues and partners to securely and safely share information with each other as well as offering the opportunity to work across.



3,320 colleagues using portable devices

From 0 to 18,396 virtual meetings held

15 new WiFi hotspots created in car parks

From 0 to 55 services using Attend Anywhere with over 1,000 appointments per week

30,000 support calls - 98.9% closed first time. Average of 14 seconds response rate to calls

6 new consultation pods installed

The bigger picture and national drivers for change

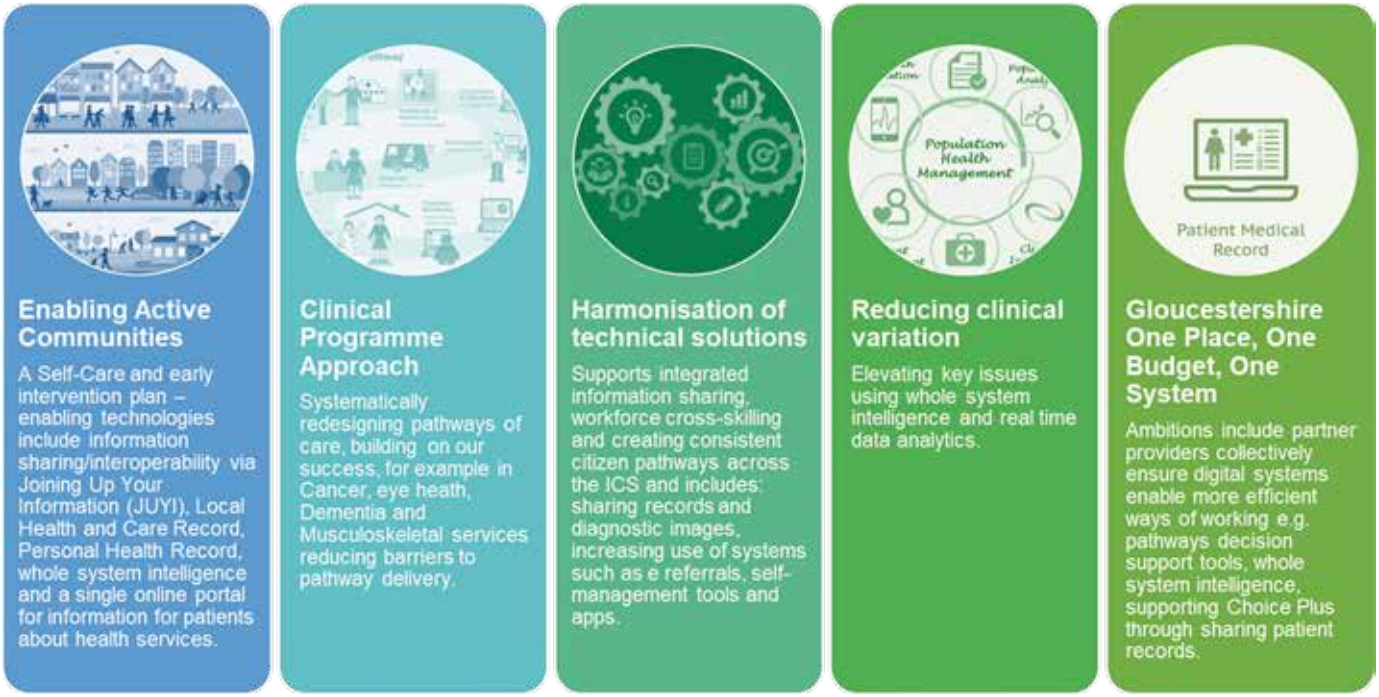
Across Gloucestershire we use a shared network which includes primary care and acute sites/services enabling colleagues and partners to securely and safely share information with each other as well as offering the opportunity to work across.

Fundamental to this strategy is recognition that the people of Gloucestershire's health and care journey goes beyond interactions with GHC as a local anchor institution. Innovation and integration of our digital approach with Gloucestershire Integrated Care System (ICS) projects is key to delivering joined up care and improving health outcomes. To this end, our priorities align with the ICS vision and aims:

ICS vision: *To empower people to manage their own health and to be able to quickly access high quality person-centred care within their localities.*

ICS aims include: *to give more capabilities to people to self-manage and co-create care, to improve health outcomes and reduce bureaucracy across the system.*

Key ICS digital initiatives and projects which we are involved with include:



There are also a number of National catalysts to help our journey over the next five years, including:

- The NHS Long term Plan and national launch of Local Digital Roadmaps.
- The publication of the Wachter Review on using health information technology to improve care
- The appointment of a Senior Clinician-led Digital Team at NHS England.
- The development of NHS Digital and NHS X the national agencies for digital transformation and their retained health and social care brief
- A heightened level of focus on the digitisation of the NHS Institute for Innovation and Improvement (NHSI) services by supporting and driving the Digital Maturity Programme through the investment in the Global Development Exemplar (GDE).

Case Study

Let's Talk: Better health, high quality care and sustainability can come through the use of data and analytics: enabling complex modelling, forecasting, continuous improvement and resource targeting

Alex Burrage
IAPT Clinical Lead

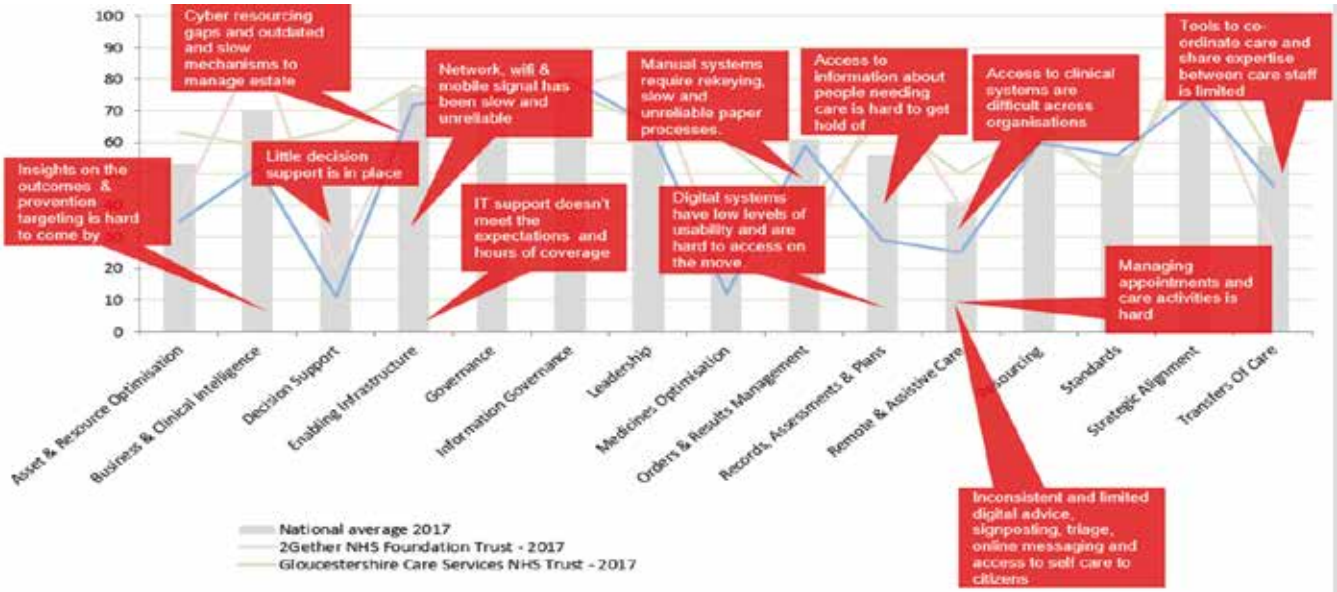
Let's Talk, our Improving Access to Psychological Therapies (IAPT) service, use business intelligence yo transform services and monitor the impact of care.

Alex said: "Forming a close working relationship with the Business Information team has been crucial to the development of our IAPT service. Information supports change, ongoing review and reporting. We can understand what's working well and have the tools to undertake further development."

Key challenges for our digital strategy

Assessment of our digital maturity helps us understand areas for development and identify priorities. There is an added complexity in working with a dual focus: managing our own Trust's transformation plans and as an ICS partner aligning multiple programmes of work challenges ahead. By increasing our digital maturity we can assure improvement benefits our population and ensure alignment with our system partners.

Our digital maturity challenges:



Digital change will be transformation-led with projects and priorities aligned with Trust objectives and wider system transformation initiatives. The complexity of step by step changes will be managed through a structured project framework. We will co-design digital advances with people receving and providing services to ensure solutions are fit for purpose, using data and people stories to measure success and sustainability.

GHC's key challenges and actions we take to support delivery of our Digital Strategy are summarised in the table below:

Challenge	Mitigations
Engagement of staff in the ownership of the digital agenda	Using digital champions in the organisation
	Creation of digital forum, innovation group and other networks
	Better access to meaningful data and insights
	Access to central IT support for local digital projects
Funding limitations	Complete benefits analysis of digital solutions to support funding for additional resources as required
	Identify where there are gaps in resources to support priority planning
	Accessing central government funds and ICS wide project funds for digital projects
Technical system barriers	In-house IT function to provide expertise on technical systems
	Adhering to standardised use of external IT systems to minimise customisations that have a high degree of support reliance
	Alignment with ICS wide system development
	Agile system design for future interoperability assurance
Skills and human resource limitations	Accessing the wider public sector and higher education sector to learn from others or to use external skills that work not for profit
	Foster partnership working with other analytical teams in the ICS
	Work as an ICS to identify key skill gaps and collectively fund resources in this area
	Work smarter across the ICS to deliver projects and programmes learning from others and supporting implementations with the same project teams

Our ICS shared key risk is not progressing our digital ambitions and just sticking to a traditional & siloed way of IT delivery. This would negatively impact delivering at scale objectives such as increased self-care and personalised care; improved joined-up working; and use of Population Health Management approaches to support health and care planning. Lack of resources and funding for digital solutions is a key challenge for both GHC and the ICS. The digital teams will address these challenges with prioritisation and robust benefit analysis.

The challenge is to arrive at a comparable level of digital integration to avoid disjointed or incomplete information. To mitigate against this Gloucestershire has adopted the Global Digital Exemplar Model. This enables organisations to make changes at a pace matching business demands.

Challenge	Mitigation
Insufficent resources to support system wide development	Identify where there are gaps in resources to support priority planning
	Agree ICS digital workstream goals and develop 'road maps' to articulate how different organisations can achieve these.
Multi-organisation digital alignment and system interoperability	Global Digital Exemplar model - blueprinting and fast following: progressing with ready teams, learn and adapting.
	Collaborative study and review to enable adaptation for system wide scale-up plans.
	ICS technology platform managed by unified technology teams·

How will we know our digital ambitions benefit the people we serve?

Coproduction and collaboration are key to how we will achieve our Trust's strategic aims and our digital ambitions. We have completed an analysis of our digital aims to assess how they support the Trust's overarching strategic aims:

Before and during digital strategy development, we undertook and were involved in a series of engagement, co-design and participation events with people who use ourt services, colleagues and system partners. Our goal was to make sure we understood what benefits or important outcomes our colleagues and people who use our services wanted to experience through improved digital technology.

As part of our ICS digital group we used this information to create a series of problems and outcomes so that we can easily see the link between what we are doing and the benefits people will expereince. We will continue to assess and adjust our action plans over time through consultation.

In 2020...
As a GP I don't know who in the practice is at greatest risk of developing a chronic disease so I can help.

In 2024...
As a GP I can see which patients have the greatest risk factors in my PCN and the social segment they are in. I work with a virtual multidisciplinary team to develop an appropriate menu of interventions, which I then agree a plan with the patients, tracked via an online consultation and digital diary.

In 2020...
As a multidisciplinary team, we can't get video conferencing to work. This means that there is less collaborative working and joint decision making is delayed until we can find time to meet in person.

In 2024...
As a multidisciplinary team, we now meet virtually with ongoing messaging episode alerts and task assignment based on what's happening to the people we are caring for together. We don't have to wait for meetings to act and can set up ad-hoc video calls, where we share images, investigations and update the same shared care plan.

In 2019...
As someone being diagnosed with a suspected long-term condition, I don't know what the next steps are, what I can do now to help myself and how long I'll need to wait. This creates anxiety, feelings of powerlessness and causes me to put plans on hold.

In 2024...
As someone being diagnosed with a suspected long-term condition, I use the NHS App to triage to an appropriate set of local servoces to support me, including online options. I also can see a status of test results and a record of previous consultations.

Our GHC Digital Approach and Aspirations

Our Digital Vision: To become a fully digital Trust.

Improving our patients' health and wellbeing and their care experience, through the effective use of data, digital technology and technology-enabled care with collaboration at our core. This means that we will ensure information is available in the right place, for the right person, at the right time and on the right device.

To deliver our vision we have identified five strategic aims that align with the NHS Digital Transformation Program and GHC's strategic intentions. Against each of our aims, we have identified over arching goals, a number of objectives and measures of success.

DIGITAL GHC

Empower people: Provide convenient access to services and health information for people to self manage and support personalised care.

Enable clinicans: Build a digitally skilled workforce with the right technology training and infrastructure in place to deliver efficient, high quality, responsive and innovative services.

Integrate systems: Work in collaboration with partners to improve system wide health and care transformation to improve planning and delivery of services through the greater use of shared data.

Revolutionise information: Delivering secure, robust and reliable data analytics that can be easily and rapidly accessed across the organisation and health care system.

Build the future: Provide convenient access to services and health information for people to self manage and support personalised care.

All our digital aims, objectives and planning decisions align with our Trust values and are grounded in the principles developed by National Voices and the NHS Empowering Patients and Communities Board:

User Need	Privacy & Security	Interoperability & Openness	Inclusion
Every service must be designed around user needs whether the needs of the public, service usersm carers, clinicans or other staff.	It is critical that we maintain public trust in how we hold, share and use data.	We develop our technology so that data and clinical systems are built to enable safe sharing of information between clinicans, teams and partners in our ICS system.	We will design services created in partnership with citizens and communities with a focus on equality and narrowing inequalities.

Digital Strategic Aim One: **Empower People**

Provide convenient access to services and health information so that people can self manage, access services more easily and contribute to personalised care.

Our goals over the next 5 years are to ensure that:	Objectives and actions
• People will be able to access and maintain their own health records, manage their illness, record physical observations and contribute to recovery plans. • People will consistently be able to choose how they communicate with health care professionals, book appointments and have options in how appointments are conducted – virtual video, telephone or face to face. • All data sharing, new technologies and digitally-enabled models of care improve people experience of care, keep personal information safe and promote equality. • People are able to participate and contribute to designing digital solutions.	• Develop a secure patient portal, provide digital tools and advice that helps people better manage their health and conditions at home or convenient place. • Support digital implementation of the comprehensive model of personalised care. • Expand our range of digitally enabled models of care building on our Covid19 experiences: e.g. improving video consultations options; self-care digital therapies; and digital linking of health monitoring equipment. • Prepare our systems for E-referrals and E-booking technologies. • Develop, review & implement Trust and system wide digital inclusion programme supporting technology in people homes and training packages to suit people's needs (NHS App, 'widening digital participation' and 'digital smarties' programmes). • Develop and test 'digital front door' access solutions starting with children's mental health services to enable expansion to other services. • Align with the trusts people participation plan to ensure representation in appropriate digital projects.

Key areas of work over the next 12 months:

- Digitally enabled self care
- Learning from our Covid-19 response and produce a detailed review to develop a long term strategy of video conferencing.
- Review and develop options for an integrated electronic appointment booking system.
- Review and develop an integrated approach to 'digital inclusion' learning from peoples expereinces during the Covid-19 pandemic.

Measures of Success

- Periodic reviews (audit, internal assurance visits, peer reviews, user satisfaction surveys, feedback from colleagues and partners) to monitor the impact digital transformation is having on care delivery.
- Measure against specific project success criteria as agreed with partners and people who use our services.

Digital Strategic Aim Two: **Enable Clinicans**

Build a digitally skilled workforce with the right technology, training and infrastructure in place to deliver efficient, high quality, responsive and innovative services.

Our goals over the next 5 years are to ensure that:	Objectives and actions
• Colleagues can communicate effectively with each other and across organisations in order to share information and decision making. • Colleagues can consistently and safely access information when they need it, where ever they are - right place, right information, right time and right device. • Colleagues have the essential skills to make the best use of digital transformation and information. • People can easily engage with Digital services to get support for projects, innovations & developments.	• Provide appropriate technology, build infrastructure and develop training packages involving the people that will be using them. • Collaborate with service improvement champions to digitalise processes and support smarter working using appropriate technology e.g reducing the need for paper, save time, increase efficiency and data security. • Support clinical and corporate service colleagues use information wisely to enhance decision making, monitor performance and progress, improve services, contributing to research and evidence-based practice. • Building our digital culture by placing technology as a key founding element of excellent and safe health care. • Increase the number and spread of clinical and operational staff who are directly engaged in digital transformation • Support the formal development of clinical and digital leadership through regularly enrolling people in the NHS Digital Academy. • Develop and improve digital front door enabling colleagues to request project support and explore improvements and innovation.

Key areas of work over the next 12 months:

• Ensure a consistent user setup of hardware and software for all staff across the trust
• Invest in digital skills and training to improve competency and capability of our workforce both through recruitment, retention and ongoing skills development.
• Further embed the use of collaboration tools to support clinicians working effectively within the Trust but also within the wider ICS.
• To increase the number and spread of clinical and operational staff who are directly engaged in digital transformation

Measures of Success

• Relevant measures in the Staff Survey
• Evidence of digital coproduction and co-design in service transformation
• Digital Literacy and Leadership programmes are available and used across the Trust

Digital Strategic Aim Three: **Integrate Systems**

Work in collaboration with partners to improve system wide health and care transformation planning and delivery of services through the greater use of shared data and joined up clinical systems.

Our goals over the next 5 years are to ensure that:	Objectives and actions

• People are able to reliably and consistently receive effective health and care interventions in the place that is most convenient for them.
• People involved in providing and receiving care can access and contribute to shared multi-disciplinary and multi-agency clinical records, decision making and care plans at the right time, remotely and in a usable format.
• People are supported and enabled to manage their care effectively where they live, maximizing independence and minimizing risk.
• All business processes, standards, systems and technology are supported with a robust infrastructure to enable cross boundary working.
	• All clinical systems will be reviewed in 2021 and a new Clinical Systems Vision will be agreed and shared by the end of 2021/2022
	• Integrate data from mulitiple cinical systems across the Trust enabling full representation of activity and performance in one view.
	• Continue our programme to rationalise corporate and clinical systems ensuring alignment with national standards by 2022/23
	• Rationalize, develop and harmonise technology and infrastructure to join up information and interoperability between multiple organisations effectively, safely and securely, including:
	  ○ E-rostering and E-Job planning systems.
	  ○ Electronic patient records
	• Provide technology and develop training packages to suit people's needs.
	• Work with Ambulance services to ensure Mental Health Crisis plans are available through the National Record Locator by 23/24.
	• Ensure local implementation of the child protection sharing solution as part of the national delivery by 2022/23

Key areas of work over the next 12 months:

• Develop, align and rationalise GHC corporate and clinical systems.
• Explore and agree technical design decisions to enable system partners operational systems to align and enable interoperability.
• Integrate from multiple systems and enable data presentation.

Measures of Success

• An improvement in the Trust's Digital Maturity Index position
• 360 surveys on Trust influence and reputation in digital services
• Pooled or collective arrangements in place for cross-organisation digital services.
• Development of new partnership arrangements with new organisations e.g. Gloucestershire University

Digital Strategic Aim Four: **Revolutionise Information**

Delivering secure, robust and reliable data analytics that can be easily and rapidly accessed across the organisation and health care system.

Our goals over the next 5 years are to ensure that:	Objectives
• Colleagues and system partners have access to reliable, robust data and information. • Colleagues can confidently use powerful data interrogation self-service tools and compelling dashboards to effectively support decision making, drive change, improvement and target resources. • People can be assured that increases in data use and sharing consistently maintains legal and regulatory compliance with cyber security and information management standards.	• Ensure digital technology and infrastructure is in place to enable data collection, interpretation and presentation simply and intelligently through Business Intelligence (BI) Analytics tool. • Expand implementation of BI Analytics tool enabling reports, dashboards and alerts to be viewable on all devices. • Increase professionalised informatics accreditation and achievement of professional analyst standards. • Collaborate with teams to digitalise processes and upgrade technology to minimises the burden of data collection. • Continue to develop predictive analytics capable of modeling and forecasting future capacity, demand and performance. • Develop systems that are interoperable enabling safe open access across system platforms. • Work with the wider health community to support the safe, lawful and secure utilisation of population health data to inform future delivery and present a single patient pathway across all organisations.

Key areas of work over the next 12 months:

• Roll out of real time, point of contact performance and activity monitoring dashboards.

Measures of Success

• All systems information available through the trusts data warehouse and BI system
• Data quality improvements
• Population Health solution in place across the ICS

Digital Strategic Aim Five: **Build the Future**

Develop our digital infrastructure and systems so that they are fit for the future - digitise processes, contribute to clinical research, evidence based-practice, life sciences and support our Trust's sustainability ambitions.

Our goals over the next 5 years are to ensure that:	Objectives
• Our digital maturity index increases to HIMSS stage 7 or an equivalent measure. • Support the NHS vision that internet first should be the direction of travel offering improved flexibility, connectivity and a reduction in costs. • New systems are, where appropriate, cloud hosted, web based and browser agnostic in line with the vision presented in The Future of Healthcare. • Provide digital solutions that support different approaches to recruitment.	• Transform and consolidate GHC clinical systems, modernising our network, aligning devices and technology. • Develop and test technological advances as they emerge. • Investigate and develop transition of local systems to the cloud as part of local server infrastructure refresh plans by FY 24/25. • Investigate and embrace the use of artificial intelligence capable of supporting a shift from reactive and retrospective analytical approaches to a proactive use of data. • Investigate and review automation opportunities across the trust to remove repetitive manual tasks both for clinicians and corporate staff. • Work within our ICS to support the development of population health management systems.

Key areas of work over the next 12 months:

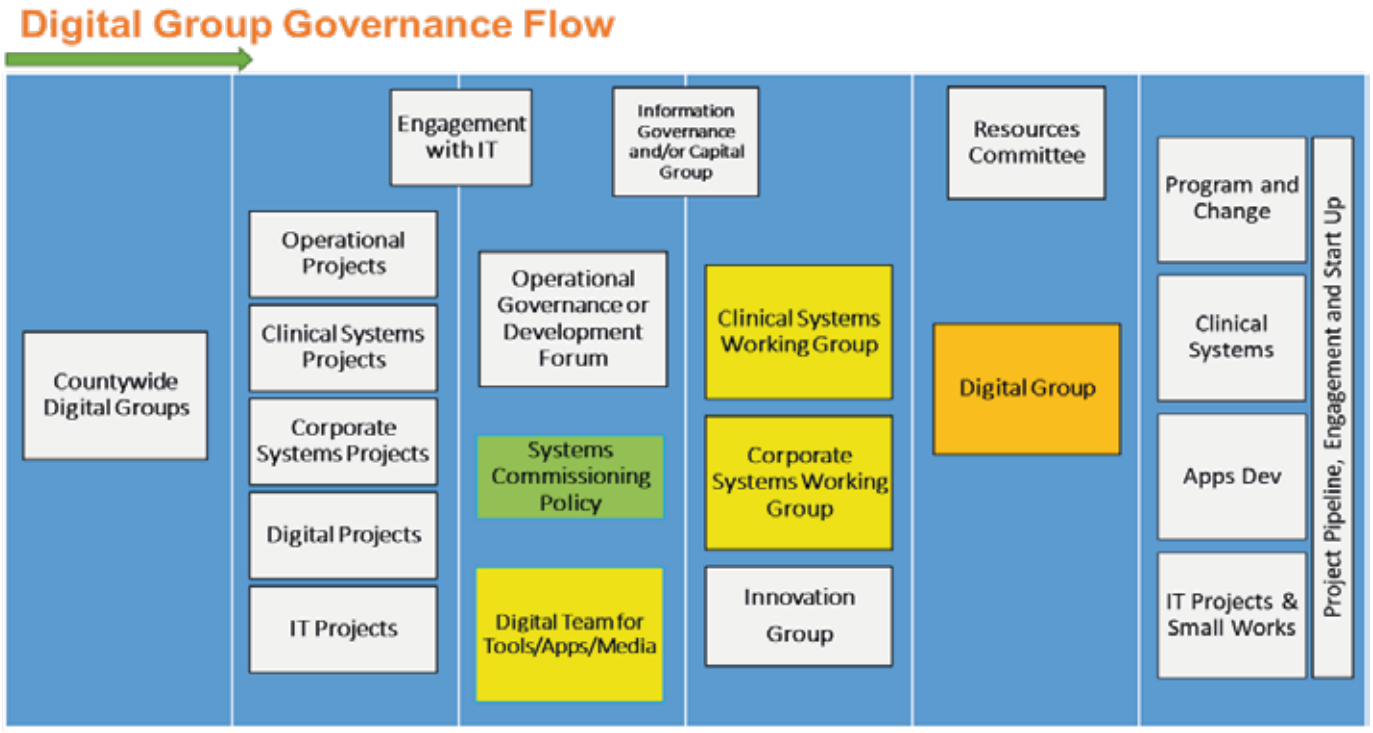
- Progress digital and technological innovation and improvement projects including: electronic prescribing and medicines management roll-out to all services; electronic paper free correspondence across all our services;
- Progress with the ICS implementation of a population health management solution
- Work with the ICS to finilise the information sharing roadmap for Gloucestershire for the next 5 years

Measures of Success

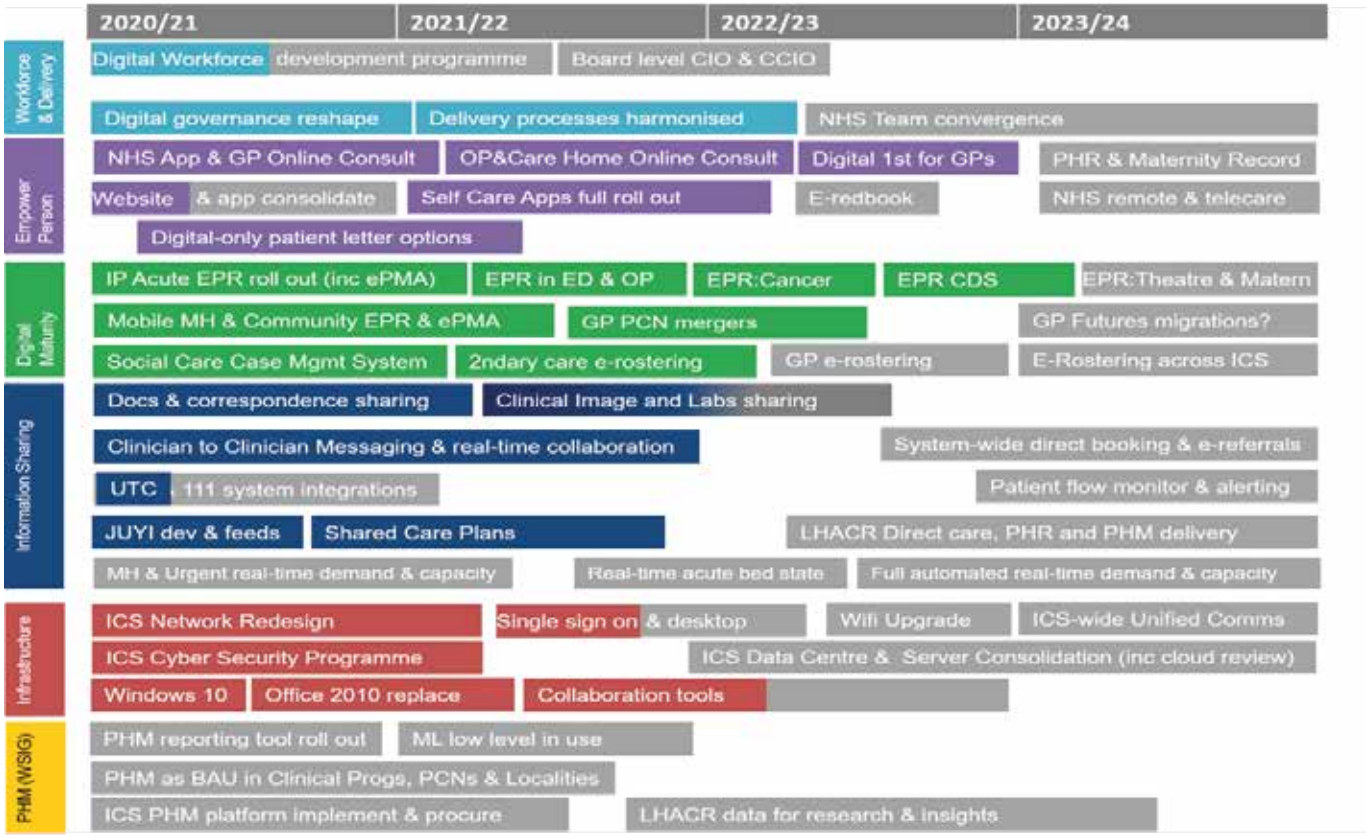
- Periodic reviews using difference mechanisms such as audit, internal assurance visits and peer reviews
- An improvement in the Trust's Digital Maturity Index position
- Case studies of impact of digital transformation

Delivery and Governance

Scrutiny and oversight of progress of our Digital Strategy and priorities will happen on various levels within the governance and assurance structures of both our Trust and ICS. In order to launch this strategy it was scrutenised by our Finance and Resource Committee before approval by our board of directors.



With such a large complex plan over the next 5 years there are a number of interdependencies and support required both with within GHC and within the wider ICS. This translates into a programme of work, such as the one below, that will be updated yearly based on requirements and developing priorities.



It will be operationally managed via the Digital Group who will receive an update every 6 months to ensure work is progressing as required, the governance flow of all digital projects is illustrated on the previous page.

Conclusion

By pursuing our vision, we will build solutions where we put the citizen at the centre of solutions we provide. We will act with the interest of the local health economy in everything we do and ensure collaboration is built into our digital solutions from the outset rather than added as an afterthought. Collaboration will not stop at technology as we will share our resources and learning to ensure that as a community we are not re-inventing solutions.

We will accelerate our digital transformation by assimilating existing best practice solutions into our organisation. As a Trust we will learn from implementations elsewhere in the NHS and beyond, recognising that others also have the skills and ability to create transformational solutions which we can assimilate into our operations.

Executing our strategy means quality, safety and patient experience will improve by using our digital solutions to create an environment in which the right information is available to staff at the right time. By listening and co-designing solutions with all stakeholders, we will provide innovative, intuitive and vastly improved ways for people to interact with the NHS.

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

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 14/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

PRESENTED BY: Sonia Pearcey, Freedom to Speak Up Guardian

AUTHOR: Sonia Pearcey, Freedom to Speak Up Guardian

SUBJECT: **FREEDOM TO SPEAK UP GUARDIAN UPDATE**

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

This report is provided for:

Decision Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to

Provide assurance to the Trust Board:

- That speaking up processes are in place and remain open for colleagues to speak up, especially in these unprecedented times of Covid-19
- That speaking up processes are in line with national requirements

Recommendations and decisions required

The Board is asked to:

- **Note** that Freedom to Speak Up processes are in place and continuing to be utilised by colleagues at these unprecedented times

Executive summary

This report for Q3 & Q4 2020-21 gives an update from the last report Trust Board report, an overview of the cases, national and regional updates and the proactive work undertaken by the Freedom to Speak Up Guardian.

25 cases were raised in Q3 and 30 in Q4, with a total of 120 cases for 2020-21, an increase of 74% on 2019-20.

In 2020-21 nurses accounted for the biggest portion (32%) of speaking up cases raised through the Freedom to Speak Up route.

That a positive speaking up culture is reflected nationally in the People Plan and People Promise, and locally in our strategic commitments to High Quality Care and

Great Place to Work. It is a core component in our health and wellbeing offer to colleagues and in our "Strong Voice" commitment to colleagues within our new People Strategy.

Risks associated with meeting the Trust's values
All risks are clearly identified within the paper.

Corporate considerations	
Quality Implications	A positive speaking up culture within our workforce will ensure that patient safety matters are heard and that colleagues are supported.
Resource Implications	Specifics that are not being achieved are highlighted in the report
Equality Implications	Nil

Where has this issue been discussed before?
JNCF 26 May 2021

Appendices:	N/A

Report authorised by: Sonia Pearcey & John Trevains	**Title:** Ambassador for Cultural Change / Freedom to Speak Up Guardian Director of Nursing, Therapies and Quality

FREEDOM TO SPEAK UP GUARDIAN UPDATE

1. INTRODUCTION

1.1 This bi-annual report is to give assurance to the Trust Board that speaking up processes are in place and remain open for colleagues to speak up, especially in these unprecedented times of Covid-19.

1.2 This paper is presented in a structured format to ensure compliance with the "Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts" updated published guidance July 2019 here.

1.3 Celebrate our progress in continuing to raise the bar in embedding our speaking up culture within 2020-21 and beyond.

2. ASSESSMENT OF FTSU CASES

2.1 Speaking up for Q3 & Q4 are detailed in Table 1, which also gives an overall picture of the year. Speaking up for these periods have been received via different routes and all anonymous cases were via the Work in Confidence system. Some colleagues may also have raised more than one concern.

Table 1

Quarter 2020-21	Number of cases raised	Number of cases raised anonymously
Q1: April - June	42	15
Q2: July - September	23	6
Q3: October - December	25	4
Q4: January - March	30	4

The combined Trusts (legacy 2gether and Gloucestershire Care Services) data for the number of colleagues speaking up in 2019/20 was 69 cases. In 2020/21, 120 cases of speaking up shows a marked increase of 74%.

Data reconciliation for the year 2020-21 by the National Guardian Office has been delayed due to the pandemic and will close 12 May 2021. A verbal update maybe available at the time of the Trust Board Session to include highlights regarding national and regional variations, professional groups and themes.

2.2 Themes

The Tables 2,3 & 4 below are further mandated data that is submitted to the National Guardian Office. Further updated Guidance for Freedom to Speak Up Guardians Recording Cases and Reporting Data came into effect for

cases raised from 1 April 2021 (Q1 2021-22) and in summary the following changes have been made:

- 'Worker safety' has been added as a category (in addition to the existing 'patient safety/quality' and 'bullying and harassment' categories).
- The term 'detriment' has been replaced with 'disadvantageous and/or demeaning treatment', though the term detriment is still used in brackets to avoid any confusion.
- The definitions for various categories have been updated for added clarity.
- A section has been added on how the data submitted by FTSU Guardians to the NGO is used for sharing and learning.

Table 2

Quarter	Number with an element of patient safety/ quality	Number with an element of bullying or harassment	Number with an element of other behaviours	Number with an element of systems and/or processes	Other	Ideas for learning and improvement
Q1	7	10	5	8	10	2
Q2	6	7	5	1	3	1
Q3	5	6	8	3	3	0
Q4	4	10	6	8	2	0

Some examples of speaking up in Q3 & Q4 are:

- Initially raised through Work in Confidence, concerns were raised by a colleague 'to report bad practice from staff towards a patient'. The colleague had already raised with the team regarding their inappropriate behaviour, in their negative language towards a patient. Support was requested from the Head of Nursing by the Freedom to Speak Up Guardian. Following conversations with the team, a risk assessment was put in place, discharge planning is underway and feedback is that the intervention has made a positive difference to the patient. Feedback will be shared with the team.

- A colleague spoke up about concerns regarding the unprofessional conduct of a team member and how this may impact staff and patient safety. Support was given to structure the conversation with their manager, which was positive and the colleague was 'happy with the outcome of this meeting and felt listened to'. They were thanked at the time by their manager.

- Colleagues spoke up to the Freedom to Speak Up Guardian regarding allegations of bullying and harassment within two separate teams. At the time of reporting two investigations have been commissioned in accordance with the Trust's Disciplinary Policy. Ongoing support is continuing for all of

these colleagues by the Freedom to Speak Up Guardian and other health and wellbeing resources.

Table 3

Quarter	Worker	Manager	Senior Leader	Not disclosed	Protected characteristic shared
Q1	17	10	0	15	Disability-1 BAME-1
Q2	12	5	0	6	BAME-2
Q3	12	9	0	4	LGBTQ+-1 BAME-1 Disability-1
Q4	17	9	0	4	BAME-4 Disability-1 Pregnancy-1

Table 4

Professional Group	Q1	Q2	Q3	Q4
Allied Health Professionals	5	2	8	6
Medical and Dental	2	0	0	0
Ambulance (operational)	0	0	0	0
Public Health	0	0	0	1
Commissioning	0	0	0	
Registered Nurses and Midwives	12	9	7	10
Nursing Assistants or Healthcare Assistants	0	3	1	0
Social Care	0	1	1	1
Administration, Clerical & Maintenance/Ancillary	4	1	0	2
Corporate Services	4	1	2	5
Other	0	0	4	4
Not known	15	6	2	1

Table 4 shows that over 2020-21 nurses accounted for the biggest portion (32%) of speaking up cases raised through the Freedom to Speak Up route, followed by Allied Health Professionals (17.5%) and corporate colleagues (10%). Not known colleagues (20%) were through the anonymous Work in Confidence route. This figure remains higher than the national figure of 13% (2019-20 published data).

Engagement has been increased with our medical and dental workforce, with the Freedom to Speak Up Guardian presenting at team meetings, presence at

junior doctor inductions, junior doctor forums and most recently the senior medical committee. Within the Freedom to Speak Up Advocate team there is no medical or dental representation, although with increased presence as described above, and increased support from the Medical Director, Guardian of Safe Working and Medical Education Manager there is confidence that this will increase in 2021-22.

When the 'Not known' is considered, this can include an instance when an individual has not disclosed their professional group or when a colleague wishes to remain anonymous.

Work in Confidence

Work in Confidence, an anonymous, secure and independent platform remains another route for colleagues to speak up. Various colleagues are available to offer support through this platform and with oversight by the Freedom to Speak Up Guardian. The Trust's Information Governance Manager/Data Protection Officer is supporting current work to potentially use the case management system to record all interactions through the speaking up route. Table 5 below shows speaking up through this route:

Table 5

Quarter	Number of contacts	Category
Q1	15	Bullying & Harassment-2 Ideas for learning and improvement-2 Other -9
Q2	6	Patient safety concerns-3 Ideas for learning and improvement-1 Other-2
Q3	4	Bullying & Harassment-1 Cultural-1 Inappropriate behaviours-1 Other-1
Q4	5	Patient safety concerns-1(face to face contact made with consent regarding this case) Bullying & Harassment-2 Other-1 Cultural (unprofessional behaviours)-1

3. PATIENT SAFETY AND/OR WORKER EXPERIENCE FEEDBACK

Feedback is requested from all colleagues and the challenge is obtaining feedback from colleagues whether they have had a positive experience or not. This has been recognised also across other Guardian networks. Some feedback is shared from colleagues as below from Q3 & Q4:

- I was very happy with your approach and the way you responded and also your colleague. Your colleague then spoke with senior management of the

unit and then suggested if I could speak with them as well, however I didn't feel as this would help. The reason why I used this service was to stay anonymous and I didn't want the unit to know that it was me who raised the concern to protect my future working relationship with them. So, given my experience I would speak up again as my action did partly improve the situation for my patient. Thank you for all your support.

- No further support I need thank you - you've been wonderful!

- I would definitely use the Freedom to Speak Up service again. I found the service was very easily accessed at my workplace and at home. I received a reply very promptly and the advice I received was appropriate, easily actioned and helped resolve my immediate concerns. However, I am not so confident I would raise a concern in my workplace again as it has had a huge negative impact on my mental health. Although I felt I was listened too on the whole for a long time I received no feedback or witnessed no evidence that any action was being taken to protect myself, my colleagues or patients. This has had a negative effect on my trust in the senior management in my workplace. It really would depend on the seriousness of any future situation.

- Thank you for your reply. It's reassuring to hear that the badges were part of a wider strategy and it's good to hear there has been an investment in staff wellbeing. I did appreciate the thank you day we were given. I realise this would have been at great financial cost to the trust but the gesture did mean something. I think it's generally probably difficult to try and please everyone, so the group are doing a good job.

- I feel that I am being treated as a number and want to be in the future part of the decision making regarding my safety. Thank you for your time to off load and you helped me to put things into perspective and move forwards.

All organisations which regulate or provide NHS healthcare should implement the principles and actions set out in the report Freedom to Speak Up: An independent review into creating an open and honest reporting culture in the NHS. With in he reviews led by Sir Robert Francis QC, he highlighted that minority staff feel vulnerable when speaking up, as they may feel excluded from larger groups of workers. Data set out in these reviews also showed that minority staff groups are more likely to suffer detriment for having spoken up.

Detriment, described as disadvantageous and/or demeaning treatment as a result of speaking up is recorded. The below data in table 6 highlights the number of cases where an individual felt that they have suffered detriment as a result of speaking up.

Table 6

Quarter	Number of cases where people indicate that they are suffering detriment	Given your experience would you speak up again

Q1	3	Yes-24 No Maybe-2 Don't Know-1
Q2	1	Yes-10 No Maybe-1 Don't Know
Q3	2	Yes-11 No Maybe-1 Don't Know
Q4	6	Yes-13 No Maybe-3 Don't Know

11% of colleagues who spoke up declared a protected characteristic, disability 2.5%, pregnancy <1%, LGBTQ+ <1% and BAME 7%. Those colleagues that have indicated that they are suffering detriment who shared a protected characteristic, is 25%. Colleagues are further supported through dedicated health and wellbeing resources, reciprocal mentoring, and also sign posted onto to our Equality, Diversity and Inclusion networks.

The noted increase in Q4, colleagues felt that they had suffered detriment through speaking up due to changes in working practices, and bullying and harassment experienced by a more senior colleague.

4. LEARNING AND IMPROVEMENT

In March 2021, The National Guardian's Office published its Annual Report for 2020 and laid it before parliament, highlighting the progress which has been made in Freedom to Speak Up in health and the impact of the pandemic on speaking up.

The same month, the Freedom to Speak Up Guardian survey report was published. The fourth annual survey report found that Guardians believe the speak up culture in the NHS is improving. With in the South West some specific regional highlights are as below and as a regional network we are engaging in some proactive work to further improve these findings:

- In the South West 81% gather feedback on their performance as a Freedom to Speak Up Guardian
- 46% of respondents have no ring-fenced time to carry out their role – this is the highest of all regions
- 89% of respondents said they were part of a Freedom to Speak Up Network and in the South West 68% of respondents believed representation of diverse groups was improving in their network, the highest region in the country

- 92% of respondents had direct access to their CEO and 89% to their Non-Executive direct who has speaking up as part of their portfolio
- 84% felt valued by senior leaders but only 62% felt valued by middle managers, with over 90% of respondents felt valued by workers in their organisations
- Only 44% of Freedom to Speak Up Guardians felt people did not suffer detriment for speaking up and only 38% of respondents felt action taken in response to reports of detriment was improving
- 74% of respondents in the South West felt their organisation was actively tackling barriers to speaking up
- Less than 70% of workers had Freedom to Speak Up training available to them, with only 23% of workers had sufficient time to undertake training, according to survey respondents. The survey was sent out before the launch of the new eLearning modules
- 75% felt their organisation had a positive culture of speaking up, one of the highest performing regions and 83% of respondents believe the FTSU Guardian role is making a difference.

Further local and Trust learning is being incorporated into future plans with feedback and self-reflection with colleagues and teams. Some further learning below:

- Work continues to further develop and strengthen the Gloucestershire ICS Guardian network and to gain a greater understanding from a national perspective regarding a future ICS model.
- Review of exit interview process with the retention team, with the Freedom to Speak Up Guardian being invited to newly commenced retention clinics
- Lessons learnt from redeployment to include information when able to return to 'home' team and being listened to when concerns raised regarding scope of practice in a new/redeployed role
- Signposting colleagues to health and wellbeing resources and where appropriate raise to senior managers
- Management facilitated meetings/mediation to support and address inappropriate behaviours. Referral to OD team to offer wider team coaching and support
- Discussion and coaching to raise the issue with line manager or appropriate person
- Enhanced communications to enable colleagues to access health and wellbeing support in relation to speaking up
- Compassionate leadership and kindness role modelled to ensure a compassionate culture
- Colleagues with the knowledge and skills not feeling they are influencing the direction of travel, team debriefs, listening events and visibility of leaders increased
- Refreshed risk assessment and Infection control guidance to support a patient within our services to be able to live more independently
- Sharing '100 Voices' across the organisation so colleagues can describe their experiences of speaking up, the impact this has had and

how it has led to positive change. Four stories are currently being developed with colleagues' consent.

4.1 Freedom to Speak Up Index (FTSU Index)

The National Guardian's Office will shortly be publishing the latest FTSU Index, which uses four questions in the NHS Annual Staff Survey, to understand the impact of Freedom to Speak Up. This year the questions are numbered 16a, 16b, 17a and 17b. This is a metric for NHS Trusts asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident

The FTSU Index, first published in 2019, is a key metric for organisations to monitor their speaking up culture. The index has risen nationally from 75.5% in 2015 to 78.1% in 2019. Comparable to other sectors, a score of 70% is perceived as a healthy culture. It is also recognised that organisations with higher Freedom to Speak Up scores are associated with higher performing organisations as rated by the Care Quality Commission (NGO 2020).

Within the FTSU Index report 2019, GCS was in the top 10 for most improved out of 220 Trusts nationally, while 2gether, like GCS faired favourably in the top third of the overall table. The 2020 report GCS was 11th overall which is a testament in itself at the time of a merger, with the South West as the most improved region.

FTSU Index report	GCS	2gether	GHC	National Average
2019	82%	80%		78.1%
2020	84.1%	80.6%		78.7%
2021(unpublished)			82.5%	78.7%

Reflecting on the data from 2020 an anticipated index score for 2021 (unpublished) of 82.5%. This score remains higher than our comparators (80.2% 2020) and illustrates a strong performance going forward as a newly merged Trust.

Question 18f, I feel safe to speak up about anything that concerns me in this organisation, is a new question in the NHS Staff Survey (GHC 68.3% and the national all NHS organisation average of 65.6% with 68.7% for MH, LD and community trusts). Freedom to Speak Up is about more than the ability to raise concerns about patient safety. It is about being able to speak up about anything which gets in the way of doing a great job, whether that's an idea for improvement, ways of working, or behaviours (H Hughes 2021). The responses to this question show a very strong positive correlation with the Freedom to Speak Up Index.

5. ACTIONS TAKEN TO IMPROVE THE SPEAKING UP CULTURE ALONGSIDE ASSOCIATED WORK OF THE FREEDOM TO SPEAK UP GUARDIAN

Progress continues to further improve the speaking up culture especially during these times where speaking up is more important than ever. The following builds upon previous significant work:

- **Health and Wellbeing Hub** - The health and wellbeing hub, which has broad representation across the Trust, has been meeting regularly since the start of the pandemic to oversee, develop and plan appropriate support. The voice of colleagues is fundamental to this and learning from speaking up is feedback to the Health and Wellbeing hub to inform priorities.

- **Ethnicity Research** - As a Trust we were invited in April 2021 to participate in a survey being conducted on behalf of the National Guardian's Office to explore barriers to speaking up in a sample of NHS Trusts. This survey is being hosted by brap, an equalities charity transforming the way we think and do equality (www.brap.org.uk). Brap are working with Roger Kline OBE. (author of The Snowy White Peaks of the NHS). Initial data is not published as yet although there are many positive responses also with learning identified moving forwards.

- **National Strategy** - The National Guardian's Office shortly will publish their five-year strategy post the consultation which has ended. The strategy is based on the learning from the past four years following on from the introduction of the Freedom to Speak Up Guardian role. The strategy has four pillars: Workers, Freedom to Speak Up Guardians, Leaders and Managers and the Healthcare System as a whole. Once this is published in line with the NHS People Plan, this will link in with both our local Trust strategy and the new People Strategy and plans moving forwards.

- **Freedom to Speak Up Training** - The national Freedom to Speak Up e-learning modules are hosted on our Care to Learn platform and are free to access for all. These set out what speaking up is and its importance in creating an environment in which people are supported to deliver their best. The first module – Speak Up – is for everyone. The second module, Listen Up, for managers, builds upon the first and focuses on listening and understanding the barriers to speaking up. A final module, Follow Up, for senior leaders will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations. Both these modules will be part of our new leadership development programmes.

- **Leadership Development Programmes –** With in these the Freedom to Speak Up Guardian will be supporting the delivery of the following workshops: 1. Creating a Compassionate Culture 2. Strategies for inclusion 3. Creating Psychological Safety.

- **Diversity Networks** - The Freedom to Speak Up Guardian is an integral member of the network and offers guidance, support and leadership to the co-chairs. Work continues alongside others to improve and support our

colleague's employee experience and more recently with the Equality, Diversity and Inclusion consultant.

- **Civility Saves Lives** - This is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance. Incivility and rudeness is surprisingly common and on the rise, thus patient safety outcomes are affected and there is a negative impact on clinical performance. Initial scoping with Dr Chris Turner has commenced.

- **Embedding Serious Incident Learning** - Leading on this reflective discussion approach to ensure compassionate leadership and just culture approaches are key. Utilising Kirkpatrick's (2016) evaluation model has informed our proposed approach to promoting embedding learning and evaluation that this has taken place. These discussions occur 2-3 weeks post the completion the investigation and report publication. The Trust has also commenced a pilot of just and learning culture e-learning that will further support speaking up.

- **Freedom to Speak Up Advocate Model** – Monthly drop in and update sessions continue for advocates to offer some time to further support speak up in their teams. The National Guardian's Office has published new Guidance for Freedom to Speak Up Guardians on the Development of Freedom to Speak Up Champion and Ambassador Networks. The guidance sets out principles for the development and support of Freedom to Speak Up Champion/Ambassador networks. Engagement sessions have commenced with current advocates to refresh, raise awareness and promote the value of speaking up.

- **Engagement Sessions –** These continue at team meetings, presence at junior doctor inductions, junior doctor forums and most recently the senior medical committee. Our Regional Liaison Adviser for General Medical Council is keen to explore supportive sessions for doctors in line with the Civility Saves Lives programme of work. Other sessions have included time with the new international nurses, preceptorship cohort and student nurses from the University of Gloucestershire.

- **Reciprocal Mentoring** – Being part of this programme enhances knowledge and understanding of lived experience and is used to shift awareness and action. The ethos aligns with objectives around equality, diversity and inclusion and the speaking up agenda.

- **Team and Individual Coaching** – Alongside the Organisational development team to support teams to speak up and have a psychologically safe space. Individual coaching is on request for senior leaders in the organisation.

- **Targeted Communications** - Regular messaging through the communications to reinforce the message that speaking up is welcomed and colleagues will always have access to the support needed.

- **Work in Confidence** – As primary administrator, keep abreast of the system changes and conversations that occur through this system, so colleagues get timely and supportive responses. Work is ongoing with the developers to support data recording in line with national guidance and a new case management system is available for use within our existing licence.

- **Operational On Call** – Supporting the safety of colleagues and increases the visibility of the Freedom to speak Up Guardian role.

- **Co-Chair Regional Network** – The Freedom to Speak Up Guardian continues to Co-Chair the South West Freedom to Speak Up Guardian Regional Network, offering leadership peer support and advice. This network is excellent for support and sharing good practice.

- **Freedom to Speak Up Conference** – In April 2021 the Freedom to Speak Up Guardian presented to colleagues at Avon & Wiltshire Mental Health Partnership NHS Trust as the keynote speaker – 'Driving a thriving speaking up culture through a merger'.

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AGENDA ITEM: 15/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

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

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

SUBJECT: **QUALITY DASHBOARD –April 2021 Data**

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

This report is provided for:

Decision	Endorsement	Assurance ☑	Information

The purpose of this report is to

To provide GHC Board members 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

Board members are asked to:

- **Receive, note** and **discuss** the April 2021 Quality Dashboard

Executive summary

This report provides an overview of the Trust's quality activities for April 2021. This report is produced monthly for Board, Quality Committee and Operational Delivery and Governance Forum for assurance.

Quality issues for priority development

- Continued focus on complaints recovery plan including a redesign of complaint pathway management and delivery of a new internal quality indicator for 21/22 regarding time to completion of complaints.
- Continued NTQ led focus on the prevention, identification and management of Pressure Ulcers building upon the lessons learnt from recent quality improvement work. This now includes targeted support and education into Community Hospitals.
- Appraisal rates have a slow recovery rate and additional work is being undertaken. Ongoing focus on recovery of mandatory training rates with particular attention on resuscitation and restrictive practices. Additional scrutiny of the effectiveness of

the planned activity recovery work will be required via Quality governance structures.

- Significant pressures on mental health beds for both children and adults is noted and requiring additional support and management to address. The Director of Nursing, Therapies and Qualities (NTQ) has commenced additional work with Commissioners on this matter.
- Ongoing workforce vacancy pressures are noted with particular attention required for in-patient mental health areas. The Director of Human Resources & Organisational Development is leading work on the matter. The NTQ team are leading work on international recruitment solutions.

Quality issues showing positive improvement

- CPA recovery work has enabled further progress against the target with a 1.7% increase in month with the overall validated performance figure being 94.1% (0.9% from target).
- Greater understanding and identification of services requiring support with PU management as detailed within the dashboard. Early indicators are positive that this is an improving area
- There is ongoing improvement in staff Covid-19 vaccination rates with good progress made on closing the gap for BAME colleagues (67%)
- 149 compliments received regarding care provided by the Trust in April –above monthly average
- International Recruitment: 25 new physical health nursing colleagues are in the process of joining the Trust. 3 new mental health nursing colleagues are joining with additional recruitment underway in this area. The Trust has received additional funding to be part of a national project to develop direct entry into community services for international recruits.

Are Our Services Caring?

The Board are asked to note that 11 complaints were received in April which is an increase of 1 when compared to the previous month. Actions associated with the complaint's recovery plan continue with the number of complaints open for 7-12 + months reducing again this month. April saw 2 WTE quality assurance posts successfully recruited to. Whilst FFT levels of satisfaction have slightly dropped by 2% below the 95% target at the 20/21 outturn it should be noted that this is still an improvement upon the 2019/20 outturn. The Q4 2020/21 NED Audit of Complaints has been completed and notwithstanding the improvements in response times required, assurance is available that demonstrates the Trust is investigating complaints appropriately.

Are Our Services Safe?

Good assurance can be provided that shows incident reporting rates are consistent with established averages and we continue to see the percentage of patient safety incidents meeting moderate, severe and death thresholds drop below 8%. Greater detail is provided in this month's dashboard regarding ongoing developments to improve pressure ulcer management. There were no new cases of Covid-19 detected across Trust inpatient units in GHC in April. As of 20/05/21, 86% of patient facing GHC staff have received their first

vaccination for C-19 and 73% have received their second. The figure for BAME colleagues vaccinated has risen in to 67%.

Are Our Services Effective?

Board are asked to note the continued and ongoing critical role that the Trust is playing in system-wide patient flow, in particular this month the Community Hospital sub-acute offer has been strengthened. Accepting a higher acuity of patients has resulted in improved bed capacity with system partners. The number of occupied bed days for inappropriate out of area Mental Health placements in April was 82 days which relates to 6 patients. There has been a significant surge in demand for inpatient beds in month and the levels of acuity and dependency has resulted in a shortage of bed availability.

Are Our Services Responsive?

Good assurance is available regarding adherence to national PHE admission guidance in order to minimise the risk of nosocomial transmission, whilst supporting an increased demand for Community Hospital beds. Following agreement at the Health Overview and Scrutiny Committee Tewkesbury MIIU reopened on the 1st April 2021. CPA compliance increased on the previous month's figure by 1.7%

Are our Services Well Led?

Overall statutory and mandatory training compliance has improved this month to 87.9%. Due to C-19 disruption, Resuscitation and Restrictive Physical Intervention training continues to be an area of focus. There is monthly exception reporting in place for recovering training compliance. Appraisal compliance is now 71.2% against a target of 90%. There is continued emphasis on appraisal completion over the coming months, including the re-introduction of appraisal training. Sickness absence levels remain above the Trust target of 4.00% when a rolling average is applied. However, it is planned to use an additional indicator in future to highlight the monthly snapshot figures which will enable specific triggers and trends to be identified and explored. Staff health and wellbeing remains a priority, Working Well have seen an 83% increase in staff requesting counselling (136 in 19/20 up to 249 in 20/21).

Risks associated with meeting the Trust's values

Specific initiatives or targets that are not being achieved are highlighted in the Dashboard. Key quality and safety risks are included in the Dashboard.

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

Where has this issue been discussed before?
Quality Assurance Group and monthly reports to Quality Committee

Appendices:	Quality Dashboard Report

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

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AGENDA ITEM: 15.1/0521

Quality Dashboard 2020/21

Physical Health, Mental Health and Learning Disability Services

Data covering April 2021

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

Executive Summary

Gloucestershire Health and Care NHS Foundation Trust

This Quality Dashboard reports quality-focussed performance, activity, and developments regarding key quality measures and priorities for 2020/21 and highlights data and performance. This data includes national and local contractual requirements. Certain data sets contained within this report are also reported via the Trust Resources Committee; they are included in this report where it has been identified as having an impact on quality matters. Feedback on the content of this report is most welcome and should be directed to John Trevains, Director of Nursing, Therapies and Quality (NTQ).

Are our services CARING?

Eleven complaints were received in April which is 1 more than the previous month though comparable to year on year data. The number of complaints open for 7-12 + months continues to reduce in line with the recovery plan and temporary reallocation of resources. . 8 of the 11 complaints received in April 2021 were acknowledged within the 3-day target timeframe. Of the 3 that breached, all received an immediate automated acknowledgement of receipt and were followed up with an individual acknowledgment The Q4 2020/21 NED Audit of Complaints has been completed and concluded that overall there is good assurance on quality of complaint resolution and compassionate response letters in line with Trust values, but that delays in finalising the closure of complaints, in part due to C-19 related disruption, remains a NTQ priority to recover. Additional permanent recruitment to the team has taken place and process improvement work is ongoing. This month FFT levels of satisfaction reduced below the 95% threshold falling 2% points on 20/21 outturn but are still improved when compared against 2019/20 outturn

Are our services SAFE?

Incident reporting rates are consistent with established averages and we continue to see the percentage of patient safety incidents meeting moderate, severe and death thresholds drop below 8%. There are currently 9 active SIRIs. Greater detail is provided is provided this month regarding ongoing developments to improve pressure ulcer management and there are indicators of improvement in this area. We are pleased to report that zero C-19 deaths were reported by GHC inpatient services during March. There were no new cases of C-19 detected in GHC in April . Stocks of PPE remain good and the Trust is fully assured on future supply of all stock items via national supply routes**.** An executive led ICS review has been established to ensure GHC reports and responds to hospital onset probable and definite C-19 infections) and C-19 hospital deaths in line with statutory requirements and regional NHSE/I guidance. Further updates will be provided to the Quality Committee. As of 20/05/21, 86% of patient facing GHC staff have received their first vaccination for C-19 and 73% have received their second. The figure for BAME colleagues vaccinated has risen in to 67%. Systems are in place to vaccinate all eligible inpatients and vulnerable service users.

Are our services EFFECTIVE?

GHC has a critical role in system-wide patient flow and have taken proactive measures to increase their sub-acute offer enabling our Community Hospitals to accept a higher acuity of patients resulting in improved bed capacity with system partners. The Demand and Capacity team has been strengthened to ensure that 'Home First' is considered the first option for patients moving across the system. GHC are active participants of the One Gloucestershire 90 day improvement plan focussing on; refining the processes between the Trust and Adult Social Care, admission avoidance and strengthening reablement offers to support early discharge. Early Intervention and IAPT services continue to perform above threshold. The National Childhood Measurement Programme has recommenced and progress is being made towards achieving targets of 95% of children measured by the end of the academic year - Cumulative target (July 2021). The occupied bed days for inappropriate out of area Mental Health placements in April was 82 days which relates to 6 patients. There has been a significant surge in demand for inpatient beds in month with increased levels of acuity and dependency observed amongst service users which has has resulted in a shortage of bed availability, this is reflected regionally and nationally. Dashboard development work by the NTQ directorate is creating new outcome measure data reporting for inclusion in future dashboards in partnership with clinical services.

Are our services RESPONSIVE?

Good assurance remans in place demonstrating adherence to national PHE admission guidance in order to minimise the risk of nosocomial transmission, whilst supporting an increased demand for Community Hospital beds. Following agreement at the Health Overview and Scrutiny Committee Tewkesbury MIIU reopened on the 1st April 2021 and it is planned that the Vale MIIU will re-open on mid August 2021 with Dilke remaining closed . CPA compliance increased marginally on the previous month's figure by 1.7%. In line with system partners and an easing of national lockdown requirements our inpatient units have enabled increased visiting, recognising the importance of human contact to patients whilst maintaining appropriate measures to keep everyone safe.

Are our services WELL LED?

Overall statutory and mandatory training compliance has improved this month to 87.9%. Due to C-19 disruption, Resuscitation and Restrictive Physical Intervention training continues to be an area of focus. There is monthly exception reporting in place for recovering training compliance. Resuscitation training is improving there is a recovery plan in place to achieve compliance in the next 3 months. Appraisal compliance is now 71.2% against a target of 90%. There is continued emphasis on appraisal completion over the coming months, including the re-introduction of appraisal training. Sickness absence levels remain above the Trust target of 4.00% when a rolling average is applied. However it is planned to use an additional indicator in future to highlight the monthly snapshot figures which will enable specific triggers and trends to be identified and explored. Staff health and wellbeing remains a priority and outside rest areas are being explored to enable staff to take their breaks in the fresh air, based on feedback from our clinical teams. Working Well have seen an 83% increase in staff requesting counselling (136 in 19/20 up to 249 in 20/21). Registered Nurse international recruitment continues and up to 25 new registered nurses will join our Community Hospitals in by June subject to travel restrictions. Pastoral support for our international nurses a bespoke adaptation program, RMN specialist International recruitment is being led by NTQ. NTQ was awarded additional funding to be part of limited national project to develop direct entry to district nursing for international recruits.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

No		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R A	Exception Report?	Benchmarking Report
No of C-19 Inpatient Deaths reported to CPNS		N-R		66	0												0			N/A
Total number of deaths reported as C-19 related.		L-R		161	0												0			N/A
No of Patients tested at least once		N-R		2004	281												281			N/A
No of Patients tested C-19 positive or were admitted already positive		N-R		322	0												0			N/A
No of Patients discharged from hospital post C-19		N-R		271	9												9			N/A
Community onset (positive specimen <2 days after admission to the Trust)		N-R		30	0												0			N/A
Hospital onset (nosocomial) indeterminate healthcare associated -HOIHA (Positive specimen date 3-7 days after admission to the Trust)		N-R		6	0												0			N/A
Hospital onset (nosocomial) probable healthcare associated -HOPHA (Positive specimen 8-14 days after admission to the Trust)		N-R		10	0												0			N/A
Hospital onset (nosocomial) Definite healthcare associated - HODHA (Positive specimen date 15 or more days after admission to the Trust		N-R		27	0												0			N/A
No of staff and household contacts tested		N-R		3123	65												65			N/A
No of staff/household contacts with confirmed C-19		L-R		323	0												0			N/A
No of staff self-isolating: new episodes in month		L-R			34															N/A
No of staff returning to work during month		L-R			29															N/A
No staff GHC who received Covid-19 vaccine first dose				4046	17												17			

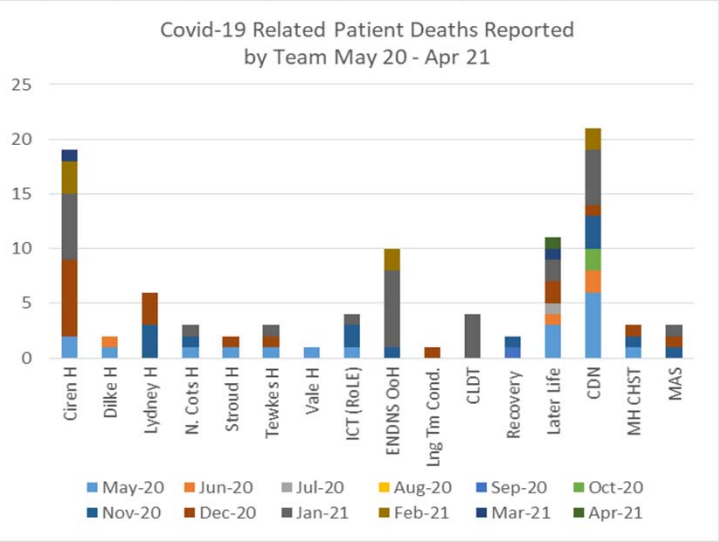
Additional Information

Patient Reporting

The number of Covid-19 (C-19) related inpatient deaths has continued to fall in Apr 21, with zero inpatient death meeting criteria for national reporting to CPNS. The number of community patient deaths reported as C-19 related has also fallen, both corresponding to the downward curve of the second peak of the pandemic. C-19 related patient deaths since May 20 by team/hospital site are shown in the chart opposite, previous year data being included for comparison. A review has been established to ensure GHC reports and responds to hospital onset probable and definite Covid-19 infections (HOPHA/HODHA) and Covid-19 hospital deaths in line with statutory requirements and regional NHSE/I guidance. One Gloucestershire NHS partners have agreed to declare a countywide serious incident for HOPHA and HODHA Covid-19. Trust's will undertake their own organisation specific investigations and produce individual investigation reports, with learning to be brought together in a countywide action plan. Duty of candour will be applied where appropriate. GHCNHSFT will review nosocomial cases from 1st July 2020 (when updated PHE guidance recommended routine in-patient swabbing following admission).

Patient Testing

A large reduction in the number of positive patient results was again seen in April, which is in line with the national dataset. As agreed with ICS Bronze IPC cell, and in line with PHE guidance GHC undertakes inpatient testing on days 1,3,5,7 and 10 and every subsequent 5th day of a patient's admission. This exceeds the national recommendation but is a local enhancement to improve system-wide surveillance. A second IPC-led audit to monitor swabbing compliance has provided good assurance across the Trust that this practice is embedded.



COVID-19 - KEEPING PEOPLE SAFE – VACCINATION PROGRAMMES

GHC inpatients and priority groups

- Rolling weekly programme in place to provide first and second doses for eligible new admissions to Community Hospitals, learning disability and mental health units.
- Robust Standard Operating Procedure developed to enable administration of AZ different second dose if not able to provide Pfizer.
- Work continues in partnership with IHOT, GPs and GHC roving team to provide bespoke reasonable adjustments to those with complex needs
- Scoping work underway to identify additional support requirements for SMI cohort to ensure effective uptake.
- Continue to work with ICS vaccine equity group to explore uptake in key groups including the development of a bespoke clinic in a low stimulus environment for those with additional support needs.

GHC staff

- 83 % "frontline" workforce received first vaccine; 66% BAME colleagues received first vaccine. 30/04/2021 – Percentage reduction from previous month due to growth workforce baseline number attributable to data quality re temporary staffing colleagues
- Vaccine uptake data is monitored weekly and submitted to NHSE/I every 14 days
- Workstream in place led by Working Well to enhance uptake that includes staff conversations to compassionately address vaccine hesitancy
- Proactive and targeted communication in place
- **As of 20/05/21, 86% of patient facing GHC staff have received their first vaccination for C-19 and 73% have received their second. The figure for BAME colleagues vaccinated has risen in to 67%.**

Validated Data as of 30-4-2021

ROLE	TOTAL NUMBER April 2021	1ST VACCINE (up to 30/04/21)	%	2nd VACCINE (up to 30/04/21)	%
All doctors/dentists	128	110	86	90	70.3
All qualified nurses, including students	1467	1213	83	988	67.3
All other professional qualified staff	776	658	85	560	72.2
Support to clinical staff	1710	1395	82	1071	62.6
TOTAL GHC CLINICAL STAFF	**4081**	3372	83	2709	66.4
NHS infrastructure staff	526	345	66	308	58.6
TOTAL GHC WORKFORCE	4607	3717	81	3017	65.5

Supporting the Primary Care Network public programme in GHC

- Housebound and care home vaccination continues in collaboration with PCNs; first and second doses.
- GHC Roving team well established, with a bank of 36 vaccinators
- IHOT team supporting learning disability shared care environments.
- GHC bank vaccinators available to support PCN clinic staffing at short notice to prevent cancellations

CQC DOMAIN - KEEPING PEOPLE SAFE – SPOTLIGHT ON DUTY OF CANDOUR

Since November 2019, a Duty of Candour (DoC) clinical compliance and quality assurance review has been undertaken on a quarterly basis. Commissioned by the Director of Nursing, Therapies and Quality the he purpose of this is twofold. Firstly, it provides assurance to the Trust that it is compliant with Regulation 20: DoC (Care Quality Commission, CQC, 2015 & 2021) in all cases where DoC applies. Secondly, it reviews all clinical incidents of reported and confirmed "moderate harm" and above to ensure that there are no omissions in the application of DoC.

The table below highlights the number of incidents that have been scrutinised for Quarters 1 and 2 of 2020/2021. The compliance and assurance review for Quarter 4 is currently underway. This has now been broken down into three categories, namely: Serious Incidents Requiring Investigation (SIRIs), incidents that required further investigation in the form of a Root Cause Analysis (RCA) Clinical Investigation, and incidents that were either reported and/or confirmed as causing "moderate harm" where the Trust had been deemed to be the responsible organisation. The review for this period provided significant assurance that the Trust had correctly identified incidents where DoC applied

Quarter 2020/21	SIRIs	RCAs	Moderate Harm	Total Number of Incidents
Quarter 1	12	10	13	35
Quarter 2	13	19	8	40
Quarter 3	9	14	7	30
Quarter 4				
Total no of Incidents	34	43	28	105

The findings from the outset of this piece of work have been shared through formal reports presented to the Regulatory Compliance Group and the Improving Care Group. As a result of the reviews, it is evident that the profile of DoC needs to be raised throughout the Trust. Therefore, the following measures have been taken:

1. Working in collaboration with the Patient Safety Team to ensure that the Datix incident reporting form captures all elements of the DoC regulatory requirements.
2. Review and update of the Trust's "Being Open – Duty of Candour" Policy to reflect national guidance and evidence based practice.
3. Informative and engaging DoC teaching sessions delivered to colleagues undertaking the preceptorship programme and the care certificate.
4. Circulation of the "Saying sorry" leaflet published by NHS Resolution (2017) to support and empower operational colleagues to adopt an open and transparent approach with patients and their families in accordance with the CQCs Regulation 20: DoC guidance.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	RAG	Exception Report?	Benchmarking Report
	Number of Friends and Family Test Responses Received	N - T		11990	1786												1786			
	% of respondents indicating a positive experience of our services	N - R	95%	94%	92%												92%			
	Number of Compliments	L - R		1478	149												149			
	Number of Concerns	L - R		390	41												41			
	Concerns escalated to a formal complaint			14	1												1			
	Number of Complaints	N - R		83	11												11			
	Number of open complaints (not all opened within month)				76															
	Percentage of complaints acknowledged within 3 working days		100%	96%	73%												73%			
	Number agreeing investigation issues with complainant				15															
	Number of complaints awaiting investigation				4															
	Number of complaints under investigation				10															
	Number of Final Response Letters being drafted				44															
	Number of Final Response Letters awaiting Exec sign-off				3															
	Number of complaints closed				7															
	Number of re-opened complaints (not all opened within month)				5															
	Current external reviews				4															

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

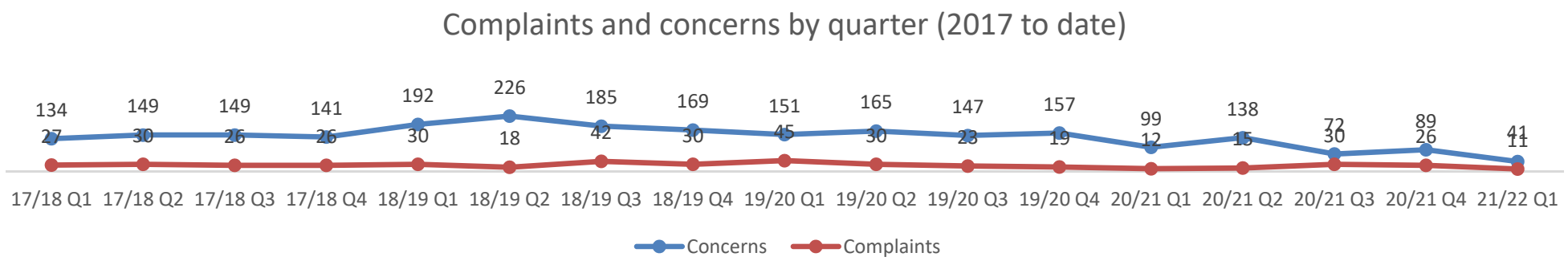
RAG Key: R – Red, A – Amber, G - Green

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

Complaints, concerns and compliments

- The average number of complaints received in April over the past four years is **10**. In April, 2021 we received **11 complaints**.
- In April 2021, **7** complaints were closed: **1** was withdrawn, **3** were partly upheld, and **3** were not upheld
- **41** concerns were raised in April 2021, which is higher than the monthly average of 32 concerns during 2020/21.
- **149** compliments were received in April 2021, which is more than the monthly average of 123 during 2020/21.

The chart below summarises the number of complaints and concerns received by quarter since 2017/18. This offers assurance that services are not receiving a significant increase in complaints in 2021/22. The impact of Covid-19 (national pause, redeployment, services in recovery), PCET staffing challenges, and a cluster of complaints received in November and December 2020, have all contributed to the current increase in complaint response times.



Assurance regarding complaint management

- Each complaint is triaged to check for any immediate actions required. Triage facilitates the identification of themes and hotspots.
- In line with NHS Trusts across England, the largest proportion of our complaints relate to care and treatment and communication/staff attitude.
- Trend analysis of the recent increase in complaints shows indicative themes* associated with Mental Health Act application and care, treatment and communication at Wotton Lawn. Integrated Care Teams received complaints regarding tissue viability, End of Life care and communication. Recovery Teams received complaints about care and treatment, discharges, referrals and communication.
- The number of complaints open for 7-12 months is reducing in number due to recovery work that is in progress.
- The Non-Executive Director Audit of complaints for quarter 4 2020/21 is complete and detailed in the following slides .

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

Satisfaction with complaints/concern processes

- **5** active re-opened complaints
- **26** concerns were closed in April 2021, of which **1** was escalated to a complaint

External review

- There are currently **4** complaints with the PHSO for external review; these are complaints from 2016, 2017, 2019, and 2020.

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

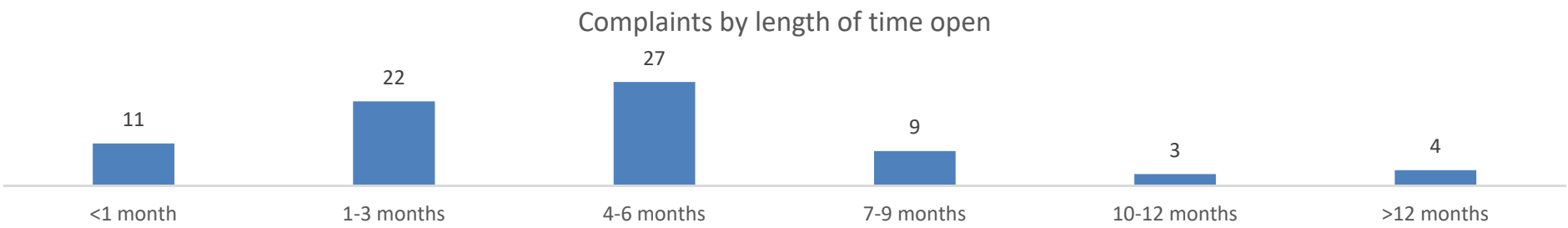
Complaints management timescales

- **8** of the **11** complaints received in April 2021 were acknowledged within the 3-day target timeframe. Of the 3 that breached, all received an immediate automated acknowledgement of receipt and were then followed up with an individual acknowledgment (2 within four days, 1 within 5 days).

- Of the **76** open complaints, **11** do not have agreed response times. Of these:
  - **3** have been delayed due to Covid-19; complaints were received either during or very close to the national pause period. As a result, completion dates were not set and complainants were advised that their concerns would be progressed as soon as possible. These cases are being revisited to agree completion dates and resolve
  - **4** are in the early stages of the complaint process and issues have not been agreed and so timeframes have not yet been set.
  - **4** are complaints being managed by other NHS organisations, for which we are providing input/comments

- Of the **65** complaints with agreed response dates:
  - **22** are within the agreed timeframe
  - **43** have exceeded the initially agreed timeframes, and of these:
    - **2** responses were due during the national pause
    - **41** responses were due following the end of the pause – there are a range of reasons for these delays including:
      - Agreeing issues for investigation with complainants
      - Delays in the investigation process (e.g. allocating investigators, timeliness of investigation report, and availability of staff for interviews)
      - Delays in the drafting and review of final responses (e.g. capacity, quality of investigation, availability of staff to review draft responses)
    - Work is ongoing to address delays in the complaints process in order to minimise them where possible
    - All complainants who have been waiting extended periods of time are offered personalised review meetings to discuss their complaint on completion of the process. This has shown good results in helping to resolve issues to the persons satisfaction

The chart below shows the timeframes for all open complaints. The PCET are focusing on completing investigations for those open for the longest period. A weekly meeting provides high-level oversight of the complaints tracker. Fortnightly updates to the Director of NTQ are in place and regular briefings to the Board and Quality Committee provide assurance regarding focus on recovery.



Additional resources have been allocated to increase capacity of the team and 2 experienced new colleagues have been recruited to the team. Following completion of a detailed quality improvement informed analysis NTQ will be changing the Trusts complaints process and policy to enable it to be more reflexive to need. This will include the introduction of early resolution meetings ahead of final responses and streaming of specific complaints to subject matter experts earlier in the process i.e. End of Life or District Nursing. It is estimated that it will take up to 6 months to recover the performance position to the desired standard. To support pace and monitoring of recovery a complaints responsiveness performance indicator has been established as a Trust Quality Priority of the 2021/22 quality schedule.

ADDENDUM TO QUALITY DASHBOARD

ARE SERVICES SAFE? Non-Executive Director audit of complaints Q4 2020/21

INTRODUCTION

The agreed aim of the audit is to provide assurance that standards of complaint management are being met in relation to the following aspects:

- The timeliness of the complaint response process
- The quality of the investigation and whether it addresses the issues raised by the complainant
- The accessibility, style and tone of the response letter
- The learning and actions identified as a result

PROCESS

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

SUMMARY OF FINDINGS

- Audit findings are summarized within the table on the following slide
- The Q4 2020/21audit indicates overall there is good assurance on quality of complaint resolution and compassionate response letters in line with Trust values, but that delays in finalising the closure of complaints, in part due to C-19 related disruption, remains a NTQ priority to recover
- For one complaint, additional learning was identified in via the audit and this feedback will be shared with the team
- Delays in responses have been noted and work continues to address the backlog of complaints. Waiting times are monitored via the monthly Quality Dashboard.

FUTURE AUDITS

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

RECOMMENDATIONS

- To note the contents of the report
- To continue to recover the complaints backlog at pace
- To note the assurances provided regarding the Trust's management of complaints

ARE SERVICES SAFE? Non-Executive Director audit of complaints Q4 2020/21					
	Time scale of response	**Quality of investigation**	**Accessibility, style and tone of letter**	**Learning actions identified**	**Comments**
Complaint 1 • Delayed transport from GHT and contracted Covid • Key broke in lock when Integrated Care Team members were leaving the property	**LIMITED ASSURANCE** • Delayed • Very apologetic regarding the long delay due to the national pandemic and national pause in complaints	**FULL ASSURANCE** • Thorough investigation • Issues clearly identified with evidence to support conclusions	**FULL ASSURANCE** • Apologetic and sincere • Clear and succinct • Apologetic regarding the long delay due to the national pandemic • Compassionate	**FULL ASSURANCE** • Learning identified and shared	• Response co-ordinated by GHC, involving GCC
Complaint 2 • Family did not feel involved in decisions regarding medication and care recommendations	**LIMITED ASSURANCE** • Delayed • Very apologetic regarding the long delay due to the national pandemic and national pause in complaints	**FULL ASSURANCE** • Thorough investigation • Issues clearly identified with evidence to support conclusions	**FULL ASSURANCE** • Apologetic and sincere • Clear and succinct • Apologetic regarding the long delay due to the national pandemic • Compassionate	**FULL ASSURANCE** • Learning identified and shared	
Complaint 3 • Screening assessment completed but referral not sent to the Autism Spectrum Conditions assessment service	**LIMITED ASSURANCE** • Delayed • Very apologetic regarding the long delay due to the national pandemic and national pause in complaints	**FULL ASSURANCE** • Thorough investigation • Issues identified but not addressed. Need to ensure patient voice/concern is heard	**FULL ASSURANCE** • Apologetic and sincere • Clear and succinct • Apologetic regarding the long delay due to the national pandemic	**LIMITED ASSURANCE** • Additional learning identified (variability in screening results; the system (including GP) responding to patient concerns)	• 1st and 3rd screening assessment met referral threshold, 2nd did not. • Referral acknowledgement process introduced prior to complaint being received

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

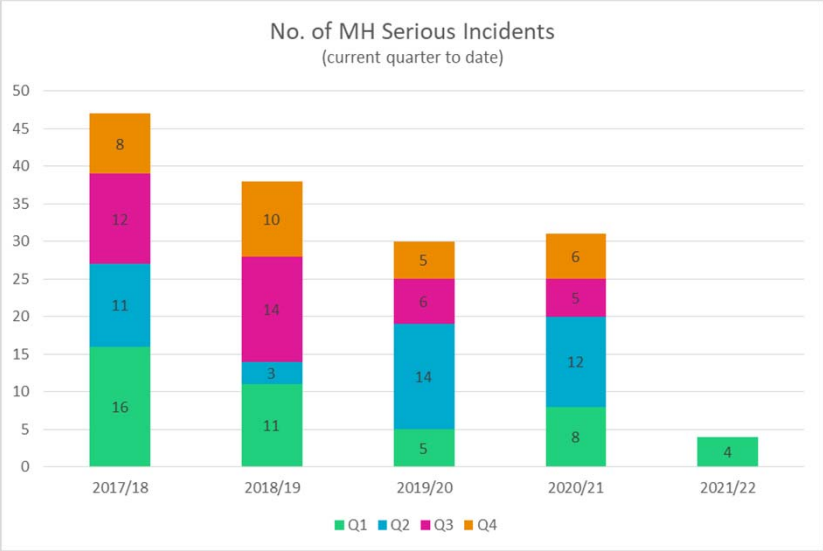
		Reporting Level	Threshold	20-21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021-22 YTD	R / A / G	Exception Report?	Benchmarking Report
	Number of Never Events	N - T	0	0	0												0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		39	4												4			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		1	1												1			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding falls leading to fractures	N - R		3	0												0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		2	0												0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		15	3												3			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		10	0												0			N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		0	0												0			N/A
	Total number of Patient Safety Incidents reported	L - R		12474	986												986			N/A
	% incidents resulting in low or no harm	L - R		93.41%	92.90%												92.90%			N/A
	% incidents resulting in moderate harm, severe harm or death	L - R		6.59%	7.10%												7.10%			N/A
	% falls incidents resulting in moderate, severe harm or death	L - R		2.75%	1.10%												1.10%			N/A
	% medication errors resulting in moderate, severe harm or death	L - R		0.83%	1.79%												0.00%			N/A
	Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.*** Covid Disruption**	L - R		N/A	0	0	0	0	0	0	0	0	0	0	0	0	0			N/A

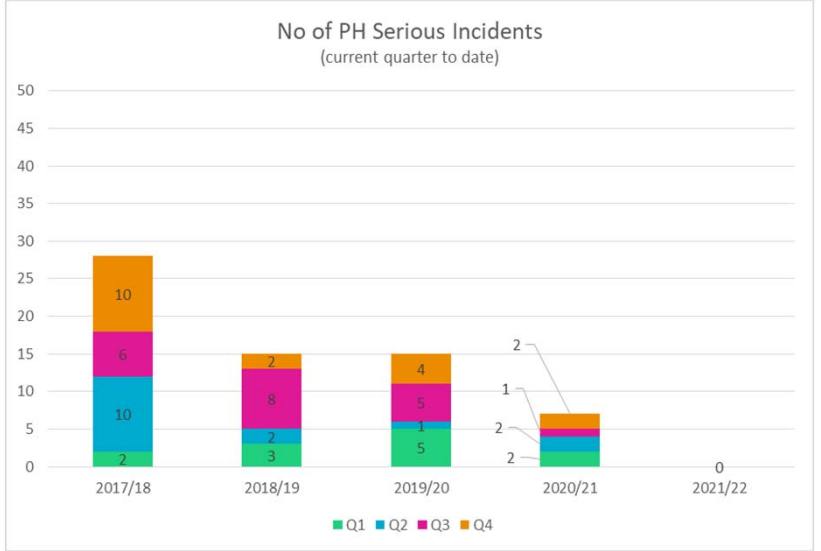
N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L - R	Locally reported (no target/threshold) agreed
L - C	Locally contracted measure (target/threshold agreed with GCCG)	N - R/L - C	Measure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

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

CQC DOMAIN - ARE SERVICES SAFE? – additional information

Four SIRIs were declared in April 2021, one suspected suicide within the Cirencester Recovery Team (mental health services), one medication incident at Wotton Lawn (mental health), and one physical health incident relating to missed/delayed diagnosis at MIiU following a fall at home. All incidents were escalated in line with SIRI reporting requirements. The Patient Safety Team continue to monitor regional and national trends in terms of suicide rates and will analyse and report significant departures from benchmarking trends. The tables below represent SIRI reporting over the past 5 years. These reports are stimulating good clinical discussions across operational governance forums and the Trust's Quality Assurance Group. Particular attention was paid at these meetings to thematic analysis of issues.





Two SIRI final reports, a working age mental health unexpected inpatient death and an older persons inpatient incident involving anticoagulation were completed and submitted to Gloucestershire CCG in April 2021. Incident/s on a Page (IoaP) are drafted and will be disseminated for discussion throughout the Trust to promote learning. All IoaP documents are uploaded to the Trust intranet.

There remain 9 active SIRIs to the end of April 2021.

Regarding all patient safety incidents:

- The total number of patient safety incidents reported decreased from March 2021 (1230) to April 2021 (986), however remained higher than April 2020 (688).
- The percentage of patient safety incidents resulting in moderate or severe harm and death increased from March 2021 (6.34%) to April 2021 (7.10%), however the number of such incidents fell from March 2021 (79) to April 2021 (70).
- The percentage of falls resulting in moderate and above levels of harm increased from March 2021 (0.98%) to April 2021 (1.10%).
- The percentage of medication incidents resulting in moderate and above levels of harm increased from March 2021 (0%) to April 2021 (1.79%). This was a result of one medication incident in April 2021, which has been declared a SIRI and provisionally recorded as moderate harm, pending completion of the investigation.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

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

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97%	97.3%												97.3%	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	797	84												84	R		
	Total number of Category 1 & 2 Acquired pressure ulcers	L - R	56	698	75												75	R		
	Number of Category 3 Acquired pressure ulcers	L - R	0	70	8												8	R		
	Number of Category 4 Acquired pressure ulcers	L - R	0	29	1												1	R		

ADDITIONAL INFORMATION - PRESSURE ULCERS (PU)

Objectively this months data and activity is showing an improving picture in terms of progress made to address this important area of Trust quality. This is reflected in improvement in Cat 4 pressure ulcers but also the active work with teams in terms of improving practice to meet significant rising demand in pressure area care requests from primary care

The April data shows a **decrease** in the most severe category 4 pressure ulcers from last month. The data is suggestive of an i**ncrease** in the overall number of PU that have worsened under our care although additional scrutiny and data cleansing is yet to be applied to these findings as it is expected that this is a data quality issue. This work commences at the beginning of May and will include working with the Datix team to restructure the reporting template as colleagues have commented that the current template can be confusing and leads to miscoding of PU.

Following the success of the Gloucester QI PU plan the Forest & TNS QI PU approach is currently in the 'do' stage of the PDSA cycle. The Clinical Pathways Lead (CPL) and Quality Manager have met with the Community Managers from Gloucester and Forest & TNS, to review and complete the stakeholder map and ensure full engagement from operational colleagues. Data from these areas from the past year is being used as a baseline for improvement.

Further to the success of the 'Datix dashboard oversight' described for the improvement plans in Gloucester and Forest & TNS, the CPL has recommended that those Datix dashboards and reports specific to inpatient services should be considered for governance and assurance across all our inpatient services, using a QI approach. Operational teams are currently considering this with a decision to be reached following presentation of the QI project described above.

The CPL has continued to host educational webinars highlighting PU categorisation and encouraging an interactive approach from participants and active feedback. Recent attendance at a national conference has expanded networks and evidenced the national increase in incidence and severity of PU's and outlined national work to support reporting , management & education.

The 20 minute open invite for a focussed District Nurse discussion on safe and effective pressure area assessment, monitoring and management will be repeated in June following requests from colleagues. The focus is will continue to be sharing the national and local themes observed in relation to PU incidence and severity, encouraging debate and involvement in improvement.

Pressure ulcer QI virtual groups (PUQIG) commenced in May.The new Trust wide policy which has been reviewed and ratified by the policy group and covers all services.

The CPL has now been repatriated full time following redeployment into District Nursing during the Covid-19 response and has been able to review and present the PU data that facilitates future targeted intervention.

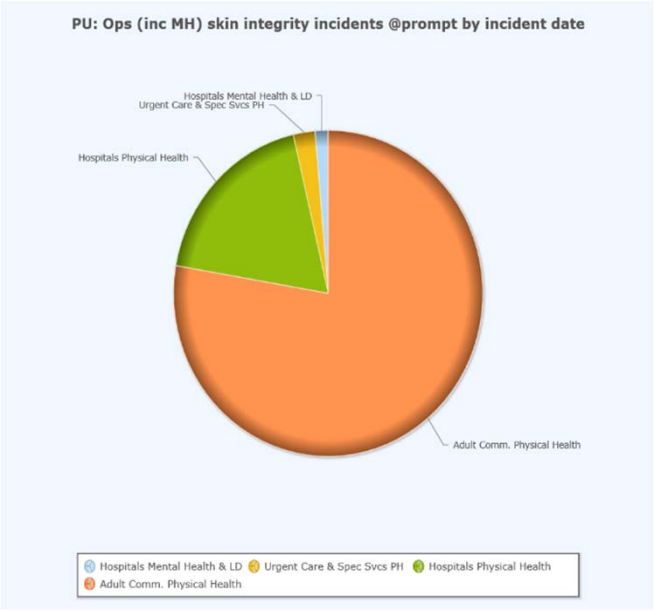
N - T	National measure/standard with target	L – I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L – R	Locally reported (no target/threshold) agreed
L – C	Locally contracted measure (target/threshold agreed with GCCG)	N – R/L – C	Measure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

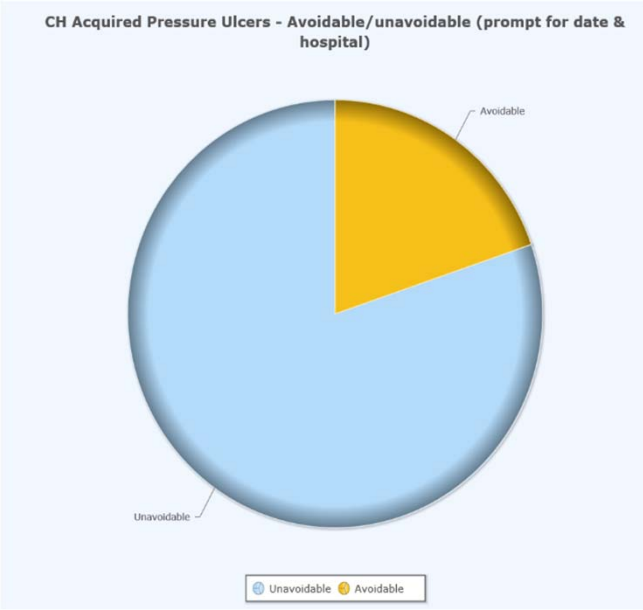
RAG Key: R – Red, A – Amber, G - Green

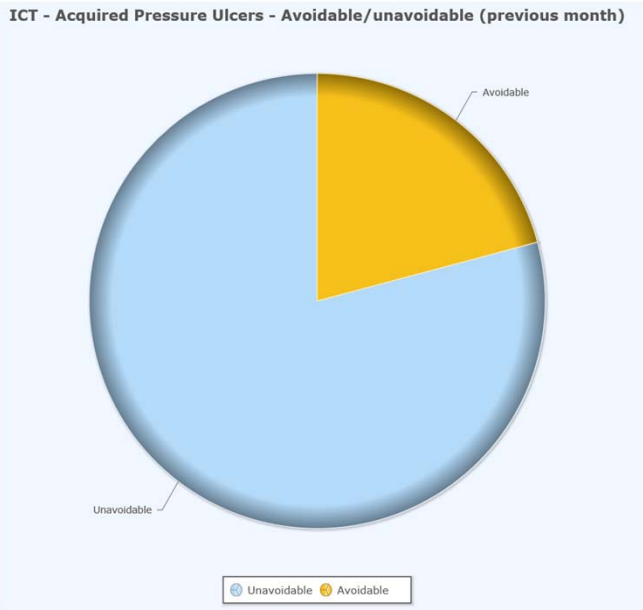
Quality Dashboard

Gloucestershire Health and Care
NHS Foundation Trust

CQC DOMAIN - ARE SERVICES SAFE? Trust Wide Physical Health Focus
Pressure Ulcers – April 2021 Additional Information







Pie chart showing skin integrity incident reports per service.

- Skin Integrity which includes (but is not exclusively) pressure ulcers reported by service in April 2021
- Adult community PH 171
- Community Hospitals PH 41
- Urgent Care & specialist services PH 5
- MH & LD Hospitals 3

Pie chart showing PU's developed or worsened under GHC care (acquired) in our Community Hospitals

Community PH hospitals pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed*** as being unavoidable or avoidable because of co morbidities, patient choice (for example patients may decline to use equipment or clinical advice.)

- 61 were reported as being unavoidable.
- 15 were reported as being avoidable.

Pie chart showing data reported in ICT's

- Snapshot of Community PH pressure ulcers that have developed or worsened under our care (acquired under our care). ***Reviewed by handlers*** as being unavoidable or avoidable. These decisions may have been made because of co morbidities, patient choice (for example patients may decline to use equipment or clinical advice.) Reasons for these decisions are included in the datix report.
- 38 were reported as unavoidable
- 10 were reported as avoidable

Quality Dashboard

NHS
Gloucestershire Health and Care
NHS Foundation Trust

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

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Community Hospitals																				
Bed Occupancy - Community Hospitals		L - C	92%	tbc	93.2%												93.2%	R		90.4%
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%	86.4%	100%												100%	G		
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered **Re-audit being developed**																				
Inpatient Wards		N - T	95%	80%																
GRiP		N - T	92%	85%																
Community		N - T	90%	78%																
Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database). Waiting time to begin treatment (from IAPT minimum dataset		N - T	50%	52.9%	53.9%												53.9%	G		
Admissions to adult facility of patient under 16yrs		N - R		1	0												0	N/A		
Inappropriate out of area placements for adult mental health services		N - R	Occupied bed days	1742	30												30	G		
Children's Services – Immunisations				2020/21 Academic Year																
HPV Immunisation coverage for girls aged 12/13 years old (1st Immunisation)		N - T	90%*	11.9%	44.4%												44.4%			
Childrens Services - National Childhood Measurement Programme				2020/21 Academic Year	Academic Year 2020/21 - Target 95% of children measured by end of academic year - Cumulative target (July 2021)					Academic Year 2021/22										
Percentage of children in Reception Year with height and weight recorded		N - T	95%*	21.9%	35.9%												35.9%	G		
Percentage of children in Year 6 with height and weight recorded		N - T	95%*	0%	9.0%												9%	G		

Additional Information

Children's Services
National Childhood Measurement Programme reporting has recommenced in March, in line with schools reopening. Although the performance level is low, clinical activity is scaling up and the nationally supported agreement is to complete 10% NCMP for Reception and Year 6 by the end of the current academic year. The GHC School Nursing service has committed to providing system partners with data to support development of the local obesity strategy and we have scheduled to complete all reception year children and 10% of year 6, along with vison screen for all reception children within this timeframe. Analysing NCMP data provides us with an opportunity to further identify our most vulnerable children . This in turn acts as a catalyst that enables interventions to help reduce health inequalities which is a business priority for CYPS in 21/22. The service is currently planning its recovery following the pandemic and is working with commissioners in April/May to agree key indicators for 21/22.

Bed Occupancy
Occupancy levels within Community Hospitals are sustained at expected levels given the pressure within the One Gloucestershire system and are above threshold.

Length of stay (bed days)
The occupied bed days for inappropriate out of area Mental Health placements in April was 82 days which relates to 6 patients (1 x PICU beds and 6 x acute admission beds). There has been a significant surge in demand for inpatient beds in month and the levels of acuity and dependency has resulted in a shortage of bed availability, this picture is mirrored regionally and nationally.

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN - ARE SERVICES RESPONSIVE?

Minor Injury and Illness Units

		Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	R / A / G	Exception Report?	Benchmarking Report Feb Figure
	Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	0:14	0.14												.14	G		
Referral to Treatment physical health																				
	Podiatry - % treated within 8 Weeks	L - C	95%	96.0%	96.6%												96.6%	G		
	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	89.8%	97.0%												97.0%	G		
	ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	93%	96.1%												96.1%	G		
	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	94,8%	97.2%												97.2%	G		
	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	96.0%	99.2%												99.2%	G		
	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	97.8%%	95.7%												95.7%	G		
	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	28960	3101												3101	R		
Mental Health Services																				
	CPA Review within 12 Months	N - T	95%	91.8%	94.1%												94.1%	R		
	Admissions to hospital gate kept by CRHTT	N - T	95%	99.5%	95.2%												95.2%	G		

Additional information

MIIUs

- Dilke remains closed due to Covid-19 secure restrictions
- Vale remains closed and will open Mid August due to delays in PCN vax team moving to new base.
- Tewkesbury re-opened on 1st April 2021
- All open units operating 8am-8pm
- Telephone Triage is offered to anyone who calls their local unit so they can be directed to the right place at the earliest point; this includes the closed units as telephones are linked

ICTs

- ICT's begin the year exceeding the required targets with expectation to continue this trend .

Mental health

- CPA compliance increased compared to the previous month's figure of 92.4% and reflects the recovery work the community teams are engaged in. There are 63 CPAs outstanding, which shows an improvement on last months figure of 80 , the majority of these are held within the Recovery Teams. The locality teams are supporting teams to recover the compliance rates, however this is being approached incrementally to reflect the workforce and capacity challenges in the teams.

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

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

Quality Dashboard

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Additional KPIs - Physical Health

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	RAG	Exception Report?	Benchmarking Report
Proportion of eligible children who receive vision screens at or around school entry.(Cumulative target)		95%*	93.1%	35%												35%	G	Y	
Number of Antenatal visits carried out			530	47												47	R		
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%	94.1%	93.4%												93.4%	A	Y	
Percentage of children who received a 6-8 weeks review.		95%	95.9%	98.3%												98.3%	G		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	72.6%	74.0%												74.0%	R	Y	
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	83. 7%	83.9%												83.9%	A	Y	
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	72.5%	72.0%												72.0%	R	Y	
Percentage of infants being totally or partially breastfed at 6-8wks(breastfeeding prevalence).		58%	56.0%	61.3%												61.3%	A		
Breastfeeding- % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks		80%	81. 3%	81.7%												81.7%	G		
Chlamydia Screening of Gloucestershire residents aged 15-24 (minimum positivity rate)		3108	970	No Data															
Number of positive Chlamydia screens		169	632																
Average Number of Community Hospital Beds Open		196	174,9	186.0												186.0	R		
Average Number of Community Hospital Beds Closed		0	1.1	10.0												10.0	R		

Additional Information

Health Visiting (HV): The team are working to improve the uptake of assessments across all age groups. Joint work with commissioners trialling new approaches to uptake have been agreed and are now deployed. As restrictions reduce in line with the national roadmap the service will re-scope community buildings in order to offer more F2F (Face to Face) contacts. Where clinicians are concerned about families, safeguarding protocols are initiated.

New Birth Visiting (NBV) :In the month of April there were 14 babies in NICU against a usual monthly average of 4-5. Contact is made with NICU nurses and parents to arrange home visits once a baby is discharged. This has reduced performance to below the target due to measures out of our control . During the pandemic, there were some parents who requested to delay a F2F offer of a NBV to reduce footfall in their homes. The HVs have offered contacts virtually and/or by phone at the parent's preference. Parents are now more confident with allowing HVs in the home and this month there were 9 F2F NBVs in the home undertaken where as previously they had delayed this part of the contact.

Percentage of children who received a 9-12-month review by the time they turned 12 months. The parents of all children within this age group were offered the opportunity to receive a 9 -12mth and 2year review. These figures show an increase from last month. For all children classified as 'Universal ', virtual appointments via Attend Anywhere are being offered for developmental reviews. 37% of these exceptions declined this contact and 15% did not attend their appointment.

Percentage of children who received a 2-2.5-year review by 2.5 years 50% of parents have declined this contact and the DNA rate is 22% which is a reduction on last month's 30% DNA rate. All UP (Universal Plus) and UPP (Universal Partnership Plus) are seen F2F in the home setting for a full family health needs assessment. As lockdown eases and estate space allows, the service will be returning the 2-year ASQ (Ages & Stages Questionnaire) to face to face with an additional intervention called Early Language Identification Measure (ELIM) to use alongside ASQ. The virtual offer has not increased rates of acceptance of the developmental review as was anticipated. All universal 2-year olds will be offered a F2F in a setting from June. Lists of children that are due to have a developmental review will be shared with the Community Nursery Nurses and where a family can be identified as previously non-engaging a home visit will be offered. If a parent declines an ASQ, they will be offered a telephone /AA (Attend Anywhere) appointment with a CNN (Community Nursery Nurse) to discuss key public health messages which aims to support the parent in ensuring that their child has key skills for school or be able to be referred/signposted to other agencies to gain early support.

CQC DOMAIN - ARE SERVICES WELL LED?

	Reporting Level	Threshold	2020/21 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2021/22 YTD	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%	85.8%	87.5%												87.5%	A		
% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	70.4%	71.2%												71.2%	R		
Sickness absence average % rolling rate - 12 months	L - I	<4%	4.80%	4.3%												4.3%	A		
Sickness absence % monthly rate	L-T	<4%	TBC	3.55%												3.55%	G		

Additional information

Mandatory training, appraisal and absence

The initial pause on statutory/mandatory training was lifted in July 2020 but was reinstated with the second lockdown in November to support frontline service provision. Overall compliance is at 87.5%. Due to C-19 disruption, Resuscitation and Restrictive Physical Intervention training continues to be an area of focus. Resuscitation training is improving there is a recovery plan in place to achieve compliance in the next 3 months There is an exception reporting regime in place for recovering resuscitation and restrictive physical intervention training (PMVA and PBM) compliance, reporting monthly to QAG.

Appraisal

The Trust has set a target to achieve a 90% appraisal completion rate. Appraisal rates are beginning to increase and have risen to 71.2%. This in part is due to redeployment coming to an end and a return to business as usual. Line managers are regularly reminded of the importance of carrying out appraisals and in particular the important role they play in supporting colleagues to feel valued, maintain and improve performance. The indicator selected this year has been altered to pick out the appraisal data relating to Active Assignments only. The workforce information team continue to support managers in how to update appraisals on ESR.

Sickness Absence

Sickness absence levels remain above the Trust target of 4.00% when a rolling average is applied. However it is planned to use an additional indicator in future to highlight the monthly snapshot figures which will enable specific triggers and trends to be identified and explored.

Staff Health and Wellbeing

The health and wellbeing hub, which has broad representation and membership from across the Trust, has been meeting regularly since the start of the pandemic to oversee, develop and plan appropriate H&W support. The actions have included:

- Regular H&W newsletters, with the aim to further promote health and wellbeing choices. Examples are ‘You said, we did’, a feature on ‘Time for you’ and Sleep.
- Introduction of staff financial benefit scheme.
- Improved H&W intranet pages.
- Some charitable funds being allocated to support the improvement of outside spaces with benches and tables and outdoor shelter.
- Linking with conversations about what support would be helpful for colleagues experiencing long Covid-19.
- Increased counselling and psychological support.
- Involvement in a WHO film documenting the experience of health care staff through the pandemic and the impact on psychological wellbeing.
- Cascade of the national support available from NHSE.
- Links to and close working with Speaking Up.

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CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Mental Health Inpatient – April 2021

	Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Dean	7.5	1	0	0	0	0	0	0	0	0
Abbey	120	16	0	0	0	0	0	0	0	0
Priory	260	32	0	0	0	0	0	0	0	0
Kingsholm	30	4	0	0	0	0	0	0	0	0
Montpellier	17.5	2	70	8	0	0	0	0	0	0
Greyfriars	0	0	362.5	46	0	0	0	0	0	0
Willow	0	0	22.5	3	0	0	0	0	0	0
Chestnut	15	2	0	0	0	0	0	0	0	0
Mulberry	15	2	0	0	0	0	0	0	0	0
Laurel	0	0	7.5	1	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	52.5	6	30	4	0	0	0	0	0	0
Total In Hours/Exceptions	517.5	65	492.5	62	0	0	0	0	0	0

Definitions of Exceptions

	Code 1 =	Min staff numbers met – skill mix non-compliant but met needs of patients
	Code 2 =	Min staff numbers not complaint but met needs of patients e.g. low bed occupancy ,patients on leave
	Code 3 =	Min staff numbers met – skill mix non-compliant and did not meet needs of patients
	Code 4 =	Min staff numbers not compliant did not meet needs of patients
	Code 5 =	Other

MENTAL HEALTH & LD	
Ward	Average Fill Rate
Dean Ward	179.22%
Abbey Ward	148.94%
Priory Ward	120.00%
Kingsholm Ward	104.67%
Montpellier	99.67%
PICU Greyfriars Ward	132.36%
Willow Ward	109.46%
Chestnut Ward	100.74%
Mulberry Ward	114.72%
Laurel House	100.56%
Honeybourne Unit	100.28%
Berkeley House	106.94%
Totals (March 2021)	118.13%
Previous Month Totals	116.14%

PHYSICAL HEALTH	
Ward	Average Fill Rate
Coln (Cirencester)	120.41%
Windrush (Cirencester)	111.74%
The Dilke	112.13%
Lydney	100.26%
North Cotswolds	122.69%
Cashes Green (Stroud)	107.31%
Jubilee (Stroud)	100.00%
Abbey View (Tewkesbury)	93.46%
Peak View (Vale)	146.33%
Totals (March 2021)	108.50%
Previous Month Totals	110.81%

Staffing data not available due to the Ledger Merger project and year end reporting .As a result, it is not possible this month to report in-post and vacancy data, or apportion Bank/agency use.

Mental Health and Learning Disability Inpatients

- An International Recruitment project is currently underway. 3 x RMNs have been appointed for Wotton Lawn however Covid-19 continues to cause disruption to planned start dates. RMN specialist International recruitment is being led by NTQ
- There are currently 8 x 12wk agency contracts in place in Wotton Lawn.
- An agency Guaranteed Volume Contract is in place in Wotton Lawn. Work continues to increase this contract by 100% at Wotton Lawn to meet current demand. This contract promotes improved continuity care service as these staff undertake RiO and clinical risk raining so can undertake the full clinical role including nurse in charge.

Physical Health

- The Trust continues to work to homogenise safe staffing reporting methods across the organisation.
- An International Recruitment project is underway and a more detailed slide will be provided in next months dashboard.
- Up to 25 new registered nurses will join our Community Hospitals in by June subject to travel restrictions

Quality Dashboard

Gloucestershire Health and Care NHS Foundation Trust

CQC DOMAIN – ARE SERVICES WELL-LED? Focus on - Integrated Care Team (ICT) Staffing (OT= Occupational Therapy; PT= Physiotherapy)

Nursing	Cheltenham				Cotswolds				Forest & TNS				Gloucester				Stroud				Total			
	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3
Total Est	10	29.83	8.18	10.46	9	22	6.32	6.73	10	30.23	6.93	8.45	10	38.55	8.32	10.69	9.5	28.8	6.6	7.08	48.50	149.41	36.35	43.41
Total in post	10.1	22.26	6.86	10.24	7.6	18.09	5.3	6.1	9.0	26.3	5.4	4.75	9.33	34.74	7.1	13.55	9.5	28.5	4	8.9	45.53	129.89	28.66	43.54
	1%	-25%	-16%	2%	-16%	-18%	-16%	-9%	-10%	-13%	-22%	-44%	-6.7%	-10%	-15%	27%	0%	-1%	-39%	26%	-6%	-13%	-21%	.3%
																			VACANCIES		2.97	19.52	7.69	-0.13	30.05

OT	Cheltenham				Cotswolds				Forest & TNS				Gloucester				Stroud				Total			
	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3
Total Establishment	5.70	6.20	1.00	3.43	3.40	4.40	1.70	2.60	3.70	3.70	1.80	2.80	5.50	5.10	2.40	3.40	4.20	4.20	2.10	3.10	22.50	23.60	9.00	15.33
Total In Post	7.18	3.00	1.00	2.80	3.20	3.93	0.82	1.80	4.07	2.60	1.00	3.52	5.70	3.40	0.00	3.50	4.20	3.68	1.00	4.05	24.35	16.61	3.82	15.67
Total Vacancies	26%	-52%	0%	-18%	-6%	-11%	-52%	-31%	10%	-30%	-44%	26%	4%	-33%	-100%	3%	0%	-12%	-52%	31%	8%	-30%	-58%	2%
																			VACANCIES		-1.85	6.99	5.18	-0.34	9.98

PT	Cheltenham				Cotswolds				Forest & TNS				Gloucester				Stroud				Total			
	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3	B6	B5	B4	B3
Total Establishment	3.50	3.00	0.00	2.70	4.03	2.80	0.00	4.21	3.50	2.00	1.69	0.60	5.00	2.80	0.00	3.92	3.60	2.18	0.00	2.12	19.63	12.78	1.69	13.55
Total In Post	3.60	0.00	0.00	2.70	4.33	2.00	0.00	4.21	3.82	2.00	1.69	0.60	4.20	2.00	0.80	2.00	4.00	1.00	0.00	2.31	19.95	7.00	2.49	11.82
Total Vacancies	3%	-100%	0%	0%	7%	-29%	0%	0%	9%	0%	0%	0%	-16%	-29%	80%	-49%	11%	-54%	0%	9%	2%	-45%	47%	-12%
																			VACANCIES		0.08	5.78	-0.80	2.73	7.79

Additional information

The NTQ team continue to progress development work to provide additional safe staffing type data for Trust services. Work is in progress to triangulate the impacts of staffing levels, increased demand, and changes in tasks requested with potential impacts on quality. There is no nationally mandated guidance for community safe staffing levels.

Nursing

There have been national and local historic challenges recruiting, particularly at Band 5 level but there has been good responses to recent recruitments and there has been an increase in successful Nurse recruitment from last month with additions to the Forest and Gloucester Teams now in post. The Trust supports development of Band 4 Nursing Associate roles and this has resulted in further successful recruitment. The Trust is continuing to develop a recruitment pathway into community roles as part of our International Recruitment project and has been successful in becoming one of 6 national pilots in partnership with NHSE/I and the Queens Nursing Institute. GHC remain committed to the development of the Specialist Practitioner Qualification (SPQ) for District Nursing. There are 5.0 wte nurses presently in training and the recruitment processes for the 2021/22 intake has commenced. The Professional Development Team continues to support new staff in developing competencies and confidence alongside wider professional support to maintain quality of care.

Therapy

There are challenges to Band 5 recruitment, with vacancies across the county. Recruitment for the new physiotherapy rotational posts has been successful and there will be new graduates joining in the Summer of 2021. Physiotherapy Trainee Assistant Practitioners are due to complete their apprenticeship in May 2021 and will then be eligible to apply for a Physiotherapy Assistant Practitioner Post - these are the first within GHC.

There is a future workforce pipeline with the local BSc undergraduate Physiotherapy programme and the pre-registration MSc programme being delivered by the University of Gloucestershire. There have been significant recent challenges in placing all undergraduate students across the ICS but it is important that these student placements continue to be supported by the ICTs to support future recruitment.

CQC DOMAIN – ARE SERVICES WELL LED? - Quarter 4 - Guardian of Safe Working Report 2020/21

PURPOSE

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

Reporting time period January 2021 – March 2021	**Guardian of Safe Working Hours: Dr Sally Morgan**
Number of doctors in training (all on 2016 contract)	In January 2021 there were 38 doctors in training posts and 37 in post in Feb- March 2021 • 12 higher trainees were in post in Jan – March 2021 • 6 CT3 were in post in Jan – March 2021. • 4 CT2 in post in Jan 2021 and 2 were in post in Feb and March 2021 • 2 CT1s were in post in January 2021 and 3 were in post in Feb and March 2021. • 5 GP trainees were in post in Jan – March 2021 • 5 FY2s were in post in Jan – March 2021 • 4 FY1s were in post in Feb and March 2021. • FY doctors rotated posts in December 2021
Exceptions in this period	• **22 on call shifts covered** by our own junior staff acting as locums due to sickness. • **0 exception reports in this time period:** • **There was a Junior Doctors forum held via Microsoft Teams on 10th March 2021.**

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 16/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

PRESENTED BY: Dr Amjad Uppal – Medical Director

AUTHORS: Paul Ryder - Patient Safety Manager, Nicola Mills - Clinical Incident and Learning Manager, Ian Main - Associate Director of Patient Safety & Learning

SUBJECT: **QUARTER 4 2020/21 PATIENT SAFETY REPORT (INCLUDING SIRIS)**

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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☑

The purpose of this report is to:

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

Recommendations and decisions required

The Board is asked to:

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

Executive summary

This report provides:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 4 2020/21 (1st January to 31st March 2021).
- A summary of the prevalence of patient safety incidents by categories including level of investigation.

- Provision of data for Mental Health and Learning Disability Hospitals, Physical Health Community Hospitals, MIIUs and community teams for mental health and physical health by quarter, demonstrating change.
- Each quarter, the Patient Safety Team (PST) will examine in further detail a different category reporting a significant number of incidents. Q4 2020/21 will look at pressure damage in community ICTs and the developing "PUQs Project".
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q3 to Gloucestershire Clinical Commissioning Group (GCCG).
- Progression of the developing governance arrangements for the management of mental and physical health patient safety incidents.
-

Risks associated with meeting the Trust's values

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

Corporate considerations	
Quality Implications	Increased numbers of reported incidents is seen to indicate and open and transparent reporting culture.
Resource Implications	Quarterly reporting and analysis is resource and labour intensive.
Equality Implications	None.

Where has this issue been discussed before?

This presentation was discussed at the Quality Assurance Group on 23rd April 2021 and Trust Quality Committee on 11th May 2021.

Appendices:	PowerPoint presentation (slide deck) Q4 2020/21 PSR

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

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AGENDA ITEM: **16.1**/0521

Q4 Patient Safety Report 2020/21

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

Q4 PSR 2020/21

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This report provides the Group with:

- A summary of mental health and physical health Patient Safety Incidents reported during Quarter 4 2020/21 (1 January to 31 March 2021).
- A summary of the prevalence of patient safety incidents by categories including levels of investigation where relevant.
- Provision of data for Mental Health and Learning Disability Hospitals, Physical Health Community Hospitals, MIIUs and community teams for mental health and physical health by quarter, demonstrating change.
- Each quarter, the Patient Safety Team (PST) will examine in further detail a different category reporting a significant number of incidents. Q4 2020/21 will look at pressure damage in community ICTs and the developing “PUQs Project”.
- An overview of Serious Incidents Requiring Investigation (SIRIs) and Never Events declared in Q4 to Gloucestershire Clinical Commissioning Group (GCCG).
- Progression of the developing governance arrangements for the management of mental health and physical health patient safety incidents.

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Summary of all Patient Safety Incidents reported in 2020/21

	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Yearly Total (%)
No Harm	1469 (57.5)	2148 (65.5)	2104 (62.7)	2072 (63.0)	7785 (62.4)
Low Harm	889 (34.8)	963(29.4)	1018 (30.3)	990 (30.1)	3858 (30.9)
Moderate Harm	164 (6.4)	130 (4.0)	198 (5.9)	188 (5.7)	680 (5.5)
Severe Harm	23 (0.9)	23 (0.7)	27 (0.8)	30 (0.9)	103 (0.8)
Death	12 (0.4)	15 (0.5)	8 (0.24)	8 (0.24)	43 (0.3)
Total	2557	3279	3355	3288	12479

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Number of No and Low Harm Incidents Reviewed - 2020/21

	Q1 (%)	Q2 (%)	Q3 (%)	Q4 (%)	Yearly Total (%)
No Harm	1469	2148	2104	2072	7793
Low Harm	889	963	1018	990	3860
Total	2358	3111	3122	3062	11653
Reviewed (%)	9.5	5.9	9.6	12.2	

The Patient Safety Team aim to review 10% of the No and Low Harm Patient Safety Incidents. This has not always been achieved, particularly in Q2 due to redeployment of some of the team due to Covid-19, the recovery plan of SIRIs and competing workstreams, such as completing SIRI investigations. Significant progress has been achieved during Q3 and Q4.

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No harm and low harm incidents

Of the 2072 no harm incidents, and the 990 low harm incidents, the Patient Safety Team aimed to review a blind sample of 10% (306 incidents in Q4). This target was set during the reconfiguration of the Patient Safety Team following merger in October 2019 and due to the impact of Covid work the team have not previously met this target. In Q4 a total of 373 low and no harm incidents were reviewed (12.2%).

Results of sample reviewed

One no harm incident reviewed by the PST resulted in a comprehensive SIRI investigation given the Near Miss nature of the incident (Fragmin incident detailed on slide 20).

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Never Events, Serious Incidents and other reportable incidents

	Q1	Q2	Q3	Q4	Yearly Total
Never Events	0	0	0	0	0
Failure to publish Declaration of Compliance or Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	0	0	0	0	0
Publishing a Declaration of Non Compliance pursuant to Clause 4.26 (Same Sex accommodation)	0	0	0	0	0
Serious Incidents	10	14	6	8	38

Q4 Sub 'Serious Incident' Incidents (moderate and above harm)

During Q4 the Patient Safety Team convened 19 Initial Investigation meetings (including incidents that have gone on to be declared as a SIRI which are featured on slides 20 and 21).

5 mental health incidents and 1 physical health incident met the criteria for a SIRI. One physical health incident (HODHA Covid) has been managed as a Clinical Incident needing additional comprehensive investigation and will conclude in line with CCQ timeframes.

Local learning from these incidents, including evidence of good practice, will be shared via Incidents on a Page following the internal reviews.

Detailed analysis of high frequency incidents

Service provision has seen further disruption due to another national lockdown as a result of the Covid-19 pandemic, however Q4 does demonstrate more established incident reporting trends.

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

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

Similar divergence is also seen with the Community Teams: mental health community team incidents are more evenly spread across their Top 10 categories, whereas physical health community teams report large numbers of skin integrity incidents (54.2%).

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High Level Analysis of Mental Health Inpatient Incidents - By Financial Quarter

Top 10 Categories Reported	Deliberate Self-Harm			Physical Intervention			Falls			AWOL			Violence & Aggression			Medication			Accidents			MERT			Clinical Care			Suicide Attempts		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
Wotton Lawn Hospital	381	309	426	228	264	204	16	24	18	40	55	72	53	25	40	13	10	20	2	4	2	39	10	4	6	8	5	10	16	7
Berkeley House	271	280	251	164	127	83	7	6	1	0	0	0	0	0	0	2	2	2	7	13	6	1	2	1	1	0	3	0	0	0
Wotton Lawn - Greyfriars PICU	4	16	27	109	83	50	1	1	1	3	10	18	34	6	5	0	6	5	0	3	0	0	8	2	0	5	1	0	0	10
Charlton Lane Hospital (functional)	4	1	0	17	1	20	29	11	26	0	0	0	1	0	1	11	5	11	7	5	6	2	3	3	46	3	4	1	0	0
Charlton Lane Hospital (organic)	1	4	3	22	37	17	62	141	51	1	2	1	16	8	7	0	8	3	4	2	1	4	6	3	12	5	0	0	2	0
Laurel House & Honeybourne	0	0	0	0	0	0	0	2	1	2	3	4	3	0	3	4	2	2	1	1	0	0	0	1	1	0	0	0	0	1
Montpellier Low Secure Unit	1	0	0	0	0	0	0	0	1	4	0	1	0	0	1	0	1	1	2	1	0	1	0	1	0	0	0	0	0	0
Total	662	610	707	540	512	374	115	185	99	50	70	96	107	39	57	30	34	44	23	29	15	47	29	15	66	21	13	11	18	18

Incident reporting is of a similar order within the Top Ten categories reported, and differences are representative of the changing inpatient population. For example, during Q4, 9 of the 10 suicide attempts at Greyfriars PICU relate to the same patient. The uplift in falls at Charlton Lane Hospital in Q3 relates to a small cohort of patients who were particularly confused and wandering within Willow Ward.

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High Level Analysis of Physical Health Inpatient Incidents – by Financial Quarter

Top 10 Categories Reported	Falls			Skin Integrity			Admissions, Discharges & Transfers			Accidents			Clinical Care			Medication			Infection Control			MERT			Comms & Handover			Equipment & medical devices		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
Cirencester Hospital	11	26	25	34	23	26	4	4	0	4	4	0	3	2	5	3	4	2	3	7	3	0	0	0	1	6	0	0	0	0
Dilke Hospital	34	31	31	13	9	9	3	2	0	4	5	2	2	2	0	5	2	4	3	2	1	2	2	1	0	1	0	0	0	0
Lydney Hospital	15	18	26	17	10	18	0	1	3	1	2	0	1	3	4	6	1	5	0	2	0	0	2	2	1	0	0	1	2	0
North Cots Hospital	11	19	17	4	10	13	0	1	1	0	1	0	0	2	0	0	1	1	0	1	0	1	0	0	1	0	4	1	1	0
Stroud Hospital	20	52	29	39	38	30	12	14	7	6	4	3	4	7	3	6	4	1	0	1	1	9	9	5	3	0	7	0	1	0
Tewkesbury Hospital	12	20	40	12	21	11	1	1	3	2	0	1	1	1	2	2	2	2	0	1	0	1	0	0	2	0	1	0	1	1
The Vale Hospital	27	29	22	11	14	13	1	6	1	3	9	5	2	5	7	5	5	6	0	2	0	0	0	1	1	0	0	0	1	1
Total	130	195	190	130	125	120	21	29	15	20	25	11	13	22	21	27	19	21	6	16	5	13	13	9	9	7	12	2	6	2

Incident reporting is of a similar order and differences are representative of the changing inpatient population.

The prevalence of falls at Stroud hospital in Q3 is notable and continues to be monitored.

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High Level Analysis of Community Mental Health Incidents – by Financial Quarter

Top 10 Categories Reported	Info Governance			Clinical Care			Deliberate Self-Harm			Medication			Appointments & follow up			Admission, discharge & transfer			Death/ SIRI			Communication			PMVA/ PBM			Suicide attempts		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
AMHP	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	5	1	0	0	0	0	0	0	0	0	0	0	0	0
AOT	0	0	0	0	1	0	1	0	1	0	2	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
CYPS/CAMHS LD, T2, T3	1	1	2	0	5	2	1	0	4	0	0	0	0	5	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
CLDT	0	1	0	1	0	0	0	1	1	2	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
CPI	0	0	1	1	1	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
CRHTT	0	0	0	0	6	3	0	4	2	0	2	1	0	1	1	0	2	1	0	1	1	0	1	3	0	2	0	0	1	0
Eating Disorders	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	3	1	0	0	0	0	0	0
Later Life	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0
MHICT	0	0	6	3	0	1	2	0	0	0	0	0	2	0	1	0	1	2	0	1	0	0	0	0	0	0	0	0	1	0
Memory Assessment	0	1	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	0	0
MH Liaison	0	0	1	0	2	1	0	4	1	0	0	1	0	2	1	0	2	0	0	1	1	0	5	0	0	0	0	0	2	2
Recovery	0	0	0	4	1	0	3	0	1	1	2	3	0	1	1	0	2	1	0	1	2	0	2	1	0	0	0	2	1	1
Specialist Services	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Total	1	4	11	10	22	11	8	10	10	3	7	9	2	9	6	0	13	6	0	5	5	0	13	6	0	3	0	3	5	3

Mental Health community teams clearly report far fewer patient safety incidents than their inpatient colleagues (n=64 for Q4). There is limited analysis available from this data.

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High Level Analysis of Community Physical Health Teams Incidents (not ICT/DN) – by Financial Quarter

Top 10 Categories Reported	Diagnosis, Imaging & Testing			Clinical Care			Skin Integrity			Communication			Info Governance			Medication			MERT			Equipment			Admissions, discharges & transfers			Appointments, follow up & referrals		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
Complex Care at Home	0	0	0	1	1	2	0	6	13	0	1	0	0	0	2	1	3	2	0	0	0	0	1	1	0	0	2	0	0	0
Complex Leg (CLWS)	0	0	0	1	1	4	3	2	6	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	1	0	0	0
CYPS/PH Community Specialist	0	0	1	2	9	1	1	2	2	3	3	3	5	3	4	2	5	6	0	0	0	11	12	5	1	5	0	1	3	0
CYPS/PH Public Health Nursing	0	0	0	0	6	0	0	0	0	2	5	7	0	3	5	0	6	0	0	0	0	0	0	1	1	3	2	1	4	4
Dental & Sexual Health	16	13	5	7	9	8	0	0	0	2	5	7	9	10	3	8	8	5	0	0	1	5	1	2	0	0	0	2	0	1
Intravenous Therapy Team	0	1	0	1	3	0	0	0	0	0	0	0	1	0	0	0	0	2	0	0	0	1	0	0	0	0	1	0	0	0
Long Term Conditions	0	1	0	0	0	2	0	0	0	0	1	0	0	2	3	0	3	3	0	0	0	0	0	0	0	0	1	1	0	0
MIiUs	1	0	30	0	0	9	0	0	0	0	0	3	0	0	0	0	0	1	0	0	14	0	0	0	0	0	3	1	0	4
Rapid Response	0	0	0	1	1	5	3	6	4	0	0	0	0	1	0	2	1	1	0	0	0	2	0	0	0	1	0	0	1	2
Spec Therapy & Equip Services	0	0	0	0	2	1	0	0	1	0	0	0	0	1	3	0	0	0	0	0	0	0	3	1	0	0	0	0	0	1
Tissue Viability	0	0	0	1	1	3	0	3	1	0	0	0	1	0	0	0	0	0	0	0	0	5	1	2	0	4	2	0	0	0
Total	17	15	36	14	33	35	7	19	27	8	15	20	16	20	20	13	26	20	0	0	15	25	18	13	2	14	12	6	8	12

There is a notable upturn in reporting of Diagnosis, Imaging and Testing within MiiUs during Q4. All 30 incidents report no harm and describe a sub-category of Wrong Diagnosis, or Delayed Diagnosis. The Patient Safety Team is currently completing a deep dive report of Diagnostic Imaging at MiiUs to give us a better understanding of the issues.

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High Level Analysis of Community Physical Health Teams Incidents for ICT/DN – by Financial Quarter

Top 10 Categories Reported	Falls			Clinical Care			Skin Integrity			Communication			Info Governance			Medication			MERT			Equipment			Admissions, discharges & transfers			Appointments, follow up & referrals		
	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4	Q2	Q3	Q4
Out of Hours DN	0	1	0	0	9	5	0	7	7	0	1	2	0	0	2	0	5	10	0	0	0	0	0	0	0	0	1	0	0	5
Chelt Peripheral DN	0	0	0	0	2	2	0	13	19	0	2	0	0	0	2	0	2	1	0	0	0	0	1	1	0	0	2	0	1	0
Chelt St Paul's DN	0	4	0	0	3	2	0	38	24	0	2	1	0	0	0	0	5	7	0	0	0	0	2	1	0	2	3	0	2	0
Chelt Town Centre DN	0	2	0	0	4	9	0	29	46	0	3	3	0	0	0	0	4	4	0	0	0	0	1	1	0	3	0	0	1	1
Cotswold North DN	0	0	1	3	7	3	13	16	24	1	0	0	0	0	0	3	2	3	0	0	0	1	1	0	2	7	3	5	0	0
Cotswold South 1 DN	0	1	1	4	3	4	34	42	55	0	0	1	0	1	0	3	3	7	0	0	0	3	5	4	3	1	2	0	3	2
Cotswold South 2 DN	0	0	0	0	0	1	22	20	24	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Forest North DN	0	0	0	2	6	0	32	49	62	1	1	1	0	0	0	0	1	3	0	0	0	1	0	2	0	0	2	0	4	2
Forest South DN	0	1	0	2	3	3	33	30	27	3	0	0	1	0	0	1	2	4	0	0	0	0	4	1	1	2	2	5	2	1
Glos Asp & Stbridge DN	0	0	0	3	2	2	24	26	16	1	1	4	0	0	0	5	5	7	0	0	0	2	1	0	0	1	3	1	1	3
Glos HQR DN	0	0	0	1	3	1	32	36	25	1	0	2	0	0	0	3	8	7	0	0	0	1	0	0	0	2	2	0	2	0
Glos Inner City DN	0	0	0	1	3	3	13	22	25	0	1	1	0	0	0	0	2	2	0	0	0	1	2	1	2	5	3	1	1	0
Glos North South DN	0	0	0	5	7	1	39	34	44	1	3	0	0	1	0	1	6	4	0	0	0	2	1	5	2	0	2	1	1	1
Stroud BerkeleyVale DN	0	0	0	2	0	1	9	20	30	0	0	0	0	0	0	4	0	2	0	0	0	0	5	0	1	2	0	0	0	0
Stroud Cotswolds DN	0	0	1	0	2	2	21	27	18	1	1	1	1	0	0	0	1	6	0	0	0	1	1	1	1	1	2	2	1	0
Stroud SevernHealth DN	0	0	1	3	1	1	12	12	7	1	0	2	0	0	0	5	2	0	0	0	0	0	0	1	0	0	1	0	0	0
TWNS DN	0	1	1	9	9	2	63	71	59	1	1	0	1	1	0	8	11	12	0	0	0	3	5	1	3	5	2	6	3	0
Total	0	10	5	35	64	42	347	492	512	11	16	18	3	3	4	33	60	79	0	0	0	15	29	19	15	31	30	21	22	15

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High Level Analysis of Community Physical Health Teams Incidents for ICT/DN – by Financial Quarter

The consistently high volume of Skin Integrity incidents reported within the District Nursing Service is clear to see.

A report is being prepared by Belle Hyslop, PST Clinical Incident Lead and Investigator, detailing the Pressure Ulcer Questions (PUQ) Review Process. A brief overview is provided on the following slides for this Q4 Patient Safety Report.

Moderate and above Pressure Ulcer (PUs) Review Process by PST

Context: In mid-2019 the number of reported GHC acquired Category 3 and 4 PUs doubled in number over a 3 month period. In early 2020 there was a 48% increase in the reported level of harm compared to the same period in 2019 (graph on next slide). This change in reporting coincided with reduced capacity within the PST to review incidents due to redeployment for COVID response.

Hypothesis: We have seen an approximate increase of 20% of patients referred to our service with an inherited ulcer. The majority of the reported PUs were likely to have developed despite good care and were therefore unavoidable.

Plan: We needed to develop a process to systematically assess all Cat 3 + PUs to determine the likelihood that the wound was unavoidable and develop, using QI techniques.

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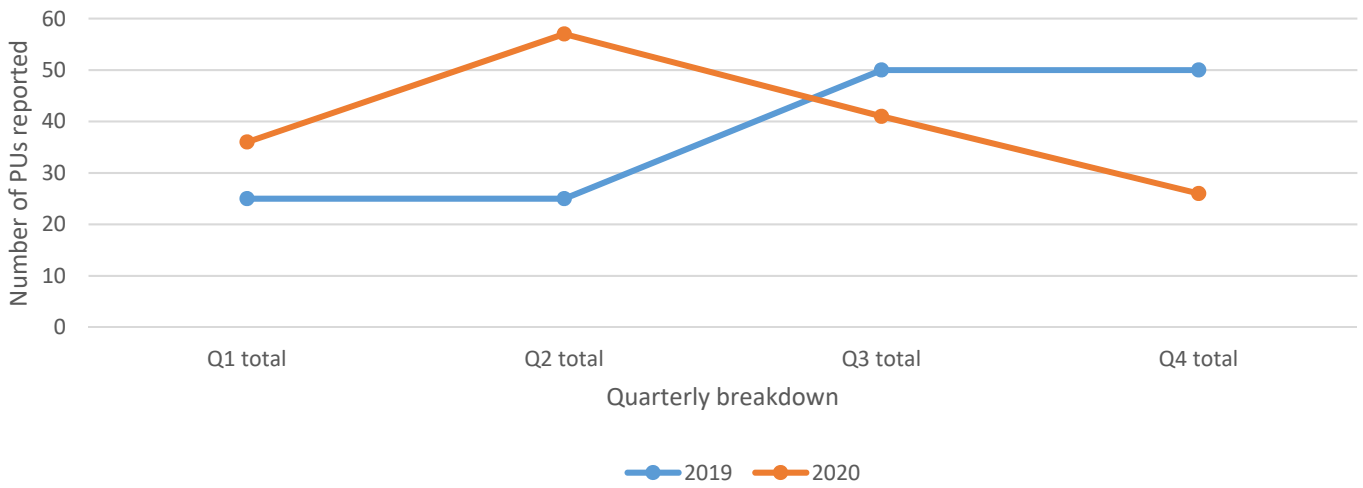
Moderate and above Pressure Ulcer (PUs) Review Process by PST

The majority of moderate and above harm reported to the Patient Safety Team are related to Pressure Ulcers of Category 3, 4 or unstageable, predominantly in adult community nursing.

GHC Acquired PUs Category 3+ 2019/2020 comparison



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Moderate and above Pressure Ulcer (PUs) Review Process by PST

Outcome:

1. Category 3+ PUs across all localities are being investigated by handlers using a Pressure Ulcer Questionnaire (PUQs). These are returned to PST who review and either Finally Approve the decisions, or escalate for further investigation.
2. A monthly snapshot of PUQs is pending, sent to locality Community Managers and District Nurse Professional Leads ensuring regular senior oversight – there was limited assurance of this before the PUQs Review Process.
3. The success of Development Plans to ensure moderate harm PUs are reviewed within 1 month is evident in Gloucester, FOD and latterly Cotswolds teams.
4. 2 localities have reached the point where all the moderate PUs are being actively investigated. This has not been the case since late 2017.

Q4 Physical Health SIRIs reported

1. **27 February 2021 – Missed fractures to the L1, L2 and L3 at Stroud MIiU** – patient attended following falling backwards onto some furniture, sustaining injuries to both hands and her back. Patient had past medical history of Hypertension and Osteoporosis. Patient was reviewed by Senior Emergency Nurse Practitioner who identified that 'hand and wrist injury' was the presenting complaint. X-ray referral made for wrists and hand and concluded her assessment and diagnosed a fractured distal radius. Patient was discharged. No assessment to her back was made.

Q4 Mental Health SIRIs reported

1. **17 December 2020 (declared 6 January 2021) – unwitnessed fall and fracture** of an 82 year old female patient on Willow Ward, Charlton Lane Hospital.
2. **6 January 2021 – suspected suicide (fall from motorway bridge)** 70 year old female patient open to Older Persons Community Mental Health Team
3. **28 January 2021 – Fragmin incident** 59 year old female patient on Mulberry Ward was administered an approximate dose of Fragmin following a suspected PE.
4. **27 February 2021 – attempted suicide** Gloucester Recovery Team, 30 year old female patient jumped from 1st floor window at home address. Significant injuries to leg, elbow and complex fractures to heels.
5. **23 March 2020 – attempted suicide** a 51 year old male patient who had been discharged from Kingsholm Ward that day took an overdose. Needed respiratory care in Department of Critical Care (DCC).

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Q4 Mental Health Clinical Incidents

1. There were no Mental Health clinical incident investigations required during Quarter 4 2020/21.

Q4 Physical Health Clinical Incidents

1. **29 January 2021 – 4 patients acquired Covid-19 while an in-patient at Tewkesbury Community Hospital** Hospital-Onset Definite Healthcare Associated (HODHA) which needed to be understood. (ongoing)
2. **11 February 2021 – an investigation was required following a complaint raised to the PCET regarding End of Life Care** provided to a community patient under the care of Cotswold ICT Team. The issues raised are regarding anticipatory medication and appropriate equipment provision.

Developments within the Patient Safety Team

- Patient Safety Team is being notified of **all** mental health and physical health patient safety incidents categorised as moderate and above. A process is established to review a random sample of 10% no harm, low harm and near misses reported on the Datix system has gathered pace in recent months and the 10% target was met in Q4.
- Duty of Candour has transferred to the Patient Safety Team. Initial disclosure letters (or condolence letters following suspected suicide incidents) provide an apology that the incident occurred, describe the process of investigation, offer supportive contact, and the opportunity for relatives to be involved with the investigation process. Final summary letters are provided particularly where disclosure of the final report is not appropriate, or not required by the family.
- The process for the cascade of learning from incidents continues to be developed by the Associate Director of Patient Safety & Learning.
- Nickki Mills has been appointed as the Clinical Incident & Learning Manager

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NHS Foundation Trust

AGENDA ITEM: 17/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

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

AUTHOR: Chris Woon, Associate Director of Business Intelligence

SUBJECT: **COMBINED PERFORMANCE DASHBOARD APRIL 2021 (MONTH 1)**

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

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☑ Information ☐

The purpose of this report is to

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

Performance covers the period to the end of April (Month 1 of 2021/22). It is of note that performance period remains aligned to our operational priority to recover services from the pandemic and support developments for the year ahead.

Where performance is not achieving the desired threshold, operational service leads are prioritising appropriately to address issues. Where appropriate, Service leads will more fully account for 2021/22 performance indicators in exception through Service Recovery Action Plans (SRAP) updates. Example of this include CYPS and Eating Disorders.

Recommendations and decisions required

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

Executive summary

As shown within the spark charts, all of the indicators within this period have been in exception within the last 12 months, with the exception of *3.49 Perinatal: Routine referral to assessment within 2 weeks*.

Mental Health & Learning Disability Services (National & Local)
The Board's attention is requested to review the 8 key performance thresholds listed in the dashboard (with associated narrative) that were not met for the period. Of note is that Eating Disorder (ED) Services account for three indicators and two are within Children and Young Person Services (CYPS). The ED service continues to face major performance challenges due to a high number of referrals and high vacancy rate which is further outlined within the narrative. The perinatal exception is similarly due to a higher referral rate, staff sickness and the eased induction of new staff. Recovery is however expected within the month through bank staffing support.

As noted within narrative and where applicable, Statistical Process Control (SPC) limits have now been applied for the first time to exception monitoring within Mental Health services.

Physical Community Health Services (National & Local)
Attention is drawn to the 13 key performance thresholds listed in the dashboard (with associated narrative) that were not met for the period. Within these, six are within CYPS and two within Wheelchair Services. It is of note that; '*82: Proportion of eligible children who receive vision screens at or around school entry*' still has an interim, academic year-end target applied because the new academic year has begun but a cumulative delivery trajectory has not been agreed. Conversely in year trajectory targets have now been agreed for 31b and 31d.

Trust Wide Services
There are currently 4 workforce performance indicators in exception this month that apply across the Trust.

A manually produced visualisation presenting additional workforce *activity* indicators has been prototyped, however further tactical conversations need to be held in developing this presentation with data source owners to ensure reader value. Additionally, further data metrics such as Pulse survey results, annual leave consumption and agency usage needs to be incorporated. An early working draft is to be presented to Resources Committee in June 2021. Once issues are satisfied, an automated process can be deployed later in the year which will provide more granular analysis of demographics, professions and areas of work.

Non-exception reporting
It is further noted that there are additional indicators outside of threshold but are either within normal, expected variation, have a legacy 'proxy' threshold, are formally suspended or have a confirmed data quality issue that is administrative only and is being resolved. These have not been highlighted for exception.

A briefing paper outlining a proposal to manage 'proxy' indicators for 2021/22 is in final draft awaiting comments from Nursing, Quality and Therapies (NQT) Directorate. It will be presented at the next Resources Committee in June 2021.

Risks associated with meeting the Trust's values
Where appropriate and in response to significant, ongoing and wide-reaching performance issues; an operational Service Recovery Action Plan (SRAP) which outlines appropriate risk and mitigation will be commissioned and monitored through BIMG.

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

Where has this been discussed before?
BIMG 20/05/2021

Appendices	None

Report authorised by: Sandra Betney	Title: Director of Finance

Gloucestershire Health and Care NHS Foundation Trust

Snapshot Month
April

Performance Dashboard Report & BI Update

Aligned for the period to the end April 2021 (month 1)

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 escalation and senior oversight. Additionally, confirmed data quality or administrative issues that are being imminently resolved will inform any escalation decision. A full list of all indicators (in exception or otherwise) are available within the dynamic version of this Tableau report.

Where performance is not compliant, operational service leads are prioritising appropriately to address issues. Additionally, and where appropriate, and in response to significant, ongoing and wide-reaching performance issues; an operational Service Recovery Action Plan (SRAP) which outlines appropriate risk and mitigation will be commissioned and monitored through BIMG. For example, specific updates were provided by operational services in Quarter 4 for two areas with consistent performance challenges; Children and Young People's Services (CYPS) and Eating Disorder Services.

Business Intelligence Update
In spite of high demands, Business Intelligence services continue to deliver key infrastructure development tasks to date and ensured the continuity of business critical reports during the period.

The following high profile tasks continue to be the focus;

- The first Workforce (ESR) and Finance (Integra) reports are being shared with consumers for final validation. This will continue through Q1 as more data becomes available through extracts (e.g. appraisal and full Centros data load).
- Datix data validation is continuing so that this can also be automated into dynamic, regular reporting for both the corporate dashboard and service level needs in 21/22.
- Service level recovery and operational planning is being supported and prioritised wherever possible through robust business partnering
- A comprehensive discovery exercise is being finalised which is evaluating the scale of the existing Community Health (PH) data source adjustments required (primarily to support data quality monitoring) in new environment. This project is called *'SystemOne Simplicity; Improving accuracy, consistency and quality assurance'.*
- Further stakeholder feedback from the Draft Performance Management Framework has been collated and will inform the development of a second draft within Q1.
- The first prototype visualisation of the Workforce Activity Summary has been drafted and is seeking internal feedback. Further items such a Health & Wellbeing Pulse Survey Response Rates, Staff Friends and Family Tests, Cumulative Trust Annual Leave Consumption and Agency utilisation will be incorporated in future iterations. Once an outline is finalised the prototype will progress to development and will offer further automated granulation. This is being presented at the Resources Committee in June 2021.

The following tasks continue to be 'in the development pipeline' in line with the service's 2021/22 Business Plan;

- Dashboard visualisation capability further developed to include; automated benchmarking observation, SRAP alerts and data quality alerts (2021/22).
- Internal service KPI review (2021/22 Q1/Q2)
- BI Infrastructure Development; Further development of the data warehousing infrastructure and technical solutions to ensure robst and reliable BI (2021/22 Q2)
- Core Reporting Delivery; To further develop our established BI reporting and ensure efficient use of information to inform decision making (2021/22 Q3)
- Maintain Data Warehouse; Further develop and maintain efficient data warehouse that maximised data waulity and raised analytical productivity and efficiency (2021/22 Q4)
- Delivering System Data Flows; Introduce new data sources into data warehouse and futher develop existing flows in line with Trust Strategy (2021/22 Q4)
- Legacy Reporting Migration; To conclude legacy reporting requirements (2021/22 Q4)
- Progressive Insight Delivery; To develop next level BI reporting needs and integrate information for cohesive insight (2021/22 Q4)

PLEASE NOTE THAT THE DELIVERY OF THIS BI DEVELOPMENT TIMETABLE CONTINUES TO ADAPT TO BUSINESS DEMANDS, SPECIFICALLY REGARDING THE PANDEMIC RESPONSE AND RECOVERY.

Performance Dashboard: *Mental Health & Learning Disability - National Requirements (NHSI & DOH)*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health - National Requirements Gloucestershire

		APRIL	21/22	
1.04	Care Programme Approach - formal review within12 months	93.4% (95.0%)	93.4% (95.0%)	

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

1.04: CPA Approach – Formal review within 12 months
Performance for April is 93.4% (63 cases) against a performance threshold of 95% and is below SPC control limits. Most cases are within the Recovery service (38).

All community services are experiencing a high volume of acuity impacting teams' capacity to carry out non-urgent clinical activities, this is particularly prominent in Recovery Services. All CSM's and Team managers are reviewing CPAs weekly and planning, where capacity allows, balancing the team's wellbeing in managing the considerable pressure from high levels of acuity and complexity and increased distress of carers. Directorate leads are supporting services to achieve this objective whilst maintaining service stability.

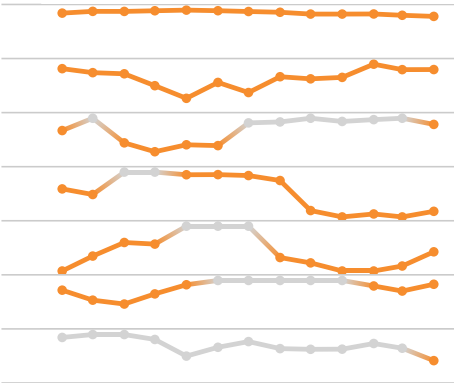
Performance Dashboard: *Mental Health & Learning Disability - Local Contract (Including Social Care)*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Mental Health & Learning Disabilty - Local Contract

		APRIL	21/22
3.14	Children and young people who enter a treatment programme to have a care-coordinator - (Level 3 services) (CYPS)	85.4% / 98.0%	85.4% / 98.0%
3.25	% of CYP entering partnership (treatment) in CYPS have pre and post treatment outcomes and measures recorded	53.8% / 100.0%	53.8% / 100.0%
3.33	CPI: Assessment to Treatment within 16 weeks	87.5% / 90.0%	87.5% / 90.0%
3.35	Adolescent Eating Disorders - Routine referral to NICE treatment start within 4 weeks	12.5% / 95.0%	12.5% / 95.0%
3.37	Adolescent Eating Disorders - Urgent referral to NICE treatment start within 1 week	42.8% / 95.0%	42.8% / 95.0%
3.40	Eating Disorders - Wait time for adult psychological interventions will be 16 weeks	92.3% / 95.0%	92.3% / 95.0%
3.49	Perinatal: Routine referral to assessment within 2 weeks	47.0% / 50.0%	47.0% / 50.0%



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

3.14: Children and young people who enter treatment to have a care coordinator
April is reported at 85.4% against a performance threshold of 98% and is below SPC control limits.

The methodology for this indicator (agreed with commissioners) presumes that treatment begins at the 2nd attended appointment and that it is appropriate to allocate a care coordinator at this point.

The service is redesigning their care pathway to support young people on the waiting list and have introduced extra telephone/video contacts to provide support. These extra contacts then trigger the 2nd contact, however it is not yet the right stage at which to allocate a care coordinator.

The service is waiting for the national team to share the new waiting time criteria and following this the service will map their developing care pathways and then agree methodology with Commissioners. There has been no indication of when this is expected.

3.25: CYPs entering partnership have pre and post treatment outcomes and measures recorded
April is reported at 53.8% against a local performance threshold of 100%.

A consistent performance level continues to be maintained. A review of the reporting structure for this indicator continues with Commissioners while we are waiting for the National Team to share their new reporting requirements. A ROMs action plan, monitored quarterly by CAMHS ODGF, is in place. There has been no indication of when this is expected.

3.33: CPI: Assessment to treatment within 16 weeks
April performance is reported at 87.5% against a performance threshold of 90% and is below SPC Chart control limits. There were 4 non-compliant cases in April. To note; 3.32: CPI: Referral to assessment within 4 weeks is reported at 88.5% against a performance threshold of 90% for April but is within normal SPC variation. However, this may be contributing to this pathway deficiency.

CPI teams are running with a high level of vacancies impacting the service's capacity to fulfil contractual requirements. There are ongoing recruitment plans in place, but it remains a challenge to fill these, and it is not expected that any will be filled within the next 8 weeks.

Teams have increased therapist hours to allow extra slots for assessments and are scoping staffing options for Clinical Associates with Psychology.

3.35: Adolescent Eating Disorders: Routine referral to NICE treatment within 4 weeks
April performance is reported at 12.5% against a performance threshold of 95%. There were 7 non-compliant cases in April.

3.37: Adolescent Eating Disorders: Urgent referral to NICE treatment within 1 week
April performance is reported at 42.8% against a performance threshold of 95%. There were 4 non-compliant cases in April.

3.40: Adult Eating Disorders: Assessment to Treatment within 16 weeks
April performance is reported at 92.3% against a 95% performance threshold. There was 1 non-compliant case reported in April.

Note on 3.35, 3.37 & 3.40 – Eating Disorders waiting times
The service continues to recruit to the current vacancies with successful candidates due to take up posts over the coming months. The service is expecting to be at, or very near, full establishment by July 2021.

The current wait profile for the service at the end of April indicates that 76.1% (262) of all patients waiting for assessment, are waiting over 4 weeks and waiting times will continue to increase until newly recruited staff are fully in post.

Demand remains high overall with a 24% increase in referrals during 2020/21 compared to 2019/20 and a significant increase in urgent referrals for under 18s (28% in 2020/21 compared to 17% in 2020/21) and this is continuing with 38.7% of referrals received in April being flagged as urgent. The main impact of this referral increase appears to be the detrimental effect that the pandemic, lockdown and school closures have had on CYP's wellbeing and mental health. This is validated by the replication in demand across other teams treating CYP.

Day treatment has been closed temporarily and staff capacity used to accommodate the increase in urgent referrals. Day treatment is likely to remain closed until at least September 2021. The service is accepting routine referrals, which are being triaged and placed on a waiting list, however, assessment and treatment will continue to be paused until July 2021 which will impact on future reported waiting times and has led to several referrals being expedited due to the patients deteriorating condition.

A Digital provider service has been explored and deemed not feasible, therefore other options are being considered such as redeployment of therapists from other directorates and/or over-recruiting of band 4 psychology graduates who can provide treatment interventions.

An action plan is available and reviewed weekly and full capacity mapping work is being undertaken as even if team were at full establishment they would not be able to meet current demand and undertake all the different treatment strands/ functions that were previously offered. Due to performance levels, further scrutiny of planning intentions for adolescent ED is expected from NHSI in the coming months.

3.49: Perinatal: Routine Referral to assessment within 2 weeks
April performance is reported at 47.0% against a performance threshold of 50% and is below SPC Chart control limits. There are 18 non-compliant cases in April.

There are several factors that have led to performance being below the expected threshold: A high number of referrals in April (34% higher than the 20/21 monthly average), staff sickness and new members of staff still working under supervision.

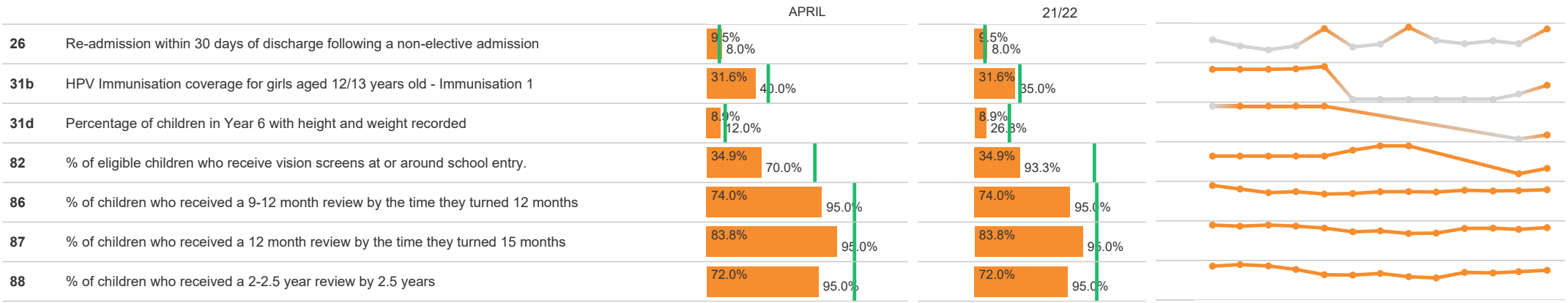
The service expects to be compliant next month as they have requested bank staff to cover the sickness period and new staff will start to take on assessments during May.

Performance Dashboard: *Physical Health - National Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - National Requirements



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

26: Re-admission within 30 days of discharge following a non-elective admission
The readmission rate for Community Hospitals in April is 9.5% (14 patients). In the majority of cases the patients' medical condition deteriorated, whilst at the Community Hospital and they required transfer back to the acute trust, to meet their acute care needs. A small number of patients were discharged from Community Hospitals and then readmitted via GHFT, after a small period at home.

31b: HPV Immunisation coverage for girls aged 12/13 years old - Immunisation 1
31.6% of the estimated cohort of children eligible for HPV 1st dose in the 2020/21 academic year have been immunised. This is cumulative performance up to April 2021 against the cumulative target of 40% at this stage of the programme. The trajectory aims to reach 90% by the end of the programme in August 2021. This trajectory has just been agreed and if performance hasn't recovered by M2, a plan of action will be expected.

31d: Percentage of children in Year 6 with height and weight recorded
Height and weight measurements for Year 6 children has now commenced following a delay to the programme. 9% of children in this cohort have a height and weight recorded (64 out of 715). The cumulative target this month is 12%. This cohort (715) has been reduced following advice from Public Health England to take a 10% sample of the total cohort, in Gloucestershire this includes 28 schools. This trajectory has just been agreed and if performance hasn't recovered by M2, a plan of action will be expected.

82: Proportion of eligible children who receive vision screens at or around school entry
35.0% of eligible reception year children in the 2020/21 academic year have received a vision screen. This is a cumulative estimate based on previous academic year cohort. The programme recommenced in March 2021. The service is yet to establish a trajectory for the whole academic year so we can measure delivery against targets. It will be available next month.

86: Percentage of children who received a 9-12 month review by the time they turned 12 months.
74.0% of eligible children received the 9-12 month visit by a health visitor in April 2021 compared to a target of 95%. 336 out of 454 reviews were completed within the target timeframe 9-12 months. This is within SPC Chart control limits based on 2018/19 data.

Of those not taking up an appointment, 37% declined and 15% DNA their first appointment and have been rebooked. The parents of all children within this cohort were offered the opportunity to receive a 9 -12month review.

87: Percentage of children who received a 12 month review by the time they turned 15 months.
83.9% of eligible children received the 9-12 month visit (by 15 months) by a health visitor in April, compared to a target of 95%. 406 out of 484 reviews were completed within the target timeframe of 15 months. This is below SPC Chart control limits based on 2018/19 data.

745 catch-up developmental reviews were completed now parents feel more comfortable. The number of appointments declined decreased this month from 38.5% in March to 17% in April.

88: Percentage of children who received a 2-2.5 year review by 2.5 years.
72.0% of eligible children received the 2-2.5 year mandated contact by a health visitor in April, compared to a target of 95%. 407 out of 565 reviews were completed within the target timeframe of 2-2.5 years. This is below SPC Chart control limits based on 2018/19 data.

Additional Comments for 86, 87 & 88
The performance figure now includes all modes of contact (i.e. Face to Face, telephone and video). The service continues to promote the Attend Anywhere offer and ensure all staff have access and are competent in using the software.

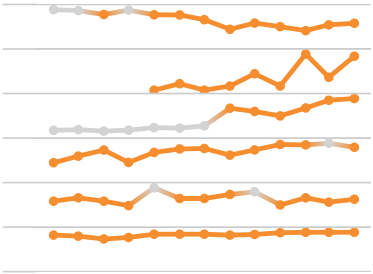
Performance Dashboard: *Physical Health - Local Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Physical Health - Local Requirements

		APRIL	21/22
40	Adult Speech and Language Therapy - % treated within 8 Weeks	66.1% 95.0%	66.1% 95.0%
47	Bone Health Service - % treated within 8 Weeks	75.0% 95.0%	75.0% 95.0%
64	SPCA % of calls abandoned	14.8% 5.0%	14.8% 5.0%
67	Wheelchair Service: Adults: New referrals assessed within 8 weeks	82.7% 90.0%	82.7% 90.0%
69	Wheelchair Service: Under 18s: New referrals assessed within 8 weeks	71.4% 90.0%	71.4% 90.0%
95	Average Number of Community Hospital Beds Open	94.8% 100.0%	94.8% 100.0%



40. Adult Speech and Language Therapy - % treated within 8 Weeks
April compliance was 66.1% compared to a target of 95%. 42 out of 127 patients seen in April were seen outside the 8 week target of time from referral to first contact.

April's data shows an improvement in 8 week RTT performance and an encouraging, correlating, trend in the reduction of patients waiting over 8 weeks for their first appointment. It is expected that RTT performance to drop next month as we run specialist clinics for those longer waits but after that much improved performance.

The service remains challenged by vacancy, very hard to recruit to community posts, and maternity leave; both of which we are covering with a locum although recognise that this is not a financially viable model for the year ahead so are seeking recruitment support for innovative models to seek colleagues to join the team.

47: Bone Health Service - % treated within 8 Weeks
3 out of 12 Face to Face contacts in April missed the 8-week threshold. This is 75% compliance against a 95.0% threshold. This is below the lower control limit of 98%. This performance was however impacted by the current inability to include telephone contacts within the methodology.

The service has now caught up with the waiting list caused by additional demand due to the pandemic. The service responded to additional demand by changing their current working practices. Letters to patients are now giving them the option to attend a video/telephone appointment alongside face to face contacts.

The Business Intelligence team is currently working with the service to define and capture clinically significant telephone contacts within the RTT pathway, however this is proving to be a more complex piece of work than was initially anticipated due to the structure of the physical health dataset.

64. SPCA % of calls abandoned
461 out of 3,101 calls received by the SPCA team in April were abandoned. This is 14.9% of the total number of calls received compared to a threshold of 5.0%. This is above the SPC chart upper control limit based on 2018-19 figures.

SPCA has been handling daytime Dental calls since November 2020 due to Covid 19 pandemic which closed most of the dental centres. Historically these calls were handled by dental staff and receptionists in Southgate Moorings. An audit last month confirmed that this continues to impact SPCA call handling pick up times and abandonment KPIs.

A review is ongoing and service leads are looking at staffing numbers and call alignment. Due to service management changes, this review is yet to be concluded. The team are also trialling different processes such as dedicated dental handlers to find improvement. Additional factors include staffing issues with the SPCA service down 2.0 WTE on clinical staff. Due to service management changes, a recruitment process is yet to commence.

This indicator has raised a performance concern regarding dental service monitoring, within which there are no contractual KPIs. The triage service has grown due to the pandemic and this has been raised with Commissioners who are looking at this as a wider regional urgent dental care need project. A business case has been submitted to the commissioners requesting an increase in funding for the number of call handlers in this service and an internal dashboard to monitor performance will also need to be developed to support the service as we advance.

67: Wheelchair Service: Adults: New referrals assessed within 8 weeks
5 out of 29 new adults referrals were assessed outside of the 8 week threshold in April. Performance is 82.7% and below the target of 90%.

69: Wheelchair Service: Under 18s: New referrals assessed within 8 weeks
5 out 7 (71.4%) of new under 18 referrals were assessed within 8 weeks in April. This is below the target of 90%.

Additional Commentary for 67 & 69
The Wheelchair Service continues to collaborate with the Business Intelligence team to address data quality issues, and has in place a robust plan to establish further quality checks to verify and further improve this dataset. This work is reflected in the improved performance data.

The monthly performance figures now show:

- January to April has seen a reduction in routine assessments from previous months (due to redeployment and long term sickness in the team). Urgent referral assessments are higher in April than the 12 month average of 10 per month.

- 100% performance for the adult and under 18 'urgent referral to assessment' KPI, with the exception of June, January and February, where the target was missed by only by only one exception per month. 12 month performance is above the 95% target at 97.6%.

- Under 18 referral to handover is above target at 100% for April.

- Numbers waiting for assessment have increased slightly in April in line with a 50% increase in referrals during March and April compared to January and February, though longer waiters have decreased.

- Total numbers waiting for handover have remained level since January, following a reduction towards the end of 2020, though the number of longer waiters (9-18 weeks) has steadily reduced since the start of 2021.

A fluctuating trajectory for 'routine referral to assessment' and 'referral to handover' KPI's remains which is an area of focus. Starting with under 18's we expect to then take the learning and apply to adults. This will be a much larger piece of work, reflected by the waiting profiles which we believe are mainly historic artefacts from the data migration from BEST, an external audit is in progress that will support this.

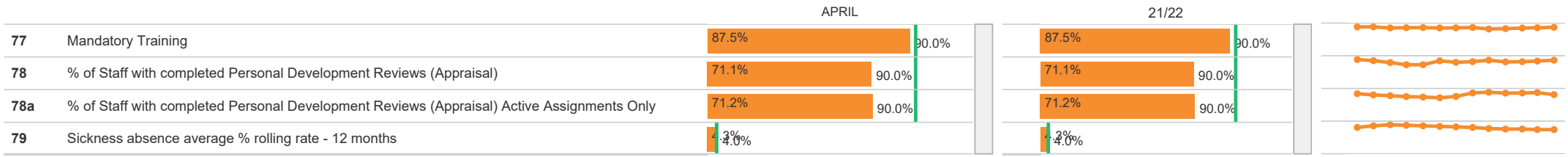
95: Average Number of Community Hospital Beds Open
The average number of beds open in Community Hospitals was 186 in April (compared to the traditional bed stock of 196 beds) and is below SPC Chart lower control limits. This is due to the currently reduced bed base (188) as a result of social distancing on the wards in the wake of the Covid-19 pandemic.

Performance Dashboard: *Trust Wide Requirements*

Gloucestershire Health and Care NHS Foundation Trust

KPI Breakdown

Trust Wide Requirements



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

77: Mandatory Training
Performance was 87.5% in April, below the target of 90%. The average compliance over the past 6 months is 85.3. Performance is below the SPC chart lower control limit based on 2018/19 data. Since December 2020, the mandatory training figures now include Bank Staff, who had previously been excluded from the calculation. This is a positive recovery given that much statutory and mandatory training was temporarily paused in 2020 due to the emergency response to the pandemic, alongside COVID secure requirements which impacted provision.
There are some topics and/or service areas where figures remain lower than required and work is continuing to ensure any deficits are rectified in a timely manner. Current prioritised focus is on resuscitation, physical intervention and information governance training. Further work to help improve training compliance for Bank Staff has also commenced and it is anticipated that this should start to result in improvements across a number of training topics soon.

78: % of Staff with completed Personal Development Reviews (Appraisal)
Performance in April was 71.2% compared to a target of 90%. There is continued focus to improve compliance rates across the Trust. Performance is below SPC chart normal variation based on 2018/19 data. This is a reasonable recovery given that staff appraisals were also temporarily paused in 2020 due to the emergency response to the pandemic.

78a: % of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only.
Performance in April was 71.2% compared to a target of 90%. There is increasing focus to improve compliance rates across the Trust. Performance is below SPC chart normal variation based on 2018/19 data.

For KPIs 78 and 78a
Appraisal Training through Brilliant Essentials has recently been made more readily available, and there is promotion to regularly encourage completion of ESR. Global reminders were also sent out in April reminding colleagues of the importance of recovering their completion of their appraisals alongside signposting to the Trust policy, guidance and documentation. As part of the agenda the new Trust Senior Team meeting on the 18th May colleagues will be reminded of the need to complete appraisals and record on ESR.

79: Sickness absence average % rolling rate - 12 months
Performance presented in April reflects the rolling 12 months sickness absence rate to the end of March. This is due to the way that data is currently managed within the Electronic Staff Record (ESR) system. Performance up to the end of March is 4.3% compared to a threshold of 4.0%.This represents a further month-on-month improvement for each of the past 10 months. Performance is below SPC chart normal variation based on 2018/19 data.

The Operations Directorate has remained at 4.55% this month. However, within Operations the highest levels of sickness absence are in Hospitals at 6.21%, which is slightly up from 6.20% last month.

The Finance Directorate has remained at 4.40% this month. Within Finance; 'Estates & Facilities' were at 5.75% in February, but sickness absence levels have risen slightly to 5.76% for March 20201. Sickness levels within the Finance Team itself have remained at 6.69%.

Working Well alongside the HR Managers assigned to the service areas are continuing to support line managers on all aspects of the operation of the Supporting Attendance Policy, helping to maintain consistency in its application.

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 18/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

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

AUTHOR: Lavinia Rowsell, Head of Governance/Trust Secretary

SUBJECT: **PROVIDER LICENCE – SELF-CERTIFICATION APPROVALS**

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

The purpose of this report is to:

To provide the Board with the information and assurances required to enable it to make the required annual self-certification regarding compliance with the conditions of its provider licence and the systems and processes for ensuring such compliance.

Recommendations and decisions required

The Board is asked to:

a) Have **regard** to feedback received from Governors in respect of these declarations

b) **Agree** to make a declaration confirming compliance with each of the statements listed in the Corporate Governance Statement.

c) **Agree** to make a declaration of **'Confirmed'** in relation to the Governor training declaration.

d) **Agree** to make a declaration of **'Confirmed'** by the due date of 31 May in respect of systems for compliance with licence conditions (Condition G6) for the financial year just ended

e) **Agree** to publish on the Trust website the declaration in respect of systems for compliance with licence conditions (Condition G6) by 30 June.

Executive summary

In order to comply with NHSE/I regulatory requirements, the Board is required to make a number of declarations each year regarding compliance with the Trust's provider licence and the systems and processes for ensuring such compliance.

1. Corporate Governance Statement

It is a requirement of the governance condition of the Trust's licence that the Board signs off a Corporate Governance Statement within three months of the end of each financial year.

The Corporate Governance Statement requires the Trust Board to confirm:

- Compliance with the governance condition **at the date of the statement**; and
- **Forward compliance** with the governance condition for the current financial year, specifying (i) and risks to compliance and (ii) any actions proposed to manage such risks

In making its Corporate Governance Statement declaration, the Board can rely on a range of evidence which is summarised in **Appendix 1** of this report. The Board is asked to confirm **compliance at the date of the statement** and **forward compliance**, for each section of the Corporate Governance Statement.

2. Training of Governors

The Board is required to make a declaration regarding the provision of necessary training to Governors. The Governor Review and Refresh Programme undertaken during the year has produced a number of outputs intended to support Governors to undertake their role. Governors have undertaken two bespoke training sessions with GovernWell and new members of Council have received a detailed induction. The Board is therefore recommended to make a declaration of '**Confirmed'** in respect of the provision of Governor training.

3. Compliance with Licence conditions

Foundation Trusts are also required to make an annual declaration that they have their systems and processes for compliance with provider licence conditions (General Condition G6). **Appendix 2** provides evidence which the Board may rely on to make this declaration. The Board is invited to make a declaration of '**Confirmed'** in respect of both parts of this declaration.

The Board's declarations must be made *having regard to the views of Governors.* The appendices to this Board report were provided to Governors at its meeting on 12 May. The Governors noted the report and no concerns were raised in respect of systems and processes for compliance with licence conditions.

Risks associated with meeting the Trust's values

Regulatory risk the Trusts fails to make the required declarations with in the prescribed timescales and/or makes and false declaration.

Corporate considerations	
Quality Implications	None
Resource Implications	None
Equality Implications	None

Where has this issue been discussed before?
These declarations are considered on an annual basis. The process involves the Executive, Council of Governors and Board.

Appendices:	**Appendix 1:** Corporate Governance Declaration - Evidence **Appendix 2:** Provider Licence conditions - Overview and Additional Evidence

Report authorised by: Executive Team	4 May 2021

PROVIDER LICENCE SELF ASSESSMENT – 2020/2021

REPORT TO THE BOARD

1.0 INTRODUCTION

1.1 The provider licence requires the Board to make a series of annual declarations to confirm the Trust's compliance with the licence conditions, and also to confirm that the Trust has and intends to keep in place systems and processes to implement appropriate standards of corporate governance.

1.2 The individual declarations comprise:

- Corporate Governance Statement
- Governor Training declaration
- Systems for Compliance with Licence Conditions declaration

1.3 A further declaration, in relation to the continued availability of resources to provide 'Commissioner Required Services' is not applicable to the Trust as it has not been formally designated by its commissioners as providing such services.

1.4 Declarations must be made by the Board, having regard to the views of Governors.

2.0 CORPORATE GOVERNANCE STATEMENT

2.1 Condition FT4 is about the systems and processes in place to ensure good governance and requires to the Trust to self-certify that this is in place. This includes compliance with the condition at the date of the statement and forward compliance for the current financial year.

2.2 The governance condition of the licence concerns the Trust's internal systems and processes. Hence, the reference to risks within the Corporate Governance declaration relate to risks to those systems and processes, rather than wider risks to the achievement of the Trust's objectives. Where a statement in the declaration indicates a risk to compliance with the governance condition of the Trust's provider licence, NHS I will consider whether any actions or other assurances are required at the time of the declaration, or whether it is more appropriate to maintain a watching brief.

2.3 The Board has during the course of the year received a number of documents which provide evidence of compliance. **Appendix 1** provides a summary of the available evidence to support the Board in making its declaration.

2.4 The Board is required to consider risks to compliance with the Trust's licence conditions, and set out mitigating actions taken to address those risks. The

licence conditions are primarily concerned with the establishment of systems and processes to maintain compliance, and as such there are no obvious risks to the maintenance of such systems and processes.

2.5 In March 2020, in response to Covid-19 the Board agreed revised interim governance arrangements to ensure that, resources were focused on necessary clinical and operational matters to enable safe and sustainable service delivery. These revised interim arrangements reflected guidance from NHSE and NHSI.

2.6 Accordingly, the Board is recommended to make a declaration of **'Confirmed'** in respect of compliance at the time of the declaration, and in respect of forward compliance for the current year.

3. GOVERNOR TRAINING DECLARATION

3.1 Additionally, the Board is required to make a declaration that it has provided Governors with the necessary training, pursuant to Section 151 (5) of the Health and Social Care Act 2012, to enable Governors to fulfil their roles. The Act does not specify the nature or content of training to be provided.

3.2 A number of training opportunities provided by external organisations are made available to Governors. Over the past year, Governors have participated in two bespoke training sessions provided by NHS providers on the Role of Governors and Holding to Account. Governors also receive a local induction, and have opportunities to learn about the work of the Trust through a series of induction meetings and presentations. Access to Trust services and site visits have been more limited due to the Covid pandemic. Over the last year a detailed handbook and induction session has been put in place for governors and an ongoing training plan developed. Governors have taken part in development sessions on aspects of the Trust, for example Strategy Development.

3.3 The Board is therefore recommended to make a declaration of **'Confirmed'** in that it is satisfied that the Trust has provided the necessary training to Governors to ensure they are equipped with the skills and knowledge they need to undertake their role.

4. GENERAL CONDITION G6 – SYSTEMS FOR COMPLIANCE WITH LICENCE CONDITIONS

4.1 General Condition 6 requires that the Trust takes necessary precautions against the risk of failure to comply with the conditions of its licence, any requirements imposed by the NHS Acts, and the requirement to have regard to the NHS Constitution in providing health care services for the purpose of the NHS.

4.2 The licence condition states that the steps the Trust must take should include:

'*the establishment and implementation of processes and systems to identify risks and guard against their occurrence*', and

'regular review of whether those processes and systems have been implemented and of their effectiveness'.

4.3 The declaration asks the Board having reviewed the evidence, to confirm (or otherwise) by the due date of 31 May that:

'*Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied, as the case may be that,* ***in the Financial Year most recently ended****, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.'*

4.4 An overview of the provider licence conditions is given at **Appendix 2**. Much of the evidence given in support of the Corporate Governance Statement (listed at **Appendix 1)** may also be relied upon by the Board in order to make the declaration regarding the processes and systems in place to comply with the Trust's licence conditions and general obligations.

4.5 The Board is therefore recommended to respond '**Confirmed'** in respect of the declaration above.

4.6 The Trust is required to publish its G6 declaration by 30 June. As the minutes of this meeting will not be approved by that date, a template provided by NHS Improvement will be used to publish the declaration on the Trust website.

5. HAVING REGARD TO THE VIEWS OF GOVERNORS

5.1 The Board is required to make the above declarations "having regard to the views of Governors". Governor views should be expressed in the context of the Council's statutory duty to hold the NEDs to account for the performance of the Board. This means that Governors should comment on the robustness of the assurance process undertaken in deciding these declarations. A separate report was made available to Governors providing assurance regarding the process for the Board to make these declarations. The appendices to this report have also been made available to Governors alongside the summary assurance report and no concerns were raised in respect of the systems and processes for compliance.

5.2 The Board is therefore asked to have regard to the views of Governors regarding these declarations.

6. RECOMMENDATIONS

6.1 The Board is asked to:

f) Have **regard** to feedback received from Governors in respect of these declarations

g) **Agree** to make a declaration confirming compliance with each of the statements listed in the Corporate Governance Statement.

h) **Agree** to make a declaration of **'Confirmed'** in relation to the Governor training declaration.

i) **Agree** to make a declaration of **'Confirmed'** by the due date of 31 May in respect of systems for compliance with licence conditions (Condition G6) for the financial year just ended

j) **Agree** to publish on the Trust website the declaration in respect of systems for compliance with licence conditions (Condition G6) by 30 June.

APPENDICES

Appendix 1: Corporate Governance Declaration - Evidence

Appendix 2: Provider Licence conditions - Overview and Additional Evidence

APPENDIX 1 - Corporate Governance Declaration – Evidence

AGENDA ITEM: 18.1/0521

GOVERNANCE STATEMENT	EVIDENCE FOR CURRENT COMPLIANCE		SUGGESTED DECLARATION
The Board is satisfied that GHC NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	• Organisational leadership through Board • Local accountability through Council of Governors • Engagement programme with stakeholders • Scheduled Board meetings including public meetings • Committee structure and Committee meeting programme • Performance dashboards to Resources Committee and Board • Quality monitoring and reporting to Quality Committee • CCG observers at Quality Committee • Quality Report and indicators • Financial reporting monthly to Board/Resources Committee • Financial control systems in place • Information Governance function and reporting • Risk management framework and governance reporting • Assignment of key risks to relevant governance Committees • Regular update and review of risk register • Datix incident reporting system • Council of Governors statutory roles in holding NEDs to account • Patient safety reports to Board and Quality Committee • Patient Stories agenda item at public Board meetings • Meeting evaluation at each Board meeting • Whistleblowing and other organisational policies and procedures in place (including Freedom to Speak Up Guardian) • External audit and internal audit programme	No unmitigated risks identified	Confirmed

	• Clinical audit programme • Compliance with FT Code of Governance • Trust Constitution • Trust vision and values • Annual Governance Statement • Mandatory disclosures in Annual Report • Statutory and mandatory training • Corporate induction for all new starters • Fit and proper person test for Board and Governors • Revised Conflicts of Interests and Risk Management Policies • Statutory registers in place • Single Oversight Framework segmentation of 1 at end 2020/21 • Positive CQC inspection report • Revised interim governance arrangements to respond to Covid-19 signed off by the Board and alignment to NHSE and NHSI guidance		
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	• Regular CEO Reports to Board highlight relevant new publications/guidance • Policy and guidance regular item at Board and appropriate Committees • External Auditor Sector development report • NHS I Bulletins received by Exec Directors and Trust Secretary • Annual Reporting Manual guidance • Compliance with FT Code of Governance confirmed in Annual Report • Legal bulletins and updates received by Trust Secretariat Team and disseminated as appropriate	No unmitigated risks identified	Confirmed

The Board is satisfied that GHC NHS Foundation Trust implements effective board and committee structures	• Annual Committee effectiveness review • Committee membership focused to reflect skills – based on skills identified during appointment process • Strong clinical presence on Board • Committee summary reports to Board • Locality Governance structures • Sub-committees mapped	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust implements clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees	• Constitution sets out Board responsibilities • Committee duties aligned to core Board responsibilities • Committee Terms of Reference reviewed annually and substantive changes approved by the Board • Committee agenda planners reviewed regularly • Scheme of Delegation in place setting out delegated responsibilities and powers reserved to Board and reviewed • Revised Standing Financial Instructions in place and reviewed	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust implements clear reporting lines and accountabilities throughout its organisation	• Clear Executive portfolios • Defined management and committee structure • Chief Executive is Accounting Officer • Director of Nursing, Therapies and Quality & Medical Director lead on quality and service experience matters • Medical Director is Caldicott Guardian • Deputy CEO is Senior Information Risk Owner • Named Board member leads for Learning from Deaths, Counter Fraud, security management, Whistleblowing, Health and Safety, Safeguarding, Equality and Diversity etc • Lead Executive for each Committee	No unmitigated risks identified	Confirmed

	• Assignment of organisational risks to appropriate Committees • Committees are accountable and report regularly to the Board • Staff appraisals and objectives processes in place		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively	• Going concern report to Audit and Assurance Committee • Board Finance Reports • Savings Plans in place • Quality Impact Assessments process in place, overseen by Quality Committee • Budget setting process • Strategic Plan • Capital Programme • Performance dashboard to Board/Quality Committee • Quality reports to Board/Quality Committee • Outcomes reporting • Clinical audit programme • Internal audit programme • External auditor in place • CQC registration • Single Oversight Framework segment 1 rating • Service/business planning process	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to provide timely and effective scrutiny and oversight	• Executive meetings • NED oversight on Board and Committees • Board and Committee agenda planners • Monthly performance dashboards and exception reports • Executive Engagement processes • Board visits (site visits limited due to Covid) • CQC compliance reports to Quality Committee	No unmitigated risks identified	Confirmed

	• Overall control total achieved • Cost Improvement Programme		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions	• Performance dashboard reports to Board/Resources Committee • Safety/quality oversight by Quality Committee • CQC/Mental Health Act compliance reports • CQC inspection report • Medical/nursing revalidation programmes • Mental Health Legislation Scrutiny Committee oversight • Executive engagement processes with staff to ensure connection in place with front line staff • Paul's Open Door • Freedom to Speak Up Guardian and advocates • Board visits (site visits limited due to Covid) • Clinical audit programme • Statutory and mandatory training requirements • Clinical policies • PLACE visits • Mental Health Act/Mental Capacity Act policies • Mental Health Act Managers in place • Quality Report • Regulatory inspection reports/action planning • Inquest reports/action planning • Quality Impact Assessments for efficiency and transformation proposals • QIAs reviewed by Medical Director & Director of Nursing, Therapies and Quality • Staff Survey action plan	No unmitigated risks identified	Confirmed

The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern)	• Budget setting process • Savings and transformational change programmes • Fully funded capital programme • Surpluses in previous years to achieve strong liquidity position • Use of liquidity position for strategic plan transformation • Monthly finance reports to Resources Committee and Board • Standing Financial Instructions • Mid-year financial reviews • Authorised signatory lists • Scheme of Delegation • Audit Committee Going Concern reports • Audit Committee Losses/Special Payments reports • Counter Fraud Service and annual action plan • Resources Committee oversight of development opportunities and business cases • Tender submission procedures • Governor approval process for significant transactions • NHSR Clinical Negligence Scheme for Trusts • NHSR Risk Pooling Scheme for Trusts • Annual financial plan approved by Board before the start of the year • Agency staffing controls	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to obtain and disseminate accurate, comprehensive, timely and up to date	• Board/Committee agenda planners • Monthly Finance and Performance reports • Performance Point system to provide up to date high quality data • Clinical audit programme provides assurance on data quality	No unmitigated risks identified	Confirmed

information for Board and Committee decision-making	• Data quality policy • Data quality requirement in Information Governance Toolkit • Finance and performance reporting aligned to Board/Committee cycle • Chief Executive's Reports to Board		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence	• Risk register reviews by 'owning' Committees and overseen by Audit and Assurance Committees and Board • Board Assurance Map review by Executive Committee, Audit Committee and Board • Internal audit programme • Clinical audit programme • Risk consideration as standing Committee agenda item • Incident Reporting policy and culture • Whistleblowing policy and procedure – Freedom to Speak Up • Paul's Open Door • Quality Impact Assessments process	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery	• Annual operational planning process • Development processes involves service users and Governors, e.g. strategic development sessions • Plans aligned to commissioners' stated intentions • Resources Committee oversight • Executive oversight • Governor involvement on business plan • monitoring reports to Resources Committee • Performance reports • Finance reports • Annual Quality report – external consultation	No unmitigated risks identified	Confirmed

	• External auditors report on Quality report – process suspended for 2019/20 in line with guidance from NHSE and NHSI		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with all applicable legal requirements	• Access to retained lawyers • Internal and external auditors • Executive leads for each key area of business • Trust Secretariat responsible for constitutional and corporate governance matters/updates • Legal briefings/updates received from a variety of sources • Executive oversight • Information Governance policies and procedures • Clinical policies and procedures • Mental Health Legislation Scrutiny Committee and MHA Managers • Fit and proper person tests • FT Code of Governance compliance reports	No unmitigated risks identified.	Confirmed
The Board is satisfied that systems and processes in place ensure that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided	• Medical Director and Director of Nursing and Therapies and Quality and are clinicians • Non-Executive Director engagement and review provides rigorous quality challenge – a number of Non-Executive Directors are clinicians or have experience as Non-Executives at other NHS Trusts to inform their challenge • Associate NED in place with clinical specialism • To respond to the Covid-19 pandemic, the Trust put in place a 'programme approach' with Executive Directors also having specific responsibilities within the programme. This ensured the maintenance of focus on quality of care. The use of existing expertise and recognised key leads ensured that processes could be activated swiftly without disruption to clinical operation.	No unmitigated risks identified.	Confirmed

The Board is satisfied that systems and processes in place ensure that the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations	• Quality Impact Assessments for savings plans • Quality framework under development • Quality Report is key element of organisational vision and values • Quality Report defines key quality themes for the coming year • Evaluation of each Board meeting	No unmitigated risks identified	Confirmed
The Board is satisfied that systems and processes in place ensure the collection of accurate, comprehensive, timely and up to date information on quality of care	• Monthly performance dashboard to Resources Committee/Board • Performance Exception reports to Board • Update reports on Quality Report • Regular Patient Safety report to Board • Data Quality assurance processes in place	No unmitigated risks identified	Confirmed
The Board is satisfied that systems and processes in place ensure that the Board receives and considers accurate, comprehensive, timely and up to date information on quality of care	• Monthly performance dashboard to Resources Committee • Performance Exception reports to Board • Regular update reports on Quality Report • Regular Patient Safety report to Board • Performance reports to Resources Committee and Board • Data Quality assurance processes in place	No unmitigated risks identified	Confirmed
The Board is satisfied that systems and processes in place ensure that GHC NHS foundation trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and considers as appropriate views and information from these sources	• Quality Report consultation • Update reports on Quality Report shared with stakeholders including Clinical Commissioning Groups, Health Watch and Overview and Scrutiny Committee, and feedback encouraged • Engagement & Communication processes • Patient survey • Staff Survey • Complaints and Comments process • Patient and Staff Friends & Family Tests	No unmitigated risks identified	Confirmed

	• Patient Story is regular agenda item at public Board meetings • Stakeholder Engagement Events (limited due to Covid) • Quality Outcomes published through public Board papers and in Annual report • Joint Negotiating and Consultative Committee • Local Negotiating Committee and Medical Staff Committee • "One Gloucestershire" ICS Clinical and non-clinical workstreams		
The Board is satisfied that systems and processes in place ensure that there is clear accountability for quality of care throughout GHC NHS foundation trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate	• Quality Governance assigned to Exec Directors • Non-Exec Director oversight of Quality • Clinical Leads • Service Leads • Heads of Profession • Lead Nurses • Board Committee and sub-committee structure	No unmitigated risks identified	Confirmed
The Board of GHC NHS foundation trust effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder's organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.	• Board recruitment processes • Governor appointment of Non-Exec Directors • Appointment & Terms of Service Committee for Executive recruitment • Budgeted establishment • Delegated recruitment processes • Recruitment and selection policy • Appraisal and revalidation policies • Ward staffing levels information	No unmitigated risks identified	Confirmed
Supporting Information: The following mitigations were put in force to maintain good governance and oversight during the response to Covid – 19 pandemic and enable confirmation to be given that there are no unmitigated risks.			

In March 2020, in response to Covid-19 the Board agreed revised interim governance arrangements to ensure that resources were focused on necessary clinical and operational matters to enable safe and sustainable service delivery. These revised interim arrangements reflected guidance from NHSE and NHSI. Board Committees, other than the Audit and Assurance Committee were temporarily suspended, with individual work plans reviewed to ensure all issues to be considered were reviewed and either postponed or identified for alternative governance processes as set out below, and any urgent Committee business considered directly by the Board. This included:

- The establishment of a short-life **Board Assurance Committee** focussing on the impact of the exceptional measures being taken in response to the Covid 19 pandemic
- The establishment of an Ethics Group to support executive directors who are making decisions that have complex ethical considerations

The Board continued to ensure open and transparent operation by continuing to operate public Board meetings, which were conducted virtually. The Council of Governors has also moved to remote meeting processes and a newsletter introduced to ensure governors are regularly updated.

Normal governance arrangements resumed in July 2020. The governance arrangements were reviewed again in November 2020 in response to the second wave of the pandemic and minor adjustments agreed.

APPENDIX 2 - PROVIDER LICENCE CONDITIONS – OVERVIEW AND ADDITIONAL EVIDENCE

	Licence Condition	Condition summary	Evidence for compliance
General Conditions			
G1	Provision of Information	Provision of information to NHS I	Operating plan Strategic plan submission Ad hoc submissions to NHS I via portal
G2	Publication of information	Publish information as directed by NHS I	Information on website e.g. Board profiles
G3	Payment of fees to Monitor	Pay fees to NHS I as required	Not applicable - no fees requested to date
G4	Fit and Proper Persons	Not to appoint unfit persons as Directors or Governors	Exclusion criteria in constitution for Directors and Governors Directors' recruitment procedures Governor election rules *'Fit & Proper Persons: Directors'* test incorporated into Board recruitment Annual FFPT declarations by Board/Governors
G5	NHS I guidance	Have regard to NHS I guidance	Code of Governance compliance Single Oversight Framework compliance
G6	Systems for compliance with licence conditions	Have systems in place to comply with licence conditions	Outlined in the appendices to this report – Annex 1
G7	CQC registration	Be registered with the CQC	CQC registration in place
G8	Patient eligibility & selection criteria	Set and apply transparent criteria to determine who can receive health care	Commissioner service specifications
G9	Application of Section 5 – Continuity of Services	States that the Continuity of Services conditions apply where commissioner-requested services are provided	Not applicable
Pricing			
P1	Recording of Information	Record pricing information if required by NHS I	Not required to date.
P2	Provision of Information	Provide information to NHS I	Provision of information via portal
P3	Assurance report on submissions to NHS I	Provide an assurance report re Condition P2 if required by NHS I	Not required to date

	Licence Condition	Condition summary	Evidence for compliance
P4	Compliance with the National Tariff	Comply with national tariff	There is no national tariff in place for community and mental health contract, where tariffs apply for other areas these are complied with as demonstrated through reports to commissioners.
P5	Constructive engagement re local tariff modifications	Engage with local commissioners re tariff modifications	Agreements in place with Gloucestershire CCG re price tariff. Regular monthly meetings take place where performance reports are presented and discussed.
Choice & competition			
C1	Patients' right of choice	Patient notified of choice of provider	Not applicable to Mental health Services In place other services as required. During Covid-19 any limitations on Patients' right of choice were in line with NHSE and NHSI direction
C2	Competition oversight	Not to restrict or distort competition	Legal advice obtained where appropriate when bidding for services/entering partnerships.
Integrated care			
IC1	Provision of integrated care	Not to act detrimentally to the provision of integrated care	Collaborative working within the One Gloucestershire system Participant in two provider collaborative – Thames Valley and Southwest Member of all ILP and on Personalised Care Board.
Continuity of services			
CoS1	Continuing provision of Commissioner Requested Services	Continue to provide CRS as specified except in certain circumstances eg with Commissioner agreement	Not applicable as Trust does not provide Commissioner Requested Services
CoS2	Restriction on the disposal of assets	Not to dispose of any asset without written consent from NHS I	No assets disposed of that provide Commissioner Requested Services
CoS3	Standards of corporate governance and financial management	Apply suitable systems of corporate and financial governance	See evidence in Appendix 1 of this report

	Licence Condition	Condition summary	Evidence for compliance
CoS4	Undertaking from the ultimate controller	Undertaking from any parent company not to cause a breach of the provider licence	Not applicable
CoS5	Risk pool levy	To pay a risk pool levy to NHS I	Not applicable
CoS6	Cooperation in the event of financial stress	To co-operate with the NHS I and others in the event of financial stress	Not applicable
CoS7	Availability of resources	Ensure and certify the availability of financial, physical and human resources for the next 12 months	Not applicable as Trust does not provide Commissioner Requested Services
NHS Foundation Trust Conditions			
FT1	Information to update the register of Ft's	Provision of certain documents to NHS I	Provision of annual accounts and annual report Provision of current version of the constitution Updates regarding relevant Board and Lead Governor changes
FT2	Payment to NHS I in respect of registration and related costs	Payment of a licence fee to NHS I	Not applicable
FT3	Provision of information to advisory panel	Provision of any information requested by an advisory panel	Not applicable – no information requested
FT4	NHS FT governance arrangements	Apply and certify appropriate systems and processes for good corporate governance	Internal Audit reports Head of Internal Audit opinion External Audit

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 19/0521

REPORT TO:	**TRUST BOARD PUBLIC SESSION – 27 May 2021**
PRESENTED BY:	Lavinia Rowsell, Head of Corporate Governance/Trust Secretary
AUTHOR:	Anna Hilditch, Assistant Trust Secretary
SUBJECT:	**PROPOSED CHANGES TO CONSTITUTION**

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

This report is provided for:

Decision ☑ Endorsement Assurance Information

The purpose of this report is to:

Present a proposed revision to the Constitution.

Recommendations and Decisions Required:

The Board is asked to **APPROVE** the amendment to the Trust Constitution as presented within this report.

Executive Summary

As part of the recent Review and Refresh work, the Council of Governors supported the proposals around changes to the composition of the Council, in particular with regard to the reduction in Staff Governor positions. The revised composition and subsequent change to the constitution was approved at the November Council of Governor and Board meetings.

The **Medical, Dental and Nursing** staff constituency reduced from 4 posts to 3 and this took effect from 1 January 2021.

There is a provision within our constitution which states that of the 3 seats within the Medical, Dental & Nursing staff class – 1 must be reserved for a nurse, 1 for a doctor and 1 for a doctor or dentist.

This specific provision about reserved seats was not updated at the time to accurately reflect the revised composition and meant that the Trust could only ever have 1 nurse representative on the Council. A small amendment to our constitution is therefore suggested, marked in red as follows:

1.3 ……. of the three (3) Staff Governors in the Medical Dental and Nursing class:

1.3.1 one (1) seat shall be reserved for a nurse;

1.3.2 one (1) seat shall be reserved for a doctor; and

1.3.3 one (1) seat shall be reserved for either a doctor, a dentist or a nurse.

The approval of the revised Constitution is a two-stage process which requires
(i) approval of the Council of Governors and,
(ii) the Board

The revised Constitution will then be updated to the Trust's website and to NHSEI.

The Council of Governors supported this revision at their meeting on 12 May, for onward presentation to the Board for approval.

Risks associated with meeting the Trust's values
None

Corporate considerations	
Quality Implications	None
Resource Implications	None
Equality Implications	None

Where has this issue been discussed before?
Council of Governor meetings

Appendices:	N/A

Report authorised by:	**Title:**
Lavinia Rowsell	Head of Corporate Governance/Trust Secretary

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 20/0521

REPORT TO: **TRUST BOARD PUBLIC SESSION – 27 May 2021**

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

AUTHOR: Anna Hilditch, Deputy Trust Secretary

SUBJECT: **USE OF THE TRUST SEAL – Q3 & Q4 2020/21**

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

The purpose of this report is to:

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

Recommendations and decisions required

The Board is asked to **note** the use of the Trust seal for the reporting period October 2020 – 31 March 2021 (Q3 & Q4 2020/21).

Executive summary

The Trust's Standing Orders require that use of the Trust's Seal be reported to the Trust Board at regular intervals. The common Seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements. The seal has been used 4 times since the last Quarter 2 report to the Board on the 28 January 2020.

Risks associated with meeting the Trust's values

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

Corporate considerations	
Quality Implications	Nil
Resource Implications	Nil
Equality Implications	Nil

Where has this issue been discussed before?

Appendices:	Page 3 Appendix 1: Register of Seals (Oct 2020 – March 2021)

Report authorised by: Lavinia Rowsell	**Title:** Head of Corporate Governance/Trust Secretary

APPENDIX 1

Gloucestershire Health and Care NHS Foundation Trust
Register of Seals Q3-Q4 (October 2020 – March 2021)

Seal No.	Date of Sealing	Document Description	No. of Copies	Document Signatory (1)	Document Signatory (2)	Attested by	Attested Date
15/2020	14/10/2020	**Merger of Trust Charities – GHC and 2G**	1	Paul Roberts CEO	Angela Potter Director of Strategy and Partnerships	Lavinia Rowsell Trust Secretary	14/10/2020
16/2020	24/12/2020	Remediation Agreement between Gloucestershire Care Services NHS Trust and Southern Electric Power Distribution PLC. Remediation works by SEPD Plc to remove contamination caused by SEPD equipment.	1	Sandra Betney Director of Finance	John Trevains Director of Nursing, Quality and Therapies	Louise Moss Deputy Head of Corporate Governance	20/12/2020
17/2021	04/02/2021	Form of Agreement between GHCNHST and Speller Metcalfe Malvern Ltd Montpellier refurbishment – **Wotton Lawn Hospital**, GL1 3WL.	1	Neil Savage Director of HR & OD	John Trevains Director of Nursing, Quality and Therapies	Lavinia Rowsell Trust Secretary	04/02/2021
18/2021	29/03/2021	Short contract between GHCNHST and Speller Metcalfe Malvern Ltd Anti-ligature works: window replacement and door alarm system installation at **Wotton Hall Hospital GL1 3WL** commencing 5th April for 24 weeks.	1	Paul Roberts CEO	John Trevains Director of Nursing, Quality and Therapies	Lavinia Rowsell Trust Secretary	29/03/2021

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING

Wednesday 10 March 2021
Held via Microsoft Teams

PRESENT:	Ingrid Barker (Chair)	Nic Matthews	Sarah Nicholson	Katie Clark
	Brian Robinson	Jo Smith	Mervyn Dawe	Julie Clatworthy
	Dan Brookes	Chris Witham	Graham Hewitt	Tracey Thomas
	Ruth McShane	June Hennell	Jenny Hincks	Said Hansdot
	Juanita Paris	Anneka Newman	Laura Bailey	

IN ATTENDANCE: Graham Russell, Non-Executive Director/Deputy Chair
Marcia Gallagher, Non-Executive Director
Maria Bond, Non-Executive Director
Steve Alvis, Non-Executive Director
Steve Brittan, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Paul Roberts, Chief Executive
Neil Savage, Director of HR & OD
Lavinia Rowsell, Head of Corporate Governance & Trust Secretary
Anna Hilditch, Assistant Trust Secretary
Gillian Steels, Trust Secretary Advisor
Kate Nelmes, Head of Communications
Lauren Edwards, Deputy Director of Therapies and Quality (Item 12)
Sandra Betney, Director of Finance (From Item 10)
Lisa Proctor, Associate Director of Contracts and Planning (Item 13)

1. WELCOMES AND APOLOGIES

1.1 Apologies were received from Karen Bennett, Alison Feher, Anne Roberts, Kizzy Kukreja, Dawn Rooke and Katherine Stratton.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes from the previous meetings held on 19 November 2020 and 21 January 2021 were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

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

5. CHAIR'S REPORT

5.1 The Council received the Chair's Activity Report. It was noted that this report had been written and presented to the Trust Board at their 28 January meeting and was

presented to the Council for information and reference. This report and its content were noted.

6. CHIEF EXECUTIVE'S REPORT

6.1 Paul Roberts, Chief Executive presented a verbal report to the Council.

Covid

6.2 The peak from the second wave of Covid was on 18 January and it was noted that this had been far more intense than the first wave. There had been 148 admissions to the acute hospital in the first wave, with 240 admissions recorded during the second. Paul Roberts reported that the death rates had been lower during the second wave, however, there had been longer admissions. The position was improving but the pressure was still on.

6.3 GHC runs 94 services and all services continued to operate during wave 2, with the use of digital interface. Some services were scaled back during that time as staff were redeployed into those services directly responding to Covid. Innovation and the use of technology had come to the fore and the Trust would continue some of this practice going forward.

6.4 It was noted that GHC continued to provide the "Pillar 1" testing service for Gloucestershire. The service could test up to 100 people a day, and included GHC staff and family members, and other local NHS and Social Care organisations. A service was also provided for elective patients.

6.5 GHC had been very involved in the mass vaccination programme, with the Trust's focus being on frontline staff and supporting the Primary Care Networks (PCN) to vaccinate patients. GHC had also focused on the homeless and rough sleepers, as it was important to ensure equitable access to all communities. To date, 80% of all frontline Trust staff had been vaccinated, which equated to 70% of all staff. The aim was to achieve over 90% and messages to staff continued to be sent out regularly inviting eligible colleagues to attend for vaccination.

6.6 The next step would be the focus on recovery, which had already commenced. Paul Roberts said it was important to get the balance of recovery right and this was being looked at within 3 key themes: Individual Recovery, Service & Team Recovery and a Refocus on Ambitions and Transformation.

6.7 Chris Witham asked whether there were any key challenges that had been identified as part of the Covid recovery planning. Paul Roberts said that staffing was a real challenge. There had been Inpatient and Community nursing shortages before Covid hit, and the Trust had been able to adapt with different working models during Covid, but there was a real need to review the staffing models as demand for services was increasing.

6.8 Said Hansdot joined colleagues in thanking the Trust and staff for the huge amount of work that had been carried out to continue running quality services during Covid. He referred to the earlier point about making vaccinations available to all communities and asked whether there were any specific groups that had been identified where more work was needed to promote the vaccinations. Paul Roberts said that a number of communities had been identified and the Trust and its partners were working closely with community and faith leaders to get specific communications out, as well as setting up roving vaccination clinics to make access available to as many people as possible.

6.9 Brian Robinson noted that we were coming out of the second wave of Covid, and it was likely that a third wave would hit. He asked whether planning for future waves and longer term was taking place. Paul Roberts assured the Governors that the Trust's recovery plan had been developed in a Covid secure way, with the possibility of future waves taken into account. He said that this would hold the Trust in good stead and would ensure the Trust could adapt quickly.

6.10 Brian Robinson referenced the proposed 1% pay uplift for NHS staff and asked how it was felt that this would sit with Trust colleagues given the existing challenge of addressing nursing staff shortages. Paul Roberts said that on a personal level he felt that this could affect the morale of lower paid staff who had worked tirelessly through the Covid pandemic. He also had some concerns on how this would impact on future recruitment which the Trust needed to be mindful of. Governors also expressed their concerns around this proposed pay uplift.

Staff Survey 2020

6.11 Paul Roberts said that the staff survey was a significant measure for GHC of what we do, with the Trust's key focus on staff health and wellbeing. This was the first survey carried out as a combined Trust, following the merger in 2019. The Council noted that the results from the National Staff Survey would be published tomorrow, and unfortunately the results were embargoed until that time. However, Paul Roberts presented some headlines to the Council, noting that the response rate had increased and that 80% of the ratings had improved or stayed the same. There had been a 10% improvement in the rating for "The Trust takes positive action around staff health and wellbeing" which was excellent, and there had also been an increase in the measures for staff recommending GHC as a place to work and place to receive treatment. Overall, the results were very positive, which following a merger and taking place during Covid was excellent.

6.12 The full results would be made available to Governors and would include the one-page infographic. A full presentation of the results was scheduled for the next Council meeting taking place in May.

6.13 Chris Witham said that Governors were looking forward to seeing the staff survey results and added that it was pleasing to hear that there had been improvement in the scores considering the very testing year that staff had experienced.

Forest of Dean Hospital Consultation

6.14 Paul Roberts advised that the Trust had received the feedback from the formal FoD Hospital consultation process at the January Board meeting and will be proceeding with the proposals. Work will continue on the finer details, with the Full Business Case being presented to the May Board for approval.

6.15 Brian Robinson said that there were some concerns in Lydney about the removal of a primary health hub in the south of the Forest. Paul Roberts advised that proper dialogue had taken place with people in the Forest of Dean and the CCG had been leading on this, with a series of engagements events planned. It was acknowledged that it would be difficult to please everyone but it was hoped that the new state of the art hospital in Cinderford would be a fantastic facility for the whole Forest population.

7. MEMBERSHIP AND ENGAGEMENT STRATEGY

7.1 The Council received the Membership and Engagement Strategy 2021-2024 for approval. The purpose of the Strategy and its related action plan was to build a membership which is engaged and reflects the breadth of the communities the Trust serves.

7.2 It was noted that the Membership and Engagement Committee had met twice since it was agreed to establish it at the November Council of Governors meeting. The Strategy was considered and updated in the light of feedback from the Committee who highlighted the need to clearly communicate the benefits of membership, to target our communications effectively to different audiences and to use partnership working to help spread the message of membership. An Action Plan was developed to put in place some of the key foundations needed to support this strategy and the work on this is now ongoing. A Partnership Methodology had also been produced to reflect how the Membership and Engagement Strategy plans to work with partners to achieve its aims.

7.3 Ruth McShane said that there was a lot of work taking place and exciting ideas were being generated from the strategy. She added that it was excellent to see practice from other Trusts being considered such as the Young People's Council in Bristol.

7.4 It was noted that a briefing session for Staff Governors was in the process of being arranged and the date would be circulated to all staff Governors once confirmed.

7.5 Ingrid Barker expressed her thanks to all those who had attended the Membership and Engagement Committee meetings and had contributed to the development of the strategy.

7.6 The Council of Governors approved the Membership and Engagement Strategy 2021-24, for onward endorsement by the Trust Board at their meeting on 31 March.

8. MEMBERSHIP AND ENGAGEMENT COMMITTEE – TERMS OF REFERENCE

8.1 The Council received the Terms of Reference for the newly established Membership and Engagement Committee. These were approved.

9. REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE

9.1 Chris Witham, Lead Governor presented this report to the Council, summarising the key business conducted at the meeting of the Nominations and Remuneration Committee held on 24 February. It was noted that this was the first meeting that Chris had attended in his role as Lead Governor and he provided strong assurance to the Council that the Committee ensured best practice that was in line with national guidance.

9.2 The Committee received a report which set out the process of recruitment for a Non-Executive Director. Over the next 24 months, two NEDS will have completed their second term on the Board. In order to inform future NED recruitment, a skills audit was undertaken of the current NEDs, including the Chair. The purpose of the audit was to identify the skills currently on the Board and, what if any, gaps exist, or will be created when individual NEDs retire. Maria Bond's agreed term of office would be completed on 30 September 2021, thus creating a vacancy on the Board for a 7th NED. Marcia Gallagher's second term of office would conclude on 30 September 2022, and in the absence of another Non-Executive Member of the Board with an appropriate financial qualification and/or experience to take on the role of Chair of the Audit and Assurance Committee, it was agreed that the forthcoming round of NED recruitment focus on succession planning in this area. The Committee endorsed the generic role description and person specification for the NEDs, including the specific requirements for this round of recruitment to seek the necessary financial experience. It was planned that recruitment would commence on 11 March, with a recommendation for appointment being presented to the Council of Governors at its 8 September meeting. The Council of Governors supported this direction of travel.

9.3 The Committee received and endorsed the process and proposed timelines for the 2020/21 Chair and Non-Executive Director appraisals, noting that these would be carried out using nationally set guidance.

9.4 The Committee received the Terms of Reference for the Nominations and Remuneration Committee, noting that the content of these remained largely the same as those previously approved by the Committee, and the Council of Governors in November 2019. However, the TOR had been reformatted and reordered to ensure that they were consistent with those of the other governance Committees within the Trust. The Council of Governors received and approved the TOR.

9.5 The Committee also received an update on the upcoming round of Governor elections.

10. GOVERNOR ROLE IN HOLDING TO ACCOUNT – PROPOSED PROCESS

10.1 The purpose of this report was to provide an update on the Trust's proposals for Governors to carry out their statutory duty of "Holding the NEDs to account for the performance of the Board".

10.2 As part of the Council of Governor Review and Refresh work, focus has been placed on developing effective methods for the Governors to carry out one of their key statutory duties - Holding the non-executive directors to account for the performance of the board. The Council of Governors' primary means of holding NEDs to account is through:

- Receiving the annual report and accounts
- Receiving the quality report
- Receiving performance appraisal information for the Chair and NEDs
- Receiving in-year information updates from the Directors

10.3 In 2015, the Trust introduced a pilot of Governor observation at the Board Committees. However, the Trust has reconsidered national guidance from NHS Providers who have been clear that opening Board committee meetings to Governors is not deemed as good practice. The Trust is aware that Governor observation at the Board Committees has reduced over recent years, with only 3 Governors actively carrying out this role.

10.4 In looking at alternative and more effective ways for Governors to collectively hold the NEDs to account, the outcome of the Review and Refresh work has proposed a number of ways of doing this moving forward to include Holding to Account Presentations at Council Meetings, the development of a Dashboard Report and Locality NED/Governor Links. More work would also be carried out to look at how links could be made for the NEDs with the Staff Governors.

10.5 In light of this it was proposed that from the 1 April 2021, the Governor role in Holding NEDs to account is delivered via the activities set out above and that the current practice of governor observation on Board committees ceases. A review of the holding to account process will be carried out in a year's time to see whether the proposed activities have been successful.

10.6 Nic Matthews said that he welcomed this report and the planned approach. He said that as a current Board Committee observer he did not feel that this effectively covered the HTA role and therefore welcomed this being revisited.

10.7 June Hennell said that she had found attending the Committee meetings very interesting and informative and it had enabled her to gain a greater understanding of the work of the Trust. She said that she had appreciated the opportunity to do this.

10.8 The Council of Governors endorsed this report and supported the proposed HTA activities going forward.

10.9 Ruth McShane asked whether there was any information available about what the Board discussed at their private session meetings. Ingrid Barker said that the Trust always reviewed its agenda to ensure that as many items as possible could be presented at a public meeting; however, some items would need to be taken privately if they were, for example, politically sensitive, HR related or contain patient identifiable information.

11. HOLDING TO ACCOUNT SESSION

11.1 The Council received the first HTA presentation from Graham Russell, NED and Vice Chair. Graham is the Chair of the Resources Committee and his presentation provided Governors with an overview of the purpose of the Committee, the key-ways of working, those things that had worked well and a summary of the areas where development was underway.

11.2 Chris Witham said that the Trust had placed high importance on ensuring that there was a focus on staff and being a great employer. He asked how the line of sight to the patient was considered. Graham Russell advised that service user engagement was vital. The Trust Board always received a service user presentation at the start of its Board meeting which was an excellent way of reminding the Board of what was important and to ensure that the focus was on the patient. In terms of Board Committee oversight, Graham Russell advised that the Quality Committee had a remit to focus on service user involvement, however, some elements of engagement were considered at the Resources Committee.

11.3 Graham Hewitt noted that the Resources Committee had a very wide remit, with only 6 meetings annually. He picked up on an earlier point about the Committee now receiving more focussed reports at its meeting and he asked how Graham Russell as Chair, and the other Committee members could be assured that these shorter, focussed reports covered the significant issues and that nothing of significance was being omitted. Graham Russell used the Trust's Finance Report as an example. He said that the report had been developed over time, so members had seen the previous versions and had been consulted on the revisions being made. The reports had evolved alongside Committee input, not independently.

11.4 June Hennell asked whether the Resources Committee was the Trust's key assurance Committee. Graham Russell said that all of the Board Committees had an important role in providing assurance to the Trust Board, not just the Resources Committee. However, the Resources Committee did provide good assurance around finance and performance.

11.5 Mervyn Dawe asked whether Graham Russell had ever felt worried or not listened to as Chair of the Committee, or whether there had been any conflicts. Graham said that there had been occasions where he had been worried about a certain issue, but he would seek out guidance from the lead Executive as soon as possible to ensure that this did not require escalation. He said that there had not been any conflicts arising in his memory, only good and constructive challenge by the NEDs to the Executives.

11.6 Nic Matthews referred to "The Committee would be better if….." slide within the presentation and confirmed that this felt like an accurate summary from his time as an observer at the Resources Committee.

11.7 Sarah Nicholson first thanked Graham for his presentation and supported this new way of HTA. She asked about Covid expenditure and whether this additional spend would impact on future service delivery and development. Graham Russell advised that the Resources Committee received and scrutinised the Finance Report at each of its meetings, and this report provided good assurance around Covid costs. He said that the Trust would use the experience of Covid to learn and reconfigure how things are done. The aim of this was not to save money, but to do things in a better and more effective way. A huge amount had been learned through the Covid experience, including a lot of good and innovative practice and this would be taken on board as part of developing our services going forward.

11.8 The Council thanked Graham Russell for his presentation which had been informative and helpful. Governor feedback on the format of the session was welcomed.

12. CQC NATIONAL COMMUNITY MENTAL HEALTH USER SURVEY RESULTS

12.1 The purpose of this report was to summarise the results of the 2020 CQC National Community Mental Health survey. These results provide assurance of the quality of adult community mental health services delivered by GHC.

12.2 In 2019, Quality Health was commissioned by GHC to undertake the 2020 Survey, which is a requirement of the Care Quality Commission. Within the results report, the CQC makes comparison with 55 English NHS mental health care providers' results of the same survey. It was noted that the full results were published on the CQC website. A summary of the key points was as follows:

- The Trust's results are 'better' than the expected range for 13 of the 28 questions (45%) and 'about the same' as other Trusts for the remaining 15 questions (54%) These results represent a further improvement on our results from last years' service user feedback (Better = 38%, about the same = 62%)
- The Trust is categorised as performing 'better' than the majority of other mental health Trusts in 8 of the 11 domains (73%) (last year: 7 out of 11, 64%)
- The scores for feedback are disappointing, although are 'about the same' as other Trusts (the highest score in England was only 3.5). This will continue to be a significant area of focus for development, with the work being led by the Patient and Carer Experience Team.
- An action plan will be co-developed with senior operational and clinical leaders and seeking input from Experts by Experience.
- An infographic has been produced to support effective dissemination of findings to colleagues and local stakeholders.

12.3 The Council received and welcomed this report, which demonstrated that the Trust was performing well. The report did identify some challenges but offered significant assurance that the Trust's strategic focus and dedicated activity to deliver best service experience was having a positive effect over time. Assurance was also received that the results of the survey would be used to identify the key areas of focus for practice development activity over the next 12 months.

12.4 Given the limited time available at the meeting, it was suggested that a small working group meeting would be helpful for Governors to discuss the results in more detail. This was supported and a date would be sought and circulated. **ACTION**

13. BUSINESS PLANNING 2021/22

13.1 The purpose of this paper was to set out the Business Planning approach for 2021/22 to ensure the Council of Governors were appropriately involved in the process and have an opportunity to give views for Board consideration.

13.2 The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by the agreed strategic aims linked to each business planning objective. Directorates and Teams are currently developing their business planning objectives as part of the initial stages of the business planning process for 2021/22.

13.3 The Council was asked to note that the business planning process had been slightly delayed for 2021/22 due to Covid. The aim was for the business plan to be finalised in line with our original planning timescales and presented to the Trust Board for approval at the end of March 2021.

13.4 The National Planning guidance had been published for 2021/22 for Quarter 1 and further guidance was expected in April for the remainder of the year. A business planning refresh is therefore proposed at the 6-month mid-point to allow for further national guidance and in-year changes.

13.5 Lisa Proctor informed the Governors that producing the business plan had been challenging, however, the Trust was supporting colleagues to identify service objectives that were realistic. Graham Hewitt acknowledged that this was a difficult time to be developing the business plan and he therefore fully supported the proposal for a 6-month review and refresh. He asked whether there had been any impact on the quality of the objectives being identified this year. Sandra Betney informed the Governors that colleagues could update their objectives as and when they needed to via the Trust's online portal. This meant that people were not required to finalise everything before the end of March. However, there was a need to ensure that business planning was tied in with budget setting so there may be some issues identified when reconciling plans versus budget at the mid-year point.

13.6 Sarah Nicholson informed the Council that she felt that carrying out business planning at this time had actually focussed people and from her perspective it had been quite well received by colleagues.

14. GOVERNOR ACTIVITY UPDATES

14.1 Chris Witham said that he had spoken to Becca Shute, Assistant to the Chief Operating Officer about the Trust's vaccination programme to get a better understanding of activity taking place locally. He said that the energy and enthusiasm of colleagues for what was being delivered was exemplary and there was some excellent work being carried out. An update on this had been shared with the Governors at the pre-meeting.

14.2 Mervyn Dawe noted that the Governors had a received a briefing note on the current position with Out of Area Placements. He said that this briefing did not cover the specific areas that he had previously requested assurance about. Mervyn would send a further email to Anna Hilditch setting out those issues that he would welcome being addressed. **ACTION**

15. ANY OTHER BUSINESS

15.1 Governors were asked to note that due to Covid, there was no longer a requirement to carry out an external audit of the Trust's Quality Report for 2020/21. Governors would normally receive a set of key indicators within the Quality Report and select a local indicator to be audited. It was planned that this process would resume for 2021/22.

16. DATE OF NEXT MEETING

16.1 The next meeting would take place on Wednesday 12 May 2021 at 10.00am.

COUNCIL OF GOVERNORS
ACTIONS

Item	Action	Lead	Progress
10 March 2021			
12.4	A small working group meeting for Governors to discuss the MH Service user survey results in more detail to be arranged.	Anna Hilditch / Lauren Edwards	Complete. Session held on 22 April 2021
14.2	Mervyn Dawe to email specific points requiring assurance around Out of Area placements to Anna Hilditch, for action.	Mervyn Dawe / Anna Hilditch	Complete

AGENDA ITEM: 24

FOREST OF DEAN ASSURANCE COMMITTEE SUMMARY REPORT

DATE OF MEETING 16 APRIL 2021

COMMITTEE GOVERNANCE	• Committee Chair – Steve Brittan, Non-Executive Director • Attendance (membership) – 100% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

DESIGN & CONSTRUCTION UPDATE

The Committee received the Design and Construction presentation which provided a visual representation of the changes made to the redesign. Changes included the change to a two-storey option.

The Committee was informed of the progress which had been made since the previous meeting on the site abnormals identified: mine workings, highways, ecology and storm and foul water discharge.

The Committee noted the CCTV showed culvert in poor state. This was identified as a risk. It was noted this was owned by Severn Trent and had been added to the risk register; noting that there may be the requirement for improvement works to be carried out.

The Committee was informed of other activities which had been progressed and carried out, including the background noise assessment and the development of an ecological mitigation timeline.

COMMITTEE DISCUSSION

The Director of Strategy and Partnerships informed the Committee the current design incorporated a central court yard and a key aspect of this from both an operational and clinical perspective, was that it would maximise natural light in to 90% – 95% of the building and all clinical rooms which would be occupied on a frequent basis. The Committee was asked for consideration to be given to potentially filling in the court yard space enabling a solid building instead. This would result in a greater use of space on the floor plan, but all rooms not necessarily receiving natural light.

The Committee was informed of the option of flipping the current floor plans to reduce the risk around stairways and lifts; noting that this would potentially locate inpatients on the first floor and thus creating challenges to being able to directly access external gardens. This was noted to have been one of the key drivers (from the consultation and the workforce) to include.

Andrew Paterson, Strategic Project Manager provided detail on the economic business case and explained there would be the requirement by NHSEI to run the Capital Investment model which would produce the value for money at completion. This would set the benefits against the costs defined by the economic model.

SUMMARY & CONCLUSION

The Committee agreed that the full business case for the project would not be received by the Trust Board scheduled for 27th May 2021. The Trust Board would receive an 'approval to proceed' report on the project to outline the approvals needed to proceed with the next phase of the scheme.

The Committee agreed the following information should be provided to continue to provide assurance to the Board:

- That the formal Value for Money assessments required for the Full Business Case would deliver an acceptable outcome that would pass scrutiny
- Confirmation of the forward financial capital "affordability" envelope, taking into account future constraints as far as could currently be understood within the ICS, and the Trust's up-to-date financial position
- A well-qualified project build cost budget, taking into account the risks described above, that is clearly within the capital affordability envelope

OTHER ITEMS RECEIVED BY THE COMMITEE

The Committee received and noted the **Risk Register.**
The Committee received the **Critical Path timeline** and noted the time constraints recorded.
The Committee received the **FoD Programme Board update report.**

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**23 June 2021**

MHLS COMMITTEE SUMMARY REPORT

DATE OF MEETING 21 APRIL 2021

COMMITTEE GOVERNANCE	• Committee Chair – Jan Marriott, Non-Executive Director • Attendance (membership) – 75% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

PROPOSED RESPONSE TO CONSULTATION ON WHITE PAPER ON REFORMS TO THE MENTAL HEALTH ACT

The Committee received the proposed response to the consultation on the white paper on reforms to the MHA 1983. The response included feedback which had been received from Focus Groups, Service Users, mental health workforce and Trust Board members. The Committee discussed the responses set out in the paper and commented on the key themes identified, which included Guiding Principles, Detention criteria, therapeutic benefit and substantial risk, Access to tribunals, Advance choice and care treatment plans, Nominated person, Advocacy and People with a learning disability or autism.

The comments received would be incorporated into the Trust response for submission. The Committee expressed thanks to Becca Shute for her work in producing the Trust's response to the MHA White Paper.

REVIEW OF DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) APPLICATIONS UPDATE

The Committee received a verbal update on the Review of DoLS Applications and it was reported that countywide Gloucestershire County Council currently had 1350 cases to assess. From April to December 2020 Mental Health had 23 applications for DoLS, of the 23, 21 were granted. This showed a significant increase in the applications for DoLS in mental health services. It was reported Physical Health Services, Community Hospitals had received 64 applications over a 9-month period, none of which were authorised. This was expected and would be due to patients moving on before being assessed by the local authority. The Committee was assured that patients who were awaiting DoLS application assessments would continue to receive treatment in the patient's best interests under an urgent DoLS.

POLICIES FOR REVIEW AND RATIFICATION

The Committee received the Mental Health Act Information policy and was informed that the policy assured patient's rights were given within relevant timeframes; noting section 2 was weekly, section 3 was 3 weekly and CTOs were 2 monthly. The Committee noted there were no proposed changes to the policy. The Committee ratified the Mental Health Act Information policy.

The Committee received the Receipt, Scrutiny and Rectification of MHA Documents policy and the proposed changes. The proposed changes provided greater clarity on how section 15 would apply to medical recommendations; in particular, joint recommendations. Section 15(1) of the Mental Health Act would allow for the rectification within 14 days of an incorrect or defective recommendation. Whereas section 15(2), does not allow for the provision of a fresh joint recommendation if it was to be insufficient to warrant detention. The Committee approved the proposed changes and ratified the policy.

The Committee received the Renewal of Detention and Extension of CTO policy and was informed of key changes within the policy. The Committee agreed the policy would be re-issued without the inclusion of the use of video examinations. This would then be re-issued if required.

MENTAL HEALTH ACT POLICIES (MHLS MONITORING)

The Committee received the Mental Health Act Information Policy for monitoring, and was informed of an internal audit of the recording on RiO of verbal provision and reminders to patients subject to the MHA of information about their rights. It was agreed a discussion of further compliance to reduce the risk would be discussed in the meeting. The Committee noted the limited assurance provided by the audit and the ongoing actions being taken by the Mental Health Operational Group.

The Committee received the Policy for Receipt and Scrutiny of Mental Health Act documents for monitoring, informing the Committee of an audit which had been completed of AMHP applications for admission and medical recommendations selected at random. It was reported that no errors were found during the audit. The Committee noted the significant assurance provided by the audit.

ANNUAL AMHP SERVICE REPORT

The Committee received the Annual AMHP Service Report providing an outline of the AMHP activity service for the year 2020/2021. The report highlighted a significant increase of 50% in referrals received in the peak of summer 2020 compared to the previous year. The increase was partly thought to be due to the NHS Guidance around working with mental health and learning disabilities in Covid. The lack of access to community resources was reported to be a problem with many referrals going straight to mental health assessments.

The majority of individuals assessed were in the age bracket 18-30 years. There had been an increase by approximately 5% of admissions in under 18s. In contrast, fewer assesments had been received for over 70s. Those individuals recorded on RIO as identifying themselves as Black ethnicity made up 4.7% of all assessments whereas people identifying as Asian made up just 1.1%. However for 11% of assessments or 148 people, “unknown ethnicity” was recorded.

The report identified the majority of assessments during 2021 were of female patients. In previous years this had been fairly equally divided between males and females. The Committee was informed of a report published 17th March 2021 by OpenDemocracy stating the Women had been disproportionately affected by soaring MHA detentions during Covid particularly the use of section 2 detentions. An FOI reported that GHC had seen a 48% increase in the average monthly numbers of women detained between March and December 2020. Other NHS Trusts (Solent, Cornwall, Northampton) also reported a rise of female detentions by more than a quarter. The Committee noted the assurance provided.

MHA MANAGER REAPPOINTMENT

The Committee was informed of the reappointment of MHA Manager Ivars Reynolds. The reappointment was made via the normal reappointment process of completion of self-assessment forms and two peer review forms, followed by a personal development review with Steve Alvis, Non-Executive Director. The Board would be asked to endorse the reappointment until 31st March 2024.

OTHER ITEMS RECEIVED BY THE COMMITTEE

- The Committee received the Mental Health Operational Group update.
- The Committee was informed that there were no risks on the Corporate Risk Register for oversight by the MHLS Committee.
- A verbal update was provided on Approach to Peer Support Workers.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.
- **Endorse** the reappointment of MHAM Ivars Reynolds until 31st March 2024.

DATE OF NEXT MEETING	**21 July 2021**

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 24/0521

RESOURCES COMMITTEE SUMMARY REPORT

DATE OF MEETING 29 APRIL 2021

COMMITTEE GOVERNANCE	• Committee Chair – Graham Russell, Non-Executive Director • Attendance (membership) – 100% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT – MONTH 12

The Committee received the Finance Report for month 12. In regards to the capital position within the report it was noted that the Trust had spent £10.7m at year end, which was £3k below plan. The Committee agreed that this was an outstanding position considering the challenges faced during the year and thanks were expressed to finance colleagues, as well as those colleagues in IT and Estates who had ensured that the Trust was able to spend its capital envelope.

The Committee congratulated Director of Finance Sandra Betney, Deputy Director of Finance Stephen Andrews and the wider finance team on their outstanding performance. This had been an exceptional year with huge challenges. The achievement of CIPs, hitting the capital plan target and a favourable year-end financial position had been no mean feat. It was acknowledged the performance was also a reflection of the hard work of operational colleagues.

PERFORMANCE DASHBOARD – MONTH 12

The Committee received the Performance Report for month 12 and was informed that all but one of the indicators included in the report had been seen in exception within the past year.
The new indicator was highlighted in the report *Supported Discharge (ESD) – Proportion of new patients assessed within 2 days of notification*. The Committee was informed the indicator was last in exception in October 2019. It was reported the exception related to data quality issues with reporting.

The threshold *Single Point of Clinical Access (SPCA) % calls abandoned* was brought to the Committee's attention; it was reported the threshold challenge directly related to the inclusion of dental within the service management of the area. This resulted in the threshold being breached. It was reported the service had tried to differentiate between routine call abandonment rates and also the dental calls rates and concluded it was specifically relating to dental. This exposed an issue with the dental performance and discussions regarding building a performance dashboard specifically for dental services were ongoing with colleagues.

The Committee noted the Performance Dashboard and the assurance provided.

CAPITAL PLAN 2021/22

The Committee received the Capital Programme 2021/22 report and noted the proposed Capital Plan for the next five years and how Backlog Maintenance would be addressed within the plan.

The Trust has agreed its share of the ICS System Capital envelope for 21/22. It was reported the Trust has a capital envelope of £15.993m for 21/22. This envelope included £5m for the Forest of Dean Hospital new build scheme. The Committee noted that there was a risk that the Trust may not be able to spend all of the £15.993m capital envelope in 21/22, and any slippage would then count against the capital envelope in the following year and reduce the level of funding for new schemes.

The Director of Finance asked for the Committee's consideration to explore the brokerage and then to use it to offset any delays in the FoD Scheme expenditure. It was noted this would be dependent on the Board approving the FoD Business Case when received. The Director of Finance reported the amount allocated to the FoD Scheme remained at £20.4m; however, following additional cash and balance sheet modelling it was noted this could be increased to £25m, dependent on Board approval of the budget.

The proposed capital plan included significant expenditure in Backlog Maintenance. In building this plan the Capital Management Group had considered the significant backlog maintenance issues identified in the recent 6 facet surveys completed across the Trust's estate. This plan addresses all outstanding Condition C & D High or Significant risk backlog maintenance issues in 2021/22.

The Committee noted that no land and building disposals were planned for 21/22. These have been pushed back to 22/23 and 23/24. They have been valued in the plan at Net Book Value rather than Disposal value as per the latest capital guidance.

The Committee approved the capital budgets for 2021/22 and approved in principle the five-year capital plan.

FOREST OF DEAN PROGRESS REPORT

The Committee received a verbal update on progress of the FoD Hospital Development and the Committee was informed that the latest figures received anticipated a current build cost of £23.7m. This posed a challenge, noting the last affordability position approved by the Trust Board was £20.4m
The Director of Strategy and Partnerships informed the Committee of the change in the design of the hospital to a two-storey build. The Committee was informed of work taking place to assess different creative solutions to reduce the cost, including some design changes. A level of compromise was expected which involved issues with inpatient access and decreased natural light. The high-level scrutiny involved in the design was noted. It was reported that a Value for money (VFM) assessment had been completed.

OTHER ITEMS RECEIVED BY THE COMMITTEE

- The Committee received a report and supporting presentation on **System Operational Planning 2021/22.**
- The Committee received the **Digital Strategy** and this was endorsed prior to submission to the May Trust Board.
- The Committee received and considered the updated **Board Assurance Framework.**
- The Committee received the **Risk Register** and noted the information and assurance provided.
- The Committee received the **HR Policies and Procedures update** informing the Committee of the review and amendments made to the Flexible Working Policy and Procedure.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**24 June 2021**

with you, for you

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 25/0521

AUDIT & ASSURANCE COMMITTEE SUMMARY REPORT

DATE OF MEETING 06 MAY 2021

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

PROGRESS REPORT: The Committee received and noted the Internal Audit progress report.

MANAGING RISK IN THE NHS REPORT: The Committee received the *Managing Risk in the NHS* report from the Trust's Internal Auditors and it was agreed that it would be reviewed against the Trust's Board Assurance Framework.

INTERNAL AUDIT REPORTS: The Committee received the following Internal Audit reports:

Internal Audit	Risk rating
Performance Management	Medium
ESR/ Payroll Alignment	Medium
IT Problem Solving	Medium
Risk Management	Low
System Working	Advisory

AUDIT PLAN 2021/2022: The Committee received a verbal update on the progress of the development of the Internal Audit Plan. This would be received at the next Audit & Assurance Committee meeting.

INTERNAL AUDIT ANNUAL REPORT & HEAD OF INTERNAL AUDIT OPINION (2020/2021) – DRAFT: The Committee was informed that the Internal Audit Annual Report and Head of Internal Audit Opinion would be received at the next meeting of the Audit and Assurance Committee.

EXTERNAL AUDIT

PROGRESS REPORT & TECHNICAL UPDATE: The Committee received an update on recent and planned external audit activities. The Committee was informed that the interim audit had been completed and the final audit had commenced. The findings would be brought to the next meeting of the Committee.

COUNTER FRAUD, BRIBERY & CORRUPTION

PROGRESS REPORT: The Committee received the Counter Fraud, Bribery and Corruption Progress Report. It was brought to the Committee's attention the NHS CFA requires all NHS providers to sustain their compliance with the standards for countering fraud, bribery and corruption. The new standards for the year were implemented in January 2021. For 2020/2021, the Annual Self Review Tool (SRT) (the mechanism used to annual report compliance against the standards) has been replaced by the Counter Fraud Functional Standard Return (CFFSR). Despite all activity for the year being devised and undertaken in accordance with the previous standards, the CFFSR must be based on the new standards which have a greater level as specificity. This will result in an increase in red and amber ratings for the Trust in certain areas. The NHS CFA has acknowledged that this will be a base line

measurement only, and there will be an increase in red and amber ratings. The counter fraud workplan for 2021/2022 identifies the work required for the Trust to meet the new requirements.

The Committee was informed that the total days of agreed activity had increased from 200 to 295 days for the 2021/20022.

It was reported there had been four fraud allegations since the beginning of the financial year which were ongoing. It was highlighted that three of the allegations related to working when reported sick. HR had been notified.

The draft annual report for 2020/21 and the work plan for 2021/2022 were noted.

DRAFT ANNUAL REPORT

The Committee received the draft Annual Report and noted that the report had been prepared in line with the NHS Foundation Trust Annual Reporting Manual for 2020/21. The Committee discussed the draft report and proposed minor amendments. The Committee noted the update and provided feedback for consideration with particular focus on the Annual Governance Statement, Compliance with the NHS Foundation Trust Code of Governance and the Accountability Section.

DRAFT ANNUAL ACCOUNTS (INCLUDING ACCOUNTING POLICY REPORT)

The Committee received the Draft Annual Accounts which showed the draft position of the final accounts for 2020/21. The Committee:

- Received the draft Accounts
- Approved the updates to the Accounting Policies
- Endorsed the Trust's assessment of Going Concern and associated disclosures and recommended statements
- Noted the reconciliation from the management reported position to the Accounts

FINANCE COMPLIANCE REPORT

The Committee received the Finance Compliance report which provided an update on actions taken under delegated powers since the last meeting of the Committee. The Director of Finance reported debtors had decreased by £44k since month 9. It was noted the Better Payment Policy information demonstrated close to the 95% required target. The Committee was advised of one breach of SFIs.

LESSONS LEARNED – LIGATURE REMOVEAL PROJECT WOTTON LAWN

The Committee received and considered the Lessons Learned Report on the Ligature Removal project at Wotton Lawn.

GOVERNANCE COMPLIANCE REPORT

The Committee received the Governance Compliance Report providing assurance on the progress and achievement with meeting the required standards for registers, held and maintained in line with statutory requirements and good practice.

OTHER ITEMS RECEIVED BY THE COMMITTEE

- The Committee received and noted the **Board Assurance Framework (BAF)**
- The Board received and noted the **Corporate Risk Register**

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**26 MAY 2021**

with you, for you

NHS
Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 26/0521

QUALITY COMMITTEE SUMMARY REPORT

DATE OF MEETING 11 MAY 2021

COMMITTEE GOVERNANCE	• Committee Chair – Maria Bond, Non-Executive Director • Attendance (membership) – 71% • Quorate – Yes

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

QUALITY DASHBOARD

The Committee received the Quality Dashboard and it was highlighted that the Trust was identified by the Health Service Journal (HSJ) as being within the top six highest scoring NHS Trusts based upon the Staff Friends and Family Test (FFT) within the Annual Staff Survey. The Committee requested a breakdown of the FFT results by team or service for the next meeting to seek assurance that the results are representative of the whole Trust.

The Committee was pleased to note the reduction in Covid 19 inpatient deaths reported in the dashboard. Work would take place to streamline the dashboard with a view to moving the reporting of Covid vaccinations and infection rates to "business as usual".

The Committee received a deep dive focus on Pressure Ulcers which offered an excellent level of assurance of the work and developments taking place.

There was continued focus and quality improvement work taking place to enhance recovery within the complaint management process, which included the development of a new internal quality indicator for 21/22 regarding time to completion of complaints. It was noted that 100% of complaints received in March were acknowledged within the three-day time frame. The committee requested further information to track progress on resolving complaints for the next meeting, whilst acknowledging that it could take 6 months to recover from the COVID disruption.

The Committee received, noted and discussed the contents of the report.

PATIENT SAFETY & EXPERIENCE REPORT

The Committee received the Patient Safety and Experience Report informing the Committee of the details of Serious Incidents Requiring Investigation (SIRIs) declared and submitted, information on the number of complaints, concerns and compliments received and an overview of medical alerts received and their current action status.
The Committee noted:

- There were 3 SIRIs declared in March 2021
- There are currently 11 active SIRIs in investigation. All investigations are on target for submission within the NHS framework timeframes
- The PCET received 10 formal complaints in March 2021
- There are currently 72 open complaints. 4 complaints are under review with the PHSO
- A total of 1,596 FFT responses were received; 94% reported a positive experience
- 2 Learning from Patient Experience notices (LfPE) were shared via the Trust's Quality intranet pages and governance meetings.
- The PCET remain in recovery following the national suspension of investigating complaints to support Trusts' responses to the Covid pandemic.

CORPORATE RISK REGISTER

The Committee received the Corporate Risk Register and it was reported that there were 13 corporate risks, all of which had been reviewed by their designated risk owners. There had been one reduction to risk *ID92 Covid-19 - Litigation - Clinical Covid-19 - Litigation - Employer Liability Claims*.
The Committee was informed that one new risk had been added to the register relating to *Patient record Document Storage.* The Committee noted the information and assurance provided.

QUALITY ASSURANCE GROUP SUMMARY REPORT

The Committee sought assurance that the right resources were being put into place to tackle issues in the Eating Disorders Service. Recovery work was underway and demand and capacity mapping for the service was being reviewed, with discussions having taken place with system partners and the CCG regarding accessing additional funding for the service. The Committee received assurance that all patients who were on waiting lists for additional time were contacted on a monthly basis to understand developments of their wellbeing and whether they were deteriorating. A lot of work was being developed as part of the waiting list initiative and ensuring patients were offered additional support and access whilst awaiting treatment. The Committee agreed that the issue of referrals and demand and capacity for both the CAMHS and eating disorder service should be escalated to the Trust Board.

RESUSCITATION TRAINING COMPLIANCE REPORT – QUARTER 4

The Committee received the Resuscitation Training Compliance Report for quarter 4, providing an update on the delivery of Resuscitation Services for the year 2020/21. The Committee noted that good progress with training compliance had been made since the report had been written and assured the Committee that this remained a key action area. The Committee acknowledged the huge efforts from training and operational team colleagues in recovering this position.
The Committee reviewed the report and the level of assurance provided.
The Committee endorsed the proposal for standardising and harmonising the work streams.

OTHER ITEMS RECEIVED BY THE COMMITTEE

The Committee received a **clinical presentation on Quality Improvement.**
The Committee **received, reviewed** and **noted** the information relating to quarterly patient safety incident reporting.
The Committee received the **Board Assurance Framework.**
The Committee received an update on the **Quality Strategy.**
The Committee received and noted the **draft Quality Account.**
The Committee received and noted the **Safeguarding update.**

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	**01 July 2021**