

TRUST BOARD MEETING
PUBLIC SESSION
Wednesday 22 July 2020
10.00 – 12.00pm
To be held via Microsoft Teams

AGENDA

	Agenda Item	Title	Purpose		Presenter
Opening Business					
	01/0720	Apologies for absence and quorum	Note	Verbal	Chair
	02/0720	Declarations of interest	Note	Verbal	Chair
	03/0720	Draft Minutes of the meeting held on 20 May 2020	Approve	Paper	Chair
	04/0720	Matters arising and Action Log	Note	Paper	Chair
	05/0720	Questions from the Public <i>Questions need to be received in writing no later than 12 noon on 16 July</i>	Note	Verbal	Chair
Strategic Issues					
	06/0720	Report from the Chair	Note	Paper	Chair
	07/0720	Report from the Chief Executive and Executive Team	Note	Paper	CEO
	08/0720	System Wide Update	Note	Paper	DoSP
	09/0720	Board Assurance Framework	Note	Paper	HoCG
	10/0720	Update on Trust's Diversity work	Note	Paper	DoHR&OD
Performance and Patient Experience					
	11/0720	Covid-19 Recovery Programme Update	Note	Paper	Chief Executive
	12/0720	Performance Report	Note	Paper	DoF
	13/0720	Finance Report	Note	Paper	DoF
	14/0720	Quality Report	Note	Paper	DoNQ&T
	15/0720	Learning from Deaths Q4	Note	Paper	MD
Items to Information					
	16/0720	Board Assurance Committee - Covid	Note	Paper	Chair
	17/0720	Audit & Assurance Committee Summary (28 May and 17 June)	Note	Paper	Audit Chair
	18/0720	Resources Committee Summary (25 June)	Note	Paper	Resources Chair
	19/0720	Quality Committee Summary (1 July)	Note	Paper	Quality Chair

	Agenda Item	Title	Purpose		Presenter
	20/0720	Charitable Funds Committee Summary (3 July)	Note	Paper	CF Chair
	21/0720	Appointments and TOS Committee Summary (16 July)	Note	Verbal	Chair
	22/0720	Council of Governor Minutes (19 March)	Note	Paper	HoCG
	23/0720	Use of the Trust Seal – Q4 2019/20 and Q1 2020/21	Note	Paper	HoCG
Closing Business					
	24/0720	Any other business	Note	Verbal	Chair
	25/0720	Date of next meeting Weds 30 September – 10.00 – 12.00 Weds 25 November – 10.00 – 12.00	Note	Verbal	All

The AGM for the former Gloucestershire Care Services NHS Trust will take place immediately following the conclusion of the Board meeting.

BOARD MEETING
WEDNESDAY 20 MAY 2020
HELD VIA MS TEAMS

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

IN ATTENDANCE: Karen Bennett, Trust Governor
 Katie Clark, Trust Governor
 Said Hansdot, Trust Governor
 June Hennell, Trust Governor
 Anna Hilditch, Assistant Trust Secretary
 Stephen McDonnell, Trust Governor
 Bren McInerney, Member of the Public
 Louise Moss, Deputy Head of Governance
 Kate Nelmes, Head of Communications
 Anneka Newman, Trust Governor
 Sarah Nicholson, Trust Governor
 Sonia Pearcey, Freedom to Speak Up Guardian (Item 7)
 Lavinia Rowsell, Head of Corporate Governance and Trust Secretary
 David Smith, Transition Director
 Katherine Stratton, Trust Governor
 Sian Thomas, Deputy Chief Operating Officer

1. WELCOME AND APOLOGIES

- 1.1 The Chair welcomed everyone to the meeting, with a special welcome to Steve Brittan who had been appointed as an Associate Non-Executive Director from 18 May 2020.
- 1.2 No apologies for the meeting had been received.

2. DECLARATIONS OF INTEREST

- 2.1 There were no new declarations of interest.

3. MINUTES OF THE MEETING HELD ON 22 APRIL 2020

- 3.1 The Board received the minutes from the previous meeting held on 22 April 2020. Steve Alvis suggested an amendment at 6.18 in relation to the Vulnerable People's Telephone service. He had raised a query regarding patients living in Gloucestershire but registered with an out of area GP practice, and the minute had recorded this the opposite way round.
- 3.2 Subject to this amendment the minutes were accepted as a true and accurate record of the meeting.

4. MATTERS ARISING AND ACTION LOG

- 4.1 The Board reviewed the action log and noted that all actions were now complete or included on the agenda.
- 4.2 Duncan Sutherland referred back to the Vulnerable People's Telephone service, noting that a target had been set of contacting 15k people. John Campbell advised that GHC had been supporting GP practices to make these calls and to date 6.5k calls had been made by the VPTS hub. It was hoped that all calls would be made by the end of June.

5. QUESTIONS FROM THE PUBLIC

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

6. COVID19 TRUST RESPONSE - UPDATE

- 6.1 The purpose of this item was to provide assurance to the Board on the work the Trust had undertaken in responding to Covid and to highlight areas of good practice. Sian Thomas was in attendance to present this. Before commencing with the update, the Chair said that this report demonstrated an enormous amount of work and she wished to acknowledge the efforts of the Executive Team and Trust colleagues.
- 6.2 The item was broken down into 2 presentations; one focussing on the Trust's incident response and the second on Recovery Planning.

Incident Response

- 6.3 In terms of incident response, the Board noted that work on Covid commenced in early February, and the Trust implemented an Incident Control approach. Since that time, a formal programme structure has been put in place.
- 6.4 Some of the key things put in place to support this work included the allocation of RAG ratings to inpatient units to ensure that the Trust could continue to deliver quality services safely, developed new sickness absence apps and self-reporting tools for staff, carried out redeployment to clinical services, set up an effective stock management system and team to support this and further developed the Trust's reporting and business intelligence function. This development in reporting has enabled the Trust to closely monitor bed flow, activity, contact levels and referrals, which would be a key focus area as the Trust moves into the recovery phase.
- 6.5 Graham Russell asked whether the Trust held any Covid benchmark data with other Trusts. Sian Thomas advised that benchmarking for community trusts was relatively poor as the national focus tended to lean toward the acute trusts. However, the Trust did have a large amount of qualitative information coming in that would be reviewed.

Recovery Planning

- 6.6 The Board received the second presentation which set out the Trust's proposed approach to operational recovery during and post Covid. Paul Roberts advised that changing operational services to meet the demands of Covid had been challenging but the Trust had managed; however, the next phase of recovery would be complex and he assured the Board of the significant amount of work that was taking place to focus on this.
- 6.7 The presentation set out the work carried out to date, and the proposed workstreams, along with the key principles for recovery.
- 6.8 As part of the recovery process, teams would be asked to self-review their services and categorise these. Some services would propose to revert back to their pre-existing form; however, this work would also give services the opportunity to consider whether any of the changes made to manage Covid would be beneficial for the service moving forward, such as 7 day working or the use of digital communication. It would also be important when reinstating services to consider the "need" that the patient population has, for example supporting more people at home, and therefore gaining user, carer and staff input into the process would be key.
- 6.9 Jan Marriott highlighted the importance of co-production with service users and the public. She said that many people had found different ways to manage and cope during Covid so it would be important to draw on their views and feedback going forward. Angela Potter advised that a report was currently in production for presentation to the Executive Committee which set out the Trust's approach to patient, service user and carer involvement to support recovery and developing the future state. She said that work was still at an early stage but the importance of it was recognised.
- 6.10 Steve Alvis noted the national concern regarding suspected cancer investigations and asked about the recovery of endoscopy services. Sian Thomas advised that GHC was working closely with Gloucestershire Hospital's Trust to agree a joint recovery approach for these services.
- 6.11 Steve Brittan said that it was good to see the emphasis on "key enablers" such as digital and finance, which would help drive wider innovation. He suggested that training should also be highlighted as a key enabler, to help staff embrace new technologies and ways of working. Neil Savage advised that a Digital Working Group had been set up and said that he would welcome a further discussion outside the meeting.
- 6.12 Duncan Sutherland asked how the Trust was going to approach the review of lessons learned. Paul Roberts informed the Board that a Board workshop would be taking place in June focussing on the lessons learned, with individuals being invited to attend and speak to Board members about their specific experience and to enable time for the Board to reflect upon this. The Board noted that a formal lessons learned approach was being put in place, with a number of engagement activities planned including debrief sessions with staff, "Every Cloud" – a questionnaire for staff to complete and the issuing of posters for Trust sites inviting comment and feedback. Neil Savage added that a questionnaire was sent out to senior managers asking for their feedback on what had gone well, and what required improvement, and the collated responses to

this had been presented to the Executive Committee at the beginning of May. This included feedback on the redeployment process.

- 6.13 Ingrid Barker said that the Covid pandemic would only work to re-emphasise existing health inequalities, and it was therefore vital that work was done to address this and incorporate it into recovery planning going forward. Angela Potter advised that a mental health cell had been agreed as it was not felt that this area had received sufficient focus.
- 6.14 Said Hansdot, Trust Governor said that there had been concerns about the BAME community and he asked whether frontline BAME staff members had received the support that they required. Neil Savage said that there had been heightened concerns for BAME communities and the risk of contracting Covid, and GHC had written to all affected staff members and developed local risk assessment guidance, with the Trust's Working Well (Occupational Health) Team supporting people in doing this. The Trust has redeployed staff accordingly. He offered assurance that there were robust processes in place to manage this position. Amjad Uppal added that he had been in contact with his BAME medical colleagues and was closely monitoring any concerns that may arise.

7. FREEDOM TO SPEAK UP (FTSU) REPORT

- 7.1 The Board welcomed Sonia Pearcey, FTSU Guardian to the meeting to present the Freedom to Speak Up Report. The report provided assurance to the Trust Board that speaking up routes remained open for colleagues to speak up in these unprecedented times of Covid.
- 7.2 The Board noted that 18 concerns were raised in Quarter 4 2019-20. As of 13 May 2020, 12 colleagues had spoken up, including 1 from another NHS Trust, to the Freedom to Speak Up Guardian. Of the 11 concerns raised from colleagues within GHC, 8 were specifically related to Covid. Sonia Pearcey informed the Board that these concerns related to a lack of social distancing, misuse of PPE and anxiety around redeployment. She said that these were very similar to concerns raised nationally. Maria Bond noted the concern about social distancing and asked what the Trust was doing to address this. Neil Savage advised that a Task and Finish group had now been set up on release of the national guidance on safe work places. This group had multidisciplinary membership and would build on the work previously implemented on safer working.
- 7.3 In terms of promoting staff to Speak Up, the Board noted that a lot of work was taking place to encourage this, including promoting the service on social media and through global communications with staff. The FTSU Guardians in the South West region met fortnightly and Sonia Pearcey said that she had developed solid links with the Guardian at Gloucestershire Hospital's Trust.
- 7.4 Sumita Hutchison asked whether it was possible to breakdown the concerns received by staff group and ethnicity, as she was seeking assurance that all staff felt that they had equal opportunity and support to Speak Up. Sonia Pearcey reported that 3 of the 11 concerns raised in quarter 1 had been received from BAME staff members. The

Board agreed that it would be very helpful for overview and scrutiny if the report could include protected characteristics in future.

- 7.5 The Board noted that future papers would be presented 6 monthly and in a structured format to ensure compliance with the “Guidance for Boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts”. On behalf of the Board, Ingrid Barker expressed her thanks to Sonia Pearcey for providing assurance in this area and for the work carried out to encourage staff to feel confident in Speaking Up and promoting a positive Speak Up culture within the Trust.

8. PERFORMANCE DASHBOARD

- 8.1 Sandra Betney presented the combined Performance Dashboard to the Board for the period April 2020 (Month 1 2020/21). This report provided a high level view of key performance indicators (KPIs) in exception across the organisation.
- 8.2 As per last month’s report, the Board noted that the organisation’s response to Covid had adversely contributed to the available operational capacity to undertake routine performance monitoring processes for the period. Specifically this has had an impact across measures requiring validation or specific narrative feedback. Where possible, it has been highlighted within the indicator narrative where Covid may have specifically contributed to in-period data quality, narrative and/or performance.
- 8.3 The comprehensive list of the newly developed corporate and operational Covid reports were provided to the Executive in May 2020 and from this, the Executive agreed the specification for a weekly Covid monitoring dashboard for the Programme Management Board. This would be separate and in addition to the routine monthly corporate performance dashboard. A dashboard prototype had been drafted and shared with the Executive Team earlier this week. This could be updated with additional indicators going forward.
- 8.4 Following a review of the performance dashboard, indicator 3.11 was highlighted, IAPT Recovery Rate. It was noted that performance for April was uncharacteristically low, and feedback had been received that some clients were reluctant to move to telephone or video based interventions from face to face. The Board noted that patient feedback was being sought and received, and assurance was given that an individual assessment would always be carried out to ensure that the patient could receive the best approach for them.

9. FINANCE REPORT

- 9.1 The Trust submitted its draft Final Accounts by the revised deadline of the 11th May. External Audit are now reviewing the accounts. Final audited accounts will be submitted by 25th June.
- 9.2 The draft year end surplus for GHC was above plan at £2.724m before absorption accounting, and excluding impairments of £3.489m.
- 9.3 Block income payments are being made direct to the Trust from main commissioners based on income at month 9 for last year inflated by 2.8%, and not reduced by 1.1% efficiency savings.

- 9.4 All Trusts have to show a break even position at the month end by either accruing for an additional retrospective top up payment if their income is insufficient to cover their expenditure, or putting a negative retrospective top up payment if income exceeds expenditure. The Trust received a top up payment of £1.005m in April to cover an assumed shortfall in income to cover the expenditure run rate of last year (months 8-10). In order to balance to break even the Trust has removed this top up and assumed it will receive a top up payment of £0.090m.
- 9.5 The Cost Improvement Plan target for the Trust is £7.686m. The CIP removed at budget setting was £3.275m. During the interim Covid financial arrangements the Trust was not expected to deliver the 1.1% efficiency saving.
- 9.6 The Capital plan for 20/21 was set at £9.945m. Current spend as at the end of month 1 was £130k. It was noted that the ICS had a combined capital spend envelope of £31.287m which included GHC's full allocation of £9.945m.
- 9.7 Cash balance at the end of month 1 was £61.9m due to the Trust receiving both April and May's block contract payments in April.
- 9.8 The Board was pleased to note that despite challenging circumstances, GHC continued to hit its Public Sector Payment Policy (PSPP) target, with 92% of invoices paid within 10 days and 95% in 30 days.
- 9.9 The Board noted the month 1 financial position. Ingrid Barker expressed her thanks to the Director of Finance and her team for their work given the challenging circumstances.

10. QUALITY DASHBOARD REPORT

- 10.1 This report provided an overview of the Trust's quality activities for April 2020. It was noted that key data was now reported under the relevant CQC Domains – caring, safe, effective, responsive and well-led.
- 10.2 A series of Quality Priorities were agreed prior to the Covid outbreak. In the current climate, John Trevains advised that these priorities may no longer meet the needs the population of Gloucestershire which we serve. The Trust will, therefore, be reviewing the clinical and therapeutic needs of our patients, and the configuration of our services to support these needs over the coming months. The Board noted that this would, in turn, inform new quality indicators which will be launched at the appropriate juncture in 2020/21. Discussions with the CCG would be taking place with the aim of re-establishing these priorities going forward.
- 10.3 The organisation's response to Covid has adversely contributed to available staff capacity to undertake scheduled quality monitoring processes, with a range of Quality Directorate colleagues having been redeployed to prioritised frontline services and support roles. However, assurance was given that essential patient safety, incidents, quality and experience functions had continued to be closely monitored throughout. The Quality Assurance Group would resume virtually in May 2020 as the first step in recovery of business as usual quality governance arrangements. This will be followed by the Board Quality Committee recommencing in June 2020.

- 10.4 John Trevains advised that the Quality Dashboard would continue to include progress against the quality indicators for the Trust, as well as providing additional detail and assurance regarding areas identified within the Performance Report as being below target.
- 10.5 Maria Bond noted that GHC, and the NHS in general had received a huge volume of positive messages and compliments during the Covid pandemic and she asked whether the Trust was able to record all of these. John Trevains said that his team were working closely with Communication Team colleagues to triangulate this information and he agreed to provide the Board with a more detailed update in his next report.

ACTION: John Trevains to provide more detail in the next Quality Report on the work taking place to formally record all compliments received

- 10.6 Ingrid Barker said that she welcomed this report, as well as the Performance Dashboard report received earlier in the meeting. However, she said that the Trust needed to get smarter about what mattered and to agree smart metrics, aligned with strategic priorities. She asked colleagues to consider this as part of future report development.

11. ANY OTHER BUSINESS

- 11.1 The Board noted that the Trust was required to submit its Annual Provider License Declarations. It was proposed that delegated authority be given to the Audit and Assurance Committee to review and approve these in time for submission. The Board approved this delegation.

12. DATE OF NEXT MEETING

- 12.1 The next meeting would take place on Wednesday 22 July 2020.

Signed:

Dated:

Ingrid Barker (Chair)

Gloucestershire Health and Care NHS Foundation Trust

PUBLIC SESSION TRUST BOARD: Matters Arising Action Log – 22 July 2020

Key to RAG rating:



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



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



Action on track for delivery within agreed original timeframe.



Action deferred more than once.

Meeting Date	Item	Action Description	Assigned to	Target Completion Date	Progress Update	Status
20 May 2020	10.5	John Trevains to provide more detail in the next Quality Report on the work taking place to formally record all compliments received	DoNQ&T	22 July 2020	Complete. Included in Board Quality Dashboard	

AGENDA ITEM: 06

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Ingrid Barker, Chair

AUTHOR: Ingrid Barker, Chair

SUBJECT: **REPORT FROM THE CHAIR**

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

*Reasons for this may include:
Patient / staff confidentiality, commercial sensitivity,
financial sensitivity, purdah.*

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

At our May Board it was agreed that we would broadly return to our usual governance arrangements and I am pleased to therefore provide an update on my and the Non-Executives activities from the end of March to mid-July.

I would also like to formally record mine and the Board's thanks to colleagues across the Trust who have made, and continue to make outstanding efforts to support our community during the pandemic and are now working to develop and put in place the "new normal" for our services, continue to meet the challenges of Covid-19 and ensure preparations are in place for what happens next. The tremendous efforts made are recognised and appreciated.

Risks associated with meeting the Trust's values

Corporate considerations

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

Where has this issue been discussed before?

This is a regular update report for the Trust Board.

Appendices:

APPENDIX 1 - Non-Executive Director – Summary of Activity - 26th March – 30th June

Report authorised by:

Ingrid Barker

Title:

Chair

CHAIR'S REPORT

1.0 INTRODUCTION AND PURPOSE

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

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

2.0 BOARD

2.1 Non-Executive Director Update

Following a competitive interview process Steve Brittan joined the Trust on 18th May as an Associate Non-Executive Director. Steve has a career background in technology and innovation and has some unique experience, particularly in light of the opportunities and challenges presented by technology and digital working going forwards. His input will greatly help us in shaping the organisation, He lives in Gloucestershire and has been a partner at TechHorizons Ltd, a company established to identify, incubate and source investments into innovative UK Dual-Use Technology companies seeking growth capital since 2018. Before this he was the Chief Executive of the UK Defence Solutions Centre – an Innovation Centre comprised of a UK Government/Industry partnership to promote, develop and invest in UK technology. Between 2009 and 2014 he was a Technology and Innovation Consultant working with various clients to identify options/strategies to create new market entry points to create additional commercial value.

He previously spent eight years at QinetiQ Group Plc, as a Managing Director and Chief Operating Officer. The majority of Steve's early career was spent at Marconi Underwater Systems (1990-1998). In addition he was a Council Member of Cranfield University Advanced Manufacturing Group (from 2015-2020), and a Non-Executive Director of V-Auth Ltd (from 2013-2018); he is also a former Non-Executive Director of the Numerical Algorithms Group (2013-2016).

We welcome Steve to the Trust and look forward to his insights on how technology can be used to support new ways of working.

The Non-Executive Directors and I have met on a frequent basis during the pandemic with scheduled meetings taking place on 29th April, 6th May, 20th May, 17th June and 16th July. These meetings have been helpful check in sessions as well as enabling us to consider future plans.

I have also had regular individual meetings with the Non-Executive Directors.

My annual appraisal took place on 5th May with the process being led by the Trust's Senior Independent Director, Marcia Gallagher, informed by the latest guidance material from NHS England/ NHS Improvement.

Appraisals for all the Trust's Non-Executive Directors have taken place throughout April and May. The outcome was reported to the Nomination and Remuneration Committee on 9th June.

2.2 Board Updates:

Board Development

All meetings since March have been held via Microsoft Teams.

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

Board meetings took place on 22nd April and 20th May with the focus on our Covid-19 response.

Board Assurance Committees have been held weekly to discuss matters relating to the pandemic and to ensure triangulation of information.

A Board development session was held on 24th June. A more detailed update on this is included in the CEO and Executive Team Report.

As the pace of work focussing on the pandemic has changed, so have our governance arrangements. The weekly Covid Board Assurance Committee meeting has now been stood down and normal Board committees resumed, albeit virtually and with more focussed agendas.

3.0 GOVERNOR UPDATES

I would like to place on record my thanks to Interim Lead Governor Simon Smith who has recently stood down from his role due to family circumstances. Simon has played a key part in ongoing work to develop the Council of Governors following the merger and governors much appreciated his contribution during this period of change.

I am pleased to announce that Dr. Faisal Khan has agreed to take on the role of Interim Lead Governor, with Mervyn Dawe as Deputy. I am grateful to them both for agreeing to take on these roles during the important 'review and refresh' period and look forward to working with them.

Following the retirement of the CCG nominee for the GHC Council of Governors (Dr. Lawrence Fielder), I am pleased to announce that Julie Clatworthy has been nominated for an interim period. Julie is the Clinical Member (Nurse) for the CCG

Governing Body and will bring a huge amount of clinical expertise and senior experience to the Council.

A Council of Governors meeting was held by Microsoft Teams on Weds 17th June where matters discussed included the Staff Survey outcomes, an update on the Annual Report and Accounts, plans for upcoming membership elections, as well as an update on the Trust provided by the Deputy Chief Executive.

Review and Refresh working group sessions have now been arranged commencing 7th July which will consider further how the Council of Governors will develop going forward.

Elections for seven public governor positions are now under way with posts to be filled in Gloucester, Cheltenham, the Forest of Dean, Cotswolds and All England and Wales constituencies. We hope to have our new governors in position by early September.

4.0 NATIONAL AND REGIONAL MEETINGS

I have attended the following virtual meetings from the end of March to date.

- NHS Providers Board on 6th May, 3rd June and 1st July where we discussed a number of important policy and national operational issues. I also attended three NHS Provider working group meetings during April - July.
- Two national meetings of the Community Network Chairs on 19th May and 9th June (which I chaired) and then a small follow up meeting to agree on next steps for the outputs from these sessions on 17th June.
- NHS Providers Chairs and CEOs meeting on 2nd July where matters discussed included a number of important policy and national operational issues. Board members have already been briefed by email on this session.
- I was invited to be part of the interview panel for the National Aspirant Chairs' programme on 8th July and will be following this through by acting as a mentor for one or two of the individuals selected as they progress through the programme.
- I joined one of a series of 'safe spaces' discussion groups for Chairs and Chief Executives organised by NHS Providers on 9th July regarding Race Inequality.
- Two NHS Confederation NHS Reset Webinars

Many of the meetings were inevitably Covid-19 dominated, but there was also consideration of future ways of working and discussions on how the NHS can take forward Race Equality with greater speed.

5.0 WORKING WITH OUR PARTNERS

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

- Colleagues and members of the public on the Gloucestershire Royal Hospital site for the 'clap for Carers' event. I undertook a number of social media and other recordings as part of the NHS birthday celebrations.
- A meeting of the county's Health Overview and Scrutiny Committee is scheduled to be held on 14th July and a verbal update will be given at Board about this.
- I am a Trustee of Gloucestershire GP Education Trust (GGPET) and attended a meeting of its Board of Trustees on 16th July.
- I have recently been appointed as a Governor of the University of Gloucestershire Council and have attended several meetings. This link will assist with some of the workforce challenges faced by the Trust and the wider system, as well as developing research and other potential links between our two organisations. The Chair of Gloucestershire Hospitals NHSFT, Peter Lachecki, and I meet virtually on a weekly basis to discuss matters of mutual interest.
- The County's Health Chairs continue to meet where possible and met on 23rd June. The next meeting is scheduled for 14th July.
- I met with Chris Brierley, Deputy Police and Crime Commissioner on 2nd April.
- The Chief Operating Officer, John Campbell, and I met with the Police and Crime Commissioner and his Deputy on 29th April to discuss mental health issues in the county.
- The ICS Board has continued to meet virtually and meetings were held on 21st May and 18th June where we discussed a number of important operational and strategic issues.
- I attended a meeting of the South West Regional Chairs on 2nd June where we discussed the challenges of Covid-19 and moving forward to a 'new normal'.
- Alongside the Director of Nursing, Therapies and Quality (John Trevains), I was pleased to welcome The Bishop of Gloucester, Rt. Revd. Rachel Treweek, on her visit to Wotton Lawn Hospital on Sunday 5th July, where she met colleagues and thanked them for their hard work during the Covid-19 outbreak. Later in the day, myself and the Chief Executive, Paul Roberts, joined a crowd of NHS.

6.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

On 30th June we had a virtual meeting with the Chairs of the county's Leagues of Friends where we were able to update them on the ongoing work within the Trust including updates on Covid. We are fortunate to have such a committed group of volunteers supporting our work.

The Chief Executive and I have been holding our regular annual meetings with the county's MPs to update them on Trust activities, including Covid. To date we have met with Mark Harper, Sir Geoffrey Clifton-Brown and Alex Chalk, with further meetings scheduled with the other MPs over the next few weeks.

7.0 ENGAGING WITH OUR TRUST COLLEAGUES

I carried out the Chief Executive's annual appraisal on 27th May, the outcome of which was reported to the Nomination and Remuneration Committee on 9th June.

The Senior Leadership Network meetings are currently being held virtually and I have attended meetings on 14th May and 11th June.

I had an introductory meeting on 11th June with Dr. Philip Fielding who has been appointed as Deputy Medical Director.

Sally King, lead officer for the Covid-19 Stock Management Team, invited me to join the team's weekly meeting on Thurs 11th June. It was very interesting to get an insight into the really important work this team is carrying out for the Trust.

I was invited to attend the Gloucester and Forest Assertive Outreach Team meeting on 23rd June. I found this meeting extremely interesting and gave me a better understanding of the very complex work that this team is involved in.

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

8.0 NED ACTIVITY

See Appendix 1 for the summary of the Non-Executive Directors activity for the period 27th March to 30th June.

9.0 CONCLUSION AND RECOMMENDATIONS

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

Appendix 1

Non-Executive Director – Summary of Activity - 26th March – 30th June

(Majority of meetings were held virtually by Microsoft Teams or Zoom)

NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
Graham Russell	Ingrid Barker Marcia Gallagher Sandra Betney Sumita Hutchison	Audit & Assurance Committees Council of Governors ICS Board Resources Committee	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings Nomination & Remuneration Committee
Marcia Gallagher	Ingrid Barker Age UK “Listening Event” Amjad Uppal Angela Potter Graham Russell Helen Goodey Interview panel – 7 th NED John Campbell Lavinia Rowsell Lead Governor Long-listing and short-listing for 7 th NED Neil Savage NHSI Regional Director Paul Roberts Sandra Betney Senior Leadership Network Sumita Hutchison	Audit & Assurance Committee Council of Governors MHAM Hearing NHS Reset Webinar Procurement meeting	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings Nomination & Remuneration Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
Jan Marriott	Ingrid Barker CCG Nurse Lay Member Charlotte Eley CCG Dominika Lipska-Rosecka Dr. Stephen Alvis Eddie O'Neil GHFT Clinical NED Governor candidates Governor meeting John Campbell John Trevains Sumita Hutchison Visit to City Farm Visit to Friendship Café Visit to GARAS	Audit of Complaints Council of Governors Good Governance Webinar Mental Health Act Managers Forum Mental Health Act Operational meeting MHLSC NHS Reset Webinar Quality Committee Resources Committee	ATOS/Remuneration Committee Board Meetings Board Assurance Committees Board Seminars/Development NEDs meetings
Maria Bond	Ingrid Barker Chair of Healthwatch Gloucestershire Covid-19 Stock Team meeting Governor meeting John Trevains Lavinia Rowsell NED phone call Senior Leadership Network	AAC Panel interviews Audit & Assurance Committees Cotswolds team virtual meeting Council of Governors Good Governance – role of quality committee post-Covid-19 Mental Health Act Managers Forum NHS Reset Webinar NHSP Effective Charing (Birmingham) NTQ virtual meeting Quality Committee	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings

NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
Sumita Hutchison	Ingrid Barker Allyson MacVean Dominika Lipska-Rosecka Eddie O'Neil Graham Russell Helen Goodey Jan Marriott Jan Marriott John Trevains Kate Nelmes Marcia Gallagher Neil Savage Prerana Isaar Sandra Betney Senior Leaders Network Visit to Friendship Café Visit to Southgate Moorings	Council of Governors Ethics Committees Quality Committee	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings
Duncan Sutherland	Ingrid Barker John Trevains Steve Brittan Sumita Hutchison		ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings
Dr. Stephen Alvis	Ingrid Barker Amjad Uppal Angela Potter Jan Marriott John Campbell Paul Roberts Sandra Betney Neil Savage Lavinia Rowsell	Council of Governors Ethics Committees NHS Reset Webinar	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings

NED Name	Meetings with Executives, Colleagues, External Partners	Governance meetings	Board membership meetings
Steve Brittan (appointed 18/5/20)	Ingrid Barker Amjad Uppal Angela Potter Ben Iles Duncan Sutherland Gillian Steels Jan Marriott John Campbell John Trevains Lavinia Rowsell Lee Charlton Marcia Gallagher Maria Bond Neil Savage Paul Roberts Sandra Betney Sumita Hutchison	Audit & Assurance Committees Council of Governors Resources Committee	ATOS/Remuneration Committee Board Assurance Committees Board Meetings Board Seminars/Development NEDs meetings

AGENDA ITEM: 07

REPORT TO: Trust Board – 22 July 2022

PRESENTED BY: Chief Executive Officer and Executive Team

AUTHOR: Paul Roberts, Chief Executive Officer

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

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 Executive Team.

Recommendations and decisions required

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

Executive summary

This has been an extraordinary time for GHC, for the NHS and the country as a whole. As we return to our more regular governance arrangements and the provision of the regular CEO and Team reports I, and the Team, are reflecting on the response to Covid-19 and to our ongoing actions to move to a new normal and these areas are considered within this report and the wider agenda.

The challenges of Covid-19 within 6 months of the creation of our new organisation were certainly not one of the risks that were considered during the process, although of course business continuity was a key area discussed. Despite this I am heartened to reflect on what this organisation, with its partners in the health and social care system, has achieved during this time. Colleagues have pulled together to support our community with no thought of what colour badges they were wearing last year, colleagues have taken on new responsibilities, we have reorganised at speed in all areas of the Trust: from governance through management, through services, front line or support and we have kept our eye on two key things: the health and wellbeing of our community and the health and wellbeing of each other.

This focus has enabled us to keep going through this challenging time and will help to ensure our resilience as we move forward to bring our services through to a new normal and to prepare for the future.

I would like to again put on record my sincere thanks to the entire Trust Team who have worked so determinedly and compassionately to support our community in this time when they themselves were faced with unknown. I am confident that this organisation will be able to respond to new challenges effectively.

This report also addresses our response to “Black Lives Matter” and strategic developments within the Trust.

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

Report authorised by:
Paul Roberts

Title:
Chief Executive Officer

CHIEF EXECUTIVE OFFICER AND EXECUTIVE TEAM REPORT

1.0 CHIEF EXECUTIVE ENGAGEMENT

Over the last three months a significant proportion of my time has been spent working on the Trust's response to the Covid-19 pandemic. The Trust's response, including its recovery programme, is covered in more detail in the Covid Recovery Report.

The Covid pandemic has restricted my ability to safely visit patient-facing services and meet colleagues delivering direct patient care. However, I, alongside a number of the Executive Team, have spent time undertaking hands-on roles to provide additional support during these difficult times. I have valued the opportunity to work as part of these teams and it has allowed me to witness first-hand the outstanding services that are being delivered. A wide range of redeployed colleagues across the organisation have been working tirelessly in different and often unknown roles, to ensure the continuity of essential services throughout the crisis.

I continue to be impressed and heartened by the professionalism and dedication of colleagues, both clinical and support, across the organisation as they work flexibly to support our preparations and ensure the delivery of high quality care.

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

A **Board Development Seminar** was held on 24th June which provided an opportunity to reflect on the Trust's response to Covid-19, considering what has worked well, what could have been improved and how it will influence our agenda and approach to leadership of the Trust moving forward. A number of colleagues from different services were invited to share their experiences, which provided useful insight to inform learning and development. This session proved really helpful for developing Trust leadership and achieving our core value of always improving.

A **Board Assurance Committee-Covid** was formed with weekly meetings being held from 2nd April to 18th June. The purpose of the Committee was to provide regular updates to the Non-executive Directors for assurance on key aspects of the organisational response to the Covid-19 pandemic and to consider the impact of any exceptional measures being taken. The Committee membership included the Trust Chair, Non-executive Directors, Chief Executive Officer, Medical Director and the Director of Nursing, Therapies & Quality.

Senior Leadership Network meetings were held on 14th May and 11th June. Although it was not possible to hold the meetings in their usual format, virtual events were held to provide an opportunity for SLN members to hear key updates from Trust Executives and for them to ask questions or highlight any areas of concern. The sessions had a particular focus on the Trust's Covid response, with examples of how mental and physical health services have responded, and Staff Health and Wellbeing. One of the areas explored was Leadership Support Circles,

which are part of the National Health and Wellbeing response to Covid-19 to support the wellbeing of NHS colleagues.

I attended the **JNCF** meeting held on 8th July. As usual this was an effective meeting with attendees prepared to raise concerns and issues – again a demonstration of the open organisation we are determined to foster.

I attended the regular meetings of the **Medical Staffing Committee** on 1st May and 5th June and 3rd July and the **Local Medical Council** on 9th July, both via virtual forums.

1.1 ICS (Integrated Care System)

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

The **ICS Board** and **ICS Executive** meetings have also continued throughout this period, albeit virtually and with a condensed agenda focused on critical business. Resilience during this challenging period has been an issue of continuing focus, with regular meetings held with senior colleagues across the health system to ensure joined up working with system partners.

A system **Gold Health System Strategic Command CEOs** call has been in operation throughout the pandemic, as part of the **Gloucestershire ICS Covid-19 Response Programme** and GHC's level 4 business critical contingency plans. This call was held daily throughout the peak of the pandemic in order to stay aligned with the rapid pace of change but more recently has been reduced to three times a week. This forum has proved very useful in overseeing the system response to the Covid pandemic and in providing a regular liason point between senior leaders in the NHS system. The Gold system calls have been held in conjunction with various silver and bronze cell calls.

I have been involved in the weekly **Gloucestershire MP briefings**, chaired by Richard Graham, MP for Gloucester, involving CEOs of NHS organisations and senior County Council officers and Leaders. These have focussed solely on the latest developments in the management of the Covid-19 pandemic and, in particular providing updates on acute service issues, PPE, testing and public health updates.

1.2 National and Regional Meetings

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

- MH/LDA (Mental Health/Learning Difficulties and Autism) Covid-19 Response Weekly webinar for Trust CEOs;

- SW Regional Chief Executive meetings, chaired by Elizabeth O'Mahony; and
- MH (Mental Health) CEO's meetings.

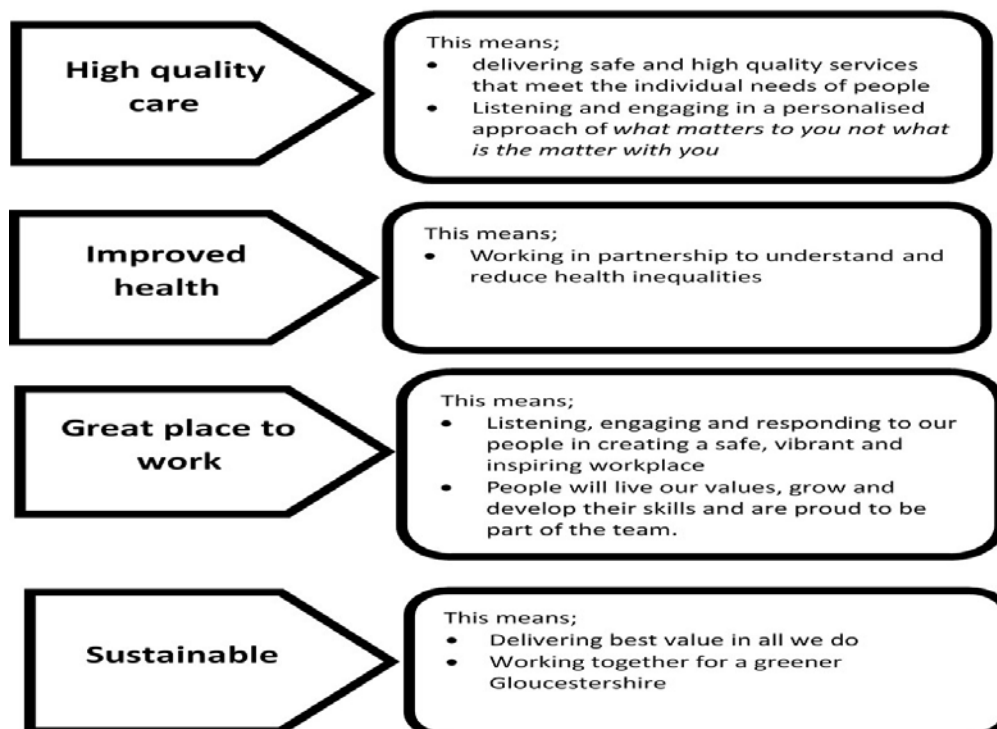
I attended the virtual **West of England Academic Health Science Network (AHSN) Board** meeting on 5th June. The main focus of the meeting was to review the AHSN support to the Covid-19 response to date and to discuss how best to support the NHS's response to Covid-19 over the weeks and months ahead.

I had a follow-up meeting with Natasha Swinscoe, Chief Executive Officer of AHSN, to discuss the particular challenges and priorities GHC are dealing with at present and are anticipating for the Recovery phase, with a view to seeing where the AHSN can continue to best support our organisation and staff, with a particular focus on mental health initiatives.

I attended the virtual **Chairs and Chief Executives Network** meeting on 2nd July, with a policy update from Chris Hopson - CEO NHS Providers, followed by a dialogue with Simon Stevens – NHS CEO and Amanda Pritchard – NHS Chief Operating Officer.

2.0 TRUST STRATEGY UPDATE

The Board approved its initial Strategic Framework at the Board meeting held in March 2020. Our vision for the organisation is ***Enabling People to live the best life they can - with you; for you*** and we agreed our four strategic aims as being:



Unfortunately Covid-19 activities have meant that we have not yet developed the next level of detail and granularity in understanding exactly what our strategic

priorities and objectives will be nor have we had the opportunity to share and obtain feedback on this framework with colleagues and stakeholders who worked with us in its development nor yet our Council of Governors.

It is therefore timely for us as a Board to start to develop the five year priorities and the success measures that will be our benchmarks for success and to re-engage and communicate more widely with our colleagues, patients, service users and stakeholders how our strategy will help take the organisation forward over the next five years.

A Board Development session is planned for late summer to continue to develop this work and we will also consider it alongside the Board Assurance Framework and our strategic risks. Additionally, we are starting to shape the underpinning work that will be needed for the enabling strategies for the organisation particularly in terms of the strategic Estates, Quality and our People strategies.

Further updates on this will be reported at future meetings.

3.0 TRUST DIVERSITY NETWORK

The Trust is in the process of establishing a new Diversity Network, particularly pertinent in light of the difficulties surrounding Covid-19 and the killing of George Floyd. Our challenge in GHC, as an organisation that was formed with an explicit objective of tackling inequality, is we must ensure our services, our leadership and our plans address race, discrimination and racism. Amongst other things, the aim of the network is to celebrate and value difference and contribute to improvements in our workplace.

The network will be developed with the close involvement of colleagues across the organisation and over the coming weeks we will be hosting a number of initial focus groups. The focus groups will engage with colleagues and inform the future shape and content of the network, with sessions for Black, Asian and Minority Ethnic colleagues (BAME), Lesbian, Gay, Bi-sexual, Trans and Queer (LGBTQ) colleagues, and those with a disability. The first of these focus groups took place on 23rd June with 26 colleagues attending, displaying strong and confident voices. There is also the option to complete an online survey for colleagues to share their views. It is hoped this network will also shape further work involving the wider Gloucestershire BAME community.

The Trust already has an established Women's network, which is chaired by our Finance Director and Deputy Chief Executive, Sandra Betney.

4.0 CUMBERLEDGE REPORT ON MEDICINES AND MEDICAL DEVICES REVIEW

The Trust will be looking at the recommendations of this report and any areas where we can build improvements in the way we operate. The review highlights the failure of the NHS to listen to concerns - the need to listen is a message we are building into the DNA of our Trust and continue to work on.

It is very saddening to hear Baroness Julia Cumberlege, Chair of the Independent Medicines and Medical Devices Safety Review, comment that:

"I have conducted many reviews and inquiries over the years, but I have never encountered anything like this; the intensity of suffering experienced by so many families, and the fact that they have endured it for decades. Much of this suffering was entirely avoidable, caused and compounded by failings in the health system itself.

"The first duty of any health system is to do no harm to those in its care; but I am sorry to say that in too many cases concerning Primodos, sodium valproate and pelvic mesh, our system has failed in its responsibilities. We met with people, more often than not women, whose worlds have been turned upside down, their whole lives, and often their children's lives, shaped by the pain, anguish and guilt they feel as the result of Primodos, sodium valproate or pelvic mesh. It has been a shocking and truly heart-rending experience. We owe it to the victims of these failings, and to thousands of future patients, to do better.

"That is why, having spent two years listening to these stories of acute suffering, "First Do No Harm" is an appropriate title and a necessary reminder not just to doctors but to the whole healthcare system. We are urging the system to do what it should have done years ago, to help those who have suffered and put in place the processes that will enable it to learn from past mistakes so that we spare other families from such anguish.

"The system's response – or lack of one – has added to the pain – both physical and mental - of those affected. The system and its leaders need to acknowledge what has gone so badly wrong. Our major recommendations, together with a number of actions for improvement we call for in our report, are wide ranging and radical. Given what we have witnessed, we are clear that is what is needed now."

The Executive will be reviewing the recommendations and considering areas where there are lessons for us within the health system.

The Review's major recommendations include:

- That the Government immediately issues a fulsome apology on behalf of the healthcare system to the families affected by Primodos, sodium valproate and pelvic mesh.
- That a Patient Safety Commissioner is appointed. This person would be the patients' port of call, listener and advocate, who holds the system to account, monitors trends, and demands action.

- Separate schemes should be set up for Hormone Pregnancy Tests, valproate and pelvic mesh to meet the cost of providing additional care and support to those who have experienced avoidable harm and are eligible to claim.
- A Redress Agency for those harmed by medicines and medical devices in future should be established.
- The establishment of two types of specialist centres, located regionally – for mesh, and separately for those affected by medications taken during pregnancy.
- The regulator of medicines and medical devices, the MHRA, needs to put patients at the heart of its activity, and to overhaul adverse event reporting and medical device regulation.
- That a central database should be created by collecting key details including the patient, the implanted device, and the surgeon.
- That the register of the General Medical Council (GMC) should be expanded to include a list of financial and non-pecuniary interests for all doctors, as well as doctors' clinical interests and specialisms.
- Finally, that the Government immediately sets up a task force to implement the Review's recommendations

Whilst many of these areas are outside the remit of this Trust it is important that the lessons highlighted are reviewed for application to the whole system.

5.0 HEREFORDSHIRE UPDATE

I am pleased to advise that despite the additional challenges of Covid-19, the transfer process has gone smoothly.

6.0 COVID-19 VIRUS & RECOVERY ACTIVITY

This is covered in detail within a separate item on the agenda.

7.0 CONCLUSION AND RECOMMENDATIONS

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

AGENDA ITEM: 08.1

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Angela Potter, Director of Strategy & Partnerships

AUTHOR: Angela Potter, Director of Strategy & Partnerships
Emily Beardshall – Deputy ICS Programme Director

SUBJECT: **INTEGRATED CARE SYSTEM UPDATE**

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☐ Information ☒

The purpose of this report is to

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

Recommendations and decisions required

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

Executive Summary

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

The focus for the ICS since March 2020 has been a co-ordinated system wide response to the COVID-19 pandemic as a major incident which has been delivered through a bronze, silver and gold command structure, working in partnership with the Local Resilience Forum and co-ordinating the NHS response across partner organisations.

The cells at a bronze level have been wide ranging and have covered aspects such as personal protection and equipment delivery and supplies, capacity planning and scenario development along with extensive work to provide additional support to those most impacted by the COVID-19 pandemic.

The ICS work is now shifting towards focusing on Recovery and system restoration as we move into the next phase but also the system wide planning of any surge management alongside winter planning.

There is a focus on ensuring that we are using patient and public feedback plus information from services to help scope out how the health and wellbeing needs of the

Gloucestershire population will have changed as a result of the Covid-19 pandemic and the impact of the associated lock-down measures. We will need to continuously learn and adapt our service offer as we understand more about the impact that this has had on our populations.

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

The Enabling Active Communities (EAC) programme looks to build a new sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector. Key priorities are aligned to the Health & Wellbeing Strategy and are split across the 4 main work streams: **supporting pathways, supporting people, supporting places and communities** and **supporting our workforce**. The projects within these work streams where able are continuing to run to previous plans but adapting their approach in light of Covid-19 restrictions e.g. moving to telephone/video conferencing rather than face-to-face.

The Clinical Programme Approach (CPA) ensures services work together to redesign the way care is delivered in Gloucestershire to provide the right care, in the right place, at the right time. During 2019/20 4 clinical programmes were identified to be moved forward more quickly. These are **Respiratory, Diabetes, Circulatory and Frailty & Dementia**. All work programmes are considering their current priorities and activities in light of COVID-19 and some are identifying activities that need to be accelerated in light of this.

The Fit For the Future programme work was temporarily put on hold due to COVID-19. A revised timeline has now been developed proposing that the programme now resumes with a proposed public consultation in the Autumn (subject to usual assurance and governance requirements).

Operational Planning has been also currently been paused and the Publication of the Gloucestershire Long Term Plan (LTP) has been delayed. Some of the work-streams within the LTP have been accelerated in particular around staffing, outpatient care, digital streams & sustainability.

It is worthy of note that system working has continued to work well and adapt during the incident response underpinned by good system relationships.

Risks associated with meeting the Trust's values

None.

Corporate considerations

Quality Implications

There have been changes to previous programmes of work in light of COVID-19. This may impact on agreed timelines and delay some changes coming forward which may have

	an impact on the Trust's programme of change and service delivery and this ultimately may impact on the quality of care to our population.
Resource Implications	None specific to the Trust
Equality Implications	None specific to the Trust

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

Appendices:	None
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Report authorised by: Angela Potter	Title: Director of Strategy & Partnerships
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Gloucestershire Health Overview and Scrutiny Committee (HOSC)

July 2020

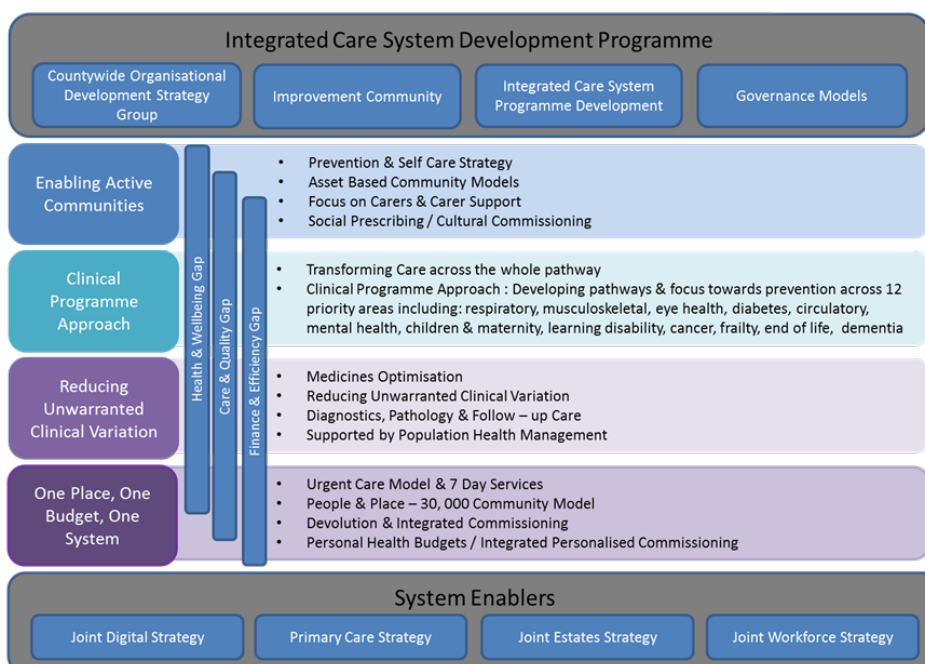
One Gloucestershire ICS Lead Report

1. Introduction

Since March 2020, the Health and Care system in Gloucestershire has been responding to the COVID-19 pandemic as a major incident. Our incident response has seen significant changes to the way health and social care is being delivered to our population. The following report provides an update to HOSC members on the work of key programme and projects across Gloucestershire's Integrated Care System (ICS) during this time.

Some of our programmes' focus has inevitably changed during the pandemic and certain activities have been accelerated or prioritised because of the COVID 19 response. During our 'recovery' phase we will refocus and return to a new 'business as usual', restarting our programmes as appropriate and reprioritising in light of the new environment we are operating in.

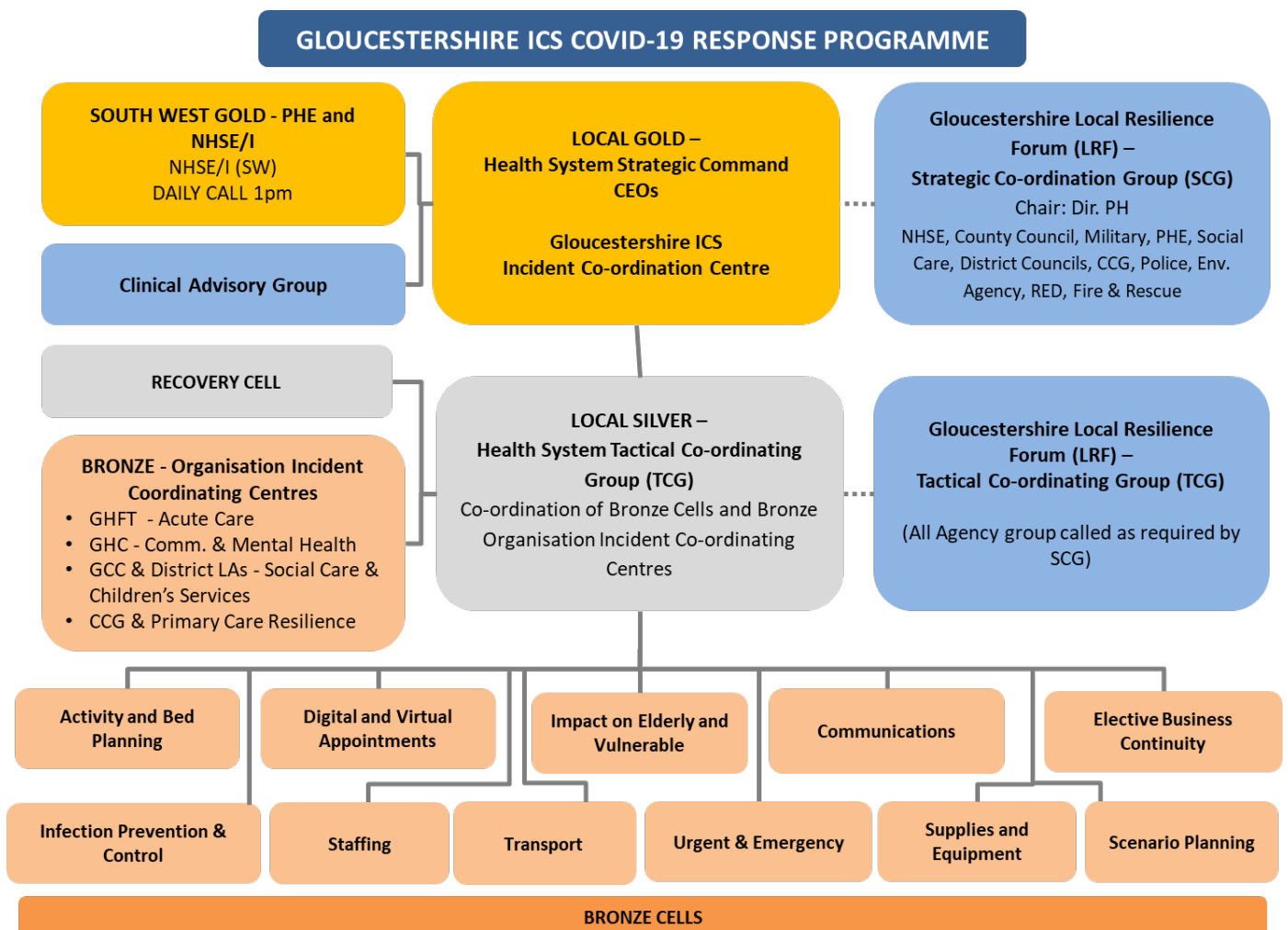
From April 2020 we moved into the fourth year of our Sustainability and Transformation plan. One of the roles of the ICS is to improve the quality of Health and Care by working in a more joined up way as a system. One 'silver lining' of the COVID-19 incident is that we have many new examples of excellent system working and delivery of best practice during the past few months, which the ICS have captured and intend to build on as we move forward.



*Gloucestershire's ICS Plan
on a page*

Covid-19 Response

The incident response has been delivered through a bronze, silver and gold command structure, working in partnership with the Local Resilience Forum and co-ordinating the NHS response across partner organisations. The diagram below shows this operating structure, the bronze cells at the bottom representing co-ordinated county wide working on identified priorities. To give an example, there has been a focus on supporting care homes and the wider vulnerable population within two bronze cells: the Activity and Bed Planning cell and the Impact on Elderly and Vulnerable cell. Working together, these cells have developed a programme of extensive advice, education and support which has been offered to care home staff across the county regarding Infection Control and Prevention and the use of Personal Protective Equipment. A Primary Care led Care Home Enhanced Service has been further developed, with a virtual 'care home round' of residents needing clinical support introduced across the county as part of the incident response.



A further example of a bronze cell supporting system wide working is the way the Communications cell has involved all communications leads working together across the county to support and inform patients, staff and the public during the COVID 19 outbreak. Some examples of their work includes:

- Development of weekly county-wide system briefing, providing an overview of the incident response and plans for recovery and shared with key stakeholders such as local MPs.
- Weekly Staff update including a staff Wellbeing bulletin.
- “Every Name a Person – Lives Lost and Lived” campaign:
<https://www.onegloucestershire.net/every-name-a-person/>
- Information for vulnerable and shielded residents delivered through the Gloucestershire Community Help Hub: <https://www.gloucestershire.gov.uk/gloucestershires-community-help-hub/>
- Gloucestershire Covid 19 Information hub- guiding patients and the public through some of the changes to the way local health services are being provided and keep them up to date on the latest local news and information: <https://covid19.glos.nhs.uk/>

A final example would be the excellent work of the Supplies and Equipment bronze cell to coordinate a system wide response to ensure that all partners have the required Personal Protective Equipment (PPE) to ensure that services have continued to be delivered safely in all care settings.



Focus on Impact on Elderly & Vulnerable Bronze Cell

The “Impact on the Elderly and Vulnerable” cell was established to support people across Gloucestershire who are most at risk from COVID 19 and the lockdown measures. One of the additional support services put in place was the Vulnerable People Support service. The support service is working with GP practices across the system to identify people who are clinically the most vulnerable to COVID-19. These include people with living with the following:

- Cancer
- Respiratory conditions
- Medication therapy e.g. immunosuppressant drugs
- Long term conditions / frailty

The Vulnerable People Support Service has set up a call centre function to contact these people, to offer shielding or social distancing guidance and to conduct a welfare check on behalf of their GP practice. The purpose of the call is to:

- Ensure people understand why they need to adopt measures including shielding, social distancing and hand-washing
- Complete a welfare assessment to check and find out if there is anything people need to ensure that they can stay as well as possible
- Take actions to address identified needs
- Provide reassurance that help is available
- Record outcomes of the assessment and all actions undertaken

Call line statistics include

- 117 staff from across the health and care system have been trained as call handlers and locality coordinators, working across three shifts every day
- Between 17th April and 4th June 2020, a total of 12,594 calls were made to 7,541 Shielded people. Of these 5,931 people had a completed welfare assessment.
- The team are now prioritising additional people who have been classed as being in the extremely vulnerable category. Between 5th and 22nd June 1,239 calls have been made and 1,001 welfare checks completed.

We have received positive feedback from GP surgeries. Comments included:

“A few [patients] have commented that they felt they were being valued by being rung”

“It was useful for patients who rarely see a GP and live on their own”

“Overall this has been a really useful service”

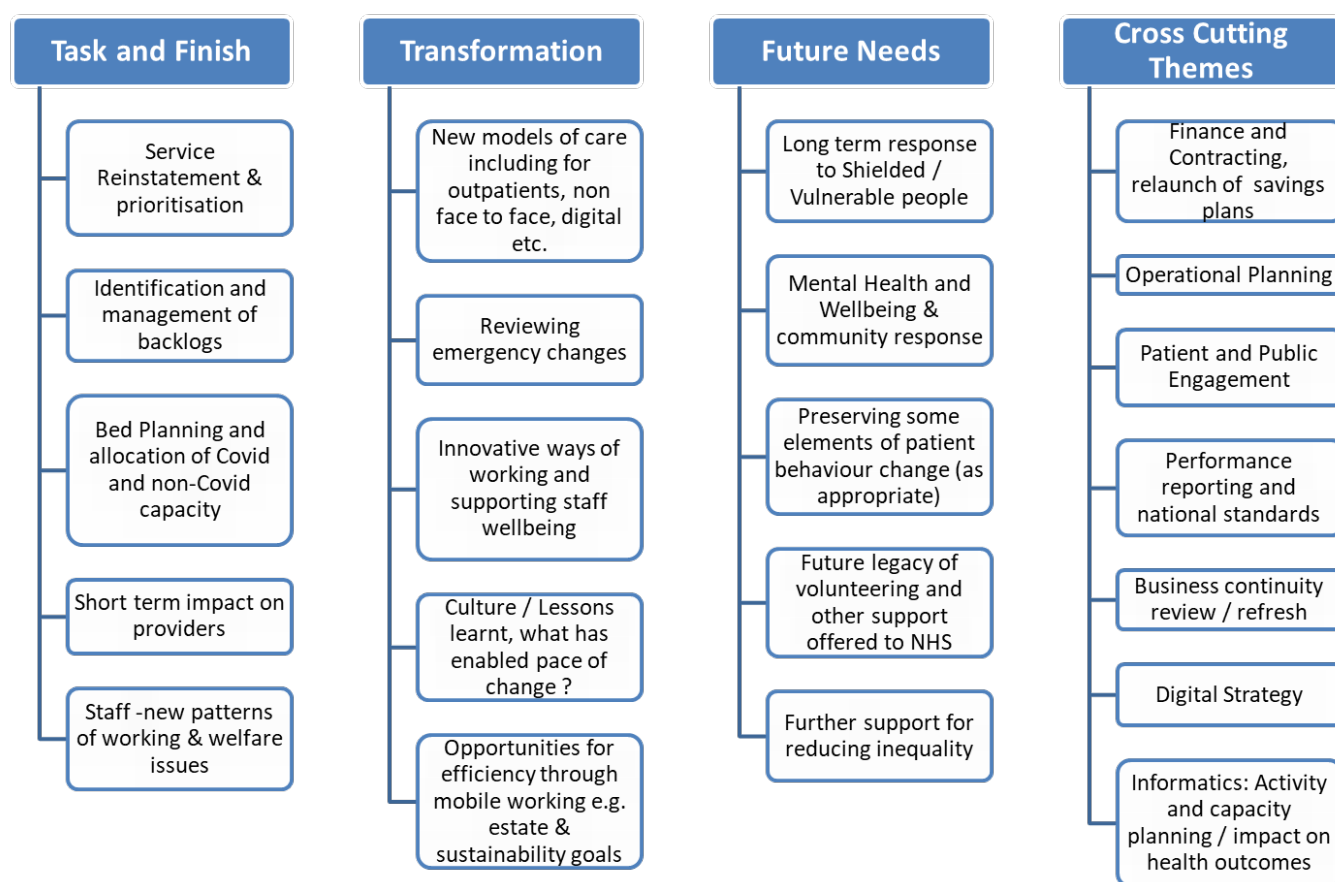
Covid-19 Recovery

As COVID -19 cases, both locally and nationally, have significantly declined the NHS has set out a recovery and restoration programme to describe how health and care services will start to return to some normality. There is recognition that services cannot return to previous operating models for a range of reasons:

- Loss of productivity due to increased need for infection control measures in all health and care services, which include but is not limited to extended use of PPE for staff and patients, additional requirements for cleaning between patients, social distancing measures limiting the use of services delivered to groups and access to facilities

- The ongoing additional support needed for people in the shielded and vulnerable categories, coupled with these services needing to be delivered through virtual means
- Increased levels of staff sickness absence due to COVID-19 and self-isolation requirements
- Preparation for anticipated increased winter pressures, including any potential second peak of COVID-19 and the potential for any peak to coincide with future seasonal flu peak (NHS must maintain state of readiness to respond)

Accepting that productivity has been severely compromised regarding the delivery of health and care services, the recovery programme is nonetheless looking at ways to reinstate services quickly that were adapted during the outbreak, whilst also looking at maximising the transformations that have come from new ways of working during the outbreak; for example extending the use of virtual means of conducting patient consultations. We are using patient and public feedback plus information from services to help scope how the health and wellbeing needs of the Gloucestershire population will have changed as a result of the Covid-19 pandemic and the impact of the associated lock-down measures. The diagram below shows the different strands of the recovery work that has begun within the Integrated Care System.



The existing ICS programmes are currently reviewing their work programmes and continuing to work on and accelerate high priority areas. The following sections outline the ongoing work programmes.

2. Enabling Active Communities

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

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

Key priorities are aligned to the Health & Wellbeing Strategy and are split across the 4 main work streams: **supporting pathways, supporting people, supporting places and communities** and **supporting our workforce**. The projects within these work streams where able are continuing to run to previous plans but adapting their approach in light of Covid-19 restrictions e.g. moving to telephone/video conferencing rather than face-to-face. Where projects are unable to continue contingency plans are being drawn up and new methods of delivery explored. Project teams are looking at how projects can support the response and recovery effort and are using the opportunity to continue planning work with a view to having well developed plans that can be enacted once restrictions are lifted.

Some projects have been prioritised to aid our recovery response. These include;

- Accelerate and widen the scope of the older adult's work stream in the *We Can Move* programme
- Accelerate roll out of Healthy Living with Type 2 diabetes App
- Increase publicising of *KiActiv* programme as it provides a remote, home based physical activity programme targeted at Long Term Conditions.

The programme intends to;

- Capitalise on and retain some of the voluntary and community response to the Covid 19 pandemic, incorporating this into the existing EAC community capacity building work.

- Provide greater offers of remote support using video conferencing
- Increase the use of digital technology
- Use communication tools to encourage and support people to continue to take responsibility for their own self-care and prevention beyond Covid 19.

3. Clinical Programme Approach

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

The Clinical Programme Groups (CPGs) are all highlighting the impact of Covid-19 on the transformation programmes and Terms of Reference are being amended to agree ways of working through Covid 19 incident and recovery phases. Where projects are able they are continuing to run but adapting their approach in light of Covid-19 restrictions. Where projects are unable to continue contingency plans are being drawn up and new methods of delivery explored. There is also opportunity to fast track some work programme content (i.e. non face to face appointments). The Cancer, Diabetes and Respiratory Clinical Programme Groups have a high priority within the Covid 19 response given the impact to people with these conditions.

As the programme moves towards recovery priority areas include;

- Respiratory – Covid and Non Covid pathways
- Cancer (including implementation of Faecal Immunochemical Test - FIT)
- Frailty pathway
- End of Life Care
- Muscular Skeletal (MSK) Pathways

These areas have important links to;

- Mental Health pathways including social prescribing
- Diagnostics
- Use of remote technology including digital methods for advice and guidance between GPs and hospital clinicians.

These will sit alongside the existing CPG priority areas. All pathways are keen to build on the momentum of changes made to date, for example the use of virtual appointments and are looking

to prioritise patient and public involvement to inform substantiating or introducing new changes.

4. Reducing Clinical Variation

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

During the Covid 19 outbreak

- The Diagnostic Strategy development has been partially suspended.
- A regional home working image sharing solution has been proposed to be rolled out across the South West.
- Prescribing Support Team services are gradually returning to normal and work on developing local prescribing improvement schemes for 2020/21 has recommenced.
- The Outpatient Board is temporarily suspended along with associated work streams. However, a number of key elements of outpatient transformation are being accelerated as part of the Covid 19 response potentially allowing improvements to be sustained into the future.

Some projects have been prioritised to aid our recovery response. These include;

- End of life medications were prioritised during April, and during May we have seen priority work addressing the care home primary care requirements based on national guidance.
- 2 week wait (urgent) dermatology Referral Assessment Service (RAS) prioritised for implementation to support virtual review of patients who need rapid assessment.
- Plans for the development and implementation of 'Advice First' approach to referrals supporting more patients to be managed locally by their GP.
- 'Attend Anywhere' video consultations rolled out widely to avoid face to face appointments across many parts of our healthcare system.
- Telephone appointments rolled out more widely to avoid face to face appointments.
- Review of people on waiting lists for follow up appointments continued and accelerated in a number of specialities.

5. Fit For The Future

The Fit for the Future programme is concerned with how to make best use of our resources, facilities and beds in hospitals and in the community.

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

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

Due to Covid 19 the Fit For the Future programme work was initially on hold. A revised timeline has now been developed proposing that the programme now resumes with a proposed public consultation in the Autumn (subject to usual assurance and governance requirements). The HOSC Committee will receive full updates on these proposals as a separate report.

6. Enabling Programmes

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

Joint IT Strategy: Local Digital Roadmap

All transformation work programmes have paused, except where objectives are aligned to supporting the COVID-19 Response. This has meant a concentration on supporting remote working and online access for patients. Activities that support remote working, digital information access and virtual consultation have been accelerated to meet the demands of the Covid 19 response.

Joint Workforce Strategy

The Workforce planning process and five year workforce plan has been paused. The Two leadership cohorts planned for April and May have been postponed until after the summer. The

July cohort is under review. HEE workforce development annual funding has been delayed and the process is to be reviewed. The System has seen some team redeployed to support the COVID 19 response and a concentration on the work of the Staffing bronze cell. The staffing cell has ensured that we taking steps to support our staff wellbeing and keep them as safe as possible during the Covid 19 response acting on national guidance and working across all partner organisations jointly with our staff.

Joint Estates Strategy

ICS wide joint work has been paused over past few months. There has been substantial redeployment and/ or focus of staff on immediate Covid 19 response operational matters including Bristol Nightingale and COVID hubs.

Primary Care Strategy

As a consequence of the pandemic Primary Care Networks (PCN) development has accelerated, with 15 PCNs now reconfirmed and in place across Gloucestershire. COVID/Resilience Hubs are now either operational (6 hubs) or on standby (2 hubs) to be operationalised as needed. Several hubs are now either being stood down into 'standby' or their models reviewed based on local demand. The hubs have been a catalyst for PCNs to come together to support their practices with the setting up of the hubs, in some areas this working together has incorporated multiple PCNs.

Home visiting services for PCN's are under development and home working for GPs and other practice staff who are self-isolating has been taking place. Practice requirements have increased under the Care Homes COVID Response, ahead of the national specification which is due to commence in Oct 2020. This includes virtual GP ward rounds.

The programme intends to;

- Continue use of telephone triage and video consultations.
- Use Microsoft Teams for meetings & wide spread uptake and use of technology and remote working
- Shielded patients work – plans to potentially use a similar telephone hub model to support High Intensity Users and Complex Care at Home projects in the future.

We have seen parts of the county work together extremely well and co-operatively. These newly forged relationships will benefit Gloucestershire patients and the ICS in the longer-term.

Developing the Primary Care Workforce

The CCG and the Gloucestershire Primary Care Training Hub continue to develop workforce

solutions to ensure that practices are supported over the recovery period. Solutions include:

- Following on from changes in government advice it is likely that face to face assessments will rise. Engagement with practices on workforce needs will continue to be assessed and supported.
- A primary care relevant volunteer toolkit has been developed and released to all practices in county. This is based on an ICS wide volunteer recruitment framework.
- An assessment of workforce and training programmes is taking place over the next few weeks to inform recovery planning for GP Practices and Primary Care Networks.
- There is a return to Non-Covid-19 work streams and projects to continue development for consideration within the 'new normal'.
- Exploring the implementation of a Virtual Learning Platform for use in Primary Care, to facilitate and deliver learning and development throughout the pandemic
- Engagement on workforce streams across the ICS continues to include joint bids on education facilitation in the future, and exploration of support for apprenticeships in primary care.

7. Integrated Care System Development

As a Wave 2 Integrated Care System we are working towards increased integration to improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people. The System Development work stream captures the work to develop the overarching ICS programme. The responsibilities of this programme are as follows:

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

Due to the Covid 19 the 2020/21 Operational Planning has been paused and the Publication of

the Gloucestershire Long Term Plan (LTP) has been delayed. Some of the work-streams within the LTP have been accelerated in particular around staffing, outpatient care, digital streams & sustainability.

Wider mechanisms for system working have continued to work well and adapt during the incident response underpinned by good system relationships.

8. Recommendations

This report is provided for information and HOSC Members are invited to note the contents.

Mary Hutton

ICS Lead, One Gloucestershire ICS

AGENDA ITEM: 09.1

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Lavinia Rowsell, Head of Governance and Trust Secretary

AUTHOR: Lavinia Rowsell, Head of Governance and Trust Secretary

SUBJECT: **BOARD ASSURANCE FRAMEWORK AND CORPORATE RISKS**

This report is provided for:

Decision ☐ Endorsement ☒ Assurance ☒ Information ☐

The purpose of this report is to

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

Recommendations and decisions required

The Board is asked to:

- **receive** and **approve** the update BAF
- **note** the overarching risk profile (page 39)

Executive summary

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

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

Amendments made: All risks have been reviewed and actions/additional controls added where appropriate. Changes are highlighted in red text.

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

Strategic risk added in this quarter: Strategic Risk 00 relating to Covid-19 was added to the register following agreement at the March meeting of the Board and was further reviewed by the Board in April and May.

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

Risk 10: *There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans.* Having considered this risk, it is the recommendation of Executive that the risk rating be reduced from 16 to 9. The rationale for reduction reflects the outcome of the urgent care in the community programme and the recommendation that urgent treatment centres will not be part of the MIU model moving forward. Ongoing work will form part of any future trust wide transformation.

Risk 00: *That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.* Further to discussion at the May meeting of the Board, the risk working has been updated to better reflect the impact of Covid-19 on patients. The risk rating has been reduced from 20 (in May) to 16 to better reflect the position and impact of mitigating actions.

Risks associated with meeting the Trust's values

As set out in the paper.

Corporate considerations

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

Where has this issue been discussed before?
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With individual risk owners and the Executive.
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Appendices:	None
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Report authorised by: Executive	Title:
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BOARD ASSURANCE FRAMEWORK

The design of the Board Assurance Framework (BAF), adopts the NHS standard format and identifies risks to the delivery of the new Trust's strategic objectives and also to capture the controls and assurance in relation to strategic risks. Strategic risks are defined as those risks that, if realised, could affect the way in which the Trust exists or operates.

Strategic risks will be identified by Directors, and will be aligned to the Trust's strategic objectives. The nominated lead for each strategic risk will be responsible for identifying controls and sources of assurance to ensure that these controls operate effectively. Sources of Assurance are classified into type – Management, Board and External, reflecting the three lines of defense to enable the Board to understand how fully its assurance basis. Any gaps will be identified and action plans put in place to strengthen controls. Risks will be assigned to Board or Board committees for consideration at each meeting to provide appropriate visibility, monitoring and assurance.

The BAF will be fully reviewed by the Board three times a year, and the Audit and Assurance Committee three times a year and it will support the Chief Executive Officer in completing the Annual Governance Statement at the end of each financial year.

Strategic risks are those risks which could fundamentally affect the way in which the Trust operates, and that could have a detrimental effect on the Trust's achievement of its strategic objectives.

Corporate risks which relate to the Strategic Risks (12 or more), are detailed with their scores. The Corporate risks which are over 12 are reviewed by the Board committee which covers the related area.

- 1.1 Risk Appetite** - The Board met in May and July 2019 to agree its risk appetite - a key element of its risk management process.
- 1.2 The Risk Management Policy** has been put in place, as detailed within the agreed Board Memorandum – Financial Reporting Procedures.
- 1.3 Strategic Objectives Development** - Recognising that the refining of the strategic objectives for the Gloucestershire Health and Care NHS Foundation Trust, is a process still being taken forward to enable an interim Board Assurance Framework to be put in place until the Board have their development and review session on it in June 2020, the strategic objectives from within the Strategic Intent, have been reduced to their core elements to provide a starting point which can then be used as a building block further down the process.




1.1 Strategic Risks: SUMMARY OF STRATEGIC RISKS

Trust strategic objectives	Ref	Risk	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
All Strategic Objectives	SR00	That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.	H ↑	CEO/ DoNTQ	Board	25 5x5	16 4x4	12 4x3
Strong System Leader and Partner	SR1	There is a risk that we fail to support and progress effective working within the health and care system and cannot fully achieve the benefits of integration targeted within the Strategic Intent for the merged Trust and meet the NHS Long Term plan.	M ↔	CEO/ DoSP	Board	12 3x4	8 2x4	4 1x4
Strong System Leader and Partner	SR2	There is a risk that services are not sustainable and do not continue to improve and develop to meet needs.	M ↔	CEO/ DoSP	Board	12 3x4	8 2x4	4 1x4
Outstanding Care	SR3	There is a risk that failure to: (i) meet consistent quality standards for care and support; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients/service user and carers and poorer patient safety and experience.	M ↔	DoNTQ	Quality Committee	12 3x4	8 2x4 On Target	8 2x4
Outstanding Care	SR4	There is a risk that the Trust does not maintain robust focus on either/or mental and physical health.	M ↔	CEO	Board	15 3x5	10 2x5	5 1x5

Trust strategic objectives	Ref	Risk	Strategic risks	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
Personalised Experience	SR5	There is a risk that we fail to keep service users and carers at the heart of what we do and do not deliver genuine co-production.		M ↔	DoNTQ	Quality Committee	12 3x4	8 2x4	4 1x4
Engaged, Empowered and Skilled Workforce	SR6	There is a risk that we are unable to recruit and retain the workforce we need to meet our ambitions to: <ul style="list-style-type: none"> provide outstanding, joined up care maintain colleague well-being minimise use of agency and bank staff 		H ↔	Dir HR & OD	Resources Committee	16 4x4	16 4x4	8 2x4
Engaged, Empowered and Skilled Workforce	SR7	There is a risk that we fail to establish a culture which: <ul style="list-style-type: none"> engages and empowers colleagues engendering a sense of collective ownership supports discretionary innovation 		M ↔	Dir HR & OD	Resources Committee	16 4x4	12 3x4	4 1x4
Innovation and Research Driven	SR8	There is risk that we don't enable colleagues to support Innovation and Research through appropriate funding, time and focus and strategic drivers.		M ↔	MD & DoSP	Quality Committee	9 3x3	9 3x3	6 2x3
Innovation and Research Driven	SR9	There is a risk that we do not have in place structures and processes which enable colleagues to look beyond the organisation to identify leading edge practice to inform practice.		M ↔	DoNTQ & MD	Quality Committee	9 3x3	9 3x3	6 2x3
Best Value	SR10	There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans.		M ↑	CEO	Board	16 4x4	9 3x3	8 2x4

Trust strategic objectives	Ref	Risk	Strategic risks	RAG	Exec Lead	Assurance Body	Inherent Risk Score	Current Risk Score	Target Risk Score
Best Value	SR11	There is a risk we do not maintain robust internal controls (Including financial) and governance systems; resulting in potential financial and organisational instability.		M ↕	Dir Finance	Resources Committee Audit & Assurance Committee	12 3x4	8 2x4	4 1x4
Best Value	SR12	There is a risk we do not achieve our individual organisations financial sustainability and contribute to whole system sustainability.		M ↕	Dir Finance	Resources Committee	12 3x4	8 2x4	6 2x3


Strategic Objective:		ALL STRATEGIC OBJECTIVES						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR00		That the impact of Covid-19 places the Trust's services under increased clinical and operational pressure which negatively influences patient care in terms of patient safety, wellbeing and mortality outcomes and limited access to services exacerbated by lower staffing levels.						
Type		Quality			Executive Lead		Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board	
Inherent (without controls being applied) Risk Score		5	5	25	Date Identified		Feb 2020	
Previous Meeting Risk Score		4	5	20	Date of Review		June 2020	
Current Risk Score		4	4	16	Date Next Review		Ongoing	
Tolerable (Target) Score		4	3	12	Date to Achieve Target		March 2021	
Key 2020 Deliverables				Relevant Key Performance Indicators				
Continued compliance with national guidance and requirements i.e. Covid secure environments, Public Health England personal protective equipment guidance, BAME guidance and high standards of infection control, all to maintain safety and wellbeing of patients , carers and staff . Ongoing staff support and wellbeing measures to care for staff and maintain effectiveness.								

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Business continuity planning and emergency response plans in place	Executive briefings. Board Assurance Committee.	Management		Regular Exec/Board briefings/	Completed	Sian Thomas	Programme management approach adapted to longer term incident management.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Recovery programme established with Exec work-stream leads	Weekly executive briefings.	Management		Recovery programme structure in place.		Sian Thomas	Programme Structure in place reporting to Exec. Recovery plans in place for all services. Future state programme plan developed with system partners.
Engagement in local/regional/national NHS emergency guidance and protocols	Feedback from ICS/discussion with system partners to Executive.	Management	Guidance from centre on specific issues.	Continued engagement with system and wider NHS partners.	Ongoing	Executive	Demand and capacity systems for essential services in place and monitored. Trust contributing to national work on PPE supply.
Protocols for maintaining infection prevention and control in workplaces established for the protection of patients and staff	Executive. Quality Committee/QAG.	Management	Covid secure environments across trust.	Implementation of government guidelines. Infection prevention and control board assurance framework reviewed by QAG in July.	Ongoing	Sian Thomas	Joint working with ICS partners. Regular review of PPE guidance. GHC stock management team established. Additional PPE storage secured. IP&C assurance framework in place. Covid secure environmental toolkit rolled out. Serology programme completed.


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Maintenance of safe staffing levels	Progress reports to Executive.	Management			Ongoing	DoHR&OD/ Sian Thomas	Health and Wellbeing offer in place to support all staff. Annual Leave is encouraged and carry over has been extended and approved.
Key workforce policies and HR guidance on remote working, sickness reporting	Weekly executive discussion. Communication through internal Comms structure.	Management		HR guidance/ policies regularly updated in line with national policy developments	Ongoing	DoHR&OD	Sickness and isolation reporting in place. Home working risk assessments in place.
Risk assessments for all at risk staff	Management and Board.	Management and Board		Risk assessments for all at risk staff. Covid Secure environment project.			All at risk staff contacted. Additional support including OH and FTSU in place. Covid- secure environment toolkit developed. As of 08/07/20 – 89% of BAME colleagues have had a risk assessment. Roll out of returning sheilders toolkit risk assessment and guidance.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Sufficient PPE to ensure Workforce remains safe and to reduce spread of the Virus	Monthly progress reports to business continuity team and Executive.	Management		Centralised stock management team Monitoring and standard operating procedure as per national guidance	Ongoing	Sian Thomas	Regular monitoring of central guidance. Stock management team in place.
Links to Risk Register							
Risk 264 (Impact on GHC)/ Risk 282 (Staff Health & Well-being)/ Risk 285 (Impact on Staff)/ Risk 265 (PPE)/ Risk 281 (Equipment) / Risk 278 / 279 (Litigation)/ Risk 291 (Fraud)							


Strategic Objective:		STRONG SYSTEM LEADER AND PARTNER						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR1		There is a risk that we fail to support and progress effective working within the health and care system and cannot fully achieve the benefits of integration targeted within the Strategic Intent for the merged Trust and meet the NHS Long Term plan.						
Type		Quality			Executive Lead		Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		June 2020	
Current Risk Score		2	4	8	Date Next Review		September 2020	
Tolerable (Target) Score		1	4	4	Date to Achieve Target		March 2021	
Key 2020 Deliverables					Relevant Key Performance Indicators			
Overall 5 Year Trust Strategy developed.								

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
CEO & Chair members of the Integrated Care System – engaged in all processes, regular meeting structure in place. Attendance levels and partner engagement strong	Reports to Board on ICS work, priorities & action plans. Two way communication processes in place.	Board	ICS Governance requires further development.	ICS Memorandum of Understanding, including delegation & ways of working.	June 2020	ICS Chair	Strong engagement/ attendance at ICS meetings by Chair/Exec. ICS MoU currently under review with input from the DoS&P
Director of Locality and Primary Care Post – Joint post with Clinical Commissioning Group which has embedded ongoing partnership working with Primary Care, which is supporting	Reports to Board (attendance at Board by Director of Locality and Primary Care to ensure issues reviewed through this lens on ongoing basis.	Board	ILP activity has been suspended during COVID and needs to be re-instigated in a safe and timely manner.	Active engagement with all system partners as ILPs recommence activities.	June 2020 Sept 2020	Director of Locality and PC/ Director of S&P	Deputy MD ad CD now in post. Place' considered a key element for the delivery of strategy and will be considered further in the emerging


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
effective cross system working							priorities around health outcomes.
Executive membership & leadership of key ICS Groups, Local Medical Committee, Primary Care Networks. Attendance levels and partner engagement strong	Feedback from Groups to Executive.	Management	Executive capacity during COVID pandemic has meant lack of time to engage.	Up-skilling next layer of management team.	June 2020 March 2021	CEO	Development planning ongoing.
Effective Engagement in the Primary Care Networks (PCN). Meetings with Clinical Directors	Reports to Board & Executive.	Board	Capacity to personalise support and take forward actions from PCN.	Development of roles below directors to enhance capacity. Development processes planned.	Sept 2020	CEO	Development planning ongoing. CEO meetings and regional presentations to Clinical Directors.
Long Term Plan integrated into strategic planning work	Strategic Intent & approved Merger documentation.	External – NHSE/I	Awaiting guidance on finalisation of 20/21 plans which were delayed due to COVID19.	Executive to consider any short and long term implications.	March 2020 Sept 2020	CEO	ICS Long Term Plan submitted. Alignment process to Trust objectives and plans has taken place and is first draft.
Links to Risk Register							

Strategic Objective:		STRONG SYSTEM LEADER AND PARTNER						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR2		There is a risk that services are not sustainable and do not continue to improve and develop to meet needs.						
Type		Quality			Executive Lead		Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		June 2020	
Current Risk Score		2	4	8	Date Next Review		September 2020	
Tolerable (Target) Score		1	4	4	Date to Achieve Target		March 2021	
Key 2020 Deliverables					Relevant Key Performance Indicators			
ICS Strategy Implemented taking forward One Gloucestershire proposals.								
Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update	
ICS Board ensures focus is on sustainability across the Gloucestershire health sector. GHC Chair and CEO fully engaged in ICS Board and ICS Development to ensure forward looking agenda	Reports to Board. Non-Executive Director Sessions. Executive meetings with counterparts.	Board and management.	Sustainable Development management plan to be developed for the Trust that joins up across the wider ICS system.		Sept 2020	DoSP	Best Value Board Development session completed. Fit for the Future consultation process due to commence September 2020.	
Fit for the Future Engagement – publication and engagement programme developed collectively with staff from across the Healthcare system delivering	Board involvement in Fit for the Future Engagement.	Board	Council of Governors to reflect the wider Trust need to be appointed and developed.	Governors Review and Refresh Programme.	Sept 2020	DoSP	Governor 'review and refresh' to report in April September. Full involvement in the Fit for the Future Solutions Appraisal workshop.	

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Co-production central to Trust's operation and this is being built into ways of working and ways of reviewing practice	Development work of Director of Strategy and Partnerships and Chief Operating Officer.	Management	Clear approach to co-production and people participation not in place.	People Participation Committee to be established.	April 2020 Sept 2020	DoSP	Discussions commenced on People Participation agenda.
Gloucestershire Health Finance Directors meet regularly to ensure up to date understanding of the financial position across the local Health economy	Reports to Executive and Board Management Accounts.	Management and Board				DoF	ICS Financial updates given as part of Board Reports.
Executive involvement in development of key pathways within ICS	Reports to Board.	Management & Board				DoSP	DoSP attending New Models of Care Board and Fit for the Future programme to ensure alignment with key work programmes.
Links to Risk Register							
Risk 1002 (Operational Resilience)/ Risk 291 (Fraud)/ Risk 293 (Software replacement)							

Strategic Objective:		OUTSTANDING CARE						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR3		There is a risk that failure to: (i) meet consistent quality standards for care and support; (ii) address variability across quality standards; or (iii) reconcile conflicting quality standards or guidance, will result in poorer outcomes for patients/service user and carers and poorer patient safety and experience.						
Type		Quality			Executive Lead		Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		June 2020	
Current Risk Score		2	4	8	Date Next Review		Sept 2020	
Tolerable (Target) Score		2	4	8	Date to Achieve Target		Ongoing	
Key 2020 Deliverables					Relevant Key Performance Indicators			
Quality Strategy in place with Performance Measures.								
Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update	
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (for example – medication management – including Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Internal audit on Governance.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	During transition phase Quality Committee will meet on a monthly basis and separate Quality Reports will continue for at least 6 months to ensure breadth of focus.	Ongoing	DoNTQ	Quality Committee arrangements established and functioning well. Board consideration of Quality Reports at each meeting. Positive outcome of internal audit on governance.	

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient experience controls (including compliments, complaints and learnings identified, communicated, embedded and confirmed through audit and review)	Reports to Quality Committee Reports to Executive.	Management and Board	Experts by Experience not embedded within community services.	Experts by Experience actions to be embedded.	July 2020 Oct 2020	DoNTQ	Progress delayed due to Covid. Expert by Experience on Quality Committee. To extend to sub-groups.
Co-production actions – Better care together engagement events & related clinical and operational review to reflect feedback	Reports to Quality Committee Reports to Executive.	Management and Board	Co-production to be further developed across the combined Trust.	Co-production further developed and embedded across Trust.	Oct 2020	DoSP	Activities have been suspended during COVID and need to be reconsidered in light of new ways of delivery via social distanced approaches.
Workforce Controls – safe staffing processes and ways of working – defined and reported on within Quality reporting processes	Reports to Resources Committee and Quality Committee. Reports to Executive.	Management and Board	Staff turnover and staff sickness which may lead to increased use of agency staff that have less knowledge of Trust processes and procedures.	Staff recruitment and Retention actions.	Ongoing	Dir HR & OD DoNTQ	Use of practices such as Safety huddles to update staff within working day. Use of GHC Bank and Master Vendor Contract to ensure greater consistency of staffing. Agency Management Group.
Freedom to Speak Up and Whistleblowing processes fully embedded across Trust	Reports to Board (covering processes, volumes, types of issues, resolution practices, benchmarking & good practice guidance and internal audit report.	Board		Internal Audit and action plan	March 2020	DoNTQ	New policy in place. Incorporated Guardian in senior team. Board development session in April (session delayed due to Covid).
Links to Risk Register							
Risk 253 (consultant capacity)/ Risk 562 (pressure ulcers)/ Risk 609 (staff retention)/ Risk 116 (Agency management)/ Risk 173 (workforce)/ Risk 258 (workforce)/ Risk 6 (Serious incidents)							


Strategic Objective:		OUTSTANDING CARE					
Risk Ref:	Latest Rating and Direction of Travel	Risk Description					
SR4		There is a risk that the Trust does not maintain robust focus on either/or mental and physical health.					
Type		Quality			Executive Lead	Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee
Inherent (without controls being applied) Risk Score		3	5	15	Date Identified		Nov 2019
Previous Meeting Risk Score		2	5	10	Date of Review		June 2020
Current Risk Score		2	5	10	Date Next Review		Sept 2020
Tolerable (Target) Score		1	5	5	Date to Achieve Target		Nov 2020
Key 2020 Deliverables					Relevant Key Performance Indicators		
Quality Strategy in place with Performance Measures.							

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (For example – medication management – includes Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Reports to Executive.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	During transition phase Quality Committee will meet on a monthly basis and separate Quality Reports will continue for at least the first 6 months to ensure focus continues across the breadth of the new Trust's services.	Ongoing	Director of Nursing, Therapies & Quality	Meetings embedded. Reporting process to Board defined. All sub-groups and work-plan in place. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on governance.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (For example – medication management – includes Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Reports to Executive.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	During transition phase Quality Committee will meet on a monthly basis and separate Quality Reports will continue for at least the first 6 months to ensure focus continues across the breadth of the new Trust's services.	Ongoing	Director of Nursing, Therapies & Quality	Meetings embedded. Reporting process to Board defined. All sub-groups and work-plan in place. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on governance.
Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Management Structure developed through merger process ensures focus on mental and physical health, whilst not acting as a barrier to integration	Management Structure	Management	Medical Strategy	To develop Medical Strategy	Nov 2020	Medical Director	Key appointments made in physical and mental health. Structure in place.
Co-production and engagement activities with carers, service users and staff reflect the need to ensure integration is not achieved at the expense of necessary specialism and that all relevant groupings are appropriately engaged	Co-production and engagement methodology.	Management	Quality Framework	To develop Quality Framework	Nov 2020	DoNQT	Draft strategy to March Board. Experts by Experience on Quality Comm. Looking to extend to sub-comms. Quality Framework delayed due to Covid but deadline to be achieved.


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (For example – medication management – includes Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Reports to Executive.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	During transition phase Quality Committee will meet on a monthly basis and separate Quality Reports will continue for at least the first 6 months to ensure focus continues across the breadth of the new Trust's services.	Ongoing	Director of Nursing, Therapies & Quality	Meetings embedded. Reporting process to Board defined. All sub-groups and work-plan in place. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on governance.
Board composition reflects the need to ensure the history and legacy of each precursor Trust is maintained and that the Board has the skills to challenge to enforce appropriate focus on both areas of activity	Board appointment process and Development processes. Associate Non-Executive Director in place for transition period.	Board NHSE/I	Service User feedback process does not currently review against commitment to physical & mental health for early indications.	To be incorporated in review process as the systems are integrated.	Dec 2020	DoNQT	Service User feedback regularly reported to Quality Committee and considered by Executive – ongoing. Board development sessions/seminars in place.
Medical Committee and Staff Forum provide feedback mechanism from colleagues across the Trust, with different specialisms and foci, to ensure focus is maintained.	Reports to Executive Staff Engagement	Management	Membership for Trust may not currently reflect spectrum of service users.	Focus on Membership with aim balance of service users across the Trust's provision.	Sept 2020	CEO	Governance mechanism in place - Senior Leadership Network, Team Talk and creation of bi-monthly Senior Leadership Team business meetings. Governor Review and Refresh.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (For example – medication management – includes Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees. Reports to Executive.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	During transition phase Quality Committee will meet on a monthly basis and separate Quality Reports will continue for at least the first 6 months to ensure focus continues across the breadth of the new Trust's services.	Ongoing	Director of Nursing, Therapies & Quality	Meetings embedded. Reporting process to Board defined. All sub-groups and work-plan in place. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on governance.
Reporting frameworks from 2021 demonstrate equity of physical and mental health assurance	Governors, Resources Committee	Management Board	Central guidance issued w/c. 31/01		May 2020		Completed. New quality dashboard.
Links to Risk Register							
Risk 112 (IAPT)/ Risk 31 (data quality)/ Risk 121 (Record Compliance)/ Risk 247 (workforce)							

Strategic Objective:		PERSONALISED EXPERIENCE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR5		There is a risk that we fail to keep service users and carers at the heart of what we do and do not deliver genuine co-production.				
Type		Strategic		Executive Lead		Chief Operating Officer
Risk Rating		Likelihood	Impact	Total	Assurance Committee	Quality Committee
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified	November 2019
Previous Meeting Risk Score		2	4	8	Date of Review	June 2020
Current Risk Score		2	4	8	Date Next Review	Sept 2020
Tolerable (Target) Score		1	4	4	Date to Achieve Target	November 2020
Key 2020 Deliverables				Relevant Key Performance Indicators		
Co-production Methodology embedded across Trust.						

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Patient Safety Controls: Clinical Risk Management Processes, Risk Management Strategy & Policy, Patient Safety Team processes. (for example – medication management – including Annual Report, Never Event and Serious Incidents Requiring Investigation & Never Event monitoring & learning, Mortality Review processes)	Reports to Quality Committee and sub Committees.	Management & Board	Quality Committee frequency of meeting and combined quality report not yet in place.	Quality Committee to meet monthly. Separate Quality Reports to continue for first 6 months to ensure focus across breadth of Trust's services.	Ongoing	DoNTQ	Five meetings held to date. Reporting process to Board now defined. Agendas for Quality Committee and subgroups demonstrate good balance of mental/physical care. Positive outcome of internal audit on governance.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Co-production and engagement activities with carers, service users and staff reflect the need to ensure integration is not achieved at the expense of necessary specialism and that all relevant groupings are appropriately engaged	Co-production and engagement methodology	Management	Quality Framework	To develop Quality Framework	Nov 2020	DoSP	<p>Strategy development delayed due to Covid. On target to develop quality framework by due date.</p> <p>2 key management posts advertised, Clinical Director/Deputy Medical Director.</p>
Patient experience controls (including compliments, complaints and learnings identified)	Reports to Quality Committee.	Management	Experts by Experience not embedded within community services.	Experts by Experience actions to be embedded.	July 2020	DoNTQ	<p>Better Care Together engagement programme ongoing.</p> <p>Patient experience report to the Quality Committee. DoSP focus on co-production and extension of Experts by Experience for physical health.</p>
Links to Risk Register							
RISK 559 (Mental Capacity Act)							

Strategic Objective:		ENGAGED, EMPOWERED AND SKILLED WORKFORCE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR6		<p>There is a risk that we are unable to recruit and retain the workforce we need to meet our ambitions to:</p> <ul style="list-style-type: none"> provide outstanding, joined up care maintain colleague well-being minimise use of agency and bank staff 				
Type		Workforce		Executive Lead		Director of HR
Risk Rating		Likelihood	Impact	Total	Assurance Committee	Resources Committee
Inherent (without controls being applied) Risk Score		4	4	16	Date Identified	Inherited risk from 2g and GCS
Previous Meeting Risk Score		4	4	16	Date of Review	June 2020
Current Risk Score		4	4	16	Date Next Review	Sept 2020
Tolerable (Target) Score		2	4	8	Date to Achieve Target	Sept 2020 – Trust led activities, BUT it is recognised that the national context is a significant driver in ensuring impact.
Key 2020 Deliverables				Relevant Key Performance Indicators		
Workforce Plan in place.						


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Workforce planning processes. (Integrated within business planning process to ensure impact considered across the range of staffing types and levels)	Reports to Resources Committee and Executive and ICS LWAB.) Workforce planning and narrative submissions.	Board	National approach to NHS pension limits impacts on recruitment & retention.	Key staff being trained in workforce planning via HEE. Lobbying at national level with NHS Providers and NHS Employers.	Ongoing	Dir. HR & OD	Workforce planning presentation included in annual planning workshop. Additional 2 staff have successfully completed university workforce planning qualification. Phase 3 of ICS workforce plan & narrative recommending in August 2020.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Implementation of the Interim People Plan	Reports to Resources Committee.	Board	Lack of integrated workforce planning data.	Promotion of system approach to workforce planning, including shared career pathways.	March 2021	Dir. HR & OD	<p>People plan delayed due to Covid.</p> <p>Workforce systems projects underway.</p> <p>Legacy ESRs now integrated with further work related to Finance Ledger on-going.</p> <p>ICS LWAB, Workforce & OD steering groups delivering system implementation of interim People Plan.</p>
Skills Mix Reviews	Reports to Chief Operating Officer & Executive.	Management			Ongoing	Dir. HR & OD	Skills mixes carried out. Reviews requested with all turnover New reviews in NTQ & S & P Directorates (Q2).
Monitoring of Agency Use & Vacancies	Reports to Executive, Agency and Bank Management & Resources Committee.	Management & Board		Refocused Agency and Bank Management Group with 3 additional workstream task and finish groups.	Ongoing	COO and Dir. HR & OD	<p>Sustainable Workforce strategy - January 2020 Board.</p> <p>Refocussed Agency and Bank Management group and work streams with action plans & fortnightly meetings.</p> <p>End to end process review of recruitment re-commenced with PMO support end Q1. Fast Track.</p> <p>Recruitment weekly reporting commenced</p>

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
							Q1.
Safe Staffing Reports	Reports to Quality Committee and Executive.	Board	Trust doesn't commission all training.	Completion of Staff workforce planning training and programme of workforce planning workshops with support from HEE.	July 2020	DNQ&T	Safe Staffing reporting in place. University of Gloucestershire RGN, RMN, & new LD nursing programmes well subscribed to for September intake.
Recruitment & Retention Plans and actions	Reports to Resources Committee.	Board	Limited Resources for promoting Trust jobs and enabling innovative approaches to recruitment & retention.	Recruitment Action Plan and New recruitment strategy & action plan – ensuring best use of funds available.	December 2019 March 2020	Dir. HR & OD	Additional Recruitment & Retention lead post commenced Q4 2019/20. Future State Programme dedicated Recruitment & Retention work stream commenced June 2020. Fast Track Recruitment processes put in place for COVID during Q1 – adoption for longer term processes being progressed.
Career pathway developments	Reports to Executive.	Management	Legacy succession planning and talent management processes from former GCS and 2G.		March 2020 Oct/Sept 2020	Dir. HR & OD	Planned succession planning & talent management approach delayed due to COVID. ICS Apprenticeship Hub being created & hosted by GHC. ICS agreed NA, ACP & HEE workforce transformation funding,

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
							programmes & reporting in place. Process for 2020/21 HEE funding & programme recommenced in June after COVID delay with review of existing programme through ICS in July and August 2020.
Partnership arrangements with academic organisations	Reports to Resources Committee.	Board			Ongoing	Dir. HR & OD	Regular Glous Strategic Workforce Development Partnership Board with ICS colleagues – delayed due to Covid. Continuing to work with UoW on 3 Counties Medical School & scoping medical & post grad options with UoG.
Vacancy Monitoring	Reports to Resources Committee.	Board			April 2020 Sept 2020	COO and Dir. HR & OD	Director level sign off. New vacancy BI plan being developed reporting to Agency and Bank Management Group Demonstration of TRACK end-to-end recruitment software package & business case in draft.
Agency and Bank Management	Reports to Executive.	Management	Workstreams have 6/9 month				Refocussed Agency & Bank Management

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
			lead in time for many actions.				Group action plan & reporting in place.
Flexible working, retire and return options	Reports to Executive and JNCF.	Management	Related business intelligence harmonisation.	Review 2019 Staff Survey opportunities for flexible working patterns scores and feedback and develop response.	March 2020	Dir. HR & OD	BI under being progressed. Additional flexible retire & return options rolled out. Further refresh of these, informed by COVID learning experiences to be undertaken.
Co-production of opportunities, working patterns etc. with staff	Staff Friends and Family Test and staff survey.	External		Review 2019 Staff Survey "Staff Engagement" and "Ability to contribute to improvements" scores and feedback, develop response.	March 2020	Dir. HR & OD	Delayed due to Covid – Focus groups, Staff Forum & Your Voice surveys recommenced in June. E-rostering project will recommence in July and will provide further co-production opportunities through 2020/21.
Links to Risk Register							
Risk 48 (workforce and culture)/ Risk 609 (staff retention)/ Risk 173 (workforce – recruitment)/ Risks 989/962/258 (recruitment, nursing)/ Risk 116 (Agency management)							


Strategic Objective:		ENGAGED, EMPOWERED AND SKILLED WORKFORCE
Risk Ref:	Latest Rating and Direction of Travel	Risk Description
SR7		There is a risk that we fail to establish a culture which:

		<ul style="list-style-type: none"> engages and empowers colleagues engendering a sense of collective ownership supports discretionary innovation 				
Type	Strategic			Executive Lead		Director of HR & OD
Risk Rating	Likelihood	Impact	Total	Assurance Committee		Quality Committee
Inherent (without controls being applied) Risk Score	4	4	16	Date Identified		Nov 2019
Previous Meeting Risk Score	3	4	12	Date of Review		June 2020
Current Risk Score	3	4	12	Date Next Review		September 2020
Tolerable (Target) Score	1	4	4	Date to Achieve Target		September 2020
Key 2020 Deliverables				Relevant Key Performance Indicators		
Implementation of the Interim People Plan.						

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Values developed through co-production	Reports to Board.	Board	Strategic Objectives to be fully developed	Strategic Objectives to be developed using co-production principles	June 2020	CEO	Board Development session delayed due to Covid. Cascading process developed. Used widely in branding & comms. Integration of values into workforce policies processes e.g. appraisal, performance, staff awards, disciplinary.
Interim People Plan	Reports to Resources Committee.	Board	Full implementation of Plan	Communication & implementation through future "Best People" Strategy. Respond to new national People Plan	Sept 2020	Director of HR & OD	Development and agreement of "Best People" strategy and actions. Regular updates to Resources Committee in place. Final national People Plan now expected to be published in July /


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
				once releases			August 2020.
Better Care together engagement processes	Reports to Board.	Board	Implementation outcomes of Better Care together.	Outcomes to be built into strategies	Sept 2020	Director of Strategy & Partnerships	Ongoing Better Care Together Programme in place.
Heads of Professional Knowledge Network in place	Reports to Director of Nursing.	Management					
Research Knowledge Partnership in place	Reports to Executive.	Management					
Freedom to Speak Up Guardian & supporting processes	Reports to Board (covering processes, volumes, types of issues, resolution practices, benchmarking & good practice guidance.)	Board				Director of Nursing, Quality and Therapies.	New Freedom to Speak Up Policy agreed with staff side & published. Work in Confidence anonymous platform for raising issues & engaging relaunched. Regular global comms & Board reports in place.
Colleague Communication & Engagement activities	Reports to Executive	Management			March 2020	Director of HR & OD	Regular review of colleague communications. "You said, we did" comms with colleagues, new monthly survey and quarterly Staff FFT surveys. Paul's Open Door. Staff Hub on intranet. Staff focus Groups for BAME, LGBTQ & Disabled Staff. New Staff Diversity Network commencing July

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
							2020. New Executive visit process scoped but delayed due to Covid.
Staff Surveys	Reports to Resources Committee and Board.	Board		2019 Staff Survey outcomes from former GCS and 2G due February 2020 – to be used to develop plan.	June 2020	Director of HR & OD	Your Voice monthly surveys and Staff FFTs paused due to COVID. Your Voice recommencing. Additional surveys on health, charitable funds and BAME risk assessments run.
Links to Risk Register							


Strategic Objective:		INNOVATION AND RESEARCH DRIVEN						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR8		There is risk that we do not enable colleagues to support Innovation and Research through appropriate: funding, time and focus and strategic drivers						
Type		Quality			Executive Lead		Medical Director	DoSP
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score		3	3	9	Date Identified		Nov 2019	
Previous Meeting Risk Score		3	3	9	Date of Review		June 2020	
Current Risk Score		3	3	9	Date Next Review		Sept 2020	
Tolerable (Target) Score		2	3	6	Date to Achieve Target		Feb 2021	
Key 2020 Deliverables					Relevant Key Performance Indicators			
Research Strategy in place with Performance Measures.								

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Research Actions & Activities	Reports to Quality Committee.	Board	Research Strategy in development	Put in place Research Strat.	March 2021	Medical Director	Reviewing current strategy to align with organisations research vision. Progress delayed due to Covid. Research team structure in place. Time in consultant job-plans for research.
Annual Research Conference	Reports to Executive.	Management	Conference proposal	To be developed	March 2021	CEO	Timing of conference under consideration.
Learnings from Incidents, Complaints and	Reports to Quality Committee.	Board	Clinical Strategy	Develop clinical safety strategy	March 2021	MD	Assurance reports provided to the quality

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
compliments							committee and Board (mortality review and SI reports)
Good Practice Identification & Follow Up process	CQC working group	Management	Quality Framework	To be developed	March 2021	Director of Quality	To be developed to align with new strategy
Training & Development Activities	Reports to Executive	Management	Training and development strategy	To be developed	March 2021	Medical Director	To be included in research strategy.
Quality Improvement Unit activities	Reports to Executive	Management	QI Strategy and Transformation plan	To be developed	Dec 2020	DoSP	Associate Director of QI and Transformation appointed and team structure approved
Better Care together activities	Reports to Board	Management	Plan for 2020/2021	To be developed	Sept 2020	DoSP	Activities have been suspended during COVID and need to be reconsidered in light of new ways of delivery via social distanced approaches
Links to Risk Register							


Strategic Objective:		INNOVATION & RESEARCH DRIVEN						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR9		There is a risk that we do not have in place structures and processes which enable colleagues to look beyond the organisation to identify leading edge practice to inform practice.						
Type		Quality			Executive Lead		Director of Nursing	Med Director
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Quality Committee	
Inherent (without controls being applied) Risk Score		3	3	9	Date Identified		Nov 2019	
Previous Meeting Risk Score		3	3	9	Date of Review		June 2020	
Current Risk Score		3	3	9	Date Next Review		Sept 2020	
Tolerable (Target) Score		2	3	6	Date to Achieve Target		Jan 2021	
Key 2020 Deliverables				Relevant Key Performance Indicators				
Research Strategy in place with Performance Measures.								
Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update	
Research Actions & Activities	Reports to Quality Committee	Board	Research Strategy in development	Put in place Research Strategy	March 2021	Medical Director	Reviewing current strategy to align with organisations research vision. Progress delayed due to Covid.	
Annual Research Conference	Reports to Executive	Management	Conference proposal	To be developed	March 2021	CEO	Timing of conference under consideration.	
Learnings from Incidents, Complaints and compliments	Reports to Quality Committee	Board	Clinical Strategy	To be developed	March 2021	DoNTQ	Lessons learned reports within patient experience / safety team portfolios	
Good Practice Identification & Follow Up process	Improving care working group	Management	Quality Framework	To be developed	March 2021	DoNTQ	To be developed to align with new strategy	
Training & Development Activities	Reports to Executive and Board Committees	Management and Board						
Quality Improvement Unit activities	Reports to Executive	Management					To be included in research strategy.	

Links to Risk Register

Strategic Objective:		BEST VALUE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR10		There is a risk that the One Gloucestershire transformation plans become frustrated and impact on our individual Trust aims and objectives and the whole system plans.				
Type	Strategic			Executive Lead		CEO
Risk Rating	Likelihood	Impact	Total	Assurance Committee		Board
Inherent (without controls being applied) Risk Score	3	4	12	Date Identified		Nov 2019
Previous Meeting Risk Score	3	4	12	Date of Review		June 2019
Current Risk Score	3	3	9	Date Next Review		March 2021
Tolerable (Target) Score	2	4	8	Date to Achieve Target		September 2021
Key 2020 Deliverables				Update		
One Gloucestershire Engagement complete and clear road map in place.						


Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Fit for the Future Engagement Plan in place	Report to Board.	Board	Original timeline revised. Due to go to HOSC on 14 July.	Impact of updated timeline to be considered against other key strategic activities, e.g. hospitals in Forest of Dean	June 2020 July 2020	Dir Strat & Partnerships	Work is ongoing to confirm on-going inter-relationships with the timelines with the FFTF work.
Ongoing ICS Updates to ICS Board & Board	Reports to Board to support scrutiny, challenge & openness in working.	External & Board			June 2020	Dir Strat & Partnerships	System update standing item on Board agenda.
Development of Trust wide strategic priorities and transformation programmes needs to be completed	Board Development & clinical service delivery.	Board	Strategic transformation programme needs to be finalised as	Executive and Board development sessions planned for	Oct 2020	Dir Strat & Partnerships	Links to Future State work programme developed with use of ODF as key governance route

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
			strategy develops.	August/Sept			
Clinical Programme Groups developing transformation proposals	Clinical and service leads engaged fully engaged in groups.	Management			Sept 2020	Chief Operating Officer	Focus on respiratory and cardiac pathways as a result of post COVID patient needs.
Links to Risk Register							

Strategic Objective:		BEST VALUE				
Risk Ref:	Latest Rating and Direction of Travel	Risk Description				
SR11		There is a risk we do not maintain robust internal controls (Including financial) and governance systems; resulting in potential financial and organisational instability.				
Type		Strategic		Executive Lead		CEO
Risk Rating		Likelihood	Impact	Total	Assurance Committee	Board
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified	Nov 2019
Previous Meeting Risk Score		2	4	8	Date of Review	June 2020
Current Risk Score		2	4	8	Date Next Review	September 2020
Tolerable (Target) Score		1	4	4	Date to Achieve Target	December 2020
Key 2020 Deliverables				Update		
Budget and CIP targets to be achieved.						

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Clinical and corporate governance arrangements enable controls to be effectively managed	The Board Committee structure provides assurance on all corresponding controls to the Trust Board. Management Groups report exceptions to Committees.	Board	Combined Quality Reporting development is ongoing.	Integrated Quality Report to be developed.	July 2020	Director of Nursing, Therapies and Quality	Development ongoing.
Committee / reporting structures enable controls to be monitored and reviewed	Grant Thornton Reporting Accountant Opinion. GCS and GHC External Audit Opinion. Head of Internal Audit Opinion 2019/20.	External					GCS and GCS External Audit - clean opinion 2019/2020.

Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update
Internal and external audit and plans provides additional scrutiny.	Combined Internal Audit Plan Agreed Reports by Internal & External Audit to Audit Committee. Internal Audit follow up actions report.	External					
The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation in place.	Based on best practice. Approved by Audit Committee. Regularly reviewed for omissions.	Management and Board	Assurance on compliance.	Internal Compliance Review to be undertaken.	March 2020 Sept 2020		Compliance Review delayed by COVID.
Robust governance framework to ensure continual monitoring and reporting with clear escalation.	Reports to Board and Executive.	Management and Board	Full range of Strategies not yet in place.	Strategies to be developed & put in place.	Sept 2020 Dec 2020	Director of Strategies & Partnerships (with Board)	Strategies delayed by COVID.
Links to Risk Register							
Risk 116 (Agency usage), Risk 1002 (operational resilience)/ Risk 294 (CIP)							

Strategic Objective:		BEST VALUE						
Risk Ref:	Latest Rating and Direction of Travel	Risk Description						
SR12		There is a risk we do not achieve our individual organisation’s financial sustainability and contribute to whole system sustainability						
Type		Financial			Executive Lead		Dir Finance	
Risk Rating		Likelihood	Impact	Total	Assurance Committee		Board	
Inherent (without controls being applied) Risk Score		3	4	12	Date Identified		Nov 2019	
Previous Meeting Risk Score		2	4	8	Date of Review		June 2020	
Current Risk Score		2	4	8	Date Next Review		Sept 2020	
Tolerable (Target) Score		2	3	6	Date to Achieve Target		Dec 2020	
Key 2020 Deliverables				Update				
Budget and CIP targets to be achieved.								
Key Controls To Manage Risk	Assurance on Controls	Type of Assurance	Gaps in Controls	Key Actions To Address	Target to Complete	Action Owner	Action Update	
Financial Management	Board Reports and mid-Year Review. Budget Setting. CIP workshops completed. CIP targets 20/21 issued.	Board	Identification of 20/21 CIPS.	Planned Challenge Schemes Planned.	Sept 2020	Director of Finance	Efficiency CIP delivered. Differential CIP identified and mostly delivered. CIP target revised due to COVID.	
Financial reporting	Board Reports & Resources Committee Reports.	Board	Finance systems in integration.	Finance system integration processes to be completed.	April 2020 Sept 2020	Director of Finance	Integration process delayed due to COVID, on revised Plan.	
Agency Management Group	Reports to Resources Committee. Sustainable staffing paper to Board.	Board	Comprehensive plan to reduce agency reliance.	Trajectory for improvement	June Oct 2020	Chief Operating Officer	COVID delayed trajectory, October plan for major improvements in HCA agency spend.	
ICS Financial Plan Monitoring	Board Report.	Board						

Links to Risk Register

Risk 294 (CIP), **Risk 973** (Medical devices)/ **Risk 116** (Agency usage)

RISK MATRIX AND RISK PROFILE (July 2020)

Likelihood	IMPACT				
	1	2	3	4	5
5	(LOW)	(MEDIUM)	(HIGH)	(CATASTROPHIC)	(CATASTROPHIC)
4	(LOW)	(MEDIUM)	(MEDIUM) T-SR00	(HIGH) C-SR6 / C-SR00	(CATASTROPHIC)
3	(LOW)	(MEDIUM)	(MEDIUM) C-SR8 / C-SR9 / C-SR10	(MEDIUM) C-SR7	(HIGH)
2	(LOW)	(LOW)	(MEDIUM) T-SR8 / T-SR9/ T-SR12	(MEDIUM) C-SR1/ C-SR2/ C-SR5 / C-SR11/ C-SR12 C-SR3 – T-SR3 T-SR6/ T-SR10	(MEDIUM) C-SR4
1	(LOW)	(LOW)	(LOW)	(LOW) T-SR1/ T-SR2/ T-SR5/ T-SR7/ T-SR11	(LOW) T-SR4

Impact Score x Likelihood Score = Risk Rating

DEFINITIONS

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

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

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

AGENDA ITEM: 10

REPORT TO: Trust Board – July 2020

PRESENTED BY: Neil Savage, Director of HR & Organisation Development

AUTHOR: Neil Savage, Director of HR & Organisation Development

SUBJECT: **UPDATE ON TRUST'S DIVERSITY WORK**

This report is provided for:

Decision ☒ Endorsement ☒ Assurance ☒ Information ☒

The purpose of this report is to

The purpose of this report is to provide an update on the Trust's work to promote and progress diversity at work within a workforce context. It also presents a recommendation for the key strategic focus areas for progressing improvement moving forwards.

Recommendations and decisions required

The Board of Directors is asked to:

- **Note** the update
- Debate and **approve** the recommended strategic focus areas
- **Note** that tackling race and other health and employment inequalities will require sustained commitment, with engaged leadership and stronger working relationships with ICS partner and wider community organisations.

Executive summary

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

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

Finally, the report makes a recommendation for the key strategic focus areas for progressing improvement moving forwards.

Risks associated with meeting the Trust's values

Failure to achieve a fair organisational culture which celebrates and promotes diversity, equality and inclusions will mean the Trust will be unable to live its agreed values of:

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

Corporate considerations

Quality Implications	The Trust cannot provide high quality services to patients, services users and carers, or a high quality workplace without a diverse, inclusive workforce which is well trained and supported in equality matters. The work streams outlined in the report aim to ensure a better enabled workforce which will be motivated, supported and well managed to deliver high quality care and workplace experiences in innovative ways. There is strong & conclusive correlation between diversity, inclusion & equality practices & culture, and high performance & quality.
Resource Implications	The work streams are resourced via existing departmental budgets, and from a training perspective by the additional £100k OD / Leadership Development budget the Board approved for this year. Additional actions not yet determined will need to be costed as required, for example, the long term approach to delivering on the detail of the PHE 7 recommendations.
Equality Implications	<p>As a Public Sector organisations, the Trust has a statutory duty in the exercising of its functions, to have due regard to the need to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not. 4. <p>Equality and diversity issues have been taken into account in the initial stages of developing the new organisation's strategy and will be reflected in the implementation of the strategy.</p>

Where has this issue been discussed before?

Previous Board and Board Committee discussions on WRES, WDES, COVID, Staff Survey and in a "Leadership for a Diverse and Transformational Organisation" paper.

Explanation of acronyms used:	ICS	Integrated Care System
	OD	Organisation Development
	LGBTQ	Lesbian, Gay, Bi-sexual, Trans & Queer
	BAME	Black & Minority Ethnic
	PHE	Public Health England
	WRES	Workforce Race Equality Standard
	WDES	Workforce Disability Equality Standard
	GIRFT	Getting It Right First Time
	ESR	Electronic Staff Record

Appendices:	None.
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Report authorised by: Neil Savage	Title: Director of HR and OD
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Update on Trust's Diversity Work

1.0 BAME COVID RISK ASSESSMENT

At the end of April, Sir Simon Stevens, the Chief Executive of the NHS, wrote to all NHS Trusts asking that they implement risk assessment relating to COVID-19 for all BAME staff. This followed on from the earlier implementation of the risk assessments for colleagues with underlying / long term conditions, those who were 70 or over and pregnant staff. At the same time he commissioned a national review of the COVID related risks and experiences of BAME colleagues by PHE.

No national template or guidance was provided to support this process, so the Trust's Working Well Occupational Health Services worked with HR, Nursing, Operations and Infection Control **colleagues to produce a risk assessment tool and guidance** to deliver this requirement. Subsequently, the Faculty of Occupational Medicine produced guidance and the Trust's assessment guidance was further updated.

The CEO subsequently wrote out to all senior managers in the Trust in the first week of May detailing the new requirement, reminding colleagues of **additional support, including Occupational Health and Freedom to Speak Up processes**. The new risk assessment tool and guidance was shared. At the same time, the Director of HR and OD wrote to all colleagues identified as BAME on the Trust's ESR informing them of the requirement and outlining the additional support. Support was provided to line managers from Working Well in the completion of the assessment and any resulting adjustments.

In May and early July 2020, the Director of HR and OD led a task and finish group to create a **COVID Secure Environment toolkit**. Two senior leaders, Andy Telford and Cheryl Haswell, were then seconded to implement the toolkit. Having focussed on priority clinical workplaces, they are now supporting the Trust's other workplaces.

An audit process has set up to capture the completion of the BAME risk assessments. As of 8th July, out of over 300 substantive BAME employees and over 100 BAME bank workers, 89% of these colleagues have had a COVID assessment with the outstanding 11% consisting of staff who are on long term sick leave, stuck overseas and unable yet to return to the UK or for other known reasons such as not currently working on the bank. The outstanding assessment are being overseen by Working Well and the Director of HR and OD and his PA, and the Trust fully expects to be compliant in line with the national expectation that 100% of BAME staff are assessed by the end of July 2020 (excluding those on long term sick leave). A **confidential Smart Survey** is also open for BAME colleagues to report on their personal experiences of the risk assessment so as the Trust doesn't solely rely on

management returns. A further verbal update will be provided at the Board meeting on additional progress.

The Trust's current focus also includes rolling out this month the returning **shielders' toolkit risk assessment and guidance** (underlying conditions and 70 or overs – 191 staff) and a newly required process for all males and all White Europeans who are 60 or over.

2.0 LEADERSHIP DEVELOPMENT PROGRAMMES

The Trust has secured expressions of interest from potential partners to work with the OD team to provide the **three new Leadership Development Programmes for Entrance, Middle and Senior Manager level training**. The team is meeting with these providers shortly with a view to commencing these new programmes in Quarter 3. **Positive action will be taken to encourage applications from BAME colleagues to join these programmes.**

A core element of the three new development programmes' content will be inclusion, equality and diversity. Similarly, there will be core people management training provided with Just Culture and Civility content – another core improver of social justice. The Trust disciplinary and resolution (aka grievance) policies have already been updated to include core principles of "Just Culture", and the Medical Director and Director of HR & OD are currently consulting with the BMA through the Local Negotiating Committee on associated revisions to the local Maintaining High Professional Standards in the NHS policy.

In a recent article [published](#) in July 2020 by Shilpa Ross, researcher at the King's Fund, she determines that enabling improved access for BAME colleagues to development training and career progression (e.g. through development programmes) means that colleagues could have improved opportunities while also feeling that their organisations were becoming more inclusive and fairer. This and findings from other similar research emphasise the importance of ensuring diversity, inclusion and equality in the Trust's leadership development offers going forwards.

3.0 RECIPROCAL MENTORING PROGRAMME

In partnership with the NHS National Leadership Academy the Trust launched its ["Reciprocal Mentoring Inclusion Programme"](#) pilot in November 2019. Circa 35 colleagues, including a number of Board members, are involved in the programme.

Reciprocal mentoring involves two people jointly working together, one partner is a senior leader/Executive Director and the other a more junior colleague.

Colleagues meet regularly their reciprocal mentor and work together in a constructive manner to explore insights into behaviours and understand and breakdown any bias that may exist. In order to ensure that there is systemic

change this is planned to take place over a period of 12 – 18 months, although COVID, has introduced a temporary hiatus of 3 – 4 months.

The programme aims to build a mutually beneficial understanding and insight into the difficulties and barriers colleagues from under-represented groups may face. There are opportunities to explore how our senior leaders can learn and adapt their leadership approach to ensure they are more inclusive and appreciative of the diversity of our workforce.

Reciprocal mentoring has benefits for the both the organisation and individual and is known to have a significant impact on changing mind-sets and influencing real cultural transformation.

The programme is informed by significant research from Australia, India, USA and the UK that supports the positive and lasting impact of reciprocal mentoring.

The Trust is fortunate to have the support of the National Leadership Academy who have developed a programme specifically for the NHS which they are piloting here in Gloucestershire.

Following a pause in the programme due to the COVID pandemic and lockdown, the programme has been reinitiated in June 2020 and Linda Gabaldoni, Head of Leadership and OD is working with the Leadership Academy on alternative virtual programme options and content going forward.

4.0 NEW DIVERSITY NETWORK

The Trust's new **Diversity Network** is planned to launch at the end of this month, having been informed by three virtual staff focus groups and the successful experiences of other organisations.

Circa 60 Trust colleagues contributed to the virtual **focus groups** which discussed the experiences of BAME, LGBTQ and Disabled colleagues working in the Trust. The most supported option going forwards was for the Trust to have an overarching Diversity Network supported by 3 sub-networks for BAME, LGBTQ and Disabled colleagues.

The purpose of the Network will be to provide a forum for differences to be celebrated, for good and bad practices and experiences to be shared, for priorities to be identified and overseen, and importantly, a forum where involvement, consultation and engagement can be improved.

Again, the recent research from the King's Fund determined that putting measures in place to make it safer to talk about race (e.g. staff networks and psychologically safe routes for raising concerns) meant colleagues can feel that their organisations are becoming more inclusive and fairer.

A number of senior colleagues will support the Network including Paul Roberts (CEO), Amjad Uppal (Medical Director), Sumita Hutchison (NED), Steve Brittan (NED), Neil Savage (Director of HR & OD), Ruth Thomas (

Associate Director of OD, Learning and Development), Linda Gabaldoni (Head of Leadership and OD), Sonia Pearcey (Freedom To Speak Up Guardian) and Firoza Shaikh (HR & OD Engagement Manager).

5.0 RECRUITMENT ADVERTISING

Alongside our use of the processes and requirements associated with our **Disability Confident Leader, Age Positive and Stonewall Diversity Champion kite mark** status and standards, we are engaging with local community groups about what additional ways we can use these groups to better communicate and encourage a wider diversity of applications, particularly for more senior roles where we know we are under-represented.

The Trust has implemented a policy of taking **positive action** for **Band 7, 8 and 9** vacancies. As part of this, job adverts now include the wording:

“We are keen to develop a more representative diversity of our senior staff and particularly encourage applications from those individuals with protected characteristics -- in particular from BAME, LGBTQ and disabled candidates.”

We will review the impact of this via our recruitment data over the coming months. To improve the quality and depth of recruitment data, the Executive will be considering a business case shortly for a new recruitment software package.

Further positive actions will be considered subject to the Board's consideration and support of the recommendations.

It is also worth noting that a new “race equality mark” which would be given to trusts demonstrating they are furthering the careers of ethnic minority staff is being considered by NHS England.

6.0 EQUALITY TRAINING

The Trust's Equality, Diversity and Human Rights Training compliance is presently 97.16%.

The Trust currently provides equality and diversity training to all new staff through the corporate induction process and an Equality, Diversity and Human Rights e-learning package for existing staff.

The OD, learning and development team are currently review this as part of the wider review of statutory and mandatory training with a view to making recommendations to the Executive Committee in Quarter 3 for our future approach going forwards.

7.0 WRES AND WDES

The Trust has a WRES and WDES action plan which was reported previously to the Resources Committee.

NHS England has just commenced the 2020 WRES and WDES annual data collection process. The local and national progress and benchmarking reports are expected at the end of 2020 / early 2021. This will be the first time that the new Trust will have combined data to consider and inform actions. The reports and action plan updates will be submitted to the Resources Committee and reported to the Board later in 2020.

7.1 Taking the **WRES**, looks at a number of key indicators such as:

- Relative likelihood of White staff being appointed from shortlisting compared to BME staff
- Relative likelihood of BME staff entering the formal disciplinary process compared to White staff
- Relative likelihood of White staff accessing non-mandatory training/CPD compared to BME staff
- % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
- % of staff experiencing harassment, bullying or abuse from staff in last 12 months
- % staff believing that trust provides equal opportunities for career progression or promotion
- % staff personally experienced discrimination at work from Manager/team leader or other colleague

The WRES data confirmed that in most cases BAME colleagues have a worse experience than White colleagues. However, in the 2019 Staff Survey related questions, mental health and learning disabilities colleagues rated the Trust above average in all the metrics, while physical health colleagues rated the Trust above average on 50% of them.

7.2 Taking the **WDES**, reports on the following:

- % of staff in Agenda for Change pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.
- Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.
- Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.
- % of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse

- % of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.
- % of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.
- % of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.
- % of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.
- The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

In the previous year's legacy trusts' WDES reports mental health and learning disabilities colleagues rated the Trust above average in 6 out of the 9 metrics, while physical health colleagues rated the Trust below average on all 9 metrics. The WDES data also confirmed that in many cases colleagues with a disability have a worse experience than colleagues without a disability.

As a result of a Board decision following consideration of a paper on **Learning Lesson To Improve People Practices**, the Resources Committee will be receiving reports on a quarterly basis of performance, disciplinary and grievance cases analysed by protected characteristics from August 2020 onwards.

8.0 PHE RAPID REVIEW

In April 2020, the Chief Medical Officer asked PHE to investigate disparities in risk and outcomes of COVID-19. This rapid review, 'Disparities in the risk and outcomes of COVID-19' has now been [published](#). This report confirms that the impact of COVID-19 has replicated existing health inequalities, and in some cases, increased them.

To support this work PHE engaged more than 4,000 people who represent the views of Black, Asian and Minority Ethnic (BAME) communities, to gather insights into factors that may be influencing the impact of COVID-19 on these groups and to find potential solutions. This work also included a rapid literature review conducted with the National Institute for Health Research (NIHR).

The Rapid Review has made 7 recommendations for the NHS and individual organisations. These are summarised below:

- Mandate comprehensive and quality **ethnicity data collection and recording** as part of routine NHS and social care data collection systems.

- Support **community participatory research**, in which researchers and community stakeholders engage as equal partners in all steps of the research process.
- **Improve access, experiences and outcomes** of NHS, local government and Integrated Care Systems commissioned services by BAME communities.
- Accelerate the development of **culturally competent occupational risk assessment tools** that can be employed in a variety of occupational settings and used to reduce the risk of an employee's exposure to and acquisition of COVID-19.
- **Fund, develop and implement culturally competent COVID-19 education and prevention campaigns**, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies; rebuild trust with and uptake of routine clinical services; reinforce messages on early identification, testing and diagnosis; and prepare communities to take full advantage of interventions including contact tracing, antibody testing and ultimately vaccine availability.
- **Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases** promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
- **Ensure that COVID-19 recovery strategies actively reduce inequalities** caused by the wider determinants of health to create long term sustainable change. Fully funded, sustained and meaningful approaches to tackling ethnic inequalities must be prioritised.

A Trust project group has been set up to review and take these recommendations forwards internally, whilst further work is needed to understand how the local ICS system tackles the recommendations collectively.

9.0 BOARD DEVELOPMENT

A Board Development seminar on Diversity is being planned for later in 2020/21 with external expert facilitation. The aim of this is to provide colleagues with an update on the Board's statutory duties and examples of good practice from across the globe on key diversity matters in an employment and care provision context.

10.0 ICS APPROACH

On behalf of Mary Hutton and Deborah Lee, Paul Roberts is exploring options with local community leaders via the Community Advocacy Group for Trust and wider **ICS involvement in a community-based reciprocal mentoring scheme**.

The HR and OD directorate is also sharing and providing support to GHT on the Reciprocal Mentoring, while GHT will in return shortly be providing GHT colleagues with access to its Stepping Up BAME development programme currently in planning stage.

11.0 RECOMMENDATIONS FOR KEY STRATEGIC FOCUS AREAS

Professor Partha Kar's recent [article](#) in the Health Service Journal urges the NHS and its organisations to make fundamental changes to their approaches towards promoting racial equality within care systems. He is currently the National Specialty Advisor, Diabetes with NHS England and also the co-lead of Diabetes GIRFT with NHS Improvement from his review; he recommends the following four key actions most likely to effectively tackle racism in the longer term:

1. **DATA. Ditch the term BAME and collect data based on ethnicity properly.** A simple lumping of a conglomeration of a range of ethnicities into one homogenous category doesn't work. People of colour, whether Black or Asian, come from a range of backgrounds that need a different focus. They aren't one homogenous group. Trusts should look at the deprivation index and differences between those from Bangladesh, Pakistan and India, for example, and take action accordingly.

Given the recommendations from the PHE report, this is clearly an important area to focus on and progress within the Trust.

2. **POSITIVE ACTION - Introduce an NHS version of the Rooney Rule** – to those who say positive discrimination is not allowed under the Equality Act 2010, he advises that they read up on the difference between “positive discrimination” and “positive action”.

He suggests that it may be possible to insist that at least one non-white person is interviewed for every role (the “Rooney rule”), arguing that if the England and Wales Cricket Board can do it, so can the NHS. Given that the Trust regularly has no applicant from a BAME ethnicity for some roles, this could occasionally be challenging. At the same time he suggests that the NHS should pay homage to one of the greatest pioneers of racial equality in healthcare. As we have the Nightingale hospitals in the midst of the pandemic – he asks “what about a Seacole Stipulation?” – named after the great British-Jamaican nurse [Mary Seacole](#) from the time of the Crimean War.

Some Trusts have put into place the need to have BAME representation and/ or wider protected characteristic colleagues on every interview panel. Given evidence of the good impact positive action can make on improving diverse representation in organisations, it is recommended that the Trust urgently considers further positive actions it can take going forwards.

3. **DATA - Transparency of Data.** Professor Kar recommends that there should be a national body which not only monitors adherence to the new requirements but imposes penalties on organisations if they don't do what the "Seacole Stipulation" says and makes it public which provider or commissioner organisation is complying or not.

He argues that in the diabetes world, that's exactly what the NHS did when it wanted to make sure access to new technology was uniform and not dependent on individual clinical commissioning group whims. While there was plenty of resistance, the final outcome was widespread adherence.

While this is a recommendation which would need national development and implementation, the Board may wish to consider whether it would be supportive of such an approach, and, if so, to then use its collective and individual members' influence to that end.

4. **LEADERSHIP - Accountability of leadership.** Finally, Professor Kar, suggests that those leading such a national body should also be accountable for change. There would need to be "defined measures of success, which if they are not met should mean those leaders making way for the next willing group." The Board, could again consider whether or not it supports this on a national basis, and also how similar principles could be applied to defined success measures for patient experience and access, workforce experience and associated data and information requirements and measures.

12.0 RECOMMENDATIONS AND DECISIONS REQUIRED

The Board of Directors is asked to:

- **Note** the update provided in this report
- **Debate and approve** the recommended strategic focus areas from Professor Kar's article, and,
- **Note** that tackling race and other health and employment inequalities will require sustained commitment, with locally engaged leadership and stronger partner and community allyship.

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Paul Roberts, Chief Executive and
 Sian Thomas, Deputy Chief Operating Officer

AUTHOR: Sian Thomas, Deputy Chief Operating Officer

SUBJECT: **COVID PROGRAMME RECOVERY 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 Board on the work the Trust has undertaken in responding to Covid and present an update on the Recovery Planning work.

Recommendations and decisions required

The Board is asked to:

- **Note** the update and work to date

Executive summary

This item provides an overview of the work carried out to manage the Covid pandemic, including an update on recovery planning, celebrating our success and the proposed next steps.

Risks associated with meeting the Trust's values

A Covid specific risk register is being maintained, with the key strategic risk(s) raised on the corporate risk register.

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

Where has this issue been discussed before?
Weekly discussions held at Executive Team Meeting

Appendices:	Appendix 1 - GHC Covid Recovery and Update
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Report authorised by: Sian Thomas	Title: Deputy Chief Operating Officer
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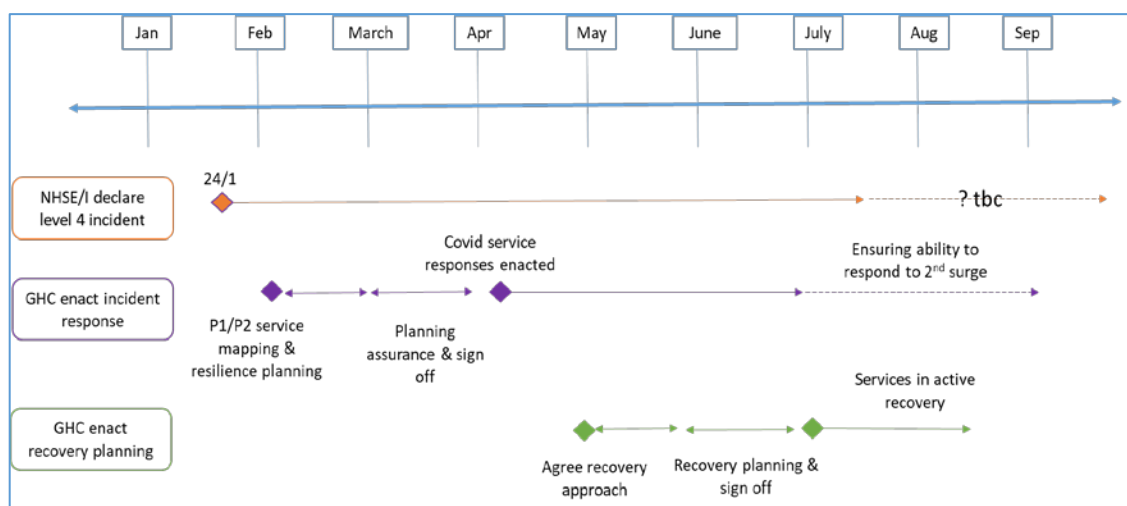
AGENDA ITEM: 11.2

COVID PROGRAMME RECOVERY UPDATE

1.0 OVERVIEW

The NHS has been in a Level 4 Incident since the end of January. During the last 6 months the Trust has moved from a business as usual approach, to enacting emergency measures in response to Covid (defined nationally as phase 1) and on to recovery planning and mobilisation (defined nationally as phase 2). Figure 1 below provides a high level timeline.

Figure 1 – High level Covid timeline

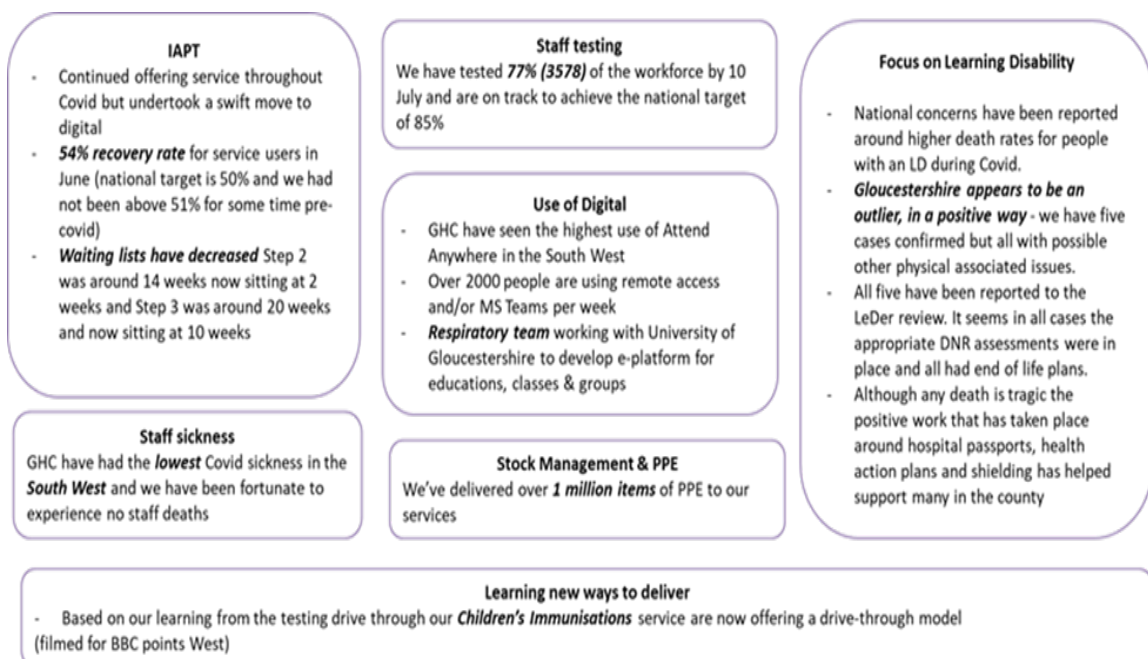


As well as being in 'Active Recovery' the Trust and the wider NHS is planning its response to a second surge, alongside normal winter planning, and a national direction to move into Phase 3. While we await a national letter outlining the requirements of phase 3 it is nominally referred to as 'Ongoing Covid Management and NHS Open for Business'.

2.0 CELEBRATING OUR SUCCESS

Since the declaration of the level 4 incident the Trust has undertaken a level of transformation, alongside ensuring resilience, that we need to ensure are recognised and celebrated. A few highlights are detailed below in figure 2. Learning the lessons from these successes is also important to enable us to maintain and replicate where appropriate.

Figure 2 – Celebrating our success



3.0 RECOVERY

We have now completed all initial recovery planning and the majority of services are in 'active recovery'. This means they are either fully open to all normal referrals or are on a phased plan to open to all normal referrals. It is important to remember that active recovery does not mean a service is functioning exactly as it did pre-Covid, for example we will continue to offer a blended digital / F2F approach across teams, based on Covid learning and where clinically indicated for high risk groups for Covid e.g. patients with an eating disorder. Key headlines from this process can be found in figure 2 and a more detailed picture in Appendix 1.

As well as a significant amount of work in overseeing our normal services the Trust enhanced a number of services and provided a number of systems offers, detailed below in figure 3. These have been well received by system partners and we are exploring the options to continue a number of these offers.

Figure 3 – Headlines from recovery planning

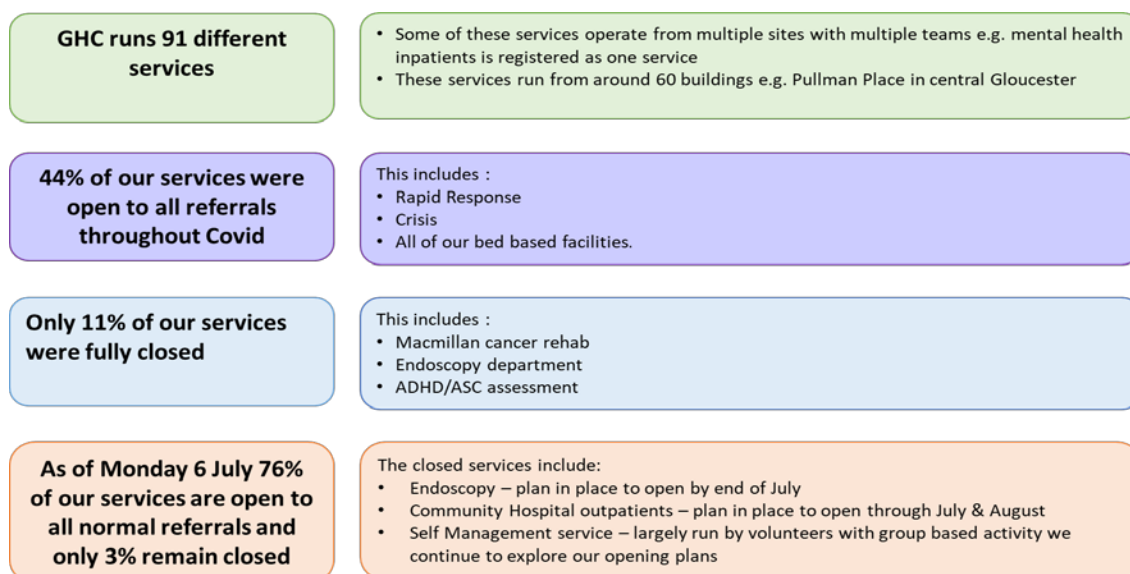
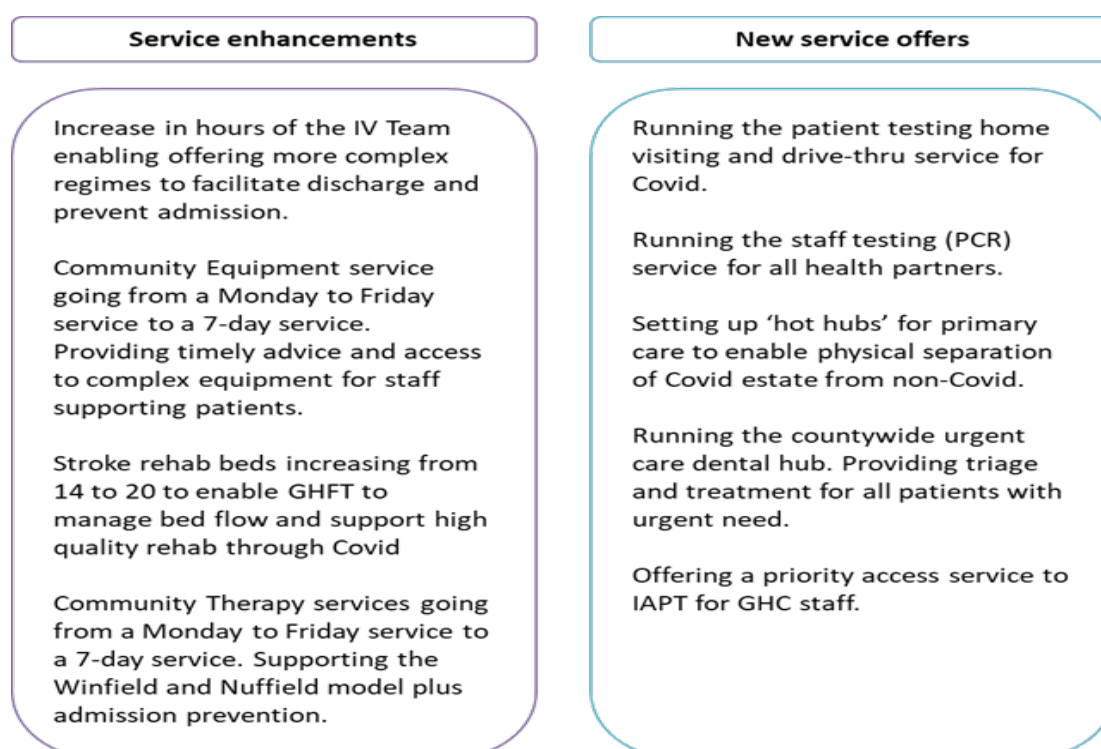


Figure 4 – Additional service offers



4.0 NEXT STEPS

As we move into phase 3 it is critical we ensure the resilience of our services through any further Covid surges, while ensuring we have learned from our response during phase 1 and 2.

Work is underway to review the Covid programme structure and incident management drumbeat; as well as developing the investment cases for our medium term Covid testing and stock management approach.

We are actively looking at our ongoing use of digital, having seen the Trust have the highest utilisation of Attend Anywhere in the South West, and how that links into our home working strategy.

Finally we are undertaking planning, modelling and workshops to look at potential second surge scenarios; both as a standalone organisation and within the wider ICS.

Gloucestershire Health and Care NHS Foundation Trust – Covid and Recovery update (as of 6 July)

Covid state	Number of services	Recovery state	Plan to re-open/Comments
Open to all normal referrals	40	40 remain open to all referrals	All remain open but some recovery actions e.g. equipment services return to 5/7 from 7/7
Reduced service offer: reduced sites/hours but delivering normal care	1 - MIIU	1 - remains in Covid state	Seeking extension to 30/09 through July HOSC
Reduced service offer: urgent/complex referrals only	33	24 open to all referrals 9 remain with reduced access	
		OT (ICT)	Phased re-opening through July/August
		Physio (ICT)	Phased re-opening through July/August
		Lymph	Remain with access focusing on urgent/complex while significant estate challenges resolved
		AOT	Reopen 1/8
		Recovery	Reopen 1/8
		Older Persons Mental Health (CMHT)	Reopen 1/8
		Complex Psychological Interventions (CPI)	Reopen 1/9
		Community LD team (CLDT)	Reopen 14/8
		Podiatry (core)	Reopens 13/7
Reduced service offer: accepting referrals, triage & advice but not care delivery	2	1 open 1 remains in Covid state	
	Cardiac Rehab	Remains offering triage & advice	Working with University of Glos to develop online platform to deliver rehab classes & groups
	Pulmonary rehab	Open	
Closed to new referrals but supported priority patients on the existing caseload	1 – Complex care at Home	1 - Open	Staff redeployed during Covid to support Vulnerable People's Hub and District Nursing
Closed and alternative service put in place	4	3 open 1 remains in Covid state	
	Dental – high street	Partially Open	In line with NHSE and national dental guidance all routine care was ceased. GHC established the sole countywide urgent care hub and to triage and treat patients. We continue to provide a countywide hub, from the start of July 11 high street practices have opened.
	Dental – OOHs	Partially Open	
	Dental special care	Partially Open	
	Complex Leg	Still in Covid state	Delivered through integration with district nursing via home care. Returning to clinics by end of July
Full closure	10	3 open, 4 partially open, 3 remain closed	
	Community hospital – Outpatients	Remains closed	Working with GHFT to plan phased re-opening based on clinical priority
	Community Hospital – Theatre	Partially open	Cirencester open (6/7/20) Tewkesbury open (3/8/20) Stroud open (mid-August date tbc)
	Community Hospital – Endoscopy	Remains closed	Cirencester open (20/7) Stroud open (27/7)
	Macmillan cancer rehab	Open	Significant digital delivery due to potential vulnerability of client group
	Self-Management	Remains closed	Plan to be agreed. Small service with 2 staff that relies on volunteers with lived experience to run groups/classes
	MSK APS	Partially open	The plan is to address the backlog of held patients: first those waiting to be referred on (i.e. had an identified pathway when the service was closed) and then the follow up lists (expected approx 6 weeks). Opening to new urgent - 13/7 Opening to all referrals - TBC by ortho pathway
	ASC/ADHD	Partially open	Team working through current waiting list. Re-opens to new referrals 1/09/20
	Memory Assessment	Partially open	Team working through current waiting list, significant work to identify digital opportunities and balance risk to client group of exposure to increased Covid risk. Re-opens to new referrals 1/09/20
	Children's Immunisations (apart from BCG)	Open	NA
	CAHMS Interagency Team	Open	NA

AGENDA ITEM: 12.1

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Chris Woon, Associate Director of Business Intelligence

SUBJECT: **Combined Performance Dashboard June 2020 (Month 3)**

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

N/A

This report is provided for:

Decision ☐

Endorsement ☐

Assurance ☒

Information ☐

The purpose of this report is to

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

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

- Mental Health National Requirements (NHS Improvement & DoH)
- Mental Health Local Contract Gloucestershire (including Social Care)
- Physical Health National Requirements
- Physical Health Local Requirements

Performance covers the period to the end of June (month 3 of the 2020/21 contract period). This report aligns to the organisational response to Covid-19 and associated recovery of services. Although data validation and associated indicator narrative has improved, it is still not as comprehensive as we intend it to be. We continue to discuss how this can be improved with operational and corporate stakeholders and this is overseen through the Business Intelligence Management Group (BIMG).

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

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

Recommendations and decisions required

The Resources Committee are asked to:

- Note the aligned Performance Dashboard Report for June 2020/21.
- Acknowledge the impact of Covid-19 (management and recovery) on our performance; namely the reduced service delivery across some teams and the diminished operational capacity to undertake full data validation or provide comprehensive narrative to explain *all* indicators in exception.
- Note the report as a **significant level of assurance** that our contract and regulatory performance measures are being met or that appropriate service recovery action plans are being developed to address areas requiring improvement - in line with the C19 Recovery & Future State Programme.

Executive summary

The Committee's attention is requested to review the 13 key mental health key performance thresholds listed in the dashboard (with associated narrative) that were not met for June 2020. It is of note that all indicators have been in exception previously within the last 12 months. It is further noted there are an addition 4 mental health indicators outside threshold but are within normal, expected variation or have a confirmed data quality issue that is administrative only and is being resolved.

In addition your attention is drawn to the 18 key physical health performance thresholds listed in the dashboard (with associated narrative) that were not met for April 2020. It is of note that all indicators have been in exception previously within the last 12 months. It is further noted there are an addition 20 physical health indicators outside threshold but are within normal, expected variation, have a proxy threshold or have a confirmed data quality issue that is administrative only and is being resolved.

Risks associated with meeting the Trust's values

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

Corporate considerations

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

	performance dashboard and its narrative.
Equality Implications	Equality information is monitored within BI reporting.

Where has this issue been discussed before?	BIMG 16/07/2020
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Appendices:	None
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Report authorised by: Sandra Betney	Title: Director of Finance
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Performance Dashboard Report & BI Update

Aligned for the period to the end June 2020 (month 3)

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 variational control limits that warrant senior oversight. If an indicator in exception is due to a confirmed data quality issue that is being resolved this will be considered in any escalation decision. A full list of all indicators are available within the dynamic version of this Tableau report.

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

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

- The development of business critical operational performance reports within Tableau
- Establishment of the new, organisationally aligned system hierarchy and cost centres within the data warehouse, including initial report production and data validation processing of Incident (Datix), Workforce (ESR) and Finance (Integra) data.
- Continued Covid reporting development (such as Track&Trace) and finalisation of C19 Exec Dashboard
- SPC upper and lower limit calculations for MH services

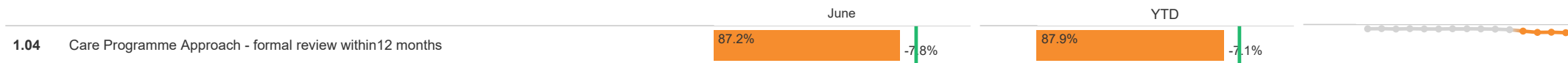
The following tasks continue to be 'in the development pipeline';

- Dashboard visualisation capability further developed to include; threshold figures in place of variances, benchmarking observation, SRAP alerts and data quality alerts (Q2 2020/21).
- C19 Programme Management Board Dashboard
- Commissioner led local contractual key performance indicator review
- Internal service specification review
- Server capacity, infrastructure evaluation and development (Q3 2019/20).
- Existing data source adjustments (to support data quality monitoring and historic activity) in new environment (Q4 2020/21).
- Data source replication (prioritisation for ESR, Integra and Datix) (Q4 2020, dependant on GL and ESR progress)
- Key financial reporting to support the new General Ledger (GL) (Sept 2020/21).
- Final legacy GCS reports migrated to Tableau (Q2 2020/21)
- Complete data sources replication for complimentary systems (Q3 2020/21)
- Supplementary system sources brought into BI reporting (Datix, Service Experience, Q4 2020/21)
- Integrated Business Intelligence Performance Dashboard (Q4 2020/21) for Board/ Resources Committee (incorporating full BI stack).
- Birtie decommissioning (Q4 2020/21)

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

KPI Breakdown

Mental Health - National Requirements Gloucestershire



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

1.04: CPA Approach – Formal review within 12 months

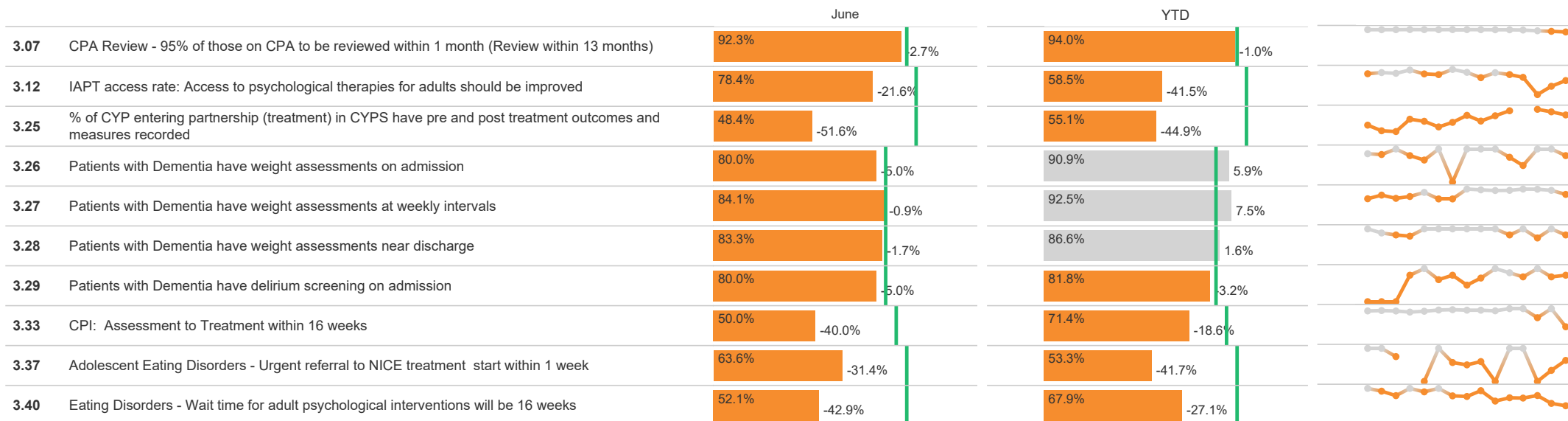
This indicator is non-compliant for June at 87.2% (123 non-compliant records) against a 95% threshold with the majority of cases within the Recovery Service (59), EI service (22) and AOT Service (18).

The EI service has been concentrating on Priority 1 clients as part of **Covid planning** and as part of recovery planning will be seeking to return to compliance by the end of July 2020.

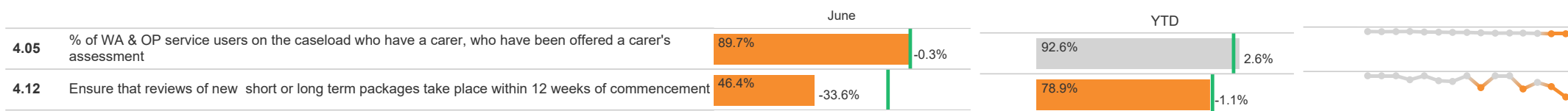
There has been a lack of Adult Community service response to clarify why this indicator is in exception for its services; however it is likely that there may have been reduced data quality checking for this period due to the focus towards **Covid-19 priorities**. The Recovery service was identified as a priority 2 service and staff identified for redeployment.

KPI Breakdown

Mental Health - Local Contract Gloucestershire



Mental Health - Social Care Gloucestershire



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

3.07: CPA Review: 95% of those on CPA to be reviewed within 1 month (Review within 13 months)

Performance for June is at 92.3% against a 95% threshold. This indicator is a subset of 1.04 and of those non-compliant records above there were 73 where the CPA review is not recorded as having taken place within 13 months. Of those, 35 were with the Recovery service, 13 with the EI service and 11 with the AOT service.

The EI service has been concentrating on Priority 1 clients as part of **Covid planning** and as part of recovery planning will be seeking to return to compliance by the end of July 2020.

There has been a lack of Adult Community service response to clarify why this indicator is in exception for its services; however it is likely that there may have been reduced data quality checking for this period due to the focus towards **Covid-19 priorities**. The Recovery service was identified as a priority 2 service and staff identified for redeployment.

3.12: IAPT Access rate

This indicator is below plan for June but access has increased to approximately 80% of demand pre-lockdown; this is in line with other IAPT services in the region.

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

Performance has fallen in June due to virtual working through the **Covid** period and delays experienced in receiving outcome forms through the postal system. A review is taking place to look at methods available for completing forms during the pandemic period.

Although June performance is lower than anticipated, the average across the 1st quarter is above the CQUIN 1st quarter expected performance.

- 3.26: Patients with Dementia have weight assessments on admission (1 non-compliant case)**
- 3.27: Patients with Dementia have weight assessments at weekly intervals (10 non-compliant cases)**
- 3.28: Patients with Dementia have weight assessments near discharge (1 non-compliant case)**
- 3.29: Patients with Dementia have delirium screening on admission (1 non-compliant case)**

Commentary for 3.26, 3.27, 3.28 and 3.29

Ensuring that patients' safety from risk of COVID was priority, as staff concentrated their time on reviewing safe zoning. Wards were staffed with redeployed staff who may not have understood the relevance of recording the exact date and time that weighing or screening took place. The records have been reviewed by the service and assurance given that non-compliance is due to recording errors.

3.33: CPI Assessment to Treatment within 16 weeks

There was 1 non-compliant case in June. The patient was assessed by the service but due to the service being inactive during the COVID pandemic treatment could not be offered within the required 16 week period. The client was under the care of the recovery service during this period.

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

There were an unprecedented number of urgent cases starting treatment this month, the monthly average is 3, however, during June there were 11 cases, 4 of which did not start treatment within the required 7 days.

For two of these cases treatment started on day 8 due to delays in receiving more information for the triage process. One client was an inpatient at time of referral and treatment started when clinically appropriate on day 14. The remaining case is due to data quality and the service will arrange for the record to be corrected on the clinical system.

3.40: Eating Disorders: Wait time for Adult psychological interventions will be 16 weeks

There were 11 non-compliant cases in June. The longer waiting times for these clients are due to the wait for CBT or IPT (Interpersonal Therapy) treatment which generally has a longer waiting time than for other treatments. However, one client's commenced day-treatment which is not yet recorded on the clinical system and therefore does not capture that treatment has started. The Business Intelligence service is working with the Clinical Systems Team and the Eating Disorders Service to progress this.

The service has recognised that more can be done to improve process and waiting list management tools are being better utilised further trajectory modelling will be used to inform new threshold targets for these indicators for 20/21 and to look at reducing CBT and IPT waiting times.

4.05: % of WA & OP service users on the caseload who have a care who have been offered a carer's assessment

Performance has fallen just below the required 90% for June with 170 service users reported with carers who have not been offered a carer's assessment. The majority of cases are within the Older People services (OP Community Services: 49, Managing Memory Together: 46), Recovery Service (33) and EI service (19).

The EI service has been concentrating on Priority 1 clients as part of Covid planning and as part of recovery planning will be seeking to return to compliance by the end of July 2020.

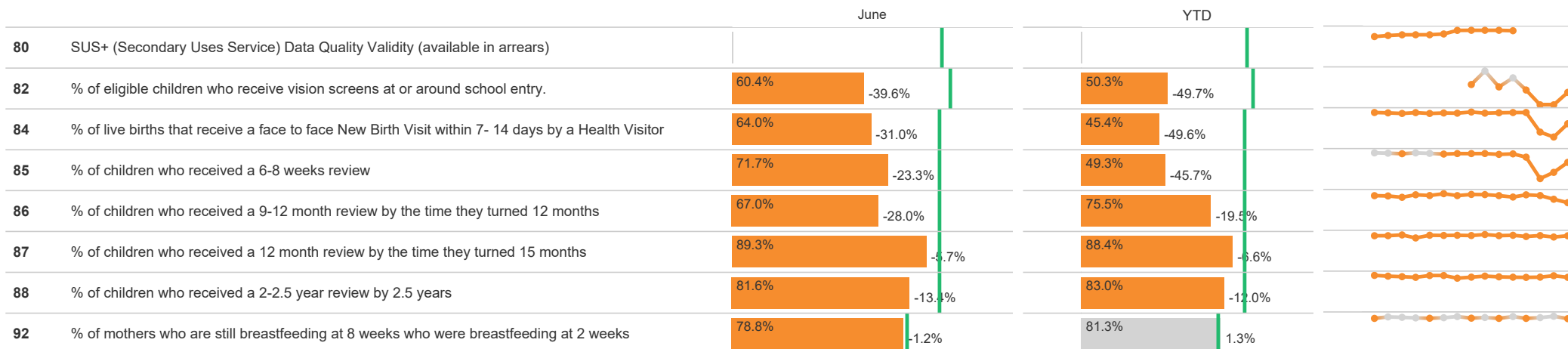
There has been a lack of Adult Community service response to clarify why this indicator is in exception or their services, however it is likely that there may have been reduced data quality checking for this period due to the focus towards Covid-19 priorities. The Recovery service was identified as a priority 2 service and staff identified for redeployment.

4.12: Ensure that reviews of new short or long-term packages take place within 12 weeks of commencement

There are 15 non-compliant cases for June. Initial communication with the service has shown that 8 of these have been corrected on the clinical system after the data freeze date and performance is now at 67%. The service has been asked to comment on the remaining June cases and also the outstanding May cases which have not yet been addressed.

KPI Breakdown

Physical Health - National Requirements Gloucestershire



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

80: SUS+ (Secondary Uses Service) Data Quality Validity (available in arrears)

The latest data for comparative reports from NHS Digital are not available until after July 2020. The last reported position from February 2020 is under threshold (88.9% against a target of 96.3%). This is due to data quality coding issues within Emergency Care and Admitted Patient Care (datasets) which are being reviewed.

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

The Vision Screening Programme was stopped due to **Covid** resulting in the cumulative position being behind trajectory.

The service is working towards a catch up programme for the Vision Screening programme in September 2020. This will be for children who will be in Year 1 in September who were not screened in the academic year 2019-20 when they would have been in Reception year. This is dependent on schools reopening as planned in September. It is also dependent on schools allowing school nurses to visit. However, informal enquiries with primary schools have so far been positive.

84: Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor

The target (95%) was not achieved in June 2020 (64.0%). 273 out of 426 visits were completed within the timeframe. The significant reduction in performance is as a result of **Covid** outbreak with visits cancelled by patients. All families of children in this cohort received an offer of a visit.

85: Percentage of children who received a 6-8 weeks review

The target (95%) was not achieved in June 2020 (71.7%). 328 out of 457 reviews were completed within the timeframe. The significant reduction in performance as a result of **Covid** outbreak. In recent weeks, parents who had declined a home visit for the NBV have been more receptive to seeing a HV in the home when the baby is 6 weeks old, leading to an increase in contacts in June. All families of children in this cohort received an offer of a visit.

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

The target (95%) was missed in June 2020 (67.0%). 346 out of 516 reviews were completed within the timeframe. The reduction in performance is related to **Covid** with visits cancelled by patients. All families of children in this cohort received an offer of a visit.

During May, all parents were contacted by phone or via Attend Anywhere (AA). If they agreed to having their developmental assessment via phone or AA this was completed. For those parents that requested a Face to Face, their name has been recorded on a waiting list to be contacted. Also, if a parent did not answer the phone or respond to message, these families will also receive an invite via post later in the year inviting them for a developmental review.

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

The target (95%) was missed in June 2020 (89.3%). 438 out of 490 reviews were completed within the timeframe and is consistent with previous months. All families of children in this cohort received an offer of a visit.

During May, all parents were contacted by phone or via Attend Anywhere (AA). If they agreed to having their developmental assessment via phone or AA this was completed. For those parents that requested a Face to Face, their name has been recorded on a waiting list to be contacted. Also, if a parent did not answer the phone or respond to message, these families will also receive an invite via post later in the year inviting them for a developmental review.

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

The target (95%) was missed in June 2020 (81.6%). 450 out of 551 reviews were completed within the timeframe and is consistent with previous months.

During May, all parents were contacted by phone or via Attend Anywhere (AA). If they agreed to having their developmental assessment via phone or AA this was completed. For those parents that requested a Face to Face, their name has been recorded on a waiting list to be contacted. Also, if a parent did not answer the phone or respond to message, these families will also receive an invite via post later in the year inviting them for a developmental review.

Additional commentary for 83, 84, 85, 86, 87 and 88

Health Visitors are currently working to a partial suspension plan due to the current **Covid** pandemic. There have been 25% of Health Visitors redeployed to the District Nursing service or the Community Hospitals to support the pandemic. There has been number of redeployed staff that have now been repatriated to the HV service with all HVs to be back from the 27th July and the student health visitors from 10th August. The level of safeguarding referrals has over doubled leading to HVs prioritising safeguarding and NBVs support to the most vulnerable.

The service is now actively recruiting to Health Visitor, Public Health Nurses and Student Health Visitor vacancies, to allow the service to reach its optimum trajectory of staff in order to support the current service suspension plan, the recovery plan and moving forward into the future.

There is also a centralised contact number for the HV teams in each locality and a duty HV to respond to increased volume of calls that the service is receiving due to parents being anxious and worried about **Covid**, general feeding and parenting questions that would have been asked at a Baby Hub but these have currently ceased.

The service has also been focusing on the increased levels of safeguarding referrals to ensure vulnerable children are adequately supported during this period. As the lockdown is being gradually eased and more staff are coming out of redeployment, it is expected that activity will increase again and figures will improve.

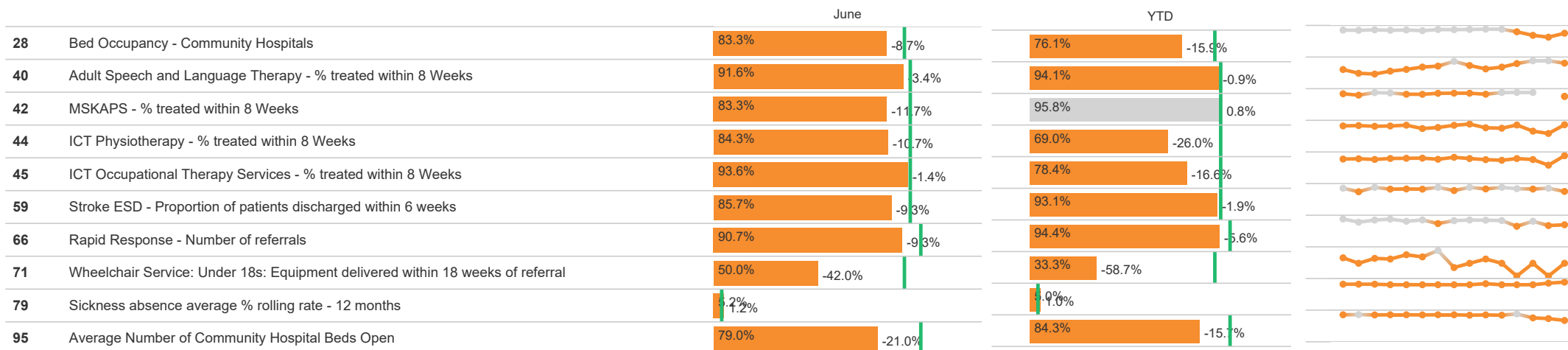
92: % of mothers who are still breastfeeding at 8 weeks who were breastfeeding at 2 weeks

70 mothers out of 331 did not continue to breastfeed from 2 week to 8 weeks.

Staff have been returning from **Covid** redeployment and a backlog of exceptions are yet to be fully investigated. These exceptions are being investigated throughout the month as April and May have now been completed and are compliant against threshold.

KPI Breakdown

Physical Health - Local Requirements Gloucestershire



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

28: Bed Occupancy - Community Hospitals

Bed Occupancy in Community Hospitals has shown a continued reduction and is now below SPC chart lower control limit based on 2018/19 activity. Performance in June was 83.3%, which is below the threshold of 92%. This is mainly due to reduced demand for Community Hospital beds in the wake of the **Covid** outbreak.

The colour coding of the beds (red, amber, green) which requires matching of incoming patients' **Covid** status to available beds has also impacted on how community hospital beds are allocated.

40: Adult Speech and Language Therapy - % treated within 8 weeks

91.7% of patients were seen within 8 weeks compared to the target of 95% in June 2020. 1 patient out of 12 was seen outside of 8 weeks.

Specific therapy skills were required for this patient, who was waiting for a video consultation with the appropriate member of the team.

42. MSKAPS Service- % treated within 8 weeks

In June 2020 83.3% of recorded patients were seen within 8 weeks compared to the target of 95%. However this was only 1 patient out of 6 patients being seen outside of 8 weeks.

This activity reduction was because the MSKAPS service has been closed since the end of March due to **Covid**. A backlog of 415 patients awaiting their first appointment will have breached the 8 week RTT measure which is outside of the services control. The service are proposing a suspension of this measure until the back log is cleared, but as a substitute will be closely monitoring internally the longest waits and urgent referrals to ensure they are being prioritised.

44: ICT Physiotherapy - % treated within 8 Weeks

In June 84.3% of patients were seen within 8 weeks compared to target of 95%. 28 out of 179 patients were seen outside of 8 weeks. However the number of patients seen and treated is significantly lower than usual as a direct result of the **Covid** outbreak. In 2019/20 the average was 359 per month.

45: ICT Occupational Therapy Services - % treated within 8 Weeks

In June 93.6% of patients were seen within 8 weeks compared to target of 95%. 13 out of 204 patients were seen outside of 8 weeks. However the number of patients seen and treated is significantly lower than usual as a direct result of the **Covid** outbreak. In 2019/20 average was 436 per month.

Additionally there were a small number of data quality issues that had not been rectified in time this month, this would have contributed to the service meeting the 95% target.

Additional Comments for 44 & 45

The ICT Covid response has placed a greater proportion than normal of the therapy resources into the referral centres to facilitate early response and as often as possible rapid resolution of cases referred to the ICTs. This activity currently falls outside the indicator due to existing definitions and methodology. When the work carried out by Physiotherapists within the ICT referral centres is included, the % of patients seen in less than 8 weeks in June is 96.4% which would show the threshold as being met.

59: Stroke ESD – Proportion of patients discharged within 6 weeks

85.7% of patients were discharged within 6 weeks compared to a target of 95%. 3 out of 21 patients were discharged after 6 weeks

Covid has limited accessibility of services to refer on to while extending the normal waiting times for the Stroke ESD service.

66: Rapid Response Number of referrals

276 referrals were received by the Rapid response team in June, below the target of 304. The main reasons for reduction in referrals is around change in GP service delivery model and the Covid outbreak affecting the number of patients presenting at the emergency departments for urgent care. It is thought that patients shielding from Covid have had reduced exposure to some of the usual infections seen by Rapid Response.

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

Target continues to be missed. 2 out of 4 patients who had equipment delivered in June were provided with this outside of 18 weeks of referral. The service recognises that there are performance and data quality issues, which are actively being addressed through its Service Recovery Action Plan. Work to address performance reporting has resumed now the service has commenced the recovery process following the Covid response.”

79: Sickness absence average % rolling rate - 12 months

This measure has shown an increase from 5.0% in May to 5.2% in June. The figures now reflect GHC figures as a whole (i.e. ex-GCS and ex-2G staff figures). Performance in subsequent months is expected to be impacted by Covid out-break however GHC have had the lowest rate of sickness in the South West over the period.

95: Average Number of Community Hospital Beds Open

The average number of beds open in Community Hospitals in June was 156 (compared to usual bed stock of 196 beds) and is below SPC Chart lower control limits. This is directly impacted by the Covid outbreak. See also indicator 28.

AGENDA ITEM: 13.1

REPORT TO: Trust Board – 22nd July 2020

PRESENTED BY: Sandra Betney, Director of Finance

AUTHOR: Stephen Andrews, Deputy Director of Finance

SUBJECT: **FINANCE REPORT FOR PERIOD ENDING 30th June 2020**

If this report cannot be discussed at a public Board meeting, please explain why.	
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This report is provided for:

Decision ☒

Endorsement ☐

Assurance ☒

Information ☐

The purpose of this report is to

Provide an update of the financial position of the Trust.

Recommendations and decisions required

- The Board to **note** the month 3 position
- Approve the use of Merger savings to fund the development of the Strategies & Partnership Directorate

Executive summary

- There is a Covid interim financial framework for the NHS in place for April to July. It is expected that this will be extended until September but no formal guidance has been received at present.
- The Trust's position at month 3 is break even. All Trusts are required to show a break even position by NHSI.
- To reach a break even position the Trust has requested a retrospective top-up of £726k for Apr- June. £556k of this has been approved by NHSI for April to May.
- To support the transformation agenda the Trust is proposing to invest £414k of merger savings in the Strategy and Partnerships directorate.
- The cash balance at month 3 is £64.426m.
- Capital expenditure is £0.301m at month 3. The Trust has a capital plan for 20/21 of £9.945m.
- The revised recurring Cost Improvement Plan (CIP) target for the merged Trust is £4.722m and the amount delivered to date is £3.302m.

- The Trust has put in place monitoring arrangements for all Covid related costs.

Risks associated with meeting the Trust's values

Risks identified within the paper.

Corporate considerations

Quality Implications

Resource Implications

Equality Implications

Where has this issue been discussed before?

Appendices:

Appendix 1 - Finance Report

Report authorised by:

Sandra Betney

Title:

Director of Finance



with you, for you



Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM 13.2



Finance Report Month 3



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

Gloucestershire Health & Care

Overview



Gloucestershire Health and Care
NHS Foundation Trust

- There is a Covid interim financial framework for the NHS in place for April to July. Guidance about months 5-12 has not yet been published but it is expected soon. It is likely that the interim arrangements will be extended until September.
- NHSI monitoring of the Trust's performance is measured against income and expenditure run rates for months 8-10 from 19/20 uplifted by 2.8%.
- Block income payments are being made direct to the Trust from main commissioners based on income at month 9 for last year inflated by 2.8% and not reduced by 1.1% efficiency savings.
- All Trusts have to show a break even position at the month end by accruing for an additional or reduction in retrospective top up payments.
- The Trust has been notified it will receive £556k of retrospective top up funding relating to April and May, and has calculated it requires a further £170k for June in order to break even. This will bring the total retrospective top up payments to £0.726m for the first three months of the financial year.
- The Trust has assumed a £750k reduction in Income from Gloucestershire Hospitals NHSFT as they are not using Theatres, Endoscopy or Outpatients during the pandemic.

Gloucestershire Health & Care

Overview 2



Gloucestershire Health and Care
NHS Foundation Trust

- The following tables in this report compare month 3 actuals against Trust budgets.
- The Trust has seen a c. £400k reduction in NCA income as Trusts have been instructed not to invoice.
- The Trust has recorded adjusted Covid related expenditure of £1.22m for April to June.
- The Trust has seen reduced expenditure in a number of areas including agency and bank costs, mileage, training, room hire and some clinical costs.
- The adjusted recurrent Cost Improvement Plan target for the Trust is £4.722m. The CIP removed so far is £3.302m.
- The non recurrent CIP target was £2.2m. £1.6m is no longer required due to changes in the financial regime caused by Covid.
- Capital plan for 20/21 was approved at £9.945m. Spend as at the end of month 3 is £301k. The ICS has a combined capital spend envelope of £31.287m which includes our £9.945m.
- Cash balance at the end of month 3 is £64.4m due to the Trust receiving July's block contract payment in June.
- In order to strengthen the capacity of the Strategy and Partnerships directorate and support the transformation agenda that formed an integral part of the merger business case it is proposed to utilise merger savings of £414k to support the creation of 5 new posts and increase the non pay budget to enable the Trust to invest more in QI and Better Together Events.



Gloucestershire Health & Care Bridge Analysis



Gloucestershire Health and Care
NHS Foundation Trust

- The Trust has done some high level bridge analysis reconciling the interim NHSI plan for 20/21 to the Trust's actual costs at month 3. The key highlights of this analysis are ;
- The NHSI plan overstates the Trust income
- There are large variations due to the NHSI plan being calculated on last years income and expenditure position. The plan includes income and expenditure that will either not occur in 20/21 e.g merger costs, or will be significantly lower than plan e.g depreciation following MEA valuation at year end, or will be higher than the plan in 20/21 e.g Community Care costs rising.
- Reductions in costs have occurred in 20/21 in certain teams due to changes in service delivery during Covid, leading to costs being lower than the plan but has also incurred significant Covid costs which are not included in the plan.
- The Trust has seen a reduction in some income streams, eg GHFT and private providers no longer hiring Theatres or Endoscopy suites, reduced income from some providers, and lower Education funding

GHC Income and Expenditure

The performance at Month 3 is above the planned deficit of £0.282m at break even in line with NHSI policy. The Trust has requested £726k of true-ups over three months.

	GHC	GHC Month 3			
Statement of comprehensive income £000	2019/20	2020/21			
	Actual	NHS I Interim plan	Budget	Actual	Variance
Operating income from patient care activities	187,601	57,567	52,266	54,020	1,754
Other operating income exc PSF	9,642	2,475	2,268	1,551	(717)
True up income		0	0	726	726
Provider sustainability fund (PSF) income	2,042	0	0	0	0
Employee expenses	(142,521)	(40,509)	(40,404)	(40,972)	(568)
Operating expenses excluding employee expenses	(55,456)	(15,468)	(13,410)	(14,438)	(1,028)
PDC dividends payable/refundable	(2,351)	(993)	(1,005)	(930)	75
Other gains / losses	222	15	3	11	8
Surplus/(deficit) before impairments & transfers	(821)	3,087	(282)	(32)	250
impairments	3,489	0	0	0	0
Remove capital donations/grants I&E impact	56	0	0	32	32
Surplus/(deficit) inc PSF	2,724	3,087	(282)	0	282

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

GHC Balance Sheet

Gloucestershire Health and Care
NHS Foundation Trust

		GHC	GHC Month 3		
STATEMENT OF FINANCIAL POSITION (all figures £000)		2019/20	2020/21 Year to Date		
		Actual	Budget	Actual	Variance
Non-current assets	Intangible assets	2,023	2,283	1,583	(700)
	Property, plant and equipment: other	115,916	121,248	112,602	(8,646)
	Total non-current assets	117,939	123,531	114,185	(9,346)
Current assets	Inventories	288	245	283	38
	NHS receivables	11,017	8,456	5,753	(2,703)
	Non-NHS receivables	8,973	5,723	13,715	7,992
	Cash and cash equivalents:	26,619	28,469	64,427	35,958
	Property held for sale	0	500	0	(500)
	Total current assets	46,897	43,393	84,177	40,784
Current liabilities	Trade and other payables: capital	(2,143)	(1,784)	(628)	1,156
	Trade and other payables: non-capital	(5,580)	(10,551)	(8,163)	2,388
	Borrowings	(76)	(104)	(164)	(60)
	Provisions	(371)	(604)	(369)	235
	Other liabilities: deferred income including contract liabilities	(16,655)	(1,482)	(41,441)	(39,959)
	Total current liabilities	(24,825)	(14,525)	(50,765)	(36,240)
Non-current liabilities	Borrowings	(1,773)	(8,338)	(1,403)	6,935
	Provisions	(3,491)	(451)	(3,883)	(3,432)
	Total net assets employed	134,747	143,610	142,311	(1,299)

Taxpayers Equity	Public dividend capital	127,526	125,181	125,751	570
	Revaluation reserve	6,566	7,098	7,204	106
	Other reserves	(1,241)	(1,241)	(1,241)	(0)
	Income and expenditure reserve	1,896	12,572	10,597	(1,975)
	Total taxpayers' and others' equity	134,747	143,610	142,311	(1,299)

Note. £35m deferred income. July income received in June

Cash Flow Summary

Gloucestershire Health and Care
NHS Foundation Trust

Statement of Cash Flow £000	YEAR END 19/20		ACTUAL YTD 20/21	
Cash and cash equivalents at start of period		33,553		37,720
Cash flows from operating activities				
Operating surplus/(deficit)	1,308		333	
Add back: Depreciation on donated assets	0		32	
Adjusted Operating surplus/(deficit) per I&E	1,308		365	
Add back: Depreciation on owned assets	4,944		1,534	
Add back: Impairment	3,489		0	
(Increase)/Decrease in inventories	(38)		0	
(Increase)/Decrease in trade & other receivables	(3,516)		5,843	
Increase/(Decrease) in provisions	2,485		9	
Increase/(Decrease) in trade and other payables	2,580		18,507	
Increase/(Decrease) in other liabilities	(863)		1,519	
Net cash generated from / (used in) operations		10,389		27,777
Cash flows from investing activities				
Interest received	206		11	
Purchase of property, plant and equipment	(4,835)		(987)	
Sale of Property	560		0	
Net cash generated used in investing activities		(4,069)		(976)
Cash flows from financing activities				
PDC Dividend Received	570		0	
PDC Dividend (Paid)	(2,565)		0	
Finance Lease Rental Payments	(158)		(94)	
		(2,153)		(94)
Cash and cash equivalents at end of period		37,720		64,426

Gloucestershire Health & Care

Covid



Gloucestershire Health and Care

NHS Foundation Trust

- The Trust has established monitoring arrangements for the capture of all Covid related costs. New cost centres and monitoring arrangements for capturing costs have been established.
- We have strengthened financial governance arrangements. SFI's have been reviewed and senior managers have been written to reminding them of their key responsibilities and delegated limits
- A review of the Procurement to Pay process has been undertaken to ensure the systems to ensure payments to suppliers continue. As a consequence the introduction of the new Finance ledger has been deferred until September.
- No Covid related capital costs were identified in 19/20. Covid related capital costs will be incurred in 20/21 and a request to proceed has been put forward for national sign-off.
- Covid related revenue costs of £1,220k have been identified for April to June 2020, a reduction from the £1,472k in May due to clarification of the guidance on Sick pay at full pay.

<i>For period up to and including 30/06/2020 (M1 - M3)</i>	Pay	Non Pay	
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	160,266.00		Doctors, Nurse trainees, some admin / mgt
Sick pay at full pay (all staff types)	28,636.00		Clarification of guidance, now only extra cost rather than full cost
COVID-19 virus testing (NHS laboratories)	34,100.00	11,213.00	Swabbing team, Serology testing and EJC canopy
Remote management of patients		39,708.00	Includes 50% of Data charges
Support for stay at home models		829.00	
Plans to release bed capacity		23,855.00	GIS hire, recode of stores from month 1
Existing workforce additional shifts	65,106.00		Substantive workforce additional hours minus swabbing team
Decontamination		81,693.00	Includes portacabin showers, clinell supplies, cleaning etc
Backfill for higher sickness absence	579,717.00		Bank and agency cost, includes extra Adult Community costs as advised by CH
Remote working for non patient activities		39,976.00	Teamview, headsets plus 50% data
National procurement areas		135,714.00	Increase from M2 is vizors and increased accommodation
Other		19,129.00	Uniforms, signage, printing
	867,825.00	352,117.00	1,219,942.00

Capital – Five year Plan

Gloucestershire Health and Care
NHS Foundation Trust

Capital 5 year Plan	Original Plan	Revised Plan	Actuals to date	Plan	Plan	Plan	Plan	
£000s	2020/21	2020/21	2020/21	2021/22	2022/23	2023/24	2024/25	Total
Land and Buildings								
Buildings	4,259	3,057	224	3,202	4,500	7,500	1,000	19,259
Backlog Maintenance	1,393	1,322	50	1,371	1,050	1,050	250	5,043
Urgent Care	475	200	0	275		0		475
Covid	0	0	0	0				0
Medical Equipment	1,220	1,191	23	1,059	1,030	1,030	3,330	7,640
IT								
IT Device and software upgrade	600	1,270	0	0	600	600	600	3,070
IT Infrastructure	1,498	2,705	0	132	1,400	1,300	1,300	6,837
Sub Total	9,445	9,745	297	6,039	8,580	11,480	6,480	42,324
Forest of Dean	500	200	4	6,500	5,700		0	12,404
Total	9,945	9,945	301	12,539	14,280	11,480	6,480	54,728
Disposals				(3,260)		(1,500)		(4,760)
Donation						(5,000)		(5,000)
	9,945	9,945	301	9,279	14,280	4,980	6,480	44,968

Capital – Returns

During the last few months there have been a significant number of Capital returns that the Trust has had to complete. For information these include;

Covid Capital – March 20, assessed but nil return.

Covid Capital - April return with £137k claimed for Charlton Lane and Dilke works – awaiting confirmation of funding

ICS Capacity return – South West Capacity Planning – Can additional capacity be created - submitted 7th July as a joint ICS return.

Covid Phase 2 returns – ‘Optimising Existing Capacity’ – bids for switching on services within existing capacity - due 15th July as a Trust bid but after ICS review.

Mental Health Investment for Spending review – to help inform the government Mental Health Capital spending review for next 5 years. Submitted 19th June

Dormitories – bid for funds to eradicate Mental Health inpatient dormitory facilities - Nil submission

Risks

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

Gloucestershire Health & Care Risks	20/21 Risks	Made up of: Recurring	Made up of: Non Recurring	Likelihood
			0	
Challenge Scheme CIPs	1,034	1,034	0	Likely
Unidentified Differential CIP schemes	386	386	0	Possible
Delivering non recurring savings	613	0	613	Possible
Interim finance might lead to loss of ability to deliver agreed developments	3,791	0	3,791	Likely
	5,824	1,420	4,404	

Single Operating Framework Ratings

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

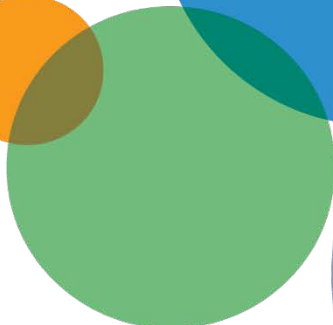
Finance and use of resources rating				
	Audited PY 31/03/2020 Year ending	Plan 31/03/2021 Year ending	Actual 30/06/2020 YTD	Forecast 31/03/2021 Year ending
Metric				
Capital service cover rating	1	1	1	1
Liquidity rating	1	1	1	1
I&E margin rating	1	1	1	1
I&E margin: distance from financial plan	1	1	1	1
Agency rating	4	1	1	2
Risk ratings after overrides	3	1	1	1



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Gloucestershire Health and Care
NHS Foundation Trust



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AGENDA ITEM: 14.1

REPORT TO: Trust Board - 22 July 2020

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

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

SUBJECT: **Quality Dashboard – June 2020**

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for:	Decision <input type="checkbox"/>	Endorsement <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input checked="" type="checkbox"/>
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<p>The purpose of this report is to</p> <p>To provide the Gloucestershire Health and Care NHS Foundation Trust Board with a summary assurance update on progress and achievement of quality priorities and indicators across Physical, Mental Health and Learning Disability Services.</p>

<p>Recommendations and decisions required</p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> • Discuss, Note and Receive the June 2020 Quality Dashboard

<p>Executive summary</p> <p>This report provides an overview of the Trust's quality activities for June 2020. This report will be produced monthly for Board, Quality Committee and Operational Governance Forum for information and assurance.</p> <p>Quality issues for priority development</p> <ul style="list-style-type: none"> • A noted increase in all grades of acquired pressure ulcers across services, plans are in place to address this. • The Trust quality ambition to deliver enhanced team learning events for embedding learning following serious incidents is behind plan for 2020/21. This is due to Covid-19 disruption, plans are in place to resolve in Quarter 2. <p>Quality issues showing positive improvement</p> <ul style="list-style-type: none"> • A continued reduction in Covid-19 related deaths across all services • Significant improvement seen for people accessing Occupational Therapy and

Physiotherapy within agreed timescales

- A reduction in the number of people falling and experiencing harm within an inpatient setting

Are Our Services Caring?

Good assurance is available gained through complaints, concerns and compliments demonstrating that the voice of patients and carers continues to be heard, valued and remains central to our core business. The new Datix Patient Experience Model provides a more dynamic facility to capture patient feedback Trust wide.

Are Our Services Safe?

The Board will note that there is a continued but gradual increase in the overall numbers of reported patient safety incidents; this is to be expected as services begin to return to usual activity. The total number of reported incidents continues to be monitored by the patient safety team and where appropriate take action to understand and address any potential under reporting. The board will note that the number and grade of acquired pressure ulcers is increasing, assurance can be given that demonstrates that this is recognised, understood an improvement action is being taken to address the issues.

Are Our Services Effective?

Bed occupancy in our inpatient services has seen an expected increase as the services across the Gloucestershire system begin to return to business as usual. However, occupancy levels will continue to reflect the need to ensure a Covid-19 safe environment is achieved within inpatient areas to protect our patients and staff. The impact of this can be evidenced through the decreased mortality rate and corresponding increase in successful patient discharges. It is heartening to report that a further 21 patients were discharged from inpatient services having recovered from the Covid-19.

It is encouraging to note that many of our KPI's are now on an upward trajectory as we continue to move forward with our recovery plans, including those relating to IAPT.

Are Our Services Responsive?

The Board is asked to note the ongoing improvement within waiting times as services continue to re-establish themselves. The risk stratified approach taken by teams when reviewing patient's remains in place ensuring that those who are in most need are seen first. Recovery work is being conducted utilising quality improvement approaches to address historical waiting list challenges. Childhood Immunisations have recommenced and are being delivered within the Covid-19 testing facility at Edward Jenner Court alongside external visits and clinics.

Are our Services Well Led?

Mandatory training remained paused during June. Plans are in place to recover the training position. Face to face training, or close contact training such as PMVA/PBM will remain the most challenging to re-establish but plans are in place to mitigate related risks. In recognition of the psychological and emotional impact of the Covid-19 pandemic upon colleagues, face to face direct support led by the Trust psychology team has commenced. Refreshed focused is being applied to restarting staff engagement meetings such as the senior leadership forum and delivering Team Talk via digital mediums. The Trust communications team continue to proactively communicate clinical, operational and strategic information to Trust colleagues.

Risks associated with meeting the Trust's values

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

Corporate considerations

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

Where has this issue been discussed before?

Trust Board on a monthly basis.

Appendices:

See attached dashboard

Report authorised by:

John Trevains

Title:

Director of Nursing, Therapies & Quality

Quality Dashboard 2020/21

Physical, Mental Health & Learning Disability Services

Data covering June 2020

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

Are Our Services Caring?

Despite there having been a national 'pause' on the NHS Complaints Procedure until 1st July we have continued to proactively link with patients, carers and members of the public to ensure that their voice is heard, valued and remains central to our core business. Our feedback survey work, including the Friends and Family Test which was suspended between April – June resumed from 1 July 2020 but through online and digital media only following infection prevention and control advice regarding paper surveys. Operational services have been provided with links to share with patients and carers in order to receive feedback data. From 1st July 2020, we anticipate a gradual increase in feedback via operational services as progress with their recovery whilst acknowledging that certain services were previously receiving the majority of their feedback via paper copies of surveys.

Are Our Services Safe?

Reported serious incidents remain within historical norms, as expected we are seeing a gradual rise in the overall numbers of reported patient safety incidents but the volume remains below the combined monthly average across the two historical Trusts in 2019/20 (Gloucestershire). Whilst there has been a recovery in the total number of incidents reported, we may be continuing to see staff prioritising the reporting of moderate or severe incidents and reporting fewer no or low incidents due to ongoing Covid-19 related pressures; safer lower priority services have remained closed in June, with higher priority services that were still open being those more likely to see moderate or severe incidents and this could be influencing the data. The patient safety team are monitoring levels of incident reporting closely. There continues to be a more enhanced focus for the review of reported pressure ulcers across all services and this will remain a key patient safety priority going forward. Work has been conducted though out June to provide strong assurance on Infection Control effectiveness in line with national guidance.

Are Our Services Effective?

Whilst bed occupancy in our inpatient services remains lower than usual, essential in terms of ensuring a Covid -19 safe environment, as expected it is beginning to increase as the system responds to patient need. The impact of lower occupancy can be evidenced through the decreased mortality rate and sustained successful patient discharges. It is encouraging to note that many of our KPI's are now on an upward trajectory, and those which have been failing to regularly meet their KPI's, such as IAPT, are either now compliant or moving towards required performance. The Trust quality has maintained close working relationships with Care Quality Commission and NHSE/I regional offices with regard to quality reporting and the Trust continues to receive positive feedback from these agencies.

Are Our Services Responsive?

Referral to treatment times have been significantly affected by Covid-19. There continues to be encouraging signs that waiting times are reducing, notably within podiatry and also within paediatric physiotherapy and occupational therapy services which have both sustained compliance above their respective thresholds. Recovery work is being conducted utilising quality improvement approaches to address historical waiting list challenges as currently paused services, such as Autism and Memory Assessment Services begin to restart. ICT therapy teams continue to apply a risk stratified approach to stepping up their services in order to ensure that those who are in most need are responded to within an appropriate timeframe and by the most relevant therapist. Across community occupational therapy and physiotherapy there has been a significant improvement towards achieving their targets. Immunisation programmes have recommenced and are being delivered within the Covid-19 testing facility at Edward Jenner Court alongside external clinics.

Are our Services Well Led?

Mandatory training remained paused during June. Plans are in place to recover the training position, noting that online training can continue with minimal impact. Face to face training, or close contact training such as PMVA/PBM will remain the most effected and take the longest time to recover, plans are in place to mitigate related risks. In recognition of the psychological and emotional impact of the Covid-19 pandemic upon the workforce, a range of tools and routes of support continue to be developed, alongside promotion of face to face direct support led by the Trust psychology team. Refreshed focused is being applied to restarting staff engagement meetings such as the senior leadership forum and delivering Team Talk via digital mediums. The Trust communications team continue to proactively communicate clinical, operational and strategic information to Trust colleagues.

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A	Exception Report?	Benchmarking Report
1	No of Patient Deaths reported to CPNS	N-R			30	7	1										38			N/A
2	Total number of deaths reported as C-19 related	L-R			55	14	2										71			
3	No of Patients tested at least once	N-R			202	234	259										695			N/A
4	No of Patients tested C-19 positive or were admitted already positive	N-R			120	65	6										191			N/A
5	No of Patients discharged from hospital post C-19	N-R			33	60	21										114			N/A
6	Community onset (Positive specimen <2 days after admission to the Trust)	N-R					0										0			N/A
7	Hospital onset (nosocomial) indeterminate healthcare associated (Positive specimen date 3-7 days after admission to the Trust)	N-R					0										0			N/A
8	Hospital onset (nosocomial) probable healthcare associated (Positive specimen 8-14 days after admission to the Trust)	N-R					0										0			N/A
9	Hospital onset (nosocomial) Definite healthcare associated (Positive specimen date 15 or more days after admission to the Trust)	N-R					0										0			N/A
10	No of Staff Tested	N-R			276	521	104										901			N/A
11	No of Staff with confirmed C-19	L-R			85	38	0										93			N/A
12	No of Staff Self-Isolating	L-R			597	174	63													N/A
13	No Staff returning to work post Self-Isolating.	L-R			333	118	25													N/A

Additional Information

Patient Reporting

The table above shows that the number of patient deaths reported as Covid-19 related has declined significantly since April 2020.

The age range for deaths meeting the criteria for CPNS reporting during April and May was 73-98 years. During June 2020, the age range for these deaths was 70 to 98 years.

The total number of patient deaths reported as Covid-19 related is shown by hospital site / community team in the graph opposite.

Patient Testing

It is encouraging that there was a 91% decrease in the number of patients testing positive when compared to May 2020 with an 11% increase in patients being tested at least once

Staff Testing

Staff testing is well established with the numbers of staff tests stated above. However, this number reflects the number of tests undertaken within the Trust and others that have been reported to us, but will not include those undertaken elsewhere unless the staff member has advised the Trust of this. Numbers of staff testing positive reduced to zero for the month of June, Numbers of staff self isolating decreased by 64% from the May 2020 figure. Staff accessing serology testing appointments with minor symptoms are swabbed and these numbers are included above. Wide spread Trust serology testing will continue until Monday 20th July, it will then be delivered within standard routes.

Infection Prevention and Control - COVID 19

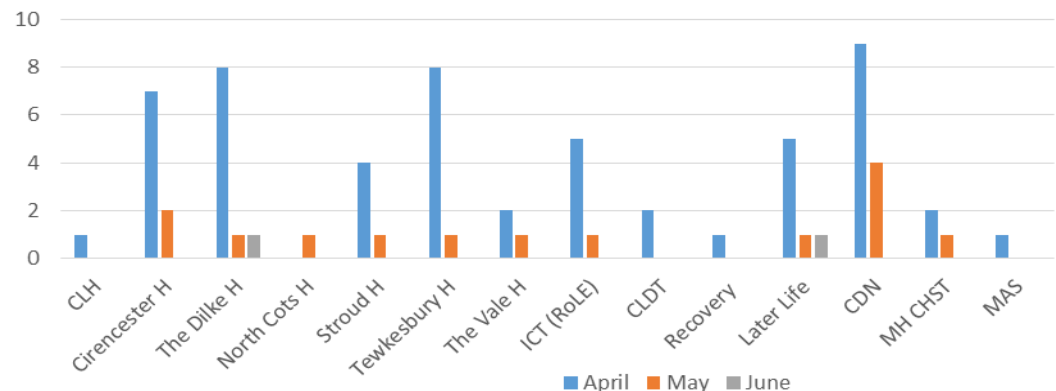
The Trust is now required to report any healthcare associated acquired COVID-19 infections (nosocomial infections) attributable to our care.

A root cause analysis is required for each infection which is coordinated by the Infection Prevention & Control Team (IPC), discussed at the Trust's Infection Control Team meeting, and ICS Bronze System (IPC) Cell.

Any learning will be disseminated at system level, and within the Trust any learning assurance will be overseen by the Infection Prevention & Control Group and its forums and reported to the Quality Committee and ICS Cell.

There have been no nosocomial infections to report during June.

Covid-19 Related Patient Deaths Reported April-June 2020



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

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

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

There are no current concerns regarding stock levels of PPE items. Where the Trust has previously had lower levels of certain items good assurance is available that demonstrates a high level of stock and future supply. The Trust PPE stock team continue to provide high levels of assurance on PPE logistical management and our responsiveness to urgent requests for PPE mutual aid to other organisations or product quality checks that are received through national routes. The stock management team are moving operations to new premises to reduce operational impact on headquarters as we continue to enact our Trust wide recovery plans in July.

The Trust is positively engaged with regional and national conversations on PPE innovation and additional assurance on national supply chains. We have participated with NHSE national team seeking good practice for PPE emergency measures regarding equipment substitution preparedness.

Since the Secretary of State's announcement and subsequent guidance on the use of masks for NHS colleagues and face coverings for visitors, there has been a significant distribution of level 2 masks to patient areas for all colleagues and for visitors who do not attend with their own face covering.

Fit-testing

The Deputy Director of Nursing, Therapies and Quality wrote to Matrons and Service Directors on 29/05/20 to advise that all colleagues who may be involved/ or nearby a resuscitation event involving airway management (i.e. all inpatient services and a small number of community teams) would be required to be fit-tested for FFP3 masks within the next 6 months as a contingency measure. There are approximately 1300 staff who will require to be fit tested. Latest reports states that 542 staff have been fit tested and the Trust has now trained 90 fit testing specialists. As an additional safety measure all our inpatient and urgent care areas have specialist respirator equipment to use in these events and are not reliant on FFP3 masks for first responders.

Following correspondence from NHSE/I, the Trust has volunteered to trial fit-testing with the Cardinal FFP3 mask. It represents a significant amount of additional stock the Trust can access for the medium to longer term.

Due to the decision to expand the Trust's fit-testing strategy, additional testing kits were required. We were unable to order these centrally and so a mutual aid request was made to system partners and through the escalation process, this was successful and additional supplies were received in June.

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

No		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Friends and Family Test Response Rate	N - T	15%		Suspended															
	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R	95%	88%	Suspended															
	Number of Compliments	L - R		2,938	228	58	166										452			
	Number of Complaints	N - R		117	5	6	1										12			
	Number of Concerns	L - R		620	33	29	46										108			

Additional information

Combined figures for both physical and mental health services are shown.

Recent activity

- One complaint was received in June 2020 which is a 90% reduction from the monthly average during 2019/20 (n=approx. 10 complaints per month in 2019/20).
- Numbers of compliments received this month are about 32% below the average number of compliments per month over the last year (n=approx. 245 compliments per month in 2019/20). However the new Datix Patient Experience Model is scheduled for launch in July and this will have the facility for all services to log compliments directly; this functionality is currently only available to physical health services.
- Although there has been a 59% increase in the number of concerns raised compared to the previous month, this number remains close to the monthly average of concerns received during 2019/20 (n=approx. 52 concerns per month in 2019/20).

Summary of current Patient and Carer Experience Team (PCET) processes during Covid-19:

- The PCET continue to review all new complaints, concerns and enquiries on a weekly basis during a conference call.
- All new complainants receive a Covid-19 Acknowledgement Letter explaining why we are experiencing significant delays in responding to complaints.
- All new complaints are assessed for the need for any urgent action to be taken e.g. potential issues relating to patient safety or a death relating to the current Covid-19 pandemic.
- Complainants are kept informed of the progress of their complaint (i.e. If it is on hold or being investigated) and this is in line with current national guidelines relating to the Covid 19 (coronavirus) pandemic.
- For complaints that have been investigated and the investigation report has been received by the PCET, the normal process for drafting, reviewing and approving FRLs is followed and complainants are regularly updated on progress.
- The PALS (Patient Advice and Liaison Service) team within PCET continue to provide support and advice to patients, their families and colleagues regarding issues raised and respond to queries as required including the support of resolution at a local level.
- The Friends and Family Test survey re-commenced on 1st July 2020.

National

NHSE indicated that providers could 'pause' the Complaints Process from 26th March 2020 in response to the pandemic. The pause ended on 1st July 2020

You said / We did:

Wife of patient made contact via Facebook messenger as they would like to know when the ADHD service will resume as they require support. *Clinical Nurse Specialist, ADHD Service contacted the patient and advise given around their medication and reassurance given that the patient will be contacted again as soon the ADHD Service reopens.*

Patient feels they are being detained unlawfully. *The patient's concerns were addressed by the ward team and advocacy. Patient's concerns relate to her legal status and treatment plan which cannot be altered at present.*

ABBAY WARD, WOTTON LAWN: While there I found a lot of support, good, kind, gentle people good resources that aid in recovery. Very good place to meet new people to get better. Things I needed to help me recover, friendly people, thank you for all the aid and time.

CIRENCESTER HOSPITAL: It is not easy for everyone in the current situation and we really appreciated your thoughtfulness in your care of dad and last Friday when you made it possible for us to see him before he passed away. That meant so much to both of us.

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

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

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

		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Number of Never Events	N - T	0	1	0	0	0													N/A
	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		49	4	3	3													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding falls lead to fractures	N - R		6	0	1	0													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding pressure ulcers	N - R		5	0	0	1													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding suspected suicides	N - R		18	2	0	0													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding self harm or attempted suicide	N - R		6	3	1	1													N/A
	Number of Serious Incidents Requiring Investigation (SIRI) regarding mental health homicides	N - R		1	0	0	0													N/A
	Total number of Patient Safety Incidents reported	L - R		12,109	690	866	1001													N/A
	% incidents resulting in low or no harm	L - R		94.71%	90.50%	92.50%	93.11%													N/A
	% incidents resulting in moderate harm, severe harm or death	L - R		5.29%	9.50%	7.50%	6.89%													N/A
	% falls incidents resulting in moderate, severe harm or death	L - R		2.24%	0.96%	3.13%	2.04%													N/A
	% medication errors resulting in moderate, severe harm or death	L - R		0.61%	6.06%	0.00%	0.00%													N/A
	Embedding Learning meetings taking place to review the outputs of completed SIRI reports and consider practice implications.	L - R		N/A	0	0	0													N/A

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

N - T	National measure/standard with target	L - I	Locally agreed measure for the Trust (internal target)
N - R	Nationally reported measure but without a formal target	L - R	Locally reported (no target/threshold) agreed
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ARE SERVICES SAFE ? – ADDITIONAL NARRATIVE INFORMATION

3 SIRIs were reported in June, one fall with associated fracture, one attempted suicide, and one incident where a person died following a fall within inpatient services. All SIRIs have an allocated investigating officer to produce the preliminary investigation. SRI review meetings are routinely held using MS Teams and good progress is being made to address the work that was paused during the Covid-19 pandemic, including the delivery of final reports and learning summaries to Trust teams an external stakeholders and regulators.

Due to Covid-19 disruption (quality team clinicians redeployed to frontline services and reduction in face to face workshops) no enhanced “embedding learning” meetings have been able to take place in quarter 1, this is planned to restart during quarter 2 via digital routes. The patient safety forum in which individual teams review the output of completed serious incident investigations and consider practice implications has been maintained throughout Q1.

- The percentage of moderate, severe and death patient safety incidents reported in June (6.89%) fell for the third month in a row. The patient safety team are monitoring levels of incident reporting closely in light of potential Covid disruption influencing reporting levels.
- The total number of patient safety incidents reported in June (1001) rose for the third month in a row and marks a return to the monthly average reporting levels seen across the two Trusts in 2019/20 (Gloucestershire only – Pre Covid) of 1009 patient safety incidents a month.
- Percentage of falls resulting in moderate or severe harm fell in June (2.04%) compared with May (3.13%) and is close to the combined historical average for 2019/20 (2.24%)
- No medication errors resulting in moderate or severe harm were reported in June 2020, continuing this positive trend .
- The Patient Safety Team review and sign off all incidents graded as moderate and above, taking investigative action where indicated and coordinating Duty of Candour responses in conjunction with the Patient & Carer Experience Team.
- To note there was an amendment to the previously reported April 2020 figures (690 from 695 total incidents) due to some incidents subsequently being identified as duplicates on review through data quality checks. This did not substantially change the percentages reported against different levels of harm or result in any change to the data related to medication incidents or falls for April.
- Regarding Trust Patient safety developments. The Nursing, Therapies & Quality directorate are developing and deliver a programme for improvement based on the ‘Civility Saves Lives’ approach Civility Saves Lives is a grass roots campaign aimed at raising awareness of the impact of incivility on team and individual performance, in order to improve patient safety. <https://www.civilitysaveslives.com>

CQC DOMAIN - ARE SERVICES SAFE? Physical Health Focus

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	RAG	Exception Report?	Benchmarking Report
VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	97.3%	94.6%	93.4%	96.2%										94.7%	A		
Safety Thermometer - % Harm Free	N - R L - C	95%	93.2%	N/A	N/A	N/A										N/A	N/A		
Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	97.8%	N/A	N/A	N/A										N/A	N/A		
Total number of Acquired pressure ulcers	L - R	61	784	62	76	82										138	R		
Total number of grades 1 & 2 Acquired pressure ulcers	L - R	56	737	54	68	70										122	R		
Number of grade 3 Acquired pressure ulcers	L - R	0	46	4	6	8										18	R		
Number of grade 4 Acquired pressure ulcers	L - R	0	8	4	2	4										6	R		

Additional information

Safety Thermometer

Reporting remains suspended due to Covid-19. This is in agreement with commissioners and will be reviewed within the contractual Clinical Quality Review meetings.

Pressure Ulcers

Although the number of grade 3 pressure ulcers reported in June remains within SPC chart control limits, the number recorded is rising. Quality and Safety Team investigative panel meetings are taking place in relation to the grade 4 pressure ulcers. Work continues within the Nursing, Quality and Therapies directorate in order to develop a refreshed approach to the pressure ulcer improvement work. This will sit within the wider context of a revised wound care strategy across physical health, mental health and learning disability services. Good progress has been made since the return of the clinical pathway lead to their substantive post following their secondment to Community Nursing as part of the Covid-19 response. It is expected that a detailed focus of the pressure ulcer and wider wound care work will be available to Quality Committee in September.

VTE Risk Assessment

VTE Risk Assessment - % of inpatients with assessment completed in Community Hospitals has now met the 95% target in June (96.2%) which is an encouraging sign of ongoing recovery and supports the evidence that previous underperformance was a data quality issue.

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

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

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

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	DQ Rating	Benchmarking Report
Community Hospitals																				
Bed Occupancy - Community Hospitals	L - C	92%	94.4%	76.1%	69.8%	83.3%										76.4%	A		A	90.4%
Mental Health Services																				
Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	N - T	50%	69%	0%	40.0%	33.3%										20.0%				
Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas:																				
Inpatient Wards	N - T	90%	80%																	
GRIP	N - T	90%	85%																	
Community	N - T	75%	78%																	
Improving access to psychological therapies (IAPT): Proportion of people completing treatment who move to recovery (from IAPT database)Waiting time to begin treatment (from IAPT minimum dataset)	N - T	50%	50.1%	37.5%	44.4%	54.5%										41.0%				
Admissions to adult facilities of patients under 16 years old.	N - R		2	0	0	0														
Inappropriate out-of area placements for adult mental health services	N - R	average bed days	19	30	31	30														
Children's Services - Immunisations			2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21											
HPV Immunisation coverage for girls aged 12/13 years old (1st Immunisation)	N - T	85%*	89.5%	79.7%	Programme commences January 2021											79.7%	R		G	
Children's Services - National Childhood Measurement Programme			2019/20 Academic Year	Academic Year 2019/20					Academic Year 2020/21											
Percentage of children in Reception Year with height and weight recorded	N - T	70%*	97.7%	66.4%	68.0%	67.9%				Programme commences in November 2020						66.4%	R		G	
Percentage of children in Year 6 with	N - T	70%*	97.7%	66.4%	68.0%	67.9%				Programme commences in November 2020						66.4%	R		G	

Additional Information

Bed Occupancy

Bed Occupancy in Community Hospitals has increased by 19% this month following a number of months with a significantly reduced percentage in order to safely manage patients within the first wave of the Covid 19 response. Colleagues within operations are closely monitoring bed occupancy levels in order to ensure that care can be delivered safely and effectively within a Covid 19 secure environment.

Mental Health

IAPT recovery rates have increased by 33% this month and have achieved the threshold required. However, the Early Intervention in Psychosis (EIP) service remains below the threshold, and indicates a reducing trend. It is anticipated that as Recovery Plans gain traction these will continue to improve. The EIP service has been deliberately focussing on Priority 1 clients as part of Covid-19 crisis delivery and as part of recovery planning will be seeking to return to compliance by the end of July 2020. Covid-19 has disrupted IAPT targets nationally and will reduce expectations for national Q1 reporting, although it is pleasing to note that for June the threshold has been achieved.

Children's Services

These reported programmes were paused due to the Covid-19 outbreak and the Trusts response to the crisis. However, in July the immunisation teams have started to work as part of the Covid-19 testing facility with the remit of recommending HPV Immunisation and recovery is underway.

The HPV Immunisation programme was been paused due to the initial Covid-19 outbreak. The cumulative position is now behind the internal trajectory (79.7% compared to trajectory 85%). The service has now reopened albeit in a limited capacity in order to facilitate the completion of outstanding HPV 1 and 2 doses for the 2019/20 academic year.

CQC DOMAIN - ARE SERVICES EFFECTIVE

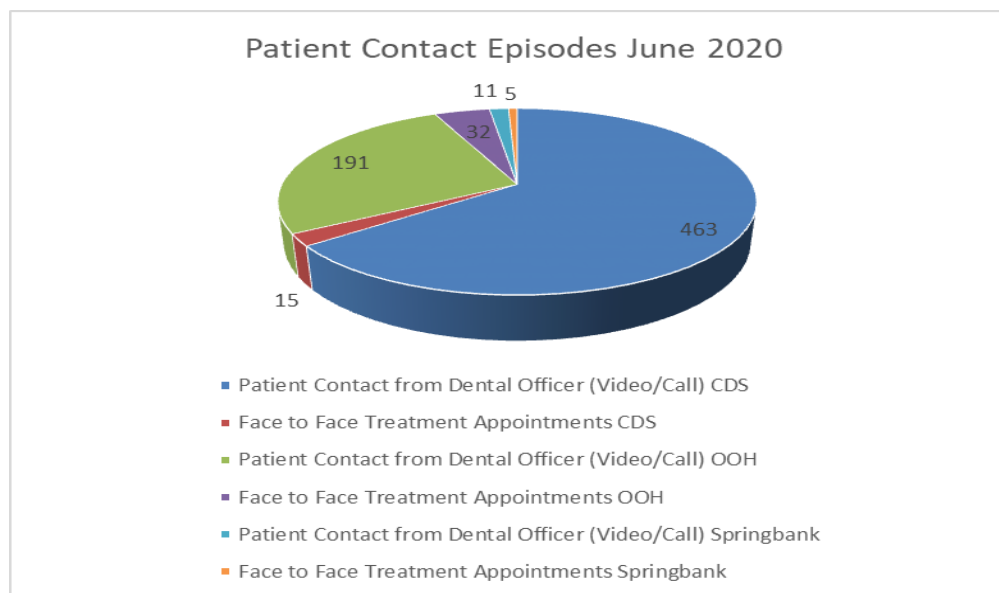
Focus on Dental Services

Due to Covid-19 all face to face dental treatments were stopped due to the high risk of transmission of the virus via aerosol generated procedures (AGP's). To provide a point of contact and pain relief advice to patients experiencing problems dental officers were given access to 'attend anywhere' so that if necessary patients could have a consultation via video and given advice and/or a prescription if needed. As these activities do not generate urgent dental appointments (UDA) activity has been measured by units of activity in the different areas of patient contact the service has had.

In June the service was able to provide UDA's to the cohort of special care patients who had received remote advice and prescribing but who were still experiencing problems. As the majority of patients have complex medical histories and specific additional needs each person who is presenting as needing a face to face appointment is carefully risk assessed to make sure patient and staff safety is the priority consideration. This activity is currently delivered within Southgate Moorings and St Paul's clinic. Our outlying clinics are single surgery clinics so under the current guidance would not be suitable for treating patients therefore all patients are brought into the two main clinics.

The Community Dental Service was also required to provide urgent face to face care for patients on referral from general dental practitioners for the whole of Gloucestershire at the beginning of the pandemic. As the only urgent dental care centre (UDC) available, demand for appointments was significantly high for the first 4 weeks until further UDC's were opened.

Springbank Dental Clinic which is the general dental service branch of the Trusts dental services re-commenced face to face treatments for registered patients on 29th June.



Total number of calls received into service (CDS/OOH/SPCA/Springbank) - 1606

FOCUS ON DENTAL SERVICES– ADDITIONAL NARRATIVE INFORMATION

Risks

The high risk of transmission Covid-19 within the dental environment was clearly evidenced and consideration has had to be given to patient selection for treatment in hubs. Each case was risk assessed and if at all possible any dental problems are being managed remotely. Clinics are well prepared and following standard operating procedures for carrying out procedures using full PPE including FFP3 masks, visors and gowns.

Assurance

During the initial Covid-19 outbreak all patients requiring urgent care were either video or telephone triaged by two clinicians to assess both the need to bring them into the clinic and also if their medical history would compromise them and increase their risk should they be potentially exposed to Covid-19. The team were and continue to be supported by senior management in relation to additional training.

The clinical team have received training in 'doffing and donning' of PPE and have been fit tested for their FFP3 masks; were trained on the decontamination of the surgery environment following procedures, and staffing was also rotated to ensure that viral load was kept at a minimum. Service recovery plans have been developed which includes a timeline for returning to normal provision but this will be guided by Public Health England information and recommendations.

St Pauls dental clinic was re-configured to meet the requirements to see patients face to face and stocked with appropriate PPE. Procedures were put in place for supporting patients through the new process. The portal for referrals was opened and the most urgent patients were contacted, clinically assessed via telephone/video and appointments were made. This service was also provided by the out of hours team and became a 7 day service.

The team have remained positive and have striven to provide the best service they could under very challenging circumstances. The team sickness rate has been below average and staff have worked additional hours to accommodate any activities that have needed to be undertaken to maintain a safe environment. In addition they have provided fit testing for over 80 dental professionals across Gloucestershire in order to increase the number of Dental hubs available for patients in the county.

The clinic at Southgate Moorings has been re-organised to be an area where special care patients can be seen for emergency care who would be considered high risk – for example patients who have been shielding or patients who would require extra time in order to make reasonable adjustments to meet their individual needs.

FOCUS ON CHILDRENS COMPLEX CARE TEAM

The Children's Complex Care team support children with life-limiting and complex health conditions in their own homes including respite care for families.

The impact of Covid-19 has caused increased anxiety and vulnerability for these children and families in relation to the potential risk of acquiring the virus from staff visiting the home. Some families have been reluctant to receive support and respite from the team resulting in increased feelings of isolation, carer stress and tiredness. The team deployed an enhanced level communication with each family during Covid-19 to undertake clinical review and provide emotional support.

Risk reduction mechanisms were applied to home visits and care packages to minimise spread of Covid-19 whilst continuing to provide planned care. The team provided additional support to those who were challenged by national PPE and social distancing guidance enabling family life to continue as usual.

External care agencies involved in providing direct care to those on the caseload were supported with accessing adequate supplies of PPE and GHC infection prevention and control training resources were made available to those colleagues. Regular case management calls were undertaken with commissioners and providers throughout the outbreak.

FOCUS ON BERKLEY HOUSE – LEARNING DISABILITY SERVICES

Throughout the Covid-19 pandemic colleagues at Berkley House have continued to provide high quality compassionate care to individuals. Excellent practice with regards to Infection prevention and control was observed preventing spread following a positive test result. Staff continued to prioritise individuals wellbeing needs with good community access within social distancing measures.

Following on from last years CQC national team visit, as part of a countrywide programme to review Learning Disability inpatient services where restrictive practices are employed, there have been further external visits under the DHSC programme of enhanced care and treatment reviews earlier this year. A range of feedback was received from these visits, positive practice was identified and also areas of learning related to ongoing clarity required regarding definitions of long term segregation and its management in complex care settings. The Trust have been active involved in development on this issue with CQC and NHSE colleagues in recent years. Positively CQC have offer to work closely with the Trust in additional refinement to local policy in line with developing national guidance for this specific matter in similar care settings.

Subsequent collaborative planned review work with NHSE, CQC and DHSC has been disrupted by Covid-19. However, the Trust has made good progress with the support of the regional NHSE Transforming Care Lead in engaging with these national agencies to further discuss feedback and findings prior to developing refreshed plans. Supporting individuals to transfer to new placements that can be considered more homely remains a priority. The NHSE regional lead for transforming care is working with local commissioners to understand challenges within the local social care market which are preventing some individuals from being able to move quickly to a new living environment. The Trust is engaged with commissioners in this planning and options have been developed but will take time to be achieved.

CQC DOMAIN - ARE SERVICES RESPONSIVE?

Physical Health Services

Minor Injury and Illness Units

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report Feb Figure
Time to initial assessment for patients arriving by ambulance (95th percentile)	N - T	<15 m	00:14	00:17	00:11	00:13										00:13	R		

Referral to Treatment

Podiatry - % treated within 8 Weeks	L - C	95%	73.6%	92.9%	97.2	100%										96.7%	A		
ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	79.8%	65.1%	57.9%	84.4%										69.1%	R		
ICT Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	83.5%	79.4%	62.5%	93.6%										78.5%	R		
Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	88.5%	60.2%	68.8%	95.3%										74.8%	R		
Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	84.5%	72.2%	98.8%	95.2%										88.7%	R		
Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	95.4%	92.9%	97.2%	96.2%										95.4 %	A		
Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R	3,279	35939	1787	1731	1774										5292	R		

Mental Health Services

CPA Review within 12 Months	N - T	95%	96.9%	86.9%	86.7%	87.2%										87.5%	R		
Admissions to hospital gate kept by CRHTT	N - T	95%	100.0%	96.8%	94.8%	100%										98.9%			

Additional information

The temporary closure of the Vale, Dilke & Tewkesbury MIUs in response to the Covid-19 outbreak initially impacted upon initial assessment times. However an improved picture is now evident. In line with other urgent care services across the system MIU's are expected to see an increase in attendances following the relaxation of lockdown measures- this is being closely monitored to ensure the units are able to respond safely and appropriately to patient need.

Referral to treatment times have been impacted upon directly by the Trusts response to Covid-19. As we enter the Recovery phase these KPI's will be revisited. It is reassuring that the Podiatry KPI has recovered and been maintained as have the paediatric physiotherapy, speech and language therapy, and occupational therapy treatment targets. During recovery planning, services have been reviewing traditional models of service delivery and implementing new and innovative ways of working in order to respond safely to COVID-19 whilst maximising service effectiveness and efficiency. ICT therapy teams continue to apply a risk stratified approach to stepping up their services in order to ensure that those who are in most need are seen first. As is evident both Occupational Therapy and Physiotherapy services have significantly improved their performance within the month of June.

Whilst a slight increase in performance is noted CPA reviews remain challenging to achieved in light of the need for minimal face to face contacts and social distancing. It is anticipated that this indicator will remain challenging to achieve whilst recovery plans are embedded.

May was the first month that CRHTT gatekeeping admissions has fallen below target (due to Covid-19 disruption) and it is positive to note that this has now recovered in June.

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Additional KPIs Physical Health

	Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	RAG	Exception Report?	Benchmarking Report Feb Figure
Proportion of eligible children who receive vision screens at or around school entry.		70%*	N/A	60.4%	60.4%	60.4%										60.4%	R		
Number of Antenatal visits carried out		92	944	46	42	35										60.4%			
Percentage of live births that receive a face to face NBV (New Birth Visit) within 7- 14 days by a Health Visitor		95%	91.5%	42.9%	30.6%	58.7%										44.1%	R		
Percentage of children who received a 6-8 weeks review.		95%	94.1%	12.2%	44.4%	71.8%										49.1%	R		
Percentage of children who received a 9-12 month review by the time they turned 12 months.		95%	84.8%	80.3%	75.2%	67.1%										75.4%	A		
Percentage of children who received a 12 month review by the time they turned 15 months.		95%	90.2%	89.4%	86.2%	89.2%										88.3%	A		
Percentage of children who received a 2-2.5 year review by 2.5 years.		95%	83.5%	81.9%	85.3%	81.7%										83.0%	A		
Percentage of infants being totally or partially breastfed at 6- 8wks(breastfeeding prevalence).		58%	54.9%	56.7%	56.2%	58.2%										57%	A		
Chlamydia Screening of Gloucestershire residents aged 15-24 via the Chlamydia Screening Service (minimum positivity rate)		3108	1929	895	676	844										2415			
Number of Positive Screens		169	1329	53	40	50										143	R		
Average Number of Community Hospital Beds Open		196	195.4	173.3	168.8	155.8										173.5	R		
Average Number of Community Hospital Beds Closed		0	1.1	19.2	27.2	40.2										29.9	R		

Additional Information

The National Childhood Measurement Programme continues to be paused due to the Covid-19 outbreak. The cumulative position is now behind the internal trajectories .Public Health England (PHE) does not expect that local authorities will resume NCMP measurements for the current school year, even when schools reopen as planned for some year groups. For the 2019/20 school year, there will therefore not be an expectation that local authorities meet the minimum participation rates (as set out in the NCMP operational guidance 2019) in the data they submit to NHS Digital by Wednesday 5th August 2020.

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

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CQC DOMAIN - ARE SERVICES WELL LED?

		Reporting Level	Threshold	2019/20 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2020/21 YTD	R A G	Exception Report?	Benchmarking Report
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%																	
	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%																	
	Mandatory Training	L - I	90%	89.14%	88.8%	88.7%														
	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	90%	80.38%	72.7%	69.9%	65.4%													
	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.72%	4.9%	5.0%	5.2%													
	SUS+ (Secondary Uses Service) Data Quality Validity - Available in arrears	N-R	96.30%																	

Additional information

Mandatory training, appraisal and absence

Mandatory training remained paused during June. Plans are in place to recover the training position, noting that online training can continue with minimal impact. Face to face training, or close contact training such as PMVA/PBM will remain the most effected and take the longest time to recover, plans are in place to mitigate related risks. Once training fully recommences staff will be able to access training that is showing as 'out of date'. However it is likely that full recovery will take time due to the backlog of staff needing training and limits on service areas to release staff along with capacity of training places.

Appraisal compliance continues to fall although as staff return from redeployment an improvement is expected and will be monitored. Team leaders have received support to complete appraisals to return to required compliance.

Sickness/absence rose to 5.2% compared to the 2019/20 out turn data.

Facilitating new ways of leading

In recognition of the challenges and varying experiences that staff and teams have encountered, part of the recovery planning has given consideration to emotional and psychological impacts, alongside the practical task-based work. It is clear that some clinical areas have been more affected than others and these will be explored in detail to understand fully the reasons behind this.

Through collaborative working, a suite of tools together with associated training has been developed including:

1. Facilitation skills training to support effective meetings.
2. Support with planning or co-facilitating team meetings.
3. Additional resources/toolkit which can be downloaded from the intranet for the purpose of individual reflection, in one to one sessions and with teams.

Staff Health and Wellbeing

In recognition of the psychological and emotional impact of the Covid-19 pandemic upon the workforce, a range of tools and routes of support continue to be developed, alongside promotion of face to face direct support led by the Trust psychology team. Refreshed focused is being applied to restarting staff engagement meetings such as the senior leadership forum and delivering Team Talk via digital mediums. The Trust communications team continue to proactively communicate clinical, operational and strategic information to Trust colleagues.

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Mental Health Inpatient – June 2020

	Code 1		Code 2		Code 3		Code 4		Code 5	
Ward Name	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions	Hours	Exceptions
Dean	32.5	4	0	0	0	0	0	0	0	0
Abbey	310	41	0	0	0	0	0	0	0	0
Priory	385	47	0	0	0	0	0	0	0	0
Kingsholm	0	0	0	0	0	0	0	0	0	0
Montpellier	55	7	15	2	0	0	0	0	0	0
Greyfriars	55	59	0	0	0	0	0	0	0	0
Willow	105	14	0	0	0	0	0	0	0	0
Chestnut	22.5	3	0	0	0	0	0	0	0	0
Mulberry	0	0	0	0	0	0	0	0	0	0
Laurel	0	0	0	0	0	0	0	0	0	0
Honeybourne	0	0	0	0	0	0	0	0	0	0
Berkeley House	0	0	0	0	0	0	0	0	0	0
Total In Hours/Exceptions	1383.0	160	7.5	1	0	0	0	0	0	0

Definitions of Exceptions;

Code 1 =

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

Code 2 =

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

Code 3 =

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

Code 4 =

Min staff numbers not compliant did not meet needs of patients

Code 5=

Other

MENTAL HEALTH & LD						
Ward	Average Fill Rate	In-Post	Bank	Agency	Vacancies	Sickness
Berkeley House	104.75%	78.90%	18.56%	7.29%	21.10%	3.00%
Honeybourne Unit	106.39%	95.80%	10.37%	0.22%	4.20%	10.32%
Laurel House	102.78%	89.30%	13.48%	0.00%	10.70%	7.10%
Abbey Ward	111.72%	57.70%	14.32%	39.70%	42.30%	7.50%
Dean Ward	123.22%	84.10%	22.45%	16.67%	15.90%	
Kingsholm Ward	134.67%	91.60%	31.23%	11.84%	8.40%	
Priory Ward	114.00%	72.70%	15.98%	25.32%	27.30%	
PICU Greyfriars Ward	131.53%	88.60%	32.20%	10.73%	11.40%	
Chestnut Ward	108.15%	96.60%	11.55%	0.00%	3.40%	6.84%
Mulberry Ward	124.50%	92.00%	32.50%	0.00%	8.00%	
Willow Ward	108.63%	90.00%	17.10%	1.53%	10.00%	
Totals	115.49%	85.20%	22.90%	7.39%	14.80%	6.95%

Mental Health & LD Inpatient

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

- Wotton Lawn is currently running at 25 WTE vacancies. There is a cohort of 8 newly qualified nursing staff joining Wotton Lawn in September 2020. Therefore, the net vacancy rate for Wotton Lawn will be 17 WTE. Charlton Lane is currently running at 2 WTE vacancies. There is a cohort of 3 newly qualified nursing staff joining Charlton Lane in September 2020. Therefore, the net vacancy rate for Charlton Lane will be 1 WTE. This is a positive development and reflects recruitment work undertaken earlier this year with student nurses. However further attention is required to maintain required staffing in these areas
- There are currently 6 x 12wk agency contracts in place in Wotton Lawn. A further 4 x 12wk agency contracts are being developed.
- An agency Guaranteed Volume Contract is in place in Wotton Lawn delivering 28 shifts per week. Work is currently underway to increase this contract by 100% at Wotton Lawn to meet current demand. An equivalent guaranteed volume contract is being developed to include Charlton Lane and work is underway to establish demand. This contract promotes improved continuity care service as these staff undertake RiO and clinical risk raining so can undertake the full clinical role including nurse in charge.

CQC DOMAIN - ARE SERVICES WELL LED?

Safe Staffing Physical Health – June 2020

Physical Health

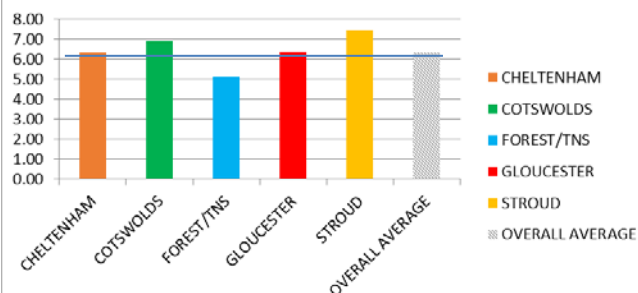
The Trust is working to homogenise safe staffing reporting methods across the new organisation. This development work has been delayed by Covid-19. However the Trust is able to report good levels of staffing maintained in inpatient areas sets against agreed safe staffing levels and no exceptions have been reported in June. The table below shows fill rates in June 2020. A detailed piece of work will be undertaken to enable the reporting of physical health exceptions as currently delivered in MH/LD services.

PHYSICAL HEALTH						
Ward	Average Fill Rate	In-Post (RGN & HCA)	Bank	Agency	Vacancies	Sickness
Coln (Cirencester)	88.95%	80.70%	6.24%	2.01%	19.30%	6.16%
Windrush (Cirencester)	98.40%	75.20%	19.76%	3.44%	24.80%	
Jubilee (Stroud)	98.20%	76.90%	16.84%	4.46%	23.10%	7.27%
Cashes Green (Stroud)	91.02%	87.60%	3.31%	0.11%	12.40%	
Tewkesbury	117.07%	92.90%	22.27%	1.90%	7.10%	6.77%
North Cotswolds	88.11%	95.50%	0%	0%	4.50%	8.73%
The Dilke	107.06%	87.40%	17.53%	2.13%	12.60%	6.39%
Lydney	94.64%	88.10%	4.84%	1.70%	11.90%	5.51%
Vale	96.20%	83.60%	10.62%	1.98%	16.40%	3.77%
Totals	97.74%	85.40%	10.55%	1.79%	14.60%	6.37%

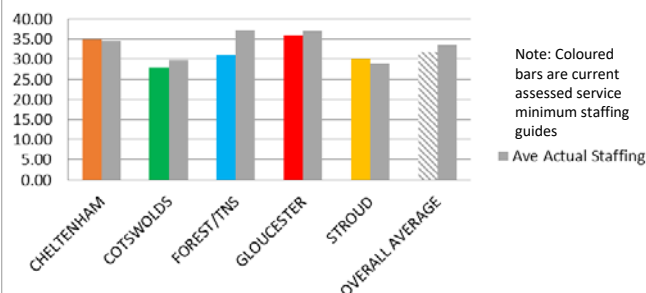
CQC DOMAIN - ARE SERVICES WELL LED?

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

ICT Average Face2Face Contacts (Jun-20)



Minimum Staffing vs Actual (Jun-20)



- Face to face contacts was the regular method of contact prior to Covid-19. Phone contact is now more utilised with service users which is not included in these figures.
- Actual staff levels include the additional extra staff who were redeployed during Covid-19 thereby inflating recorded number of actual staff.
- The average number of redeployed staff per working day = 26. Currently the 'actual' number of staff is 167.88 average per day in total, against a minimum number of 165.
- Post Covid-19, the 'actual' staffing would therefore return to 141.88 – well below the minimum.
- The average vacancy rate for ICT = 14.8% for June 2020 (this equates to 41.07 WTE).

Note: Good progress has been made on ICT D/N recruitment through June 2020 – A more detailed analysis of this will be included in the next iteration of this report

AGENDA ITEM: 15

REPORT TO: Trust Board – 22 July 2020

PRESENTED BY: Dr Amjad Uppal, Clinical Director

AUTHOR: Zoë Lewis, Patient Safety Administrator

SUBJECT: **2019/20 QUARTER 4 LEARNING FROM DEATHS**

This report is provided for:

Decision ☐ Endorsement ☐ Assurance ☒ Information ☒

The purpose of the report is to

Inform the Board of the mortality review process and outcomes during 2019/20 quarter 4. It is a regulatory requirement for all NHS Trusts to identify, report, investigate and learn from deaths of patients in their care, as set out in the National Quality Board *National Guidance on Learning from Deaths: a Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care*, published March 2017.

Recommendations and decisions required

The Board is asked to **note** the contents of this mortality review report which covers Quarter 4 of 2019/20

Executive summary

The Board is asked to note that this is the second quarter of the merged organisation and as such, this Learning From Deaths paper includes data concerning both the deaths of mental health and physical health patients.

For the period 1 January to 31 March 2020, 165 mental health patient deaths and 32 physical health patient deaths were reported, a total of 197 patient deaths. At the time of reporting, 0 deaths representing 0.0% of the 197 patient deaths are judged to be more likely than not to have been due to problems in the care provided by the Trust.

The Board is asked to note the learning presented here from mortality review of both physical and mental health patient deaths during 2019/20 Q1-4.

Risks associated with meeting the Trust's values

None

Corporate considerations	
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Quality Implications	Required by National Guidance to support system learning
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Resource Implications	Significant time commitment from clinical and administrative staff
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Equality Implications	None
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Where has this issue been discussed before?
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Quality Assurance Group.

Appendices:	None.
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Report authorised by: Dr Amjad Uppal	Title: Medical Director
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LEARNING FROM DEATHS 2019-20 Q4 REPORT

1.0 INTRODUCTION AND OVERVIEW

The Board is asked to note that this is the second quarter of the merged organisation and as such, this is the second joint Learning From Deaths paper which includes data concerning both the deaths of mental health and physical health patients.

For physical health patients, inpatient only deaths are reported. For mental health patients (including LD), both inpatient and community deaths are reported.

All data contained in this paper is correct as of 14 April 2020.

2.0 MENTAL HEALTH PATIENTS (INCLUDING LD)

2.1 During 2009-2020 Q1-Q4, 789 Gloucester Health and Care NHS Foundation Trust (the Trust) patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 221 in the first quarter;
- 200 in the second quarter;
- 203 in the third quarter;
- 165 in the fourth quarter.

2.2 By 14 April 2020, 36 case record reviews and 17 investigations have been carried out in relation to the 789 deaths included in 2.1.

In 1 case, a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 28 in the first quarter;
- 14 in the second quarter;
- 10 in the third quarter;
- 1 in the fourth quarter.

2.3 0 representing 0.0% of the patient deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0.0% for the first quarter;
- 0 representing 0.0% for the second quarter;
- 0 representing 0.0% for the third quarter;
- 0 representing 0.0% for the fourth quarter.

These numbers have been estimated using Structured Judgement Review (SJR). For deaths of mental health patients, the RCPsych Mortality Review Tool 2019 is employed. For deaths of LD patients, a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool. This approach has been maintained to allow consistency with the Learning Disabilities Premature Mortality Review (LeDeR) programme. All case record reviews are discussed at a Mortality Review Group meeting chaired by Clinical Directors. For any deaths meeting Serious Incident or Clinical Incident criteria, a Comprehensive Investigation is carried out.

2.4 The Trust has identified:

- In some cases, escalation plans for informal inpatients taking leave had not been clearly discussed and agreed with the patient or clearly recorded on RiO, (the Trust's electronic records system).
- Communication with patients' GPs was not always as up to date as expected in terms of informing with regards to informing of: disengaged patients; patients who had been discharged from community teams; changes to patient's risk assessments and care plans; and patients who had been accepted onto a community team caseload, including being allocated a care coordinator.
- During a case of an unexpected death of a formal mental health inpatient, CPR was not instigated as quickly as per Trust policy.
- In some cases, the recording of Risk on RiO was not consistent with Trust policy.
- In one case, following discharge of a patient from an independent, out of area, acute mental health inpatient unit, there was an absence of an appropriately agreed discharge plan, which impacted on the range and timelines of a follow-up service in order to support the patient and reduce the risk of them ending their life.
- In one case, the Trust found that there was patient confusion with regards to the time of an appointment with the Older People's Community Mental Health Team. The Trust considered that the confusion may have been negated if the patient had received an automatically generated SMS message confirming the appointment time.
- Following an investigation, the Trust noted that staff had not informed a patient as to their entitlement to an assessment under the Social Care Act 2012.
- In one case, the Trust noted gaps in the induction of a recently recruited Consultant Psychiatrist and of a Bank nurse who had not recently worked with the Crisis and Home Treatment Team.
- In some cases, the Trust found a delay in prescribing End of Life medication during out of hours, due to junior doctors on call not being familiar with patients or not feeling confident to prescribe.
- Following review of mental health inpatient deaths, the Trust found that in some cases the cause of death had not been recorded on the electronic records system.

- Following review of several End of Life mental health inpatients suffering with dementia, it would seem there is some anecdotal evidence to suggest that dementia patients require higher doses of End of Life medications than currently stated in the BNF and consequently often advice from Palliative Care needs to be sought in order to make patients comfortable.

2.5 In response to the above learning points, the Trust has:

- Put measures in place to ensure that, with regard to informal mental health patients, prior to leave being taken, staff must agree with the patient and document on a case by case basis, what the expected return to the ward time is, and in the event of a patient being late, at what time contact with them/their family will be attempted and escalation process initiated.
- Put measures in place to ensure that GPs are informed if their patient disengages from a community team and Trust community colleagues have been reminded to inform GPs if their patient is accepted onto a community team caseload, if their patient is allocated a care coordinator, changes to care plans and if their patient is discharged from the team, to include re-referral routes where services are not offered following discharge.
- With regards to resuscitation, The Trust has:
 - i. instigated an urgent review of the Observations Policy to consider the need to provide additional direction with regards to physical wellbeing and mental health observations;
 - ii. instigated an urgent review of resuscitation training to clarify that causation should be used in identifying Signs of Life Extinct
 - iii. sought urgent assurance from Medacs agency that all staff employed by them will be aware of the need for commencing CPR in accordance with standard resuscitation guidance.
- Colleagues have been reminded that Risk Assessments should be updated following patient contact with A&E and that reported risk of use of a firearm must be clearly documented in the RiO Risk Assessment and Management Plan.
- The Trust is considering re-establishing a preferred provider relationship for mental health inpatient and acute care services.
- The Trust is considering whether letters or SMS messages should be routinely used to inform and remind patients of appointments that have been booked or rearranged.
- The Trust has put measures in place to ensure that patients are informed that they have the legal right to have their social care needs assessed under the Social Care Act 2012, plus ongoing delivery of training to ensure on-call support is delivered.

- The Trust has put measures in place to ensure that Bank staff receive an adequate procedural briefing. The Trust is also reviewing preliminary information with regards to risk management, received by a doctor upon starting a new position with the Trust.
- The Trust has put measures in place to ensure that, where indicated, End of Life medication will be written up by responsible consultant beforehand with a clear plan outlined on RiO, so that only approval to begin End of Life medication is sought from a junior medic on call.
- The Trust has put measures in place to ensure that death certifications issued by the Trust should be uploaded to the electronic records system.
- The Trust is looking into the possibility of an audit of doses of End of Life medications in conjunction with Palliative Care. The Trust is further investigating whether medication doses for End of Life patients suffering from dementia could be addressed using a standard operating procedure (SOP) and whether scripts could be checked against the SOP by the junior doctor (if applicable) and the nurse in charge.

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

The case record review and investigation figures given above do not include current ongoing reviews and investigations.

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

All our staff are required to notify, using the Datix system, the deaths of all Trust patients. This comprises anyone open to a Trust caseload at the time of their death and who dies within 30 days of receiving care from GHC. Deaths recorded on Datix are collated for discussion at the Mortality Review Group meetings chaired by the lead Clinical Directors. All deaths of patients with a learning disability will be also reported through the appropriate LeDeR process, and deaths of people under the age of 18 will be reported through the current child death reporting methodology.

Learning From Death continues to provide vital guidance. As a Trust, we are fully committed to recognising the need to improve services following learning from events both nationally and locally such as Gosport, Mid Staffordshire and the LeDeR programme, alongside our own local serious incidents investigation process.

From 1 January 2017 up until 6 April 2020 in Gloucestershire, 153 LeDeR referrals had been received (Table 1.), 120 have had an initial review

completed (78% review completed) and 26 are open (7 remain unable to be allocated due to reviewer capacity).

Table 1 - Status of LeDeR reviews in Gloucestershire to 6th April 2020

	Closed	Open	On hold	Grand Total	% completed
2017	45	0	1	46	98%
2018	49	0	0	49	100%
2019	26	15	5	46	57%
2020	0	11	1	12	0%
Grand Total	120	26	7	153	78%

The Trust awaits the end of the 2019-20 Q4 reporting period for the 2019-20 LeDeR annual report containing learning themes. Learning themes identified by the end of the 2018-19 reporting period:

- Communications and support to access primary care Learning Disability Annual Health Checks.
- Reasonable adjustments made to access to mainstream healthy lifestyles preventative services e.g. smoking cessation, weight management and eating well.
- Suitable reasonable adjustments being put in place in mainstream health services is inconsistent particularly around meeting communication needs.
- Utilisation and documentation of the Mental Capacity Act by mainstream health services is inconsistent.
- Treatment escalation practices particularly in relation to end of life protocols for those individuals who are considered to be frail.

2.7 By 14 April 2020, 19 case record reviews and 6 investigations completed after 31 March 2019 related to deaths which took place before the start of the reporting period.

0 representing 0.0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

This number has been estimated using SJR. For deaths of mental health patients, the RCPsych Mortality Review Tool 2019 is employed. For deaths of LD patients a similar Trust-developed SJR tool is utilised which pre-dates the RCPsych tool, which has been maintained to allow consistent approach with the LeDeR programme. All case record reviews are discussed at a mortality

review meeting chaired by Clinical Directors. For any deaths meeting Serious Incident or Clinical Incident criteria, a Comprehensive Investigation is carried out.

0 representing 0.0% of the patient deaths during 2018-2019 are judged to be more likely than not to have been due to problems in the care provided to the patient.

3.0 PHYSICAL HEALTH PATIENTS

3.1 During 2019-2020 Q1-Q4, 168 Gloucester Health and Care NHS Foundation Trust (the Trust) patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 34 in the first quarter;
- 61 in the second quarter;
- 41 in the third quarter;
- 32 in the fourth quarter.

3.2 By 14 April 2020, 15 case record reviews and 0 investigations have been carried out in relation to the 168 deaths included in 3.1.

In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 2 in the first quarter;
- 5 in the second quarter;
- 8 in the third quarter;
- 0 the fourth quarter.

3.3 0 representing 0.0% of the patient deaths during the reporting period are judged more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0.0% for the first quarter;
- 0 representing 0.0% for the second quarter;
- 0 representing 0.0% for the third quarter;
- 0 representing 0.0% for the fourth quarter.

These numbers have been estimated using a Structured Judgement Review (SJR) tool developed by the Trust to robustly assess the standard of care provided to patients that die during an inpatient stay at a community hospital. Cases are discussed at a Mortality Review meetings attended by the Trust's Deputy Medical Director / Clinical Director and the County Medical Examiner.

3.4 The Trust has identified:

- a common theme across all community hospitals whereby a significant proportion of patients admitted for rehabilitation have since been identified as being for end of life care soon after their admission;
- that in some cases, patients' causes of death could be discussed with the County Medical Examiner before being formally certified;
- that some medics considered the guidelines as to the circumstances when a form 100A should be completed following a patient death to be unclear.

3.5 In response to the above learning points, the Trust has:

- set up the Joint Patient Safety Group with GHNHSFT, which has quarterly meetings, where issues around admissions and transfers between Trusts can be taken for discussion. The Trust will continue to invite SWAST to Physical Health Mortality Review meetings;
- reminded medical staff at the appropriate community hospitals that cause of death can be discussed with the Medical Examiner;
- discussed with the Medical Examiner who has agreed to draw up new guidance regarding when a 100A form should be completed.

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

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

All our staff are required to notify, using the MIDAS system for the reporting year 2019-2020, the deaths of all patients who die whilst receiving inpatient care. Deaths recorded on MIDAS are collated for discussion at Physical Health Mortality Review Group meetings chaired by the Head of Clinical Governance and Compliance and attended by the Medical Examiner. All deaths of patients with a learning disability will be also reported through the appropriate LeDeR process, and deaths of people under the age of 18 will be reported through the current child death reporting methodology.

3.7 In order to align systems and processes as one merged organisation, and to facilitate learning and data collection, from 1st April 2020, deaths of inpatients will be reported using the Datix incident reporting system.

BOARD ASSURANCE COMMITTEE – COVID SUMMARY REPORT

Held 28 May, 4 June, 11 June & 18 June 2020

COMMITTEE GOVERNANCE	Committee Chair – Ingrid Barker, Trust Board Chair Attendance (membership) – 90.9 % / 100% Quorate – Yes
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Purpose and duration of the Committee

In light of the Covid-19 pandemic, a Board Assurance Committee-Covid was established for the purpose of assurance during these exceptional times. The Committee provided a mechanism through which Non-executive Directors could receive information for the purpose of assurance on key aspects of the organisational response to the Covid-19 pandemic and consider the impact of any exceptional measures being taken.

Since the last meeting of the Board on 20th May, the Committee convened on a weekly basis on 28th May, 4th June, 11th June, and 18th June. There was no meeting on 21st May.

The Committee was closed on 23rd June 2020 as it is no longer required. The Committee can be re-instated at any time, if required.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION – 14 MAY 2020

Key Issues Discussed:

The CEO provided the weekly update from the Covid task force and urgent issues, including:

- Progress and recovery;
- Mental Health & Learning Disabilities;
- Covid Testing;
- Dental Services;
- PPE; and
- Governance arrangements.

Helen Goodey was invited to the meeting and provided an update on issues in Primary Care and changes that had been made to address the pandemic situation.

A query was raised over health inequalities and whether the Trust had a strategy in place to address concerns. The issue is being taken to the July Trust Board meeting.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION – 28 MAY 2020

Key Issues Discussed:

The CEO provided the weekly update from the Covid task force and urgent issues, including:

- Test and Trace service;
- Serology testing (to be added to the Ethics Committee agenda);
- National shielding for vulnerable staff;

- Inpatient facilities (including the Covid secure environment work); and
- Recovery programme.

The Covid-19 Workforce Response Update report was presented to the Committee. It was confirmed that the Trust is sending letters to colleagues to assess the need for a summer holiday provision and will be exploring options with education authorities and local schools.

The CEO provided an update on system national issues, including the intention to keep the MIIU closures in place for a further three months. The ICS is in active debate regarding the process for reinstating the longer-term changes discussed at the Fit for the Future Board.

An update on how Covid is impacting on homeless people in terms of physical and mental health to be added to a future agenda item.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION – 4 JUNE 2020

Key Issues Discussed:

The CEO provided the weekly update from the Covid task force and urgent issues, including:

- Covid secure environment;
- Recovery process;
- Serology testing;
- Test and trace; and
- PPE.

The CEO provided an update on infection rates and bed occupancy rates. The Trust needs to remain vigilant of a potential second spike. There is a national early warning system in place.

A discussion was had surrounding workforce equality issues, including a letter issued by Prerana Issar / Dido Harding (NHSI) which contains urgent issues for the Trust to consider.

An update was provided by the Ethics Committee, covering the decision not to implement a system-wide ethical framework at present.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION – 11 JUNE 2020

Key Issues Discussed:

The CEO provided the weekly update from the Covid task force and urgent issues, including:

- Serology testing;
- Face mask / face coverings;
- Recovery programme;
- MIIUs (4 open/3 closed and new booking system);
- Young people's mental health issues; and
- Support for BAME colleagues (new task and finish group).

An update was provided on system national issues. The Government is expecting a large bid from the NHS for investment to cope with the post-Covid world, to include both capital and revenue. There will be opportunity to influence this work at regional level, Executives to be engaged in the work. Diagnostics will require significant investment. There will be a need to explore new ways of integrating mental and physical health care at a local level.

KEY POINTS TO DRAW TO THE BOARD'S ATTENTION – 18 JUNE 2020

Key Issues Discussed:

The Acting CEO provided a weekly update from Covid task force and urgent issues, including:

- PPE;
- Face mask / face coverings implementation;
- Serology testing;
- Test and trace;
- Covid secure implementation;
- BAME (PHE guidance); and
- Recovery (including demand on services).

An update was provided on system national issues. The system is coordinating their approach to recovery so organisations don't provide onward referrals to services which aren't yet in recovery.

A national finance announcement was made last night regarding the second half of the financial year. They have confirmed the expectation is for break-even, assuming there is no second peak, although there will be a different financial framework.

A discussion was had surrounding Matt Hancock's announcement on the Covid vaccine, currently in its testing phase.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

- **Note** the contents of this summary.
- **Note** that the Committee was closed as of 23rd June 2020.

DATE OF NEXT MEETING	The Committee was closed as of 23 rd June 2020.
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AUDIT AND ASSURANCE COMMITTEE SUMMARY REPORT

28 MAY 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Marcia Gallagher, Non-Executive Director • Attendance (membership) – 57.1% • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

EXTERNAL AUDIT

The Committee was informed that an unqualified audit opinion was expected from the external audit of the Trust's accounts. It was reported that there had been good engagement with the audit from the GHC Finance Team. It was acknowledged that the audit had been more challenging as the Trust was still operating off two finance ledgers.

INTERNAL AUDIT

Internal Audit Reports

The Committee received the following Internal Audit reports:

- Business Continuity Management Draft:
- Cost Improvement Programme (CIP) Phase 2
- Corporate Governance
- Finance Systems Review
- Information Governance Review
- Estates and Facilities
- Performance Management
- Staff Complaints and Speaking Up
- Statutory and mandatory Training Review

The majority of the reports were classified as either a low or medium risk. The Estates and Facilities internal report was classified as a high risk; and the Committee received assurance on the actions and mitigation in place to address the recommendations.

Draft Internal Audit Annual Report and Head of Internal Audit Opinion

The Committee received the draft Internal Audit Annual report. The report reflected internal audit activity undertaken for the 2gether Trust from 1st April 2019 – 30th September 2019 and the merged Trust GHC from 1st October 2019 – 31st March 2020.

The Committee noted the Head of Internal Audit's Opinion of ***Generally satisfactory with some improvements required.***

The Committee noted that there were some overdue actions from previous internal audits. Assurance was received that these were being followed up and the final number of outstanding actions would be reflected in the annual report.

Draft Internal Audit Plan 2020/21

The Committee considered the Draft Internal Audit Plan for 2020-2021. It was noted that given the current situation with Covid19, the plan for the year was not fixed and would be reviewed regularly

during the year. An internal audit on cyber security was planned for Q1. The Committee considered the report and noted that a full audit plan would be submitted to the Committee in June.

DRAFT ANNUAL REPORT AND ACCOUNTS - GHC

The Committee received the draft Annual Report and Annual Governance Statement and agreed a number of minor changes to be taken forward in relation to the content of the report. Changes included clarifications relating to the number of compliments received by the Trust over the period under review, complaint data and the inclusion of additional information regarding the Trust's sustainability work.

The Committee considered the Annual Accounts noting that the timetable for the completion of accounts had been extended due to the Covid-19 pandemic and that the scope of the audit had changed to exclude the quality accounts. It was noted that the accounts were currently being reviewed by the External Auditor so may be subject to changes before final approval

DRAFT QUALITY REPORT

The Committee received the draft Quality Report. It was noted that due to the impact of Covid, there was no longer the requirement for a quality report to be included in the Annual Report, and NHS Foundation Trusts were encouraged to include the additional quality report content in their quality account. In addition, assurance work on quality accounts and reports was suspended and were not subject to external audit.

UPDATE ON ANNUAL REPORT AND ACCOUNTS - GCS

The Committee received an update on the arrangements for finalising the part year Annual Report and Accounts for Gloucestershire Care Services NHS Trust. Since the last meeting of the Committee, minor adjustments had been made and the External Auditors were checking whether reference needed to be made to Covid-19. It was noted that the GCS AGM would be scheduled in due course.

PROVIDER LICENCE SELF CERTIFICATION APPROVALS

The Committee considered the self-certificate compliance with the NHS provider licence (which includes compliance with the Health and Social Care legislation and having regard to the NHS Constitution), and NHS governance requirements. It was noted this had been delegated to the Committee by the Board in May for review. It was confirmed the process was in line with the processes put in place in 2019 when the requirements were put in place. The views of Governors had been sought and three response had been received which supported the proposed declaration.

The Committee confirmed the GC6 self-certification for the required submission at the end of May. The Committee confirmed the process for the second submission (FT4) as required at the end of June 2020.

COUNTER FRAUD, BRIBERY AND CORRUPTION

The Committee noted the Progress report and received updates on ongoing investigations. The Committee endorsed the proposed work plan for 2020/21.

POLICIES REPORT

The Committee received a paper summarising progress with the integration of Trust policies following the merger. It was noted that a number of recent internal audits had highlighted the issue of policy integration within their findings.

The Committee was informed that of a total of 224 policies; the review of 132 was now complete with 77 outstanding and 15 policies discarded/superseded. A plan was in place to complete the review of all outstanding policies within three months.

FINANCIAL COMPLIANCE REPORT

The Committee received the finance compliance report for the period of 1 January 2020 - 31 March 2020. The Committee noted the losses and special payments made during the period. There had been two waivers of Standing Financial Instructions. The Chair confirmed that she had been kept informed of issues as they arose
The Committee also received an update on the outstanding debtors.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	17 June 2020
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AUDIT AND ASSURANCE COMMITTEE SUMMARY REPORT

17 JUNE 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> Committee Chair – Marcia Gallagher, Non-Executive director Attendance (membership) – 57.1% Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

INTERNAL REPORT

The Committee received the final Internal Audit Annual report for 2019/2020.
A '*generally satisfactory with some improvements required*' opinion was received.

FINAL ACCOUNTS AND CERTIFICATES

The Committee received the final Accounts and Certificates for 2019/2020 for Gloucestershire Health and Care NHS Foundation Trust. The Director of Finance confirmed that there had been no significant changes to the accounts since their consideration at the last meeting of the Committee.

The Committee approved the 2019/2020 Annual Accounts for Gloucestershire Health and Care NHS Foundation Trust on behalf of the Board.

The Committee approved the signing of:

- The Statutory Accounts (including the statement of financial position and foreword to the accounts).
- TAC Summarisation Schedule Certificate (NHS Improvement's Accounts) (TACs)
- Letter of Representation.

ANNUAL REPORT 2019/20

The Committee received the Annual Report 2019/20 for Gloucestershire Health and Care NHS Foundation Trust which had been finalised following its consideration by the Committee at its meeting on 28 May. It had been subject to external audit and no issues remained outstanding from the audit.

The following was approved by the Committee:

- Signing off of the Report and Accounts by the Chief Executive and Finance Director
- Submission of the Report and Accounts to NHSE/I
- The Annual Report and Accounts to be submitted to be laid before parliament.

EXTERNAL AUDIT REVIEW OF THE ANNUAL REPORT AND ACCOUNTS – 2019/20

The Committee received the External Audit review of the Annual Report and Accounts 2019/20. The External Auditors took the Committee through their report which confirmed they were not required to provide assurance over the quality report, and confirmed that their audit opinion and conclusions were:

- Financial Statements – Unqualified
- Value for Money – Adequate arrangements

QUALITY REPORT

The Quality Report was received by the Committee. The report had been shared with key stakeholders and there were no major changes to report.

The Committee discussed the benefits of submitting the report to meet the extended December deadline for submitting in July. It was agreed that the report should be finalised and published as soon as possible, with the inclusion of additional stakeholder responses if received. The Committee

approved and agreed the publication of the Quality Report.

STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION

The Committee received and approved proposed amendments to the Standing Financial Instructions and Scheme of Delegation.

RISK REVIEW

The Committee received a report which set out a proposed work-plan to implement the recommendations arising from the internal audit on risk management, considered by the Committee at its meeting in February.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

06 August 2020

RESOURCES COMMITTEE SUMMARY REPORT

25 JUNE 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Graham Russell, Non-Executive Director • Attendance (membership) – 75% • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

FINANCE REPORT – MONTH 2

The Committee received the Finance Report for month 2. The report showed performance at month 2 above the planned deficit of £0.188m at break even in line with NHSI policy. Confirmation on the top-up requested by the Trust of £556k had not yet been received.

The report included the breakdown of Covid expenditure and it was noted that not all expenditure was additional financial cost (i.e. sick pay). The report showed a cumulative position of months 1 and 2 of £1.47m.

The target for 20/21 was to achieve a break even position, not a surplus.

PERFORMANCE REPORT – MONTH 2

The Committee received the Performance Report which highlighted 10 mental health and 31 physical health high level performance indicators in exception at month 2. It was noted that many indicators continued to lack data quality validation and narrative due to the reduced Covid related capacity.

All indicators had been in exception previously within 12 months, with the exception of % of WA and OP service users on the caseload who have been offered a carer's assessment (mental health) and % of infants for whom breastfeeding status is recorded at 6-8wk check (physical health). It was explained the mental health indicator was believed to be a data quality issue. The physical health indicator was due to breast feeding groups being closed at the beginning of the Covid lockdown. The Committee was informed that in regards to the breast feeding indicator; the Trust had exceeded the health visiting required and received assurance that all new families had continued to be offered face to face visits with health visitors. Some families had declined due to Covid related anxieties. In instances where the families had declined, video appointments were offered where available. Assurance was provided that babies that had not been seen since birth would be seen within 6 months.

FOREST OF DEAN BUSINESS CASE UPDATE

The Committee received an update on the Forest of Dean Business Case. It was agreed that an Extraordinary Resources Committee would take place to focus on this in more detail. A separate update would be presented to the July private session Board meeting.

BUSINESS DEVELOPMENT REPORT

The Committee received the Business Development report, which highlighted that the breakdown of the Mental Health Investment Standard had been agreed with the CCG.

RISK REGISTER AND ASSIGNED BOARD ASSURANCE FRAMEWORK RISKS

The Committee received the Risk Register and it was noted that the actions reflected the internal

audit received from PwC.

The Committee was informed that a work plan was now in place which would focus on the implementation of the audit recommendations received. The format of the risk register would also be reviewed.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

28 JULY 2020 (Extraordinary meeting of the Resources Committee)

QUALITY COMMITTEE SUMMARY REPORT

01 JULY 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> Committee Chair – Maria Bond, Non-Executive director Attendance (membership) – 83.3% Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

SERIOUS INCIDENTS REQUIRING INVESTIGATION (SIRI) UPDATE

The Committee received the SIRI update. It was reported that there had been 7 SIRIs recorded during April and May 2020. Of the 7 reported, 6 related to mental health services. The Committee noted this report, and the planned developments within the Patient Safety team.

MEDICAL STAFFING

The Medical Director provided a verbal update on Medical Staffing; informing the Committee that the Trust had been successful in making three new consultant appointments. It was reported that there were further vacancies open.

QUALITY DASHBOARD REPORT

The Committee received the Quality Dashboard Report up to May 2020. The proposed 2020/21 Trust quality priorities agreed prior to the Covid-19 outbreak will be reviewed during July/August 2020 to consider if they remain appropriate and if not, a suite of new quality priorities will be drafted.

Good assurance is available that demonstrates that despite there being a national 'pause' on the NHS Complaints Procedure, the Trust has continued to ensure that we hear and respond to patients, carers and members of the public concerns. All complaints, concerns and compliments continue to be recorded and where required an immediate response has taken place. The Trust is well placed to resume full activity when the national complaints 'pause' ceases from 1 July 2020; the Parliamentary Health Service Ombudsman will also resume activity from the same date.

An increase in the overall numbers of reported patient safety incidents was highlighted; however, this was expected as services begin to return to usual activity. The total number of reported incidents will continue to be monitored by the patient safety team and where appropriate take action to understand and address any potential under reporting.

Mandatory training has remained paused during May, and plans are underway to recover the training position, noting that online training can continue with minimal impact. Face to face training, or close contact training such as PMVA/PBM will remain the most impacted and take the longest time to recover.

Work was underway to link with the Service leads of the historically less reported services, such as Dental and Sexual Health, in order to develop quality monitoring, narrative and assurance. The Committee would receive focussed reports on Sexual Health and Homeless healthcare services at its next meeting.

The Committee welcomed the Quality Dashboard report and the assurances provided.

TRUST QUALITY REPORT

The Committee received the Trust Quality Report and was informed that the report had been received and signed off by the Audit and Assurance Committee.

ANNUAL AGENDA WORK PLAN AND PARKING LOT

The Committee received the Committee Annual Agenda Work Plan and the Parking Lot. It was explained that the Parking Lot had been created to log all agenda items that had been deferred or reassigned due to Covid pressures and guidance received. This provided assurance that nothing had been lost. The work plan was currently being reviewed and it was proposed that a definitive version would be presented at the next Committee meeting.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING

11 August 2020

CHARITABLE FUNDS COMMITTEE SUMMARY REPORT

03 JULY 2020

COMMITTEE GOVERNANCE	<ul style="list-style-type: none"> • Committee Chair – Sumita Hutchison, Non-Executive Director • Attendance (membership) – insert 66.6% • Quorate – Yes
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KEY POINTS TO DRAW TO THE BOARD'S ATTENTION

NHS CHARITIES TOGETHER

The Committee was informed the Trust was contacted in April 2020 and asked if as a provider of NHS services with a registered NHS Charity, would like to become a member of NHS Charities Together for a fee of £1,5k per annum for the next two years. The fee would be deducted from the initial grant allocation of £35k. The Director of Strategy and Partnerships informed the Committee that the decision was taken to the Executive Committee. The Executive supported the decision to move forward with the membership application. This was completed in May 2020.

The Committee received the *NHS Charities Together and support during the Covid Pandemic* report which detailed the different stages and the distribution of the funds from NHS Charities Together.

The Committee noted that to date a total of £67k has been received from NHS Charities Together and of this 2 requests which had been prioritised:

- Water bottles (one per employee) – £7.1k (inc VAT)
- Subscription for Nightingale Trust for tailored support for registered and unregistered nurses - £5k

The Committee was informed that there was £55k remaining to be allocated. The proposals for the allocation of the remaining amount were:

- Additional counselling support in the Occupational Health team for 3 days a week at a band 7/8 for a period of 6 months.
- A covid art/photo mindfulness and reflection programme.
- NHS Elect management and leadership recovery and post covid 12 month support offer.

The Committee received confirmation of the requirement to inform NHS Charities Together what the first allocation of funding would be spent on in order to be eligible to bid for a further grant of £50k.

The Committee approved the submission of a bid for the £50k grant ahead of the submission deadline of 31st July 2020 and the areas of priority put forward to be contained within this application.

It was noted that the total amount requested exceeded the total monies available from NHS Charities Together, even if the next grant application is successful therefore utilisation of existing funds will be used as necessary

RESTRUCTURE OF LEGACY ORGANISATIONS CHARITIES

The Committee was informed that Lyn Radford had requested copies of the governing documents from charitable commissions in order to progress the merging of the two legacy charities 2gether and GCS. Once the documents were received, the process of merging the legacy charities into one would be progressed further.

The former bank account for GCS would be closed and merged with the 2gether account.

ACTIONS REQUIRED BY THE BOARD

The Board is asked to:

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

DATE OF NEXT MEETING	05 November 2020
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DRAFT MINUTES
GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Thursday, 19th March 2020

Via Teleconference

PRESENT: Graham Russell (Chair)
 Vic Godding Miles Goodwin June Hennell Stephen
 McDonnell
 Katie Clark Bren McInerney Anneka Newman Sarah
 Nicholson
 Brian Robinson Anne Roberts David Summers Jo Smith

IN ATTENDANCE: Steve Alvis, Non-Executive Director
 Gordon Benson, Associate Director of Clinical Governance
 (part)
 Maria Bond, Non-Executive Director
 Marcia Gallagher, Non-Executive Director
 Anna Hilditch, Assistant Trust Secretary
 Sumita Hutchison, Non-Executive Director
 Marianne Julebin, Trust Secretariat
 Jan Marriot, Non-Executive Director
 Paul Roberts, Chief Executive (Item 1-2)
 Lavinia Rowsell, Head of Corporate Governance

1.0 WELCOMES AND APOLOGIES

- 1.1 Apologies were received from Ingrid Barker, Mervyn Dawe, Said Hansdot, Cherry Newton, Jenny Hincks, Karen Bennett, Alison Feher, Faisal Khan, Nic Matthews, Katherine Stratton, Simon Smith and Lawrence Fielder.
- 1.2 The Chair opened the meeting with thanks to all for giving their time during this unprecedented time. As a result of the current situation with Covid-19, the agenda for the meeting had been reviewed and all non-urgent items deferred to allow time for the Governors to receive an update report from the Chief Executive.
- 1.3 The Chair welcomed and introduced three newly-elected Governors: Cllr Brian Robinson (GCC, Appointed), Katherine Stratton (Staff) and Sarah Nicholson (Staff).

2.0 CHIEF EXECUTIVE'S REPORT (Agenda Item 11)

2.1 Coronavirus update

Paul Roberts' report focused on the coronavirus health crisis which was driving the work of the Trust at present. Public Health England was co-ordinating the response on behalf of the NHS. Managing the pandemic has seen increased numbers in A&E and huge demand on services across the system. GHC had been one of the first Trusts to set up community, home and drive-through testing. However, tests are in short supply internationally and all Trusts are operating at a relatively low level of testing.

Sian Thomas, Deputy Chief Operating Officer had been appointed to co-ordinate the management of the incident for the Trust. There were daily briefings within the Trust, with GHT, the CCG, primary and social care colleagues, the ambulance services and other statutory services and this network of coordination was replicated at regional and national level.

PR reported that with a historically high vacancy rate, staffing pressures were a major concern across the organisation, especially in community nursing. At the meeting date, 178 staff were in self-isolation and staff testing was not yet available. There were ongoing discussions at a national level regarding this as well concerns regarding the availability of personal protective equipment (PPE).

PR continued that in order for the Trust to appropriately respond to the pandemic and support the wider system, some of its current services would need to cease in their current form. The Trust leadership team was reviewing and prioritising all services, identifying those which could be put on hold either to free up capacity or staff for a short period, while ensuring that appropriate arrangements were made for vulnerable patients.

2.2 Herefordshire Update

PR reported that Herefordshire services transfer to Worcestershire Health and Care at the end of the month would proceed as planned. Arrangements for coronavirus around staffing, isolation and equipment for Herefordshire had mirrored those for Gloucestershire and teams there were already working closely with the community service teams at Wye Valley and Worcestershire Health and Care.

2.3 Corporate Governance

PR advised that the leadership team had been developing work-from-home arrangements or redeployment of roles for corporate services staff in order to support clinical services. Non-urgent business was being stood down with Lavinia Rowsell (LR) reviewing all governance requirements. This would include the forward plan for Governor activities. In light of national guidance, all Governor's meetings would need to take place virtually for the time being,

BM conveyed thanks on behalf of Governors for the phenomenal work of the leadership team and staff across the in responding to the pandemic and requested that staff wellbeing be top priority during this difficult period. PR reported that health and wellbeing support programmes had been extended



with you, for you

for all colleagues.



Gloucestershire Health and Care

NHS Foundation Trust

PR thanked the Governors for their contribution and understanding and left the meeting. David Summers raised the question whether Herefordshire Officers had been notified that the transfer of services was going ahead. The Chair advised that PR had left the meeting and that the question would be put to him to answer outside the meeting. *[Post meeting note: Trust Secretary confirmed that all stakeholders were aware of the position in relation to the transfer of services]*

3.0 FORMAL BUSINESS

- 3.1 The Chair reiterated the apologies received from Simon Smith, Interim Lead Governor and Ingrid Barker, Chair of the Board.
- 3.2 In terms of the minutes from the previous meeting, the Chair advised that written comments and an update had been received from Bren McInerney (BM). These included a typographical amendment to the minutes to include a correction to the name of the University of Gloucestershire. Subject to the correction, the minutes of the Council meeting held on 21st January 2020 were agreed as a correct record.

4.0 MATTERS ARISING AND ACTION POINTS

- 4.1 LR confirmed that all actions from the previous meeting were either complete, on-going or included on this meeting's Agenda.
- 4.2 Feedback from the meeting evaluation form was noted.

5.0 CHAIR'S REPORT

- 5.1 The Chair's Report was taken as read. GR advised that Sue Mead, interim Non-Executive Director had stepped down. Governors expressed thanks for her excellent contribution over the years. BM requested that the Lead Governor write to Sue Mead on behalf of Governors.

6.0 MEMBERSHIP UPDATE

- 6.1 LR congratulated the three new Governors on their election and appointment. LR advised that the remaining elections would be held as soon as possible, given the current circumstances.
- 6.2 LR requested that Governors approve the termination of Craig Pryce's term as Governor on the basis of his failure to meet the attendance and communication requirements set out in the Constitution. APPROVED.

7.0 NOMINATION AND REMUNERATION COMMITTEE

- 7.1 LR referred to Paper E which provided updates on the recruitment of the 7th NED and the Chair's and NEDS' appraisal processes. As the pre-meet was

cancelled, LR together with Marcia Gallagher (MG) would find another way to communicate with Governors to move this process forward. Vic Godding (VG) advised that he could now only attend meetings virtually. LR agreed that it was likely all meetings would be held virtually until further notice.

ACTION: LR and MG to contact Governors regarding Chair's and NEDS' appraisal process.

8.0 PROPOSED CHANGES TO THE CONSTITUTION

- 8.1 LR highlighted minor changes to the Constitution arising from the merger and transfer of Herefordshire services. Anne Roberts (AR) queried whether some of the wording in the Constitution needed to be updated. LR agreed to review the document. AR also queried how Herefordshire Governors would be replaced. LR responded that this point would fall within the Review and Refresh working group which would set the framework and structure of the Council of Governors for the new Trust.
- 8.2 June Hennell (JH) questioned whether all Governors had complied with article 14.3.1 and returned their Code of Conduct forms. LR confirmed that this was an annual requirement, that the Secretariat kept a log of responses and non-respondents were chased.

9.0 REVIEW AND REFRESH UPDATE

- 9.1 LR spoke to the recommendations in Paper H which provided an update on the training and development plans for the Council of Governors as well as looking at practices and structures comparable at other Trusts. It was proposed that the Review and Refresh work be taken forward through two working groups of the Council of Governors focussing on membership and governance with meetings conducted via. LR asked that any Governors who wish to participate in a working group contact her directly. This was AGREED.

10.0 ANNUAL QUALITY REPORT

- 10.1 The Chair introduced Gordon Benson (GB) to speak on behalf of John Trevains, Director of Nursing, Therapies and Quality and advised that any Quality Indicators contained in the report could substantially change given the current situation. GB asked Governors to note the progress made in the Quarter 3 Report appended to Paper H. Governors NOTED the progress and ENDORSED the proposed quality priorities for 2020/21.
- 10.2 Governors were asked to choose a local indicator that they would like to be subject to audit. LR conducted a poll of Governors and the majority vote from Governors was for Indicator 5 from the Mental Health list – Information on who to contact outside of office hours in a crisis. GB thanked Governors and left the meeting.

INFORMATION TO NOTE

12.1 Council of Governor Visits

BM provided feedback on the visit to Quedgeley Children's Hub. Both BM and GR praised the fantastic multi-disciplinary team which provided case studies of the many vulnerable families they help.

12.2 Feedback from Governor Observers

VG sat on the Quality Committee as an Observer and reported that the Committee and its Chair did an excellent job under much pressure and time constraints. JH endorsed VG's praise.

MG reported that the Audit Committee of 13th February did not have any Observers. This was **NOTED**.

ANY OTHER BUSINESS

13. Formal thanks to Herefordshire Governors

The Chair thanked Herefordshire Governors for their contribution and dedication over the years. VG and GM added their personal thanks to Miles Goodwin, Cherry Newton, David Summers and Jade Brooks. Marianne Julebin conveyed that a goodbye to all Governors and a message of best wishes messages had been received from Cherry Newton. GR thanked and praised the Herefordshire governors for their contribution over the years.

14. Dates of next meeting

LR reported that meetings will go ahead either via teleconference or video conference to ensure as many participants as possible can attend. The March Board meeting was now to be held in private.

Board Committees will be pared back now and we are working with Chairs of the Committees to determine best practice during the current situation.

The Chair ended the meeting by thanking all who had participated.

Council of Governors Main Meeting Action Points

Item	Action	Lead	Progress
19 March 2020 Main meeting			
7	Contact Governors regarding Chair's and NEDS' appraisal process.	LR / MG	Completed
9	Governors to put their names forward to Lavinia Rowsell to participate in two Review & Refresh Working Groups	Governors	On Agenda

AGENDA ITEM: 23

REPORT TO: TRUST BOARD – 22 July 2020

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

AUTHOR: Louise Moss – Deputy Head of Corporate Governance

SUBJECT: USE OF THE TRUST SEAL – Q4 2019/20 AND Q1 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 1 January – 30 June 2020.

Executive summary

The Trust's Standing Orders require that use of the Trust's Seal be reported to the Trust Board at regular intervals. The common Seal of the Trust is primarily used to seal legal documents such as transfers of land, lease agreements. The seal has been used 9 times since the last report to the Board in 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?
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Audit and Risk Assurance Committee – June 2020
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Appendices:	Appendix 1: Register of Seals
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Report authorised by:	Title:
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Lavinia Rowsell	Head of Corporate Governance and Trust Secretary
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Register of Seals January 2020 – June 2020

APPENDIX 1

Seal No.	Date of Sealing	Document Description	Document Signatory (1)	Document Signatory (2)	Attested by	Attested Date
02/2020	04.02.20	Grant of Application: Supplement Deed for the Acquisition of GCS and 2gether (signed by E O'Mahony, RD of South West NHS England and NHS Improvement	Sandra Betney Director of Finance	Paul Roberts Chief Executive Officer	Simon Crews Interim Trust Secretary	04.02.20
03/2020	27.02.20	Invista Lease	Paul Roberts Chief Executive Officer	Sandra Betney Director of Finance	Lavinia Rowsell, Trust Secretary	27.02.20
04/2020	02.03.20	Lease extension relating to Unit D, 178 Widemarsh Street, Hereford, HR4 9HN Between – David John Lively, Rosalind Lively and Russell James Lively and GCHNHSFT	Sandra Betney, Director of Finance	Colin Merker, MD Herefordshire	Lavinia Rowsell, Trust Secretary	02.03.20
05/2020	26.03.20	TR1 – Title No if the Property: HE13612 Rose Cottage, Belle Orchard, Ledbury, HR8 1DD Transferee: Worcestershire Health and Care NHS Trust Transferor: GCSNHST	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20
06/2020	26.03.20	TR1 – Title No of the Property: HE13615 62 Etnam Street, Leominster, HR6 8AQ Transferee: Worcestershire Health and Care NHS Trust Transferor: GCSNHST	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20
07/2020	26.03.20	TR1 – Title No of the Property: HE13611 Knoll, Gloucester Road, Ross-on-Wye, HR9 5NA Transferee: Worcestershire Health and Care NHS Trust Transferor: GCSNHST	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20

Seal No.	Date of Sealing	Document Description	Document Signatory (1)	Document Signatory (2)	Attested by	Attested Date
08/2020	26.03.20	TR1 – Title No of the Property: HW28100 25 and 27a St Owen Street, Hereford, HR1 2JB Transferee: Worcestershire Health and Care NHS Trust Transferor: GCSNHST	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20
09/2020	26.03.20	TR5 – Transfer of portfolio of titles (whole or part) Title No. HW11632 - 36 Stonebow Rd, Hereford Title No. HW38870 – 38,42, 42a, 44, 44a, 46, 48, 50 Stonebow Road Hereford Title No. HE14398 – The Stonebow Unit Title No. HW11238 – 40 Stonebow Road, Hereford Transferee: Worcestershire Health and Care NHS Trust Transferor: GCSNHST	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20
10/2020	26.03.20	Deed of Assignment of leasehold property Unit D: 178 Widemarsh Street, Hereford, HR4 9HN Between GCHNHSFT and Worcestershire Health and Care NHS Trust	Paul Roberts Chief Executive Officer	John Trevains Director of Nursing, Therapies and Quality	Louise Moss Deputy Head of Corporate Governance	26.03.20