Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC BOARD AGENDA

Meeting: **Trust Board meeting**

Date/Time: Thursday 09 July 2020 at 12:30

Location: Microsoft Teams

	Agenda Item	Lead	Purpose	Time	Paper
	Welcome and apologies	Chair		12:30	
1.	Patient story	Suzie Cro			
2.	Declarations of interest	Chair		13:00	
3.	Minutes of the previous meeting	Chair	Approval		YES
4.	Matters arising	Chair	Approval		YES
5.	Chief Executive Officer's report	Deborah Lee	Information	13:05	YES
6.	COVID-19	Rachael de Caux	Information	13:20	
7.	Trust risk register	Emma Wood	Approval	13:30	YES
	FINANCE AND DIGITAL				
8.	Digital report	Mark Hutchinson	Assurance	13:35	YES
9.	Finance report	Karen Johnson	Assurance	13:45	YES
10.	Assurance report of the Chair of the Finance and Digital Committee	Rob Graves	Assurance		YES
	QUALITY AND PERFORMANCE				
11.	Quality and Performance report	Steve Hams Alex D'Agapeyeff Rachael de Caux	Assurance	13:50	YES
12.	Assurance report of the Chair of the Quality and Performance Committee	Alison Moon	Assurance		YES
	PEOPLE AND ORGANISATIONAL DEVELOPMENT				
13.	People and OD performance dashboard	Emma Wood	Assurance	14:00	YES
14.	Assurance report of the Chair of the People & OD Committee	Balvinder Heran	Assurance		YES

	ADDITIONAL PAPERS				
15.	Learning from Deaths Quarterly Report Q3	Alex D'Agapeyeff	Assurance	14:10	YES
16.	Actual & Potential Deceased Organ Donation 01 April 2019 – 31 March 2020	Alex D'Agapeyeff	Approval	14:20	YES
	STANDING ITEMS				
17.	New risks identified	Chair			
18.	Any other business	Chair			Yes
CLOSE				14:30	

Date of the next meeting: Thursday 13 August 2020 via Microsoft Teams.

Public Bodies (Admissions to Meetings) Act 1960 "That under the provisions of Section 1 (2) of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted."

Due to the restrictions on gatherings during the COVID-19 pandemic, there will be no physical attendees at the meeting. However members of the public who wish to observe virtually are very welcome and can request to do so by emailing ghn-tr.corporategovernance@nhs.net at least 48 hours before the meeting. There will be no questions at the meeting however these can be submitted in the usual way via email to ghn-tr.corporategovernance@nhs.net and a response will be provided separately.

Board Members

Peter Lachecki, Chair

Non-Executive Directors

Claire Feehily
Rob Graves
Balvinder Heran
Alison Moon
Mike Napier
Elaine Warwicker

Associate Non-Executive Director

Marie-Annick Gournet

Executive Directors

Deborah Lee, Chief Executive Officer
Emma Wood, Director of People and Deputy Chief Executive Officer
Rachael de Caux, Chief Operating Officer
Steve Hams, Director of Quality and Chief Nurse
Mark Hutchinson, Chief Digital and Information Officer
Karen Johnson, Director of Finance
Simon Lanceley, Director of Strategy & Transformation
Mark Pietroni, Director of Safety and Medical Directo

Gloucestershire Hospitals
NHS Foundation Trust

DRAFT MINUTES OF THE MEETING OF THE TRUST BOARD HELD VIA VIDEOCONFERENCE ON THURSDAY 11 JUNE 2020 AT 12:30

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

PRESENT:		
Peter Lachecki	PL	Chair
Deborah Lee	DL	Chief Executive Officer
Claire Feehily	CF	Non-Executive Director
Rob Graves	RG	Non-Executive Director and Deputy Chair
Steve Hams	SH	Director of Quality and Chief Nurse
Balvinder Heran	BH	Non-Executive Director
Mark Hutchinson	MH	Chief Digital and Information Officer
Karen Johnson	KJ	Director of Finance
Simon Lanceley	SL	Director of Strategy and Transformation
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director
Mark Pietroni	MP	Director of Safety and Medical Director
Elaine Warwicker	EWa	Non-Executive Director
Emma Wood	EW	Director of People and Organisational Development & Deputy Chief Executive Officer
IN ATTENDANCE:		
Sim Foreman	SF	Trust Secretary
Marie-Annick Gournet	MAG	Associate Non-Executive Director
Simon Pirie	SP	Guardian for Safe Working (Item 106/20)
Felicity Taylor-Drewe	FTD	Deputy Chief Operating Officer
APOLOGIES:		
Rachael De Caux	RdC	Chief Operating Officer
MEMBERS OF THE PUBLIC/PRESS/STAFF/GOVERNORS:		
There were three members of staff, two members of the public and eight governor observers.		

The Chair welcomed everyone and explained that due to the meeting being shorter than usual, and to allow appropriate discussion on COVID agenda items, the Committee Chairs' assurance reports would be taken as read unless specific points or questions were raised.

ACTION

91/20 DECLARATIONS OF INTEREST

There were none.

92/20 MINUTES OF THE PREVIOUS MEETINGS

In relation to Minute 81/20 on 14 May 2020, it was confirmed that the stroke care pathway had been revised as part of the temporary service changes and therefore a deep dive on stroke care would take place with the findings reported to the Quality and Performance Committee (QPC) once the permanent changes were established. However, all the temporary service changes would be evaluated for their impact on key quality measures and for stroke this would be the relevant metrics within the Stroke National Audit dataset.

RESOLVED: The Board APPROVED the minutes of the meetings held on Thursday 14 May 2020 and Tuesday 2 June 2020 as a true and accurate record for signature by the Chair.

93/20 MATTERS ARISING

RESOLVED: The Board NOTED the report and APPROVED the closed matters.

94/20 CHIEF EXECUTIVE OFFICER'S REPORT

DL updated that the planning to support the temporary service changes had been undertaken at an increasingly busy time and the quality of the work was a testament to the continued commitment and efforts from staff to dig deep and go the extra mile. The temporary service changes had then been enacted on 9 June 2020 and whilst there had been some initial teething problems, these had now been resolved. DL highlighted the proactive and flexible approach, contribution and support from the new patient transport provider, Medipatrol, in helping fulfil this key dependency.

Bio-Medical Scientist day had recognised the contribution of this staff group, particularly in relation to their work on COVID testing. DL reported over six thousand staff had been offered and accepted antibody testing (c80% acceptance rate) with just under 20% testing positive for antibodies with further correlation of data awaited i.e. positive swab results but negative antibodies result or vice versa.

A well-attended webinar session had taken place earlier in the day to outline and update on requirements from 15 June 2020 related to social distancing and the requirement to wear masks within hospital buildings. The Board was reminded of the success of the PPE Safety Officer role introduced at the start of the pandemic and advised a similar role would be developed for social distancing to act as a guardian and ensure good compliance and practice.

AM asked, in relation the Trust's ability to respond quickly to announcements, whether media comments on the need for earlier consultation with providers had been heard and acted upon by the government and regional and national level colleagues. DL referred to comments from Chris Hopson, Chief Executive of NHS Providers and felt whilst these had noted and acknowledged, there had been no noticeable change in behaviour from government on last minute announcements, although DL noted the fast moving pace of the pandemic was noted.

In response to a further query from AM on potential support from the Board, on this, DL thanked colleagues but advised no action was needed. The Chair echoed DL's comments and advised they were consistent with those shared by others in the NHS Providers' Chairs' group.

MN recognised the importance of patient transport in the delivery of services and care and asked where assurance on this this would be provided i.e. QPC or Estates and Facilities Committee (EFC). DL confirmed that the Trust did not directly manage the non-emergency patient transport or South West Ambulance Service contracts and her initial thought was to link the issue to patient experience and thus pick up in QPC however she requested time to reflect on this and discuss with RdC as the lead executive and revert. **DL**

RESOLVED: The Board NOTED the Chief Executive Officer's report.

95/20 COVID-19

MP updated on the current COVID-19 position within the county and the region and reported that the reproduction number (R number) in the south-west was the second highest in England at (or slightly above) one. The Trust was seeing about 20 suspected COVID patients each day although the actual number who were COVID positive was now only one or two. There were between ten and 20 COVID inpatients across both hospitals and none in critical care, at present.

MP reiterated that whilst the level of direct COVID activity was low, the virus had not gone away and we should expect local outbreaks and be prepared for a subsequent surge, therefore the distinct pathways for COVID and non-COVID patients were are being maintained to continue to minimise the risk of transmission.

The effects of the relaxation of the lockdown rules were are unlikely to be seen for at least two to three weeks after implementation and so the Trust remained watchful and cautious, hence the temporary service changes being enacted. MP added to the previous update from DL on these and advised as of day three, it appeared the teething problems had been resolved with both routine and emergency pathways working well. The planning process had paid dividends to keep things as calm as desired.

COVID-19 RECOVERY

FTD, representing all divisions, presented the report previously reviewed by the QPC. FTD updated that outpatient referrals had fallen during Phase One of the pandemic, although the Trust had remained "open" to primary care for cancer and routine referrals. The Trust was now focused on stepping up elective activity, whilst retaining those elements that worked well in response to the pandemic i.e. virtual consultations instead of face-to-face.

FTD highlighted there had been significant media attention on NHS waiting times. The Trust's Two Week Wait (2WW) was close to the desired level of performance, and activity was also starting to increase, however cancer referrals were not at the expected level for this time of year.
FTD reinforced that teams were looking to continue to improve performance and expressed her pride in the teams' response. Of note, the Trust's cancer performance exceeded the national on every national measure.

RG asked what were considered to be the most critical indicators but also the weakest link. FTD responded that key areas were the benefits to patients and waiting list sizes (new, follow-up and cancer waiting lists) in order to provide confidence that the Trust remains open for referrals. Clinical colleagues had been deployed to validate data and reduce follow-ups and promote digital appointments. FTD felt that the weakest link was the sense of wanting to feel further ahead in supporting engagement with primary care colleagues, but work had taken place to strengthen this and greater connections made. However overall this had meant acceleration of advice and guidance provided, especially for planned care i.e. musculoskeletal.

EW commented that COVID had accelerated the Trust's ambition to use telephone consultations and asked what percentage of these would be retained and how cost savings, efficiencies and patient feedback would be tracked and captured. FTD confirmed that the 2WW process allowed "clock stop" following these consultations so there was a desire for these to continue in this respect. About 40% of appointments were being provided remotely at present, with scope to increase up to 60% although some specialities benefitted from physical appointments more than others. However, the vast majority of telephone consultations were for follow-up care. FTD stated that all cancer 2WW referrals would ideally have telephone triage. Work was underway with KJ's team on the costing elements linked to the recovery phase and Trust's aspirations. It was clear from the COVID experience that consultation length was not reduced when delivered virtually and notes were still required but there are likely to be some cost savings e.g. outpatient nursing if the number of physical clinics is reduced.

The Business Intelligence team were working to resolve a technical issue within TrakCare related to recording instances where a consultant had spoken to a patient ahead of the formal cancellation of their appointment.

DL asked if any adverse patient feedback had been received and if any themes were emerging. FTD replied that some feedback related to delayed follow-ups, but this would have happened without COVID. FTD was unaware of any specific COVID issues but expected that issues related to referrals (delayed or did not happen) may arise in future. The teams had recorded feedback from patients which overall had been very positive not least as the model avoided travel and parking costs / inconvenience.

AM thanked all involved in the work and reminded the Board that the QPC had spent considerable time and attention on this at their meeting. The focus had been on understanding the impact on patients and clinical team and a follow up paper was due in July 2020. AM commented that it was hard to understand the experience of those waiting for care and that RdC had flagged the importance of this work and the improvements made.
AM asked, in light of this, when trajectories would be in place for the rest of the year that could be monitored. FTD responded that four scenarios for RTT were being planned for and these would be impacted by available theatre productivity / capacity. FTD added the work also needed to map to wider recovery work and financial considerations of six/seven day working.

CF commended the paper and asked what real-time feedback and intelligence was coming from staff on how this had been received. FTD confirmed a key learning point had been that it was easier to takedown and stop clinics than it was to rebuild them and this had reinforced the importance of partnership working with Gloucestershire Health and Care NHS Foundation Trust.

DL praised the increased visibility of matrons and middle managers in response to the pandemic as commendable and hoped that they would all continue to be as accessible and identify, detect and resolve issues in future in the way they had in the past few months.

RESOLVED: The Trust Board RECEIVED the report as assurance that the Executive team and Divisions fully understood the current levels of non-delivery against national performance standards and had action plans to improve this position, alongside the plans to clinically prioritise those patients that needed treatment (planned or un-planned) during the pandemic.

96/20 TRUST RISK REGISTER

EW presented the report and highlighted the reduction on the business continuity risk score from 25 to 20 of phase one main COVID-19 risk (C3169COVID) explaining this was linked to increasing available capacity and the ability to better cope with demand now being demonstrated as COVID prevalence. EW also updated on work that had recently commenced to consider COVID risks in the recovery phase, which would replace the existing risks once agreed.

The report also indicated removal of a risk from the Trust Register following approval by Trust Leadership Team and highlighted that a review of the intolerable risk process was due to take place in light of a revised financial framework.

RG commented on the robust analysis in the report and assurance it gave. In relation to references to a second surge of COVID he asked whether there was any scientific analysis to inform the size and scale of this and when it would pose a problem for the Trust. MP confirmed that whilst the modelling was not there as yet, there were a number of potential scenarios to inform planning and preparation was primarily based on 50% more cases than were seen during the April peak 2020. Although there was no single early warning indicator, MP stated that the experience from the first surge, along with the increased speed of data flows and regional and sub-regional communications, meant the NHS was much better prepared to pick up indications that a surge was likely and to respond to it.

RG felt that some of the points articulated within MP's response could be included in the risk documentation. EW confirmed that this would happen and the Board would see this if the risk triggered inclusion on the Trust Risk Register.

In response to a query from AM, EW also confirmed that relevant Phase Two risks would be considered as appropriate by the QPC and People and Organisational Development Committee.

EWa welcomed the update on emerging risks and raised a question on the "new patient experience" in the context of social distancing and the impact on care and visiting, and asked how this would be captured. EW confirmed that whilst this may not be specific risk under review, she assured that it would be considered by the QPC. In relation to a specific example of poor care in another Trust shared by EWa as a result of a ban on companions, SH advised whilst the Trust did not encourage companions as a matter of course, they were permitted to accompany patients who needed support and a more flexible approach to risk was needed in these instances.

RESOLVED: The Board APPROVED the Trust Risk Register report and was ASSURED that the Trust Risk Management process continued to operate dynamically for all risks and risks were effectively identified and managed as part of business as usual activity.

97/20 QUALITY AND PERFORMANCE REPORT

SH, MP and FTD presented the report and the Chair reminded the Board that the Trust, unlike many others, had retained its QPC during the pandemic and been able to scrutinise performance each month.

The Board were notified that a number of the national reporting requirements had started to resume. MP added that morbidity and mortality processes had resumed and were subject to a three month data lag. MP also explained that although COVID had changed the situation and a new benchmark would be developed, the data from last winter was still being reviewed and issues identified; structured judgement reviews were also set to resume.

EW asked in relation to those indicators that were rated red pre-COVID and continued to remain red, whether the COVID experience added a layer of complexity to their recovery. MP responded that it would result in defining three periods (pre-COVID, COVID and post-COVID) which would bring new indicators and a need to rebase the metrics as demand varied across different areas.

MN queried data that was not being reported or was "paused" i.e. sepsis and whether there was any clinical risk from not tracking the indicators. He also made specific reference to areas where no data was showing such as safe nursing staffing and stroke care. SH confirmed that whilst the safe nursing staffing indicator had been paused nationally, the Trust had introduced other measures to ensure oversight of this safety marker.
MP advised stroke care reporting had also been paused and was due to recommence next month and explained that this had not prevented the Trust using the toolkit to increase compliance. Although MP offered to provide updates on individual indicators to provide assurance, the Chair felt this would better placed in the QPC.

EW commented that it was great to see a reduction in the number of stranded patients as a result of the new pathways and asked how much of this work would be retained in future. FTD updated that this formed part of the system recovery work in line with the shared ambition of getting people to the right place. Whilst capacity creation to respond to COVID had driven this early in the pandemic and that number of patients was expected to increase, the Bronze level system recovery cell were leading the work to take forward the learning.

RG asked, where data was unvalidated, what was the method for subsequently sharing the performance position. FTD explained that unvalidated data was clearly marked as such in the reports and changed as soon as validation was completed although took an action to review whether the presentation could be strengthen. **FTD**

RESOLVED: The Board RECEIVED the report as assurance that the Executive Team and Divisions fully understood the current levels of non-delivery against performance standards and have action plans to improve this position in so far as was possible given the constraints imposed through the pandemic's impact.

98/20 PATIENT EXPERIENCE IMPROVEMENT IN RESPONSE TO BOARD STORIES

The report was taken as read and the Board acknowledged the importance of the report in providing assurance on the follow-up work relating to each patient story. The Chair informed the Board that planning was underway to restart the patient stories from the July 2020 meeting.

RESOLVED: The Board NOTED the contents of the report.

99/20 ASSURANCE REPORT OF THE CHAIR OF THE QUALITY AND PERFORMANCE COMMITTEE

RESOLVED: The Board RECEIVED the report as assurance of the scrutiny and challenge undertaken by the Quality and Performance Committee.

100/20 FINANCE REPORT

KJ presented report and set out the financial position for Month 1. The Board were reminded that the Trust's funding for first four months of the year is based on a block value calculated by the average spend during 2019/20 month 8 to 10 costs uplifted by 2.8%. This methodology will be in place until the end of July, post July is still unknown. It was confirmed that any costs over and above the block contract were referred to a "true-up" costs and subject to scrutiny by the regulator. True-up costs included additional COVID costs such as extra staff working in critical care, staff illness and isolation costs and Personal Protective Equipment (PPE).

The total Month 1 cost was £2.1m although if COVID costs were excluded there was a £400k surplus, primarily driven by the reduction in surgical activity. The request for £1.7m true-up funding had been supported at a regional level and referred for national approval with a decision expected on Monday 15 June 2020 (although no issues were anticipated).

KJ confirmed there had been significant debate at the Finance and Digital Committee (FDC) on the financial framework and so reporting was taking place in line with Department of Health and Social Care guidance. The Board noted that whilst the position was favourable to £400k compared to budget, the Finance team continued to capture two scenarios (including and excluding COVID).

MN commented that it felt as if there were in effect, three income streams from commissioners plus true-up and asked how this would flow to the Trust. KJ confirmed the monies flowed from NHSE/I to the Clinical Commissioning Group (CCG) and then the Trust.

It was further explained that the three levels of funding could be viewed as baseline funding and seasonal variance (to maintain the reasonable position) with true-up for additional costs incurred that would be closely monitored.

RESOLVED: The Board NOTED the report as a source of assurance regarding the financial position.

101/20 CAPITAL PROGRAMME 2020-21

KJ presented the report previously considered and supported at the FDC. It was explained that the programme excluded COVID expenditure. NHSE/I set the capital allocation for each system across the country, these values are not negotiable. £31.3m had been allocated to Gloucestershire with the Trust receiving £21.3m of this. This value was in line with our original plan.

KJ advised that the capital programme was not cash backed, the funding of the capital programme comes from depreciation, cash and/or Public Dividend Capital (PDC) support. The Board heard that the total could not be exceeded and if it this were to happen, then costs would come out of future allocations.

£11.5m would come from internal funding and £10m from emergency PDC. It was proposed that the Trust use cash to reduce the number of schemes requiring approval via the emergency capital financing process with the pros and cons of this approach highlighted in the report.

RESOLVED: The Board APPROVED the draft capital programme for 2020/21 and, due to the pressure of COVID19 and the unknown around a second surge, coupled with the payment of suppliers within a shorter timescale, AGREED to use £3.2m cash to fund the programme and reduce the emergency financing requirement down to £6.8m. The Board also NOTED the Diagnostic enabling works and Cath Lab schemes would form the basis of the Trust's application emergency capital funding.

102/20 DIGITAL REPORT

MH presented the report and explained that work had commenced, through the FDC and to follow up at QPC, to identify the benefits realised from the Electronic Patient Record (EPR) work which included the time to care by nursing staff, remote working and identification of deteriorating patients to improve the safety of their care. The work seeks to quantify and understand the real benefits delivered and how these linked to the next phase of digital care and also the Cost Improvement Programme (CIP).

MP reported that whilst a number of digital projects had been delivered, there were three whose progress had been impacted by COVID but none of these imported intolerable risks and work was underway to catch up.

The Board were updated that the Trust had attained Cyber Essentials Plus accreditation.

AM commented that she enjoyed the report and looked forward the detail being presented to the QPC. In response to a request for a list of all the projects, MH agreed to circulate information presented to the FDC more widely. **MH/SF**

DL reported that positive feedback from GP colleagues had been received on the (temporary) access that they currently had to EPR. She hoped this would continue in light of some of the early positive outcomes e.g. reduced readmission rates.

The Chair requested that the Digital Report be presented earlier in the agenda at the next meeting and commended the focus on both patients and staff as part of this work. **SF**

RESOLVED: The Board NOTED the report as a source of assurance regarding the digital programme.

103/20 ASSURANCE REPORT OF THE CHAIR OF THE FINANCE AND DIGITAL COMMITTEE

RESOLVED: The Board RECEIVED the report as assurance of the scrutiny and challenge undertaken by the Finance and Digital Committee.

104/20 ASSURANCE REPORT OF THE CHAIR OF THE ESTATES AND FACILITIES COMMITTEE

RESOLVED: The Board RECEIVED the report as assurance of the scrutiny and challenge undertaken by the Estates and Facilities Committee.

105/20 ASSURANCE REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE

The report was taken as read although CF requested an update on the year-end activity since the last Committee meeting. KJ reported that the consultation process with the external auditors was coming to an end and that she was unaware of any specific issues. However, the Board were informed that the process had felt to have taken longer than usual due to the challenges of remote working and also not having audit colleagues on site. The Board commended KJ, Caroline Parker, Head of Financial Services and Simon Wadley, Finance and Commercial Director of Gloucestershire Managed Services (GMS) for their efforts and work on the year-end process.

RESOLVED: The Board RECEIVED the report as assurance of the scrutiny and challenge undertaken by the Audit and Assurance Committee.

106/20 GUARDIAN FOR SAFE WORKING – QUARTERLY REPORT

SP joined the meeting and presented the Guardian for Safe Working report covering a slightly longer period from November 2019 to March 2020 in order to move back in line with the Board cycle.

The Board were informed that 259 exception reports had been logged and the average number per month was lower than previous reports. Six fines had been levied totalling £756.96. SP added that no immediate safety concerns had been raised through the reporting process.

Access to the “Too Tired to Drive” rooms had been successful and well supported through the 2020 Hub and SP advised this had really helped during the response to COVID. The Board also heard that Surgery had taken up a £1k grant via the Junior Doctors’ Forum to support improvements for trainees.

SP reported the restoration of "normal" services had caused some anxieties amongst the trainees and there were also some issues related to accessing annual leave, but these were being worked through with lots of communication and support being offered, especially by Chief Registrars. DL had joined last week's junior doctor forum COVID call on MP's behalf and received communication from this group that confirmed positive experiences of the support provided by the Trust during the pandemic.

EWa thanked SP for the report and the additional context on what was happening and how people were feeling and requested that future reports include trends to allow comparisons over the difference periods. **SP/MP**

RESOLVED: The Board NOTED the Guardian for Safe Working report for the period November 2019 to March 2020.

SP left the meeting.

107/20 BOARD GOVERNANCE UPDATE

SF presented the report which provided an update on changes to the governance arrangements implemented in April 2020 in order to free up executive time to support the responses to the pandemic and managed the requirements of social distancing. The Board noted the continued use of remote access to support virtual meetings until the end of September 2020 but that the duration of meetings would likely be extended to cover more business.

RESOLVED: The Board APPROVED the Board governance update; specifically the changes to the COVID-19 governance arrangements agreed in April 2020 and the ongoing work towards the restoration of 'business' as usual governance in the context of the ongoing pandemic and recovery planning.

108/20 GLOUCESTERSHIRE MANAGED SERVICES ARTICLES UPDATE

SF presented the paper, which had been previously considered and recommended for approval by the EFC and outlined changes to the GMS Articles and the GMS Board terms of reference to mitigate against any technical quorum breach.

RESOLVED: On the recommendation of the Estates and Facilities Committee, the Board:

- APPROVED an amendment to the GMS Articles (11.2) to reflect a quorum of three with at least one Independent NED and one Trust Director appointed as a GMS NED
- RATIFIED the resignation of Jonathan Shuter as a Trust appointed director of GMS on 10 January 2020 and the subsequent appointment of Steve Perkins as a Trust appointed director of GMS on 23 March 2020; and
- NOTED the updated GMS Board Terms of Reference approved by the Estates and Facilities Committee.

109/20 NEW RISKS IDENTIFIED

There were none.

110/20 ANY OTHER BUSINESS

APPROVAL OF THE 2019/20 ANNUAL REPORT AND ACCOUNTS
SF presented the paper and explained that Trust was required to comply with the guidance in the Annual Reporting Manual (ARM) for Foundation Trusts and submit a set of audited annual accounts including an Annual Report by the national deadline of 25 June 2020. As the next Board meeting was Thursday 9 July 2020, the paper sought formal delegated authority to the Audit and Assurance Committee to adopt and approve the Trust's Annual Report and Accounts for 2019/2020.

An Audit and Assurance Committee was scheduled for 18 June 2020 and all Non-Executive Directors, including the Chair would be invited to attend. Subject to the Board's delegated authority and formal clearance by the external auditor, the annual report and accounts will adopted and signed on this date, with a contingency arrangement for a further meeting ahead of the 25 June 2020 deadline.

RESOLVED: The Board APPROVED delegated authority to the Trust's Audit and Assurance Committee to adopt and approve the Trust's Annual Report and Accounts for 2019/2020 ahead of the 25 June 2020 submission deadline.

There were no other items of any other business.

[Meeting closed at 14:10]

Date of the next meeting: Thursday 9 July 2020 at 12:30 via Microsoft Teams.

Signed as a true and accurate record:

Chair
9 July 2020

Gloucestershire Hospitals
NHS Foundation Trust

MAIN BOARD (PUBLIC) – MATTERS ARISING

Minute	Action	Owner	Target Date	Update	Status
11 JUNE 2020					
94/20	**CHIEF EXECUTIVE OFFICER'S REPORT** Discuss appropriate committee (Estates and Facilities or Quality and Performance etc.) to receive assurance on patient transport with RdC.	DL	July 2020	Assurance to be provided through the Quality and Performance Committee, as currently monitored through Unscheduled Care. Any complaints / patient experience issues would come through that route with any contractual issues with EZEC referred back to the Clinical Commissioning Group as appropriate.	**OPEN**
97/20	**QUALITY AND PERFORMANCE REPORT** Review whether reporting of unvalidated data could be strengthened.	FTD	July 2020	The addition of an amended key and highlights of data that is un-validated has been added to the May QPR. As detailed Cancer data remains unvalidated with a time lag and confirm the corrected data is always updated in the next month report. In addition, note that the trajectories were rolled across from 19/20 and are subject to change.	**CLOSED**
102/20	**DIGITAL REPORT**				
	Digital projects - Circulate fulllist of digital projects to NEDs.	MH/SF	July 2020	Information shared with NEDs not on the Finance and Digital Committee via email.	**CLOSED**
	Digital item presented earlier on next agenda	SF	July 2020	July agenda updated to reflect this.	**CLOSED**
106/20	**GUARDIAN FOR SAFE WORKING – QUARTERLY REPORT** Future reports to include trends to allow comparisons over the difference periods.	MP/SP	September 2020	MP confirmed this is in place and will be included in the next Guradian report.	**CLOSED**

Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC TRUST BOARD - JULY 2020

REPORT OF THE CHIEF EXECUTIVE

1 Report Highlights

1.1 Since my last report, the Trust has had the privilege of hosting Their Royal Highnesses The Prince of Wales and Duchess of Cornwall, on behalf of the Gloucestershire NHS and social care system. Colleagues from across the county shared both their personal experiences of working during the COVID pandemic and also received thanks from the Royal couple to share with colleagues throughout the county. 16 staff, clinical and non-clinical, from a wide range of front line and support services joined in the visit which was hailed as a huge success by all those involved. This was the first public appearance of Their Royal Highnesses since lockdown commenced and was a huge boost for all.

1.2 Following on from previous celebrations of our registered nurses and midwives, and in the absence of a national day of celebration for healthcare assistants (HCA), we took the opportunity to celebrate our marvellous HCA colleagues within the Trust through a fun filled day of thanks and goodies, culminating in the lighting up of the Pillars at CGH in "HCA green"! We are incredibly fortunate in our Trust to have such dedicated and talented HCAs – something that shone through even more brightly during recent times; the role is also proving to be an invaluable part of the career pathway for those going on to study a nursing degree at foundation or bachelor level. I especially loved learning (via Twitter) about the number of colleagues who began their careers as healthcare assistants including Eve Olivant, Divisional Director for Quality & Nursing and Dr Dave Windsor, Clinical Lead for Critical Care.

1.3 The organisation and wider Integrated Care System (ICS) has continued to reflect on how we respond to the murder of George Floyd and the aftermath, including the impact of the Black Lives Matter movement. More than 50 colleagues, BAME and non-BAME, joined members of the Board for a "virtual" conversation to hear more about the impact of these recent events and specifically to understand, from their perspective, what actions they would like the Trust to consider. The session was hugely valued by myself and other Board members and will be pivotal in shaping our early priorities. Similarly, the ICS Board received a briefing on the way in which COVID has impacted on the BAME community in Gloucestershire and what this means for the model of recovery if we are to avoid the risk of worsening existing health inequalities. In support of these priorities, I am very pleased to be able to announce the appointment of Coral Boston as our first Black Asian Minority Ethnic (BAME) Equality, Diversity and Inclusion Lead. On top of her significant substantive role within the Infection prevention and Control Team, Coral has been working with the People and Organisation Development team for a number of years during which time she established the BAME sub-group of our Diversity Network, delivered our first ever BAME Conference in December last year and has acted as our National Workforce Race Equality Standards Lead. I very much look forward to working with Coral and supporting her in her endeavours.

1.4 In late June, we achieved what felt like a significant milestone with the submission of our planning applications to Gloucestershire and Cheltenham Councils, for the site developments at Cheltenham General and Gloucestershire Royal as part of the Trust's investment of £39.5m to improve our estate and support the transformation of our services. Alongside this milestone, we continue to pursue the necessary outline business case approval from NHS Improvement (NHSI) and the Treasury, with the aim

of commencing work early next year subject to approval of the final business case. Fingers crossed.

2 Current Context

2.1 As the number of patients with COVID-19 has reduced significantly in our hospitals, the focus for the last month has continued to be the resumption of services that were paused, or more limited, during the first phase of the pandemic. The temporary service changes, approved by the Board on 2 June, are bedding in well and early analysis of the impacts upon patient flows and activity indicates they are largely reflective of the modelling assumptions. The service teams are currently finalising the measures to inform evaluation of the changes against the stated overarching goals underpinning the proposals.

2.2 Understandably, there remains a degree of public concern about whether these changes are temporary, and not least because of the *One Gloucestershire Fit for the Future* programme which (although currently paused) is also proposing service change, some of which is similar to that being proposed on a temporary basis. In Gloucestershire, the Integrated Care System (ICS) partners have a Memorandum of Understanding (MOU) with the Gloucestershire Health Overview and Scrutiny Committee (HOSC) which sets out our collective approach to service change and these COVID-19 proposals fall under the emergency (temporary) service change component and are therefore subject to review after an initial three months.

2.3 As the Government begins to ease its lockdown measures, the Trust is also adapting to different ways of working and new guidance has been issued covering a number of topics. From Monday 15 June, when non-clinical staff are not working in socially distanced environments, they will be required to where a surgical face mask and all visitors and patients will be required to wear face coverings. The Government's revised guidance in relation to 1m+ is not applicable to healthcare settings and we continue to promote the 2m distance, wherever possible. With respect to patient visiting, we are maintaining a cautious approach with *virtual First* remaining our strategy however, following further national guidance, the Trust and Gloucestershire Health and Care NHS Foundation Trust (GHC) will be easing some of the current visiting restrictions with effect from the 6 July 2020.

2.4 Finally, a number of local outbreaks, including Weston Super Mare and more recently Leicester, demonstrate the necessity for the Trust to remain vigilant and continue to plan on the basis of the virus circulating in our communities, albeit at currently low levels, and also to be prepared for a local spike or second surge of COVID-19.

3 Forward Look

3.1 On 5 July we will be celebrating the NHS 72nd birthday and, as you might expect, this is turning into a significant albeit slightly different event. Significantly due to the huge contribution of NHS staff throughout the pandemic and different due to the need to celebrate much of it virtually or at a distance - #TogetherApart. Highlights will include a momentous but final *clap for carers* outside Gloucestershire Royal, attended by other key workers, another visual display by partners Evenlode and a montage of virtual birthday wishes, from colleagues throughout the county which have been filmed over recent weeks. I look forward to updating the Board further when it meets on 9 July.

3.2 Later this month, ICS partners will be seeking the HOSC's support for a three month extension of the temporary changes relating to Emergency General Surgery and the community based Minor Injury and Illness Units run by Gloucestershire Health and Care NHS Foundation trust (GHC). Evaluation of the impact of the changes has confirmed that the previously described risks have been significantly mitigated through these measures. The benefits of continuing with the additional, and more recent temporary changes, will be considered in late summer.

3.3 Following the pause to the ICS *Fit For The Future* programme, activities have now resumed with the finalisation of the pre-consultation business case and the required approvals being sought from NHSE and organisational Boards. Proposals for a revised timeline for commencing public consultation are also now under discussion.

3.4 The promised NHSI phase three planning guidance, which will set out the forward look for the NHS and cast the financial framework for the remainder of this year, is still awaited. High level themes have been shared as below and a small number of financial principles have been developed and circulated for comment. In the interim, the Trust continues to plan ahead, not least given the necessity to prepare for winter and the increases in activity which we are now starting to experience. The seven areas which have been highlighted as a focus within the plan are potentially far reaching:

- Maintaining service and physical infrastructure to safely manage ongoing low level COVID infection rate
- Minimising impact of COVID-19 on non-COVID pathways
- Clearing waiting list backlogs developed during the pandemic
- Addressing health inequalities – longstanding and new
- Staff health & wellbeing and workforce supply
- New model for integrated primary, secondary, community and social care including new model for discharge
- Developing a new NHS landscape and role of integrated care systems

3.5 It is clear from recent announcements that one plank of the Government's economic recovery strategy will be investment in the country's infrastructure and notably in public services such as schools and healthcare facilities. To date, an additional £1.5bn of capital for the NHS has been announced and discussions regarding the priorities for this investment are being held at a regional and system level.

3.6 Finally, it is very apparent how welcome and appreciated many of the offers of support were by colleagues during the COVID pandemic. Feedback has indicated that the offers were of value in and of themselves i.e. being able to get hot food during late shifts but also for the expression of value they represented at a symbolic level. A survey of colleagues throughout the Trust has been undertaken asking them to rate the different offers and the executive team are currently evaluating the cost of retaining the highest priorities for a further period. We are all concerned about the impact and message it will give to colleagues if those most appreciated are withdrawn especially given the ongoing uncertainty about the future and the possibility of a second surge.

Deborah Lee
Chief Executive Officer

1 July 2020

Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC AND CONFIDENTIAL BOARD

JULY 2020

Chief Operating Officer and AEO COVID 19 Update Briefing

1. To Provide the Board with a brief update of progress in Phase 2 across all Executive portfolios.

2. Executive Summary

This short paper acts to provide an update to the Board concerning the key highlights of Phase 2 across all Executive portfolios. They are additionally covered, for assurance purposes, in respective Committee Chair's reports.

3. Testing, Infection Control & Safeguarding

3.1 *Antibody testing:*

The Trust has led on the SARS-CoV-2 antibody staff testing programme for the Gloucestershire system. 14,000 tests had been completed to the end of June 2020, 8,500 at the Trust. During the first phase, Trust staff were offered the test which detects presence of the antibody produced following a COVID-19 infection. A positive result means the person has had an immune response to the virus; it is not known if this will confer lasting protective immunity. The current positivity rate amongst staff at the Trust is 17% which is slightly above the average of 15.3% for the county. The next phase of supporting antibody testing will see other key workers across Gloucestershire offered the test, such as Adult Social Care, nursing and residential homes and Gloucestershire Fire and Rescue. Gloucestershire Constabulary will be tested in the first two weeks of July.

3.2 *Test and Trace:*

NHS Test and Trace service has been established to track and prevent the spread of CVOID-19 in the community. Contact tracers reach out to members of the public that have tested positive and ask for details of their contacts who will then be required to self-isolate for 14 days. The Infection Prevention & Control Team will carry out the workplace aspect of contact tracing for Trust staff. It is thought this will be minimal given the requirement to either keep 2 metres apart and wear a face mask at all times. These actions exclude staff from needing to self-isolate. No notifications have been received to date.

3.3 *Infection Prevention and Control Board assurance framework in relation to COVID-19*

The single topic BAF provides assurance to the Quality & Performance Committee via the Infection Control Committee that the Trust is compliant with the Health and Social Care Act: Code of practice for the prevention and control of infection in relation to COVID-19 and provide briefing on the mitigating actions required to close identified gaps. The document,

provided by NHSE/I is updated regularly. The most recent version is available to the Board in the notes of the Quality & Performance Committee meeting in June.

3.4 *Maintaining social distancing throughout Inpatient accommodation:*

During April 2020 the Trust took the decision to remove 17% of the bed base from shared bays (164 beds cross site) to ensure patients were at least 2 metres apart. There was a significant reduction in the rate of nosocomial acquisition of COVID-19 in the weeks following this. In order to safely bring the bed base back into use a novel solution was sought. The Trust has worked with a local supplier to design and manufacture Perspex screens that have been fitted to the curtain tracks between beds. This has allowed the operational site team to tentatively reopen beds whilst working closely with the Infection Prevention & Control Team to monitor nosocomial infections. Early indications are that there has been no adverse impact on patients in relation to infection. The screens have proved challenging for teams in respect of maneuverability around bed spaces and temperature control. The IPC Team continues to receive feedback to work with the supplier to make improvements. The screens between bed spaces and mobile screens in ambulatory areas are also designed to reassure patients during their stay in hospital and ensure confidence in our hospitals concerning COVID 19 management.

3.5 *Personal protective equipment*

Strict adherence to national infection control guidelines is required of all healthcare organisations. The UK remains in a period of sustained transmission which means the Trust is required to equip all staff with PPE when in contact with all patients. The Infection Prevention & Control Team is carrying out audits to ensure compliance. There has been a reduction in the universal use of eye protection in some areas. This is associated with staff being unaware it is still a requirement and a false sense of assurance from receiving a positive antibody test result. A new communications campaign has been launched with a focus on both social distancing and the correct use of PPE. A team of PPE Safety Officers, established at the beginning of the outbreak are regularly and respectfully reminding colleagues on the correct use of PPE. Managers are kept up to date with the current requirements. The Infection Prevention & Control Team is currently reviewing doffing technique across departments. All staff are now required to wear a surgical face mask whilst in the hospital buildings unless they are in a COVID-Secure area. Any visitors to the hospital are asked to bring a face covering or are given a surgical mask on entry. The supply of PPE has been stable for a number of weeks although the brand of FFP3 respirator has recently changed to an in-country produced model, therefore staff will require fit testing on this new respirator.

3.6 *Patient Support Service*

As with other services, our Patient Experience team has needed to adapt during the pandemic to better support our patients, relatives and colleagues across the hospitals. Of particular concern was the number of calls that would be put through to switchboard and the wards from concerned relatives due to visiting restrictions, who were often unable to get through due to the volume of calls being put through to the wards at this time.

The team has been reconfigured into the Patient Support Service, to support patients, relatives, families, carers and staff during this pandemic, offering a seven day service. This included:

- our PALS function, offering advice and managing concerns;
- a telephone helpline for relatives and carers to ring to help take the volume of calls away from the wards while providing reassurance to families;
- supporting virtual visiting and the management of iPads;
- acting as a central team for letters, photos and messages for patients, that can be printed and delivered to the wards;
- created a team manned by volunteers who manage belongings drop off for patients in our hospitals;

Since the service was set up on 3 April, we have taken 2400 calls, delivered over 250 messages, letters and photos to patients on our wards, and collected over 1861 belongings from relatives unable to visit our patients. The belongings service has been staffed by volunteers at both sites, and has proved extremely popular and is running 7 days a week.

The service has had positive feedback from patients, relatives and colleagues across the Trust.

3.7 *Safeguarding*

Safeguarding has generally become more intense with increasingly complex situations during Covid-19. The use of hotels for homeless people and the continuing focus between the provisions of the Mental Health Act, the Mental Capacity Act and the Public Health Act and public perceptions of lack of care for homeless people has required careful multiagency collaboration to ensure homeless people have been safe during the peak of the pandemic. As homeless issues settled to a less dramatic level, severe mental health have issues emerged, where people had been out of contact for years and needed to be re-connected with mental health services. Maternity services and general medicine in particular saw an increase in issues relating to mental health, exacerbated through self-isolation.

Mixed in with this have been individual cases of severe self-neglect, identification of several potentially trafficked women and criminal injuries. What has not been a feature of the safeguarding workload were high levels of domestic abuse. There were repeated warnings that this might happen and preparations were put in place, but domestic abuse reduced as Emergency Department attendances reduced. However, June has seen a significant increase in levels of domestic abuse referrals as pandemic restrictions have been eased.

In relation to children, the restrictions have resulted in an average of one Rapid Review a week where there are serious safeguarding concerns, this is highly unusual, but there is no obvious cause or theme. Dog bites and burns have increased amongst children and more parents have been engaging in risky behaviours and overdoses, these are parents who have not previously been known to any agency for any issue.

4. Operational Temporary Site Reconfiguration Changes and Planning

4.1 *Phase 1 – Emergency General Surgery temporary centralisation to GRH went live on 1st April 2020. Phase 2 – Range of changes went live on 9th June and will be reviewed at HOSC in September where the ICS will also present the draft Winter 2020 Plan.*

Changes made on the 9th June 2020 continue to successfully embed and a piece of work to examine the quantitative and qualitative impact of the moves across Divisions (and wider) is underway. Weekly COVID19 Task and Finish Group remains to enable agile decision making cross Divisionally and with full Executive and cross Divisional / Corporate multi-disciplinary representation.

4.2 In the event of a localised outbreak in Gloucestershire or a wider second COVID surge, we are well prepared in terms of reconfiguration of Critical Care cross site, clear delineation of COVID and NON COVID pathways with leaner processes concerning antigen testing. In addition, ED has several surge options at their disposal which are strongly influenced by our collective prior experience in Phase 1 COVID. Executives are actively reviewing step up plans for a second Surge. The Trust has also recently received the updated System COVID Outbreak Management Plan which is attached for information only. *(see Appendix 1)*

4.3 Medical staff have returned to work in their original ward teams and a full rotation of training doctors resumes in August.

4.4 GHFT, alongside System partners, have commenced active Winter planning discussions which will understandably include the impact of Pandemic Flu, Norovirus, and rising non elective activity, all overlaid with risk of a background COVID transmission level which may escalate in colder months.

4.5 Trauma and Orthopaedics continue to support the Minor Injury pathway at Gloucester Royal and the Paediatric team continues to support the Paediatric ED pathway through the Paediatric Assessment Unit at Gloucester Royal. Both teams are working up proposals to continue this level of support through COVID Phase 3 and Winter months.

5. Operational Recovery

During June GHFT has continued to support stepping up activity in outpatients, diagnostics and elective areas.

5.1 *Elective*:

The Trust has carried out 45% of last year's total elective activity for the week ending 28 June which is further disaggregated to 49% for elective ordinary and the remainder composing day cases. Activity will increase in July, subject to further surges, and will include T&O elective activity.

5.2 *Outpatient:*

There were 6,965 total outpatients as at 28th June of which 3,741 (54%) were face-to-face outpatient attendance and 3,224 (46%) were video/telephone attendances. Compared to the corresponding financial week of 2019/20, this is 70% of the total outpatients. First and follow up attendances both continue to steadily increase each week. The priority for the teams is now to support the re-build of clinics suitable for social distancing and the appropriate mixture for digital versus face to face appointments.

The continued roll-out and drive for the use of virtual clinics is being progressed via the cross-divisional Outpatient Implementation Group and includes both video calling platforms and telephone clinics.

5.3 *Diagnostics:*

There were 5,847 patients on the waiting list as at 28th June of which 1,797 were waiting over 6 weeks (30.7%) compared to 5,479 for the week ending 21st June (1,816 - 6+weeks). The total weekly activity continues to gradually increase since the start of 2020/21

5.4 *2WWs:*

Total 2WW outpatient attendances have been on an upward trajectory since the start of 2020/21. Attendances are now at 76% of the equivalent week last year. Video/Telephone appointments (including lower GI straight to test telephone assessments) are at 12% of total appointments.

6. Outpatients

6.1 Reducing the requirement for face-to-face outpatient appointments has been a key theme of the Outpatient transformation programme over the past 18 to 24 months.

Changes to outpatient services in response to COVID19 significantly accelerated the 'virtual first' approach. Equipment is now available in 107 locations across the organization and since the beginning of April there have been in excess of 1,800 video consultations within Attend anywhere alone. This is in parallel to telephone consultations as it is important to have a range of options to personalise care, dependent on patient circumstances.

In order continue to provide high quality, responsive and flexible service (whilst maintaining social distancing and safety of those patients and staff in vulnerable groups), it is recognised that these innovations need to be retained and become 'business as usual'. The continued roll-out and drive for the use of virtual clinics is being progressed via the cross-divisional Outpatient Implementation Group and includes both video calling platforms and telephone clinics.

7. 'Silver Lining Projects'

7.1 There are a number of active high impact 'Silver Lining' work streams. All are led by Executive Directors:

- Home working: a new policy has been produced which includes the digital, HR and OD offer. Focus is now on role identification, a Divisional call to action and defining the benefit realisation plan (for example, releasing estate, environmental benefits, and the supporting the wider Sustainability Agenda).
- Virtual OP (detail outlined in 6.1)
- 7-day working: in mobilisation. Key service areas identified. Benefits will now be tested with clinical teams.
- Staff Health and Well-being offer: Output from staff survey detailed in 10.1

8. Digital

The COVID-19 Digital Programme Group was established in March and has delivered digital

solutions to support three objectives:

- Ensuring administrative and business staff and services can continue remotely
- Ensuring clinicians can access vital patient data whilst off site, or see patients remotely
- Ensuring patients are given the opportunity to attend virtual clinics using technology that suits them

Previous investment in a robust digital infrastructure and expertise has ensured that the digital team, (including CITS), have been able to respond quickly, effectively and successfully to the COVID-19 pandemic.

Many of the solutions delivered during the pandemic have had huge benefit to the Trust and will remain in place now we have returned to business as usual. We are delivering an accelerated rollout of 'Order Comms' on Sunrise EPR (Radiology and Pathology ordering and results) in direct response to the COVID-19 pandemic. We are also working with the CCG to build on the success and consider the benefits realised by providing GPs with access to Sunrise EPR during the pandemic. This was accessed by more than 380 GPs across 65 practices.

Our digital response in numbers is as follows:

- 2,000+ staff accessing trust systems remotely from home devices
- Almost 5,000 support calls handled by home-based remote IT service desk between March and May
- 100+ applications available on the virtual desktop
- 80 Central Booking Office employees set up to work from home using softphones & remote systems
- 200 additional laptops deployed
- 2,000+ meetings held across Microsoft Teams
- 40+ wards set up on Teams
- 75 iPads distributed to wards for virtual visiting
- Two additional hospitals set up & supported on Sunrise EPR
- Almost 380 GPs across 65 practices accessing patient information on Sunrise EPR
- 40+ new data items being collected for COVID-19 dashboard and reporting

9. Finance

9.1 The financial framework is becoming clearer but the final position and the detail around what is and is not included remains unknown. What is apparent is the block arrangement will continue for the rest of the financial year. There will be no contractual arrangements with Commissioners in 2020/21. The Block value is to fund business as usual and a smaller amount to fund continued COVID 19 spend. This allocation is not for extension of services and does not take account of a second surge. There will be some adjustments to the block value but the details are not yet know. The new financial framework will start from 1st August. The Trust is awaiting detailed Phase 3 Planning Guidance at the time of writing.

10. People and OD

In this assurance update, the focus concentrates mainly on two of the work-streams, namely

colleague well-being and infrastructure.

10.1 *Colleague wellbeing*

- A survey requesting feedback on the 2020 Hub and the wellbeing offer. Items colleagues valued most were the 2020 hub, subsidised parking, subsidised food offers, on line Apps and tools provided by NHS England, psychological link workers and the wobble/sanctuary rooms.
- The People and OD team have also launched a second survey to explore the wellbeing of our colleagues following the COVID19 pandemic. This has been targeted at groups that we know may be have faced more challenges during this time i.e. colleagues who have contacted the 2020 hub; BAME colleagues; disabled colleagues; redeployed and shielding colleagues.
- Charitable funding is supporting the recruitment or an interim psychological link worker and a 1 year secondment BAME Engagement/ Equality Diversity Inclusion (EDI) Lead role.
- The Trust will be looking to commission work on widening participation and inclusion following the lessons learnt from COVID particularly the disproportionate impact of COVID on BAME colleagues and the BLM movement. A number of actions (in design pre COVID and will assist progression of our inclusion agenda) are continuing to move at pa
- Manager guidance, risk assessment templates and checklists developed to support colleagues who are more vulnerable, continue to shield or are returning to work after a period of shielding.

10.2 *Infrastructure*

- COVID absence has reduced significantly. 30% of employees have submitted an online form to confirm a COVID19 related absence from work. Only 3% remain off work due to a COVID related issue.
- A revised draft of the Trust Homeworking policy is being examined through internal governance processes, along with additional guidance and a homeworking checklist.

11. Risk (as of 17th June)

- There are 27 COVID19 Risks recorded: 25 of these are on Divisional Risk Registers and 2 sit on the Trust Risk Register.
- Social Distancing measures have been implemented, with mandatory risk assessments and support for the implementation of surgical facemasks (for non-clinical areas) where social distancing cannot be so easily achieved.

12. Recommendation

Please can the Board accept this paper as a short update on current COVID19 Phase 2 related activities.

Author: **Dr Rachael de Caux, Chief Operating Officer GHFT, AEO EPRR**
Presenter: **Dr Rachael de Caux, Chief Operating Officer GHFT, AEO EPRR**

Gloucestershire's Covid-19 Outbreak Management Plan

June 2020

Prevent. Contain. Respond. Monitor

www.gloucestershire.gov.uk

Gloucestershire COUNTY COUNCIL

Contents

1. Introduction

GLOBAL CONTEXT

1.1 COVID-19, the disease caused by the SARS-COV-2 virus, is the greatest worldwide challenge of a generation. It has rapidly spread across the world, with The World Health Organization (WHO) declaring a COVID_19 Pandemic on 11 March 2020. As of 20 June 2020, the WHO dashboard shows that COVID-19 has infected over 8.5 million people, with more than 456,000 deaths so far. Key epidemiological information about the virus is available in Appendix 1.

NATIONAL CONTEXT

1.2 In the UK, COVID-19 has affected the whole country, and as of 20 June 2020, more than 300,000 cases have been confirmed and 42,500 deaths have been reported on the government dashboard so far. Although new cases and deaths have slowed in recent weeks, the country is still at alert Level 3.

1.3 On 11 May 2020, the UK government released its COVID-19 Recovery Strategy. This detailed the plan for a phased recovery, including replacing existing social restrictions ("lockdown") with measures to control (or "contain") the epidemic which will include more reactive and localised measures to monitor and interrupt the spread of the disease. This will include: making social contact safer e.g. by redesigning public and work spaces; reducing infected people's social contact by using testing, tracing and monitoring of the infection; and stopping hotspots developing by detecting infection outbreaks at a local level and rapidly intervening with targeted measures.

1.4 A key part of the government's COVID-19 recovery strategy is the NHS Test and Trace service, which was launched on 28 May 2020 with the primary objective to control the COVID-19 rate of reproduction (R), reduce the spread of infection, save lives, and help return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

1.5 As part of this, each local authority, led by the Director of Public Health (DPH) will be allocated a share of a £300 million funding package to develop tailored COVID-19 Local Outbreak Management Plans (LOMPs), working with the local NHS and other stakeholders. These plans will detail the methods needed to rapidly prevent, detect and manage outbreaks of COVID-19. This will combine the specialist Health Protection skills and capabilities which sit

within a family of public health functions (the Local Authority Public Health and Environmental Health teams, and Public Health England (PHE)) alongside the co-ordination capabilities which sit within Strategic Co-ordinating Groups of the Local Resilience Forum (LRF).

LOCAL IMPACT OF COVID-19

1.6 Gloucestershire's first cases of COVID-19 were confirmed on 28 February 2020. The first Strategic Coordination Group (SCG), a multi-agency forum for managing emergency response in the county, was held on 29 February 2020.

Total Cases

1.7 The government tracker shows that as of 20 June 2020 there has been a total of 1,382 cases of COVID-19 in Gloucestershire (a rate of 218 per 100,000 people), which ranks Gloucestershire as 114 out of 150 Upper Tier Local Authorities (UTLA) in England, in terms of cases of COVID-19. We have been the worst affected county in the South West region.

Deaths

1.8 The first death involving COVID-19 in Gloucestershire occurred on 19th March 2020. Up until the 20 June 2002, there have sadly been 575 deaths involving COVID-19 in Gloucestershire (deaths which occurred to 12th June but were registered to 20th June). Of these deaths:

- 226 (47%) occurred in NHS settings (may include non Gloucestershire residents)
- 262(46%) occurred in care homes
- 40 (7%) occurred in other community settings (including residential home and hospices)

Outbreaks

1.9 The county has already experienced outbreaks in the community in Gloucestershire; as with the picture seen regionally and nationally these have occurred predominantly in care home settings. There have been very few confirmed outbreaks in other settings.

1.10 The UK is moving to adjust the social distancing measures in the coming months. For England, this means the gradual return of children to schools, increased social mixing whilst maintaining appropriate social distancing, and the reopening of non-essential shops and services. As people and society move back to increased social mixing, it is possible that individuals are at greater chance of exposure to and/or transmission of COVID-19 meaning that we may see further outbreaks in a wider range of settings

LOCAL OUTBREAK MANAGEMENT IN GLOUCESTERSHIRE

1.11 On 10 June 2020 it was announced that LOMP funding is based on the 2020/21 Public Health Grant allocation; for Gloucestershire County Council this is £2.2 million paid in one instalment in June 2020.

1.12 The Department of Health and Social Care (DHSC) has advised that local outbreak management plans are centered around 7 themes:

- Planning for local outbreaks in care homes and schools;
- Identifying and planning how to manage other high-risk places, locations and communities of interest e.g. supported housing, rough sleepers, etc.;
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population;
- Assessing local and regional contact tracing and infection control capability in complex settings and the need for mutual aid with other Local Authorities;
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre;
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, supporting with food and medication) and ensuring services meet the needs of diverse communities; and
- Establishing governance structures led by existing Health Protection Boards and supported by existing Local Resilience Forum (LRF) structures and a new member-led Board to communicate with the general public

1.13 The remainder of this document sets out our overall plan for the COVID-19 Local Outbreak Management Plan (LOMP) in Gloucestershire.

2. Aim & Functions

AIM

2.1 This COVID-19 Local Outbreak Management Plan (LOMP) provides the local road map for the system to rapidly prevent, detect and manage outbreaks of COVID-19. It provides a strategic and governance framework for accessing and mobilising local resources to implement effective health protection control measures across Gloucestershire.

2.2 Our overarching aim is to keep COVID-19 under control in Gloucestershire by:

- prevention of the spread of COVID-19;
- early identification and proactive management of local outbreaks;
- co-ordination of capabilities across agencies and stakeholders; and
- assuring the public and stakeholders that this is being effectively delivered.

FUNCTIONS

2.3 The Local Outbreak Management Plan has four main functions:

- **A) Preventing COVID-19:** We will ensure ongoing prevention measures are in place to support specific settings and geographies, alongside more general population level support, signposting and communications. This function will also ensure scanning of specific high-risk settings is a continuous process; and that there is ongoing learning from previous outbreaks and clusters.

- **B) Containing COVID-19:** Linking into the NHS Test and Trace service and PHE South West contact tracing structures, we will ensure the public knows and understands the importance of self-isolation, can rapidly access testing, and will be encouraged to quickly and fully participate in contact tracing. We will support the population to self-isolate through ensuring access to essentials such as food and medication.

- **C) Responding to Outbreaks:** This plan outlines the high-level standard response required when suspected or confirmed cases of COVID-19 are identified in Gloucestershire. In addition, enhanced health protection activity is activated in response to local outbreaks or clusters. The LOMP will be supported by a Local Resilience Forum operational plan which will

aid key local stakeholders to respond if and when suspected cases or outbreaks of COVID-19 occur in our county; the operational plan will also contain action cards which will enable the LOMP operational team to respond to a range of outbreak/cluster scenarios taking a timely, appropriate, acceptable and evidence-based approach. This plan will be tested in an exercise in early July.

- **D) Monitoring & Data Sharing:** Data integration, surveillance, monitoring and an associated alert system is a key aspect of this function. Our Intelligence cell will support this function with strong links and data flows with partner organisations such as the NHS, PHE and the Joint Biosecurity Centre (JBC)

SUPPORTING PLANS & SCOPE

2.4 Gloucestershire has had an operational outbreak control plan for many years which we have updated specifically for the control of COVID-19. It sits alongside the LOMP and will be used by stakeholders in conjunction with other emergency planning documents and mutual aid agreements to respond to outbreaks of COVID-19 in Gloucestershire. Under the Memorandum of Understanding with PHE, relevant joint plans describing the working arrangement in the event of a health protection incident will be adhered to as described in the Gloucestershire Local Health Resilience Partnership: Health Protection Incident Response Plan. This covers key roles and responsibilities including funding health protection responses to incidents and local on-call arrangements.

2.5 The LOMP should also be used in conjunction with the most current evidence-based COVID-19 management guidance produced by the UK Government and Public Health England.

DOCUMENT OWNERSHIP

2.6 National guidance states that the Local Authority Chief Executive, in partnership with the Director of Public Health and Public Health England Health Protection Team are responsible for signing off the Local Outbreak Management Plan. However, partners across Gloucestershire via the Strategic Coordination Group have been consulted in the development of the Gloucestershire LOMP.

3. Governance & Partnerships

LOCAL POPULATION AND PARTNERSHIPS

3.1 Gloucestershire has a population of just over 630,000 people with a mixture of rural, semi-rural and urban areas and is comprised of 6 District Councils and the County Council. Whilst many of our residents have good health and live longer than the national average life expectancy, we have areas of our county where our communities have worse health outcomes and face the challenges of deprivation. In addition, 21% of our population are over 65 and many experience other risk factors for COVID-19 (Appendix 1).

3.2 Unlike many other areas, the geographical boundaries of our Local Resilience Forum, which is a partnership made up of key emergency responders and specific supporting agencies, are the same as our County Council, Police Service, Fire and Rescue Service, Clinical Commissioning Group and NHS Trusts. This has enabled a really strong partnership between all key stakeholders in responding to emergencies and this has been evident throughout the COVID-19 pandemic, with the Strategic Coordinating Group (SCG), made up of LRF partners, turning its joint focus to recovery for our citizens. The DPH chaired the SCG during the first four months of the response until such time that the responsibility for response was handed over to the COVID-19 Health Protection Board. After this point the Police took on the chair of the SCG.

3.3 In addition to our LRF partners, the LOMP takes account of key high-risk places, locations and communities. We therefore need to include the following key settings in our LOMP actions and provide support to help them prevent and managed COVID-19 infections:

- 218 CQC registered care homes
- 292 maintained schools and academies, as well as 26 independent schools and 21 other educational settings (including free schools, colleges and special schools)
- 714 early years settings, including childminders, nurseries and pre-schools.
- our Voluntary, Community and Faith sector
- 73 GP practices organised into 15 Primary Care Networks (PCNs)
- 111 community pharmacies providing NHS services
- Our acute hospital trusts and our community NHS Trust
- 3 Universities

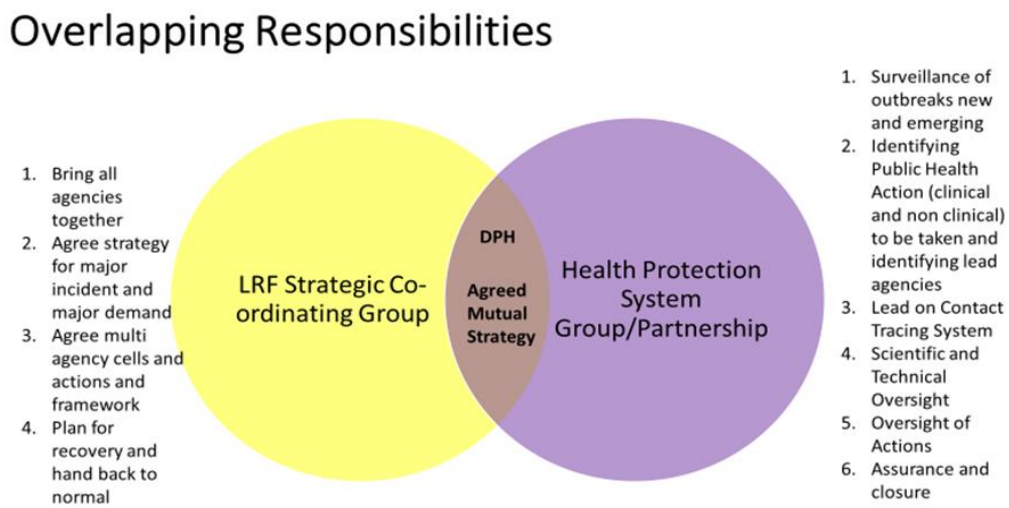
- Our businesses and shops
- Over 400 people have been through the Gloucestershire COVID-19 Emergency Accommodation Protocol accommodation to date.
- Temporary accommodation through the district councils, with approximately another 140 rooms/units
- Accommodation Based Support projects (outside of COVID-19 response) for people who have been homeless or invulnerable circumstances, with a capacity to accommodate over 410 people in a mixture of hostels and self-contained

GOVERNANCE

3.4 We know that COVID-19 has had a big impact in Gloucestershire both in term of cases and those who have sadly died, as well as the wider impacts on our population's mental and physical wellbeing and wider socio-economic impacts. The COVID-19 response in Gloucestershire has so far been overseen by the SCG, with partners working closely together to ensure an effective and coordinated response to the pandemic and support the Gloucestershire public. A major incident was declared on 24th March 2020.

3.5 To date the DPH has chaired the SCG, given that COVID-19 is a public health emergency. However, it is very clear that COVID-19 is not a typical major incident; a second wave in some form is likely as lockdown measures are gradually lifted, so the local system will be required to be in 'response' mode whilst also working through its recovery plan.

Figure 1: Overlap between LRF & HPB Responsibilities



3.6 National guidance states that there should be an executive level COVID-19 Health Protection Board Chaired by the Director of Public Health (DPH) as well as a COVID-19 Engagement Board to oversee the LOMP. Locally the main response to COVID-19 will be led by the Health Protection Board (HPB); with links into the SCG which will continue to meet for at least the next year. The diagram below, taken from the national LOMP guidance describes the link between the SCG and the HPB. Appendix 2 details the roles and responsibilities of partners in the COVID-19 LOMP.

COVID-19 Health Protection Board

3.7 We have built on the existing Health Protection Board (HPB) which supports the Director of Public Health in their statutory role around health protection. This has been re-purposed to become the COVID-19 Health Protection Board by altering the terms of reference and making some changes to the membership (Appendix 3). It will meet weekly to begin with and will work closely with PHE to manage the consequences of local cases and outbreaks, whilst also seeking to horizon scan using the intelligence from the new Joint Biosecurity Centre to prevent future occurrences.

3.8 This board will lead the implementation of the plan. The delivery of the LOMP will be the main response activity for COVID-19 and includes allocation of testing resource. In implementing the plan, it will be necessary to draw upon some of the SCG's cells (Testing and PPE, Logistics, intelligence and Community Resilience).

COVID-19 Engagement Board

3.9 The other new governance structure we have created is a COVID-19 Engagement Board. This is to be chaired by the Leader of the Council and will be cross party and include district council elected members and representatives from key sectors in Gloucestershire, for example the care, voluntary and community and business sectors. The terms of reference can be found in Appendix 4. The board will not be decision making or perform a scrutiny function, but will instead focus on engagement with the public and communications.

Strategic Coordination Group

3.10 Going forward the DPH will need to chair the HPB and so the Police will assume the chair of the SCG from early July. The SCG will then meet less frequently (for example once a month) but will exist in the background so that it could be stood back up in the event of a second wave of such magnitude that the HPB needed further support. Our military colleagues are a key partner in the response to COVID19 and work is underway to determine how

support and intelligence from the military can be best utilised in Gloucestershire.

Outbreak Management Delivery Group

3.11 This group will operationalise the LOMP and further develop the accompanying operational outbreak management plan. LRF cells including testing, PPE, intelligence, warning and informing and logistics cells will all feed into the work of the Outbreak Management Delivery Group.

REGIONAL STRUCTURES

3.12 The South West Local Authorities have adopted a collaborative approach and agreed a set of principles (found in Appendix 5) to inform the development and delivery of LOMPs. This includes agreeing to continue to work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and Public Health England (PHE).

3.13 As part of this, the SW public health teams have agreed to endeavor to make best use of the capacity and capability of the regional public health workforce. This includes recognising the roles and responsibilities of the Public Health England (PHE) South West Health Protection Team (SW HPT) as the lead agency for the management of all health protection incidents, receiving data from clinical teams on probable cases, and laboratory reports for all confirmed cases. They speak to cases, identify contacts, and put measures in place for outbreaks as part of their normal role.

3.14 PHE SW will focus on supporting the more complex COVID-19 incidents by bringing communicable disease control (through a Consultant in Communicable Disease Control; a specialised form of a Consultant in Public Health) and field epidemiology expertise. Section 6 outlines the key role of Public Health England in the NHS Test and Trace service and how this will link to Local Authorities, who are focused on dealing with the local management of the consequences of outbreaks of COVID-19.

3.15 Currently, there is also a Regional Strategic Coordinating Group, that our Director of Public Health for Gloucestershire attends as the chair of the local SCG. This is complemented by a regional Test and Trace Co-ordination Group that provide communication and liaison between the national programme and the local area.

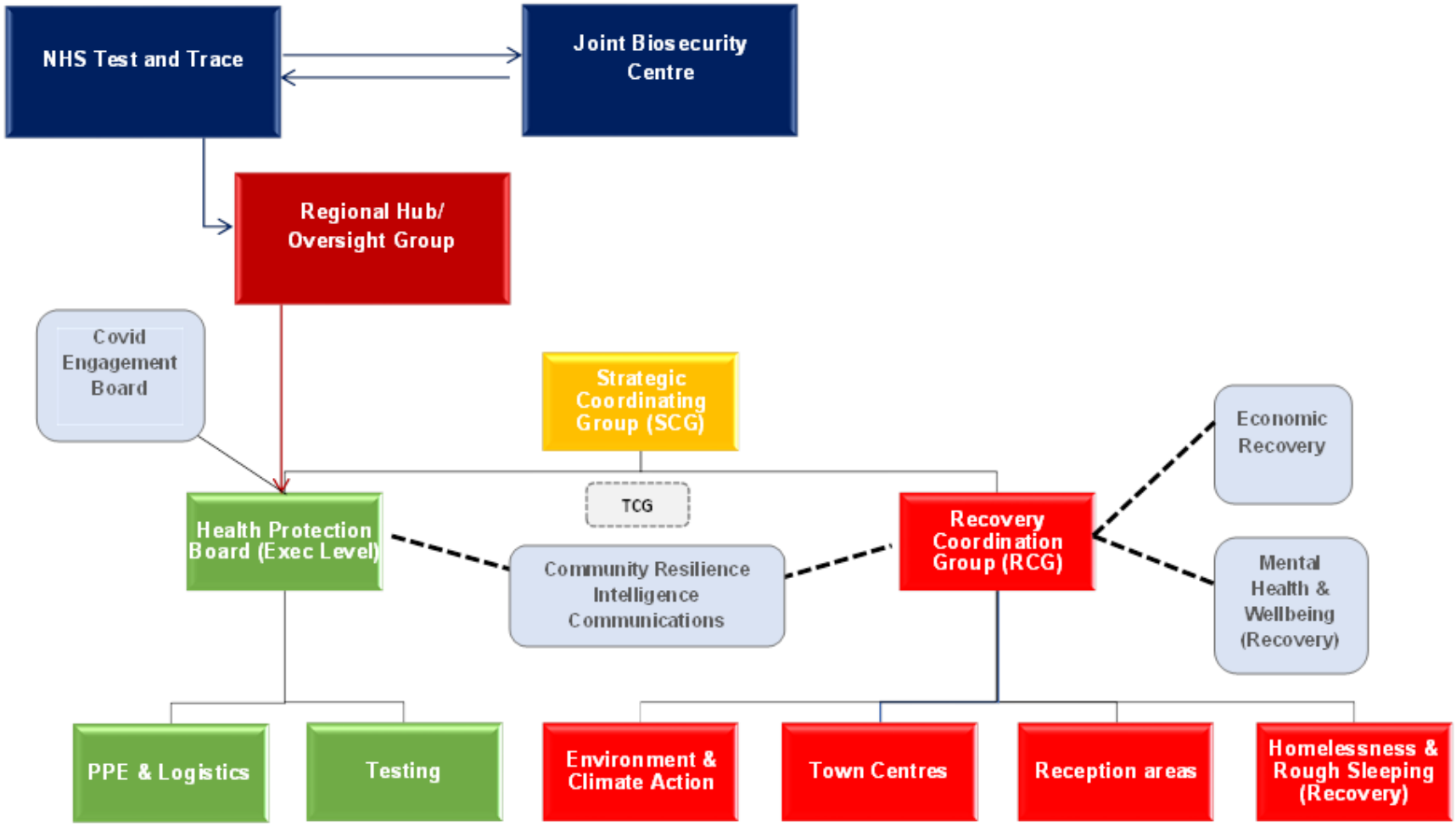
3.16 There is also a regional oversight of contact tracing undertaken through the South West COVID-19 Health Protection Network comprised of PHE Health Protection Consultants, NHSE/I and Local Authority Health Protection Leads.

NATIONAL PARTNERS

3.17 The LOMP needs to clearly link into key national structures and partners included national government departments and programmes. The key new national organisations are:

- **Joint Biosecurity Centre (JBC)** This new initiative has been set up to provide an independent analytical function to provide real-time analysis to identify and respond to outbreaks of COVID-19 as they arise, and aims to understand infection rates across the country. Its will also provide advice on how the government should respond to spikes in infections.
- **NHS Test and Trace** The contact tracing and testing effort is led by the Department of Health and Social Care (DHSC). PHE are responsible for providing professional leadership and monitoring quality of service delivery, working alongside delivery partners and Directors of Public Health. This incorporates a significant scaling up of the tried and tested contact tracing approach (see section 6).

Figure 2: Gloucestershire LRF COVID-19 Governance Structure and links to regional and national governance structures



LEGAL CONTEXT

3.18 The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

3.19 Specific legislation to assist in the control of outbreaks is detailed below. An Outbreak Control Team could request an organisation that has the legal powers to take specific actions, but the final decision lies with the relevant organisation.

Coronavirus Act 2020

3.20 Under the Coronavirus Act, the Health Protection (Coronavirus Restriction)(England) Regulations 2020 as amended set out the restrictions of what is and is not permitted, which when taken together create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations. The powers of the Police to enforce lockdown also flow from these national Regulations.

Health Protection Regulations 2020 as amended

3.21 The powers contained in the suite of Health Protection Regulations 2020 supplement The Health Protection (Part 2A Orders) Regulations 2010 and includes the requirement for certain premises to close to members of the public during the COVID-19 pandemic. The regulations are regularly reviewed and amended as the Government eases restrictions. This is monitored and enforced by local authority environmental health and trading standards officers.

3.22 The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for

health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There is no offence for those not complying with this request for co-operation.

3.23 The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are labour intensive. These Orders were not designed for the purpose of 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to impose such restrictions and the potential for legal challenge.

ENFORCEMENT

3.24 Enforcement may be required under certain circumstances. This may be through the existing COVID-19 regulations, the Police or possibly PHE which is the proper officer for Part 2a type orders regarding COVID-19, allowing people to be detained to prevent virus transmission. Local authority environmental health officers are also usually authorised under the Public Health (Control of Disease) Act 1984 (as amended), together with the Health Protection Regulations 2010. Powers under the Health and Safety at Work Act 1974 (as amended) and associated Regulations for district and borough council environmental health officers are the only ones currently available to protect employees and the public from COVID-19 in workplaces and places of worship (with some premises being enforced by the Health and Safety Executive or Food Standards Agency).

3.25 Possible new powers for local authorities in response to outbreaks are currently under discussion at national level and, if made available, could be used if required. The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions could be increased if the level of infections again.

DECISION MAKING

3.26 This section of the plan has detailed the governance arrangements for overseeing and delivering the LOMP as well as the legal powers that could be used to enforce it. However, it is expected that local authorities will adopt a consensus-based approach and take decisions in consultation with key stakeholders in order to prevent and contain outbreaks of COVID-19, with the

decision-making authority resting with the Director of Public Health, or Chief Executive of Gloucestershire County Council, in consultation with the leader of the council, as appropriate. It is recognised that additional powers may be needed where this approach is insufficient and this will be kept under review. Furthermore, there may be circumstances where an outbreak either exceeds the local capacity to respond, or impacts on other local authorities or has national significance. It is therefore, important to consider the situations where decisions about preventing and containing outbreaks of COVID-19 need to be taken in conjunction with regional or national colleagues.

4 Preventing COVID-19 & Monitoring of Infections

4.1 The UK is moving to adjust the social distancing measures in the coming months. For England, this means the gradual return of children to schools, increased social mixing whilst maintaining appropriate social distancing, and the reopening of non-essential shops and services. However, as people and society move back to increased social mixing, it is possible that individuals are at greater chance of exposure to and/or transmission of COVID-19.

4.2 There government's COVID-19 website provides detailed guidance on what the public should do to protect themselves and others from COVID-19, and how businesses and organisations can work safely to prevent the spread of the virus.

PREVENTION ACTIVITIES

4.3 In Gloucestershire, for our county to safely recover from the effects of COVID-19 and to reduce the risk of the need for a return to stricter lockdown measures, we need to ensure that our citizens are supported and encouraged to "stay alert and stay safe" to minimise the spread of the disease through continuing good hygiene practices including regular hand washing, social distancing and regular disinfecting of surfaces touched by others.

4.4 Our communications plan will therefore ensure we are giving clear messages across all partners so that people know what action(s) they should/shouldn't be taking to minimize spread of COVID-19 and direct people to the official national and local advice and guidance.

4.5 Through the local governance structures (Section 3) Gloucestershire partners will work together to ensure that their own their own plans for COVID-19 prevention and response are reviewed and up to date, and in line with the latest government guidance.

4.6 We will also support agencies, organisations and the public to ensure that the cornerstones of preventing COVID-19 spread can be implemented. The more that social distancing and good hygiene are maintained, the lower the chances of spread in any given situation e.g. we have already supported such as introducing social distancing reminders in some parts of the County. We are looking at additional resources to support high risk settings to prevent COVID-19 transmission.

4.7 In addition, specific settings (such as hospitals, care homes, supported housing settings) will be supported to continue to review Infection Prevention and Control guidance, including having relevant supplies of PPE and ensuring staff are trained in its use and disposal.

4.8 Gloucestershire's COVID-19 Engagement Board (Appendix 4) will have a key role in these activities, emphasising the civic duty of our citizens and our local communities, business and shops to follow social distancing and hygiene measures and ensure they are up to date with the latest guidance on self-isolation if they get symptoms.

Figure 3: Gloucestershire Social Distancing Signs

5 Containing COVID-19 (Self-isolation, Testing & Tracing)

5.1 The key to managing COVID-19 moving forward in the UK is to contain its spread whenever possible. This relies on our citizens being aware of the symptoms of COVID-19 and knowing what to do and where to get tested. Once we know who has tested positive, we need to ensure that anyone they have been in contact with is identified (through "contact tracing") and given advice to self-isolate too, in case they have caught the virus and so will greatly reduce the overall amount of infection that people could pass on to others in the community.

SELF-ISOLATION (STAY AT HOME)

5.2 The key symptoms of coronavirus (COVID-19) are recent onset of any of the following:

- a new continuous cough
- a high temperature
- a loss of, or change in, your normal sense of taste or smell (anosmia)

5.3 As soon as somebody experiences the above symptoms of COVID-19 (or receive a positive coronavirus test but have no symptoms) they must self-isolate for 7 days. All other household members who remain well must stay at home and not leave the house for 14 days. Detailed guidance is available online and ensuring our citizens are aware of this and that they can seek advice and support from the NHS website and NHS 111 will be critical to ensuring low numbers of cases in Gloucestershire.

TESTING

5.4 In order to contain COVID-19, it is important we understand who currently has the virus to help ensure that these people self-isolate. It is also important to use the antibody test to understand how the virus has spread through communities. There are two main types of tests for COVID-19 available in the UK currently that can help with this:

- **Antigen Test (Do I have the virus now?).** This test involves taking a sample of fluids from deep in the nose and throat. It is collected using a swab and so is sometimes called the "swab test". It is analysed on a

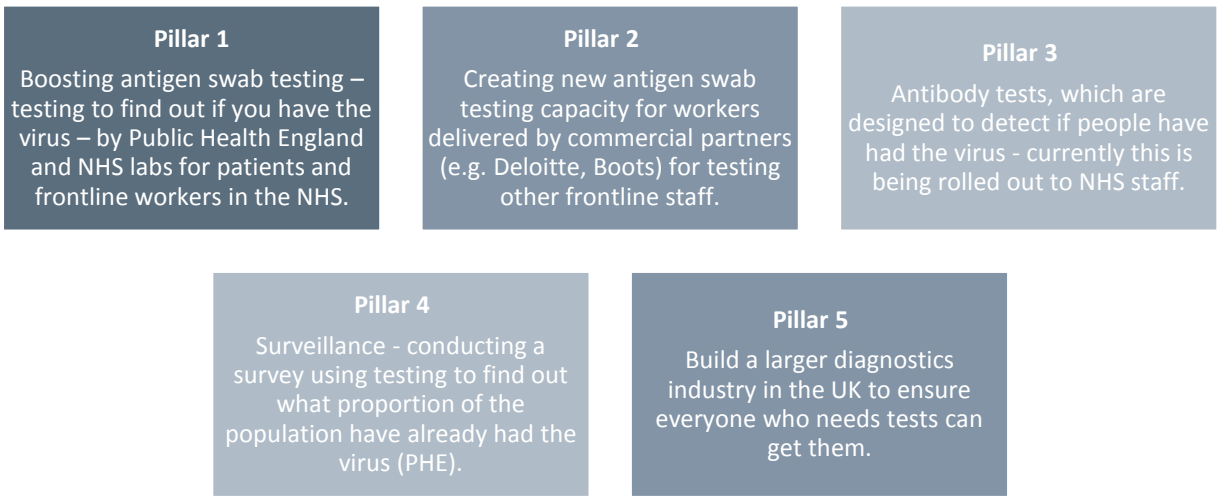
machine which uses Reverse Transcription Polymerase Chain Reaction (RT-PCR) and so it may also be called the "PCR test".

- **Antibody Test: (Have I ever had the virus?)** Currently, this test involves having blood taken by a trained clinician (phlebotomist). The blood is then analysed to see if the person has antibodies to the COVID-19 virus. If they are present then this means the person has had the virus at some point, even if they don't remember having symptoms. However, because COVID-19 is a new virus, we still don't know whether having antibodies mean that a person is immune to catching the virus again. Due to this, we are currently only using the antibody test to find out how many people in total have had the virus. This has started with NHS staff.

National Testing Strategy

5.5 The national testing programme strategy, released on 4 April 2020, outlined a five pillar strategy to scale up our testing programmes (Figure 4). By the end of May 2020, over 200,000 antigen tests per day were available through Pillars 1 and 2.

Figure 4: National Testing Programmes



Local testing arrangements

5.6 Testing capacity in Gloucestershire is achieved through a combination of local and national provision. The arrangements for local testing are overseen by the SCG Testing Cell. It has oversight of:

- essential workers (with links to the local NHS testing strategy via the Integrated Care System)

- residents (including care home residents and those in group living settings such as extra care and supported living)
- wider resident testing as per government guidance.

5.7 Pillar 1 tests for COVID-19 are provided through the Gloucestershire ICS via staff testing and a 'drive through' facility established by Gloucestershire Health and Care NHS Foundation Trust (GHCNHSFT) at Edward Jenner Court, in Brockworth. The GHCNHSFT team also provide bespoke, locally agreed testing to support gaps in the current testing strategy, such as for people in the community who need top move into care, or for unaccompanied asylum-seeking children needing a placement with a foster carer. This ability to be flexible and develop bespoke solutions also helped us to test over 1000 care home staff and residents using Gloucestershire Fire and Rescue staff to deliver and advise on swabbing under the local Accelerated Care Homes Testing scheme.

5.8 Under Pillar 1, PHE can also supply tests in an outbreak to a setting (e.g. a care home) for processing through PHE laboratories. This option is preferred when PHE are responding to a situation as they can track the results more easily.

5.9 Pillar 2 (national testing provision) is provided through:

- "drive-through" regional testing centres at Hempsted Meadows, Gloucester (with other nearby sites in Swindon, Worcester and at Bristol airport).
- mobile testing units (MTU) which are deployed in various locations around the county for a few days at a time (organised on a South West basis)
- postal/courier swab kits delivered directly to residents
- a care home testing portal for arranging whole care home testing

5.10 In June 2020, the ICS also began to test its staff using the antibody test (Pillar 3) to find out how many of their staff have had COVID-19. Results will help to understand how Gloucestershire has been affected.

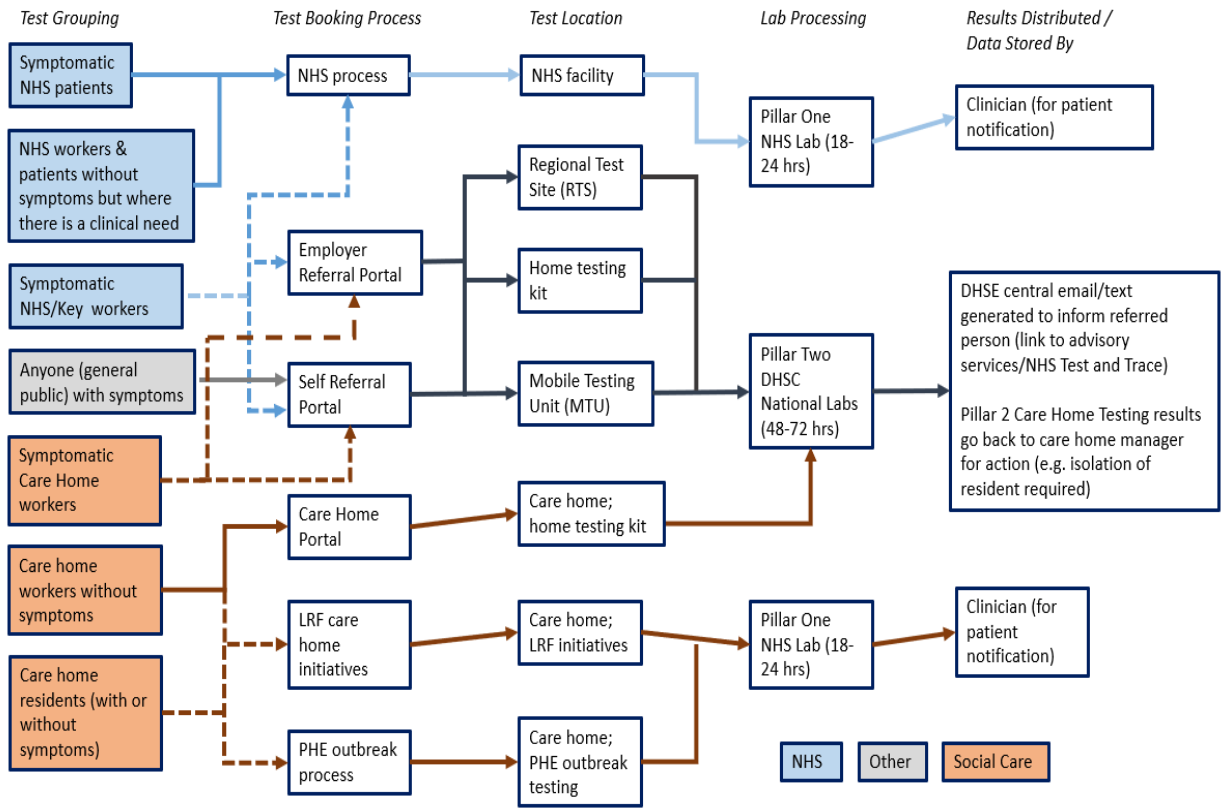
Routes into testing

5.11 The main routes into testing are as follows:

- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a regional testing site, mobile testing unit, or receive a home testing kit.

- Essential workers can be referred individually via the gov.uk site, or in bulk via the gov.uk site
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the gov.uk site.
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- Outbreak testing – At the point of notification, PHE will request testing of symptomatic (and sometimes asymptomatic) individuals where appropriate, in order to inform outbreak management in various settings, including care homes, prisons and hostels.

Figure5: Routes into Testing in Gloucestershire



Testing developments required

5.12 Local testing capacity will continue to be expanded to accommodate the increased demand for testing as the eligibility criteria is widened nationally, and the introduction of new technology (e.g. antibody tests and rapid PCR tests). The Health Protection Board will monitor cases and outbreaks to better understand the prevalence of COVID-19 in the Gloucestershire population. This will determine where additional testing capacity is needed.

5.13 There are good systems are in place across the South West to ensure rapid deployment of mobile testing units to assist in the management of a local outbreak. However, the testing cell continues to develop approaches to deploy community testing in the following types of scenarios:

- Cases within the homeless population
- Harder to reach populations who may not be able to access a vehicle
- People in domiciliary care and supported living - symptomatic and asymptomatic
- Looked after children/ vulnerable adult and children
- Supplementing PHE testing in outbreaks if cases increase
- Schools/special schools/ boarding schools

5.14 There is work in progress to establish better data feeds so that local testing data can be fully understood and analysed to monitor local rates of infection. All results now go to GP records, but there needs to be a more joined up approach to ensuring local systems receive sufficient data to fully implement their LOMP.

CONTACT TRACING

5.15 Contact tracing is a fundamental part of outbreak control. When a person is tested positive for COVID-19, they are contacted to gather details of places they have visited, and people they have been in contact with. Those who they have been in contact with, are risk assessed according to the type and duration of that contact. Those who are classed as 'close contacts' are contacted and provided with advice on what they should do e.g. self-isolate.

5.16 Not everyone that has COVID-19 will have symptoms (asymptomatic), or they may start spreading the virus a few days before their symptoms develop (presymptomatic). This is why people who have been in contact with confirmed cases of COVID-19 are asked to self-isolate to reduce the chances of them unknowingly spreading the virus. People might develop the infection anywhere up to 14 days after contact with a person who has confirmed COVID-19.

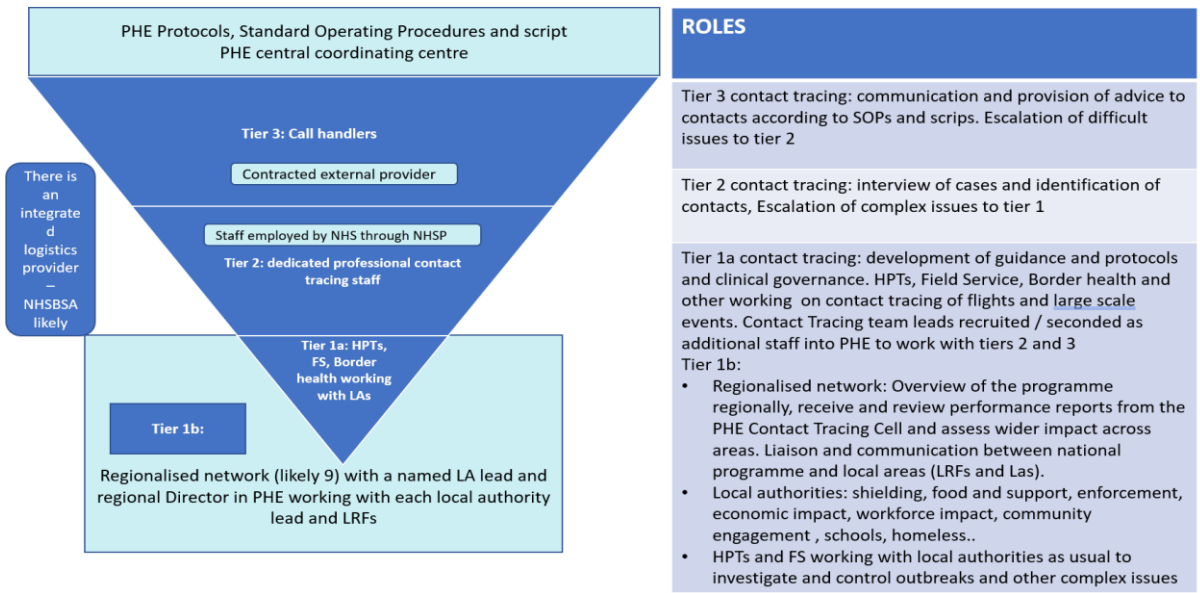
5.17 The national NHS Test and Trace service has been set up to undertake contact tracing for COVID-19. The service consists of three tiers (Figure 6). Every time somebody tests positive for COVID-19, their details are automatically sent from the national laboratory data service to the national

NHS Test and Trace service which immediately generates an automatic email and/or text to the individual. This asks them to log on to the NHS Contact Tracing Website to complete the contact tracing information. This asks the person to identify anyone they have had close contact with in the two days before their symptoms started and since their symptoms began. Close contact is defined as:

- having face-to-face contact with someone (less than 1 metre away)
- spending more than 15 minutes within 2 metres of someone
- travelling in a car or other small vehicle with someone (even on a short journey) or close to them on a plane

If the person does not complete this information, they are telephoned by one of the 3,000 professional contact tracers (Tier 2), 24 hours after the initial test to gather this information.

Figure 6: NHS Test and Trace Structure



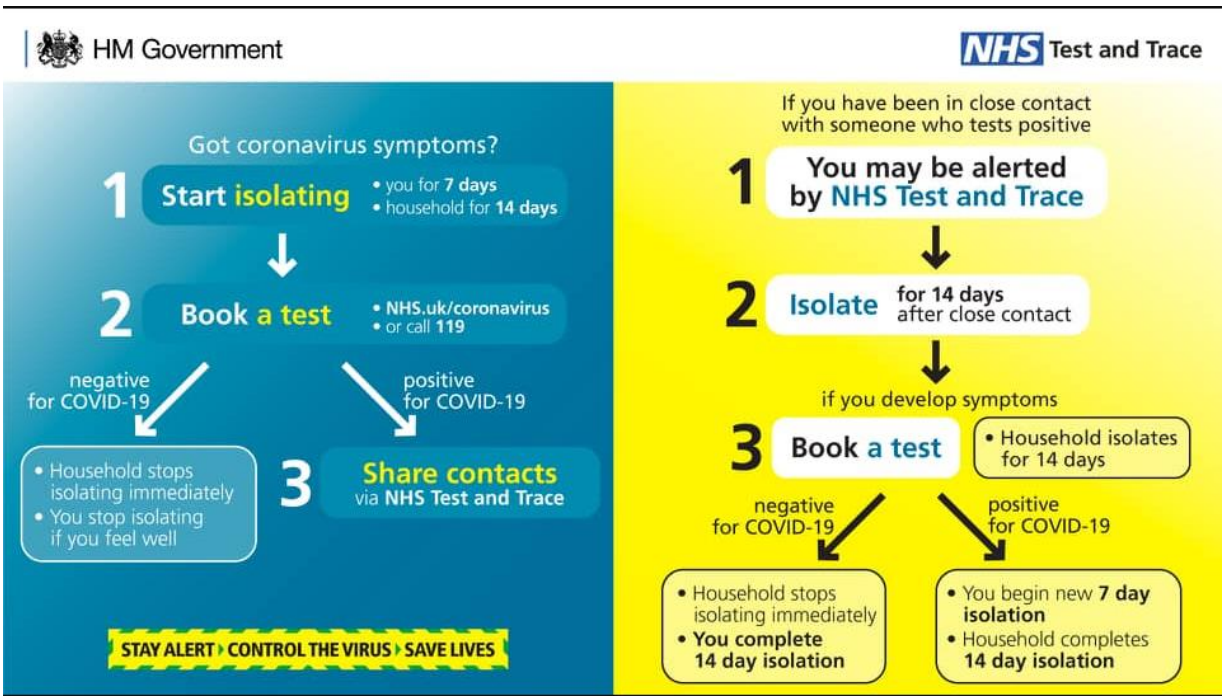
5.18 All information on the contacts is then passed to Tier 3, consisting of over 20,000 call handlers employed by external providers under contract to DHSC. Again, a text/email is sent in the first instance and contacts are directed to the NHS Contact Tracing Website to submit their details so that they can be directed to self-isolate for 14 days, and to get a test if symptoms develop. They'll also be given advice on how they can access help and support whilst self-isolating, which includes directing them to the Local Authority's support offer. As with the cases, if there is no response, the Tier 3 staff will make telephone contact and provide advice using national standard operating procedures (SOP) and scripts as appropriate.

5.19 The PHE South West Health Protection Team (Tier 1) will investigate cases escalated from Tier 2. This will include complex, high risk settings, and communities such as care homes, special schools, prisons/places of detention, healthcare and emergency workers, health care settings, vehicles where it has not been possible to identify contacts; and places where outbreaks are identified e.g. workplaces. Advice following national guidance will be given to cases, their close contacts and settings/communities as appropriate. An outbreak will trigger the LOMP operational plan as detailed in section 7.

5.20 Our Gloucestershire Public Health Team's role is to liaise with Public Health England to provide local understanding and knowledge, ensure key stakeholders are notified and ensure that the public receive appropriate advice and support about a situation. We will also be working to ensure that people who might be asked to self-isolate because they have been in contact with a confirmed case have essentials like food and medication. We need to manage the consequences of an outbreak on individuals and communities.

5.21 When it is launched, the NHS COVID-19 app is designed to supplement the core elements of the Test and Trace service by increasing its speed and reach, especially for those who have been in close contact with someone who has tested positive but are not known to them, for example on public transport.

Figure 7: NHS Test and Trace Guidance



6 Responding to Outbreaks of COVID-19

6.1 Individual cases of COVID-19 will usually be managed and supported via the NHS Test and Trace system as outlined in Section 6 with little involvement from either Public Health England or the Local Authority. Provided people self-isolate promptly and complete their contact tracing information, and contacts also go on to self-isolate, then we should be able to contain the spread of COVID-19.

6.2 The process of contact tracing, however, allows for the identification of a range of high-risk places, locations and communities of interest which need additional support to control the spread of COVID-19. National Guidance specifically identifies care homes and schools for outbreak management, but it is for Local Authorities and partners to identify further settings and communities of interest. We know there are certain settings where outbreaks are more likely to occur, or the vulnerability of the people in those settings presents a higher risk. For Gloucestershire the key settings include:

- Care Homes and other Independent Service Provision for Adult Health and Social Care
- Schools
- Homeless accommodation provision e.g. hotels, temporary accommodation
- Hospitals
- Primary care settings (e.g. GP Practice)
- Workplaces and work activity
- Places of Worship
- Community Settings
- Early Years
- Universities
- High footfall tourist destinations

6.3 This section of the LOMP gives an overview of the key actions that will be taken when suspected or confirmed cases and/or outbreaks occur in these settings. COVID-19 action cards will be developed to ensure all relevant partners are clear on their roles and responsibilities and action needed in these settings, especially for outbreak management, based on national action cards when these are available. This will also assist in further refining the resource capabilities and capacity implications for local partners, for example what out of hours support is needed. This operational plan is being prepared

and will be tested ("exercised") at the start of July to ensure it is fit for purpose.

DEFINITIONS

6.4 An **incident** is any event involving COVID-19 which presents a real or possible risk to the health of the public and requires urgent investigation and management, or a situation that has, or there is a risk of having, high public anxiety which would benefit from a coordinated response e.g. media coverage. Examples of this would include a single suspected case in some high-risk settings (e.g. supported housing), or where an individual was refusing to self-isolate. An incident ends when it is agreed that the risk to the health of the public has been managed.

6.5 A **cluster** is where there are **two or more** confirmed cases in a given setting, but for whom a link has not been determined. This may warrant investigation to identify a common source or point of transmission so that an intervention can take place to break this. A COVID-19 cluster situation ends if there are no confirmed cases with onset dates in the last 14 days

6.6 An **outbreak** is defined as **two or more** confirmed cases of COVID-19 among individuals associated with a specific setting with onset dates within 14 days who are linked through common exposure, personal characteristics, time or location. A COVID-19 outbreak ends if there are no confirmed cases with onset dates in the last 28 days in this setting.

TRIGGER OF THE OPERATIONAL LOMP

6.7 The Gloucestershire operational LOMP will be triggered where there is an incident, cluster or outbreak of COVID-19 in any setting type. PHE SW HPT and Gloucestershire County Council will gather intelligence on COVID-19 outbreaks via the NHS Test and Trace service, laboratory results, and local partner intelligence about suspected outbreaks. PHE will initially conduct the risk assessment with the setting, provide infection control advice and request testing as appropriate, following action cards that are being developed for responding to COVID-19 cases and outbreaks in specific setting types. GCC will provide support to the outbreak setting, individuals who need to self-isolate and take the lead in communicating to local partners and the public.

MANAGING SUSPECTED OR SINGLE CASES OF COVID-19 IN SPECIFIC SETTINGS

6.8 It is important to note that a single case of COVID-19 (suspected or confirmed) in a setting is not an outbreak (see below). Nevertheless, in some settings, even one suspected case of COVID-19 (e.g. in supported housing, or a school) might cause concern among the community. In these circumstances, the advice will always be to notify PHE SW Health Protection Team (HTP)[1] who will risk assess the situation, arrange testing for the individual, and provide advice to others in the setting. PHE SW will notify GCC if a single suspected or confirmed case occurs in the following settings:

- School
- Early years settings
- Care Home
- Homelessness accommodation provision

6.9 Usually single suspected or confirmed cases, if notified to PHE HPT promptly, require little further management. In many recent instances, the suspected cases are negative after testing and this means those self-isolating can return to normal life. This highlights the need for rapid testing to be available and fed back to the individual and the partners locally.

6.10 Occasionally, if a single case tests positive, there can be a number of contacts that will need to self-isolate, and this might pose logistical or business continuity issues, or impact upon a community. For example, in a school, this might mean staff need to isolate, meaning that GCC would need to support the school to ensure that it did not have to close. In addition, GCC might need to arrange support for those self-isolating, or PPE for some settings (e.g. care homes or supported housing settings). The mechanisms for doing this are identified in the operational LOMP. In such cases, it is likely that PHE and/or GCC would initiate an Incident Management Team (IMT) meeting; this is very similar to an Outbreak Control Team (OCT) meeting and the two terms may be used interchangeably; albeit they are subtly different. The function of an IMT/OCT is described below.

[1] HPTs lead Public Health England's response to all health-related incidents. They provide specialist support to prevent and reduce the impact of infectious diseases. The South West PHE HPT can be contacted on 0300 303 8162

MANAGING OUTBREAKS OF COVID-19

6.11 There are several mechanisms by which an incident, cluster or outbreak of COVID-19 can be identified. These include through local hard and soft data and intelligence from individuals and organisations to local Gloucestershire partners or via notification directly from PHE SW (including either direct notification to them, via Tier 2 of the NHS Test and Trace service or through surveillance data).

6.12 On recognition of an incident, cluster or outbreak, an initial risk assessment in consultation with relevant stakeholders will decide whether the situation can be dealt with by one organisation, or whether a meeting is required. These Incident/Outbreak Management Team (I/OMT) meetings include the management activity to control the incident/outbreak. This covers interrupting spread and so preventing any further cases of COVID-19 and mitigating its effects through support to individuals and organisations through clear advice and communications activities.

6.13 There are well established processes in place for convening I/OMTs and mobilising responses to outbreaks, as detailed in the health protection plans listed in 1.0 above. For many settings the response to outbreaks is well practiced. Where an I/OMT does need to be convened, this will follow the process described in the operational LOMP and the Delivery of Core Health Protection Functions in Gloucestershire Memorandum of Understanding (MoU) for Outbreaks in the SW of England. These meetings employ a tried and tested dynamic risk assessment approach, which have been specifically adapted for COVID-19 to take account of the severity of the incident, the level of uncertainty in the diagnosis, the potential for spread of COVID-19, the feasibility to intervene and the broader context including public concern. Actions taken will depend upon this risk assessment which is reviewed regularly.

6.14 Not convening an I/OCT does not mean that no public health action is required, rather that it can be managed as part of business as usual by the agencies involved, based on the action cards in the operational LOMP. When a decision has been made not to declare an outbreak or establish an I/OMT, PHE SW will keep the situation under review at appropriate intervals to determine if the formal declaration of an outbreak or convening of I/OMT is subsequently required. This will involve consulting with the other parties to assist with ongoing surveillance and regular updates to the dynamic risk assessment.

CROSS BORDER INCIDENTS/OUTBREAKS

6.15 In the event that a communicable disease incident/outbreak crosses Local Authority administrative boundaries, PHE SW will normally take the lead role and chair the Incident/Outbreak Control Team with representation from each of the affected Local Authorities as required.

ACCESSING SUPPORT FOR INDIVIDUALS AND COMMUNITIES

6.16 The I/OMT will need to have at their disposal the ability to access key support mechanisms in incident or an outbreak. This will include (but is not limited to):

- Emergency PPE supplies
- Transport and other logistics
- Rapid testing and results
- Food and medication supplies
- Communications (including identified spokespeople)
- Intelligence and data
- Cleaning of environment
- Enforcement support (e.g. if unrest or detainment needs identified)

The accompanying detail for how these will be accessed are set out in the operational LOMP.

7 Monitoring, Evidence & Data Sharing

MONITORING USING AVAILABLE EVIDENCE AND DATA

7.1 The best available evidence and data will be used to support:

- early warning of increasing COVID-19 in the community or specific settings (detection), including reviewing daily data on testing and tracing;
- tracking relevant actions (e.g. care home closure) if an outbreak control team is convened;
- activities essential for the prevention of COVID-19 in Gloucestershire;
- management and control of COVID-19 in specific local settings;
- understanding of longer-term consequences of COVID-19 including in relation to inequalities, mental and physical health;
- strategic information for decision making;
- helping the public to understand the current levels of COVID-19 in the community to reinforce prevention measures;
- ensuring that those who require legitimate access to intelligence for different purposes have it, regardless of organisational affiliation, whilst ensuring information governance (IG) and confidentiality requirements are met.

MONITORING ARRANGEMENTS CURRENTLY IN PLACE

7.2 The SCG Intelligence Cell has responsibility for ensuring the intelligence needed to support the COVID-19 response is sourced and provided in appropriate formats for different groups in the LRF. The Intelligence Cell has representation from all Gloucestershire ICS organisations with others co-opted as required. The cell has links to the SCG cells and its relationships within the new governance structures is outlined in Section 3. The Cell produces a compendium of data to support the local response and recovery.

7.3 Data to support these Intelligence Cell is sourced from PHE SW HPT, Office of National Statistics (ONS), the Gloucestershire local registry office, local health and care partners, national COVID-19 reporting and more recently the NHS Test and Trace reports provided to local authorities. Direct information flows from the JBC and CQC are not currently available, however the later publish information nationally that is used for local analysis. The Gloucestershire County Council Public Health team also now receive the Contact Tracing Upper Tier Local Authorities (UTLA) report daily, the Contact Tracing Epidemiology report (weekly), and will receive the Contact Tracing

quality and monitoring report (weekly) going forward. Most recently, the DPH has received access to a dashboard on Testing data for the county. This is evolving but will be useful for monitoring purposes.

7.4 Of relevance for the LOMP is daily reporting by PHE on outbreaks in care homes, schools and other local settings, as well as the COVID-19 reporting by local NHS partners to NHSE/I. The existing arrangements for notifying PHE SW HPT about individuals with positive COVID-19 test will remain. Similarly, PHE SW will continue to notify GCC of any suspected or confirmed cases in high risk settings as defined above, and of any clusters or outbreaks in Gloucestershire.

MONITORING ARRANGEMENTS REQUIRED

7.5 Monitoring arrangements have been established to ensure timely collection and review of intelligence to meet the need for; prevention, contain, respond and monitor. This will include systems to enable detection of cases, management of incidents or outbreaks, and strategic oversight and assurance.

7.6 The JBC, which has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, will provide insight into local and national patterns of transmission and potential high-risk locations, and identify early potential outbreaks so action can be taken. The development of this for use at the local level is still awaited.

DATA SHARING

7.7 Robust data sharing is essential if local OMPs are to be effective in managing local outbreaks. Central Government has noted the importance of data flows back to DsPH from JBC and from testing and contact tracing services. There will be a proactive approach to sharing information between local responders by default, in line with the instructions from the Secretary of State, the statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act 2004. Data-sharing to support the COVID-19 response is governed by 3 different regulations:

- The four notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations

2002, requiring several organisations to share data for purposes of the emergency response to COVID-19

- The data sharing permissions under the Civil Contingencies Act 2004 and the Contingency Planning Regulations
- The Statement of the Information Commissioner on COVID-19

8 Protecting and Supporting Vulnerable People

8.1 The effective management of local outbreaks will mean that people adhering to self-isolation guidance following contact with a confirmed case. As lockdown eases we may see increased reluctance to adhere to this advice, particularly if someone is asked to self-isolate more than once.

8.2 Whilst it is anticipated that most people will be able to self-isolate for the maximum two-week period without any support, it is acknowledged that this is not the case for every citizen of Gloucestershire and we remain committed to support these individuals through the existing Community Resilience Cell of the SCG.

SUPPORT ALREADY IN PLACE

8.3 The SCG Community Resilience Cell has oversight of arrangements for supporting people isolating in their own homes, or who are in a vulnerable group in another setting, and who have no other means of support. From the 31 August 2020, this oversight will fall to local councils. Support is offered to people falling into the following categories:

- Shielding (clinically extremely vulnerable) these are people of all ages – with specific medical conditions identified by the NHS – who are at greater risk of severe illness from coronavirus. There are currently 25,450 people on the shielding list. .
- Vulnerable for another reason (for instance disability, pregnancy, over 70, BAME, specific medical conditions)
- Self-isolating showing symptoms of the virus, or are living with someone who is, should self-isolate. This means not leaving the house for any reason for 7-14 days

8.4 We are conscious that not everyone has these local connections so we have created this community help hub to match local people who need help, with others who can provide the help they need. The Gloucestershire Community Help Hub is a collaboration between all local councils, police and health services. This can be accessed at: https://www.gloucestershire.gov.uk/gloucestershires-community-help-hub/ or by calling 01452 583519 The lines are open; Mon to Sat 9am – 6pm

8.4 The support offered is the help to access food via priority supermarket slots, collecting shopping and medicines and/or befriending calls as required. This

response is coordinated at county level, and the service is usually delivered via volunteer agencies operating at district level to people considered to be extremely vulnerable in Covid-19 terms.

8.5 PHE have confirmed that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they, or someone they care for, may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. Very occasionally, it there is significant risk and the person can not be contacted by phone or email, they will be visited. Currently, a routine list of people will not be provided directly to local authorities daily, as the preferred option was to use communication from NHS BSA.

ADDITIONAL ARRANGEMENTS NEEDED FOR SUPPORTING VULNERABLE PEOPLE

8.6 A mechanism for including people who have requested support via the helpline while they self-isolate as a result of NHS Test and Trace, will need to be included in the Community Help Hub, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing.

8.7 Key challenges:

- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type
- Providing urgent food supplies on the weekends to homelessness settings
- The reduced volunteer pool as many return to work and life as usual though the volunteer pool is still relatively large at present.
- How to factor in decommissioning of food distribution parcels and assess what arrangements need to be put in place instead
- Exercise to understand what level of demand the current processes and resources could cope with, and the level of demand that would begin to strain the system

8.8 The LOMP funding may need to be used to resource solutions to these challenges as outlined in Section 10.

9 Communications and Engagement

9.1 The communications response to COVID-19 has been coordinated through the SCG's Warning and Informing Cell. The Cell has representation from most partner organisations in Gloucestershire including:

- Gloucestershire County Council including GFRS (Chair)
- GHT & GHC
- Gloucestershire Police
- District Councils
- Public Health England (PHE)

9.2 The Chair of the Cell sits on the Strategic Coordination Group (SCG) and ensures communications activities are coordinated across the County and aligned to the strategic direction of the LRF.

9.3 The Cell will continue to lead the county's communications response to COVID-19 and any communications activities relating to the LOMP and will aim to:

- provide reassurance to communities by raising awareness and understanding of the local response and our ability to deliver this;
- ensure people know what action(s) they should/shouldn't be taking - both preventative and in response to any outbreak;
- direct people to the official national and local advice and guidance to minimise the spread of misinformation;
- raise awareness of the NHS Test and Trace programme (see section 6);
- increase community resilience through promotion of the Gloucestershire Help Hub and related activity; and
- manage and deliver an effective ongoing response to COVID-19.

9.4 The Head of Communications for Gloucestershire County Council (Chair of the Cell) will sit on the COVID-19 HPB and advise the DPH and the Engagement Board on the communications strategy for the LOMP. The HPB is responsible for communicating the engagement strategy between agencies and other forums, including the LRF SCG, TCG, Cell Leads, COVID-19 Engagement Board, PHE SW and other Boards.

COMMUNICATIONS & ENGAGEMENT PLAN

9.5 The communication and engagement plan will provide an overview of the key target audiences as identified by the HPB, including at risk groups such as BAME and the 'shielded' community and how they will be reached. The plan will ensure that Gloucestershire residents and businesses understand both the national Government messaging as well as the LOMP prevention and local contain and response issues.

9.6 The multi channeled, partnership approach to communications will continue to ensure greatest possible, timely (and targeted) penetration of messages is achieved. It will also outline how specific groups will be reached using online platforms, including how residents can be targeted by their locality (home or work) and/or their profession. The engagement plan will also give consideration as to how we reach other at-risk groups such as the BAME and 'shielded' community.

9.7 Additional resource to support these functions has been identified in section 11 of this LOMP.

10 Resourcing the Plan

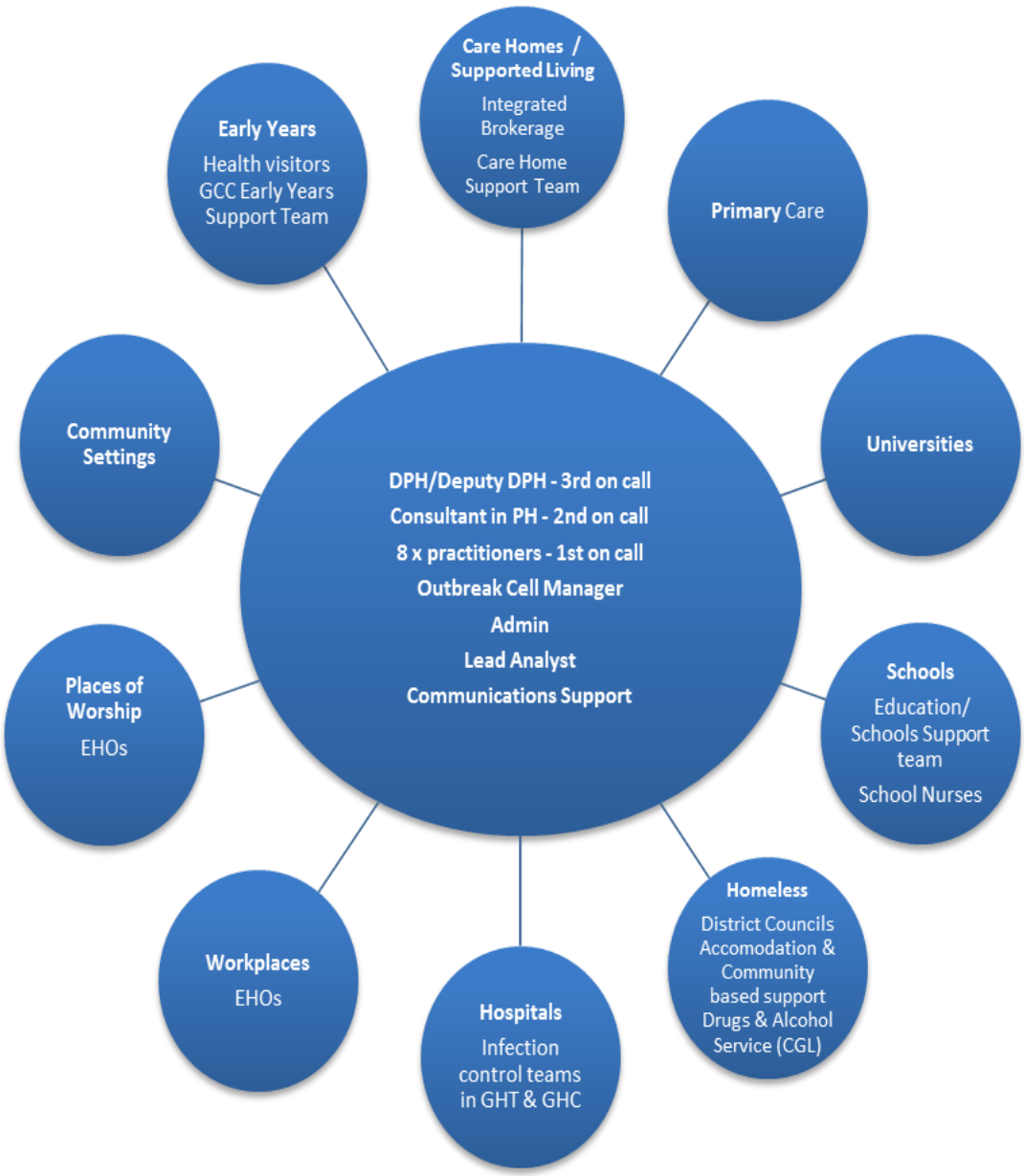
10.1 Central government have allocated each upper tier local authority a Covid-19 Test and Trace Service Support Grant. For Gloucestershire this equates to £2.2million. The purpose of the grant is to provide support to local authorities towards expenditure lawfully incurred or to be incurred in relation to the mitigation against and management of local outbreaks of COVID-19. Work has been undertaken to map current resource allocated to the identification, management and mitigation of outbreaks of communicable disease within the county. Work is on-going with local partners engaged in responding to the Covid-19 epidemic to determine how much of these resources can be allocated to the delivery of this plan or whether additional investment is needed.

10.2 It is envisaged that additional investment will be needed for the following areas:

- Workforce to deliver an outbreak management service, but also to support existing services with specific expertise who will form part of the response, for example EHOs
- Communications, campaign and engagement
- Prevention and training in areas such as infection prevention and control
- ICT to support data integration and analysis
- Consumables for example food and PPE not funded from existing sources
- It is not yet clear whether this grant will need to fund elements of the testing programme

10.3 The diagram in Figure 8 depicts a hub with a small group of staff whose main function is to deliver the LOMP. The spokes represent the likely settings of cases and outbreaks and some of the staffing groups who could support in the event of an outbreak. The list of staffing groups is not exhaustive. It is also important to recognise the role of elected members in all three tiers of local government and the Voluntary, Community and Social Enterprise Sector in helping to respond in to cases and in the event of an outbreak.

Figure 8 Hub and Spoke Model



Appendix 1: Epidemiology of COVID-19 & Key Terms

COVID-19 is caused by the virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and belongs to the broad family of viruses known as coronaviruses. It was first identified in the Wuhan province in China in December 2019; a global pandemic was declared by the World Health Organization on 11 March 2020.

In the UK, COVID-19 was added to the Notification of infectious Diseases list on 5th March 2020 in March 2020 legislation was granted which gave authority for the detention and isolation of persons in certain circumstances to help control the spread of COVID-19. The government website covers the most up to date information which we have summarized below.

Method of Transmission

- Like other respiratory viruses, SARS-CoV-2 is thought to pass between people primarily through respiratory droplets generated by coughing and sneezing, and through contact with contaminated surfaces. The role of airborne transmission in the spread of SARS-CoV-2 is not yet fully understood. Certain procedures, known as Aerosol Generating Procedures (AGP), can create the potential for airborne transmission.
- Individuals are considered most infectious while they have symptoms. The degree of infectiousness of individuals depends on the severity of their symptoms and stage of their illness. Higher levels of virus have been detected in cases with severe illness compared to mild cases.
- Current evidence suggests that SARS-CoV-2 can be transmitted from pre-symptomatic or asymptomatic individuals. Peak levels of viral loads are detected around the time of symptom onset. In general, virus remains detectable in respiratory secretions for up to eight days in moderate cases and longer in severe cases of COVID-19. SARS-CoV-2 has also been detected in faeces, urine, blood and saliva samples from infected individuals although it is not clear that these represent a significant transmission risk

Incubation Period

- Current estimates suggest that the time between exposure to the virus and developing symptoms (incubation period) is from five to six days but can range from 1 to 14 days.

Survival in the Environment

The SARS-CoV-2 virus has an outer coating called a lipid envelope. The presence of the lipid envelope means that virus is likely to survive for shorter periods outside the human body compared to a non-enveloped virus like Norovirus

(Winter vomiting virus). The virus is easily killed by common household cleaning products including bleach and disinfectants. Survival on environmental surfaces depends on the type of surface and the environmental conditions. One study using a SARS-CoV-2 strain showed that it can survive for up to 72 hours on plastic, for 48 hours on stainless steel and for up to eight hours on copper when no cleaning is performed. However, the levels of virus declined very quickly over the time period.

Risk Factors

Emerging UK and international data suggest that people from Black, Asian and Minority Ethnic (BAME) backgrounds are being disproportionately affected by COVID-19. PHE review of COVID-19 disparities published on the 2nd of June, confirms that the impact of COVID-19 has replicated existing health inequalities and, in some cases, exacerbated them further (these analyses do not take into account the existence of comorbidities):

- **Age:** The largest disparity found was by age. Among people already diagnosed with COVID-19, people who were 80 or older were seventy times more likely to die than those under 40.
- **Gender:** Working age males diagnosed with COVID-19 were twice as likely to die as females.
- **Deprivation:** People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived area
- **Ethnicity:** People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British.

When compared to previous years, the review also found a particularly high increase in all cause deaths among those born outside the UK and Ireland; those in a range of caring occupations, including social care and nursing auxiliaries and assistants; those who drive passengers in road vehicles for a living including taxi and minicab drivers and chauffeurs; those working as security guards and related occupations; and those in care homes.

In addition some specific medical conditions have been identified which place some people at greatest risk of severe illness from COVID-19. Disease severity, medical history or treatment levels will also affect who is in this group. This group may include:

1. Solid organ transplant recipients.
2. People with specific cancers:
    - people with cancer who are undergoing active chemotherapy
    - people with lung cancer who are undergoing radical radiotherapy
    - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    - people having immunotherapy or other continuing antibody treatments for cancer
    - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
    - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.

Case Definition

A **possible case** is any individual with a new continuous cough or high temperature or a loss of, or change in, normal sense of taste or smell (anosmia)

A **confirmed case** is any individual with a positive COVID-19 antigen (PCR) test, with or without symptoms of the virus.

Appendix 2: Roles and Responsibilities in Gloucestershire

Organisation	General Role	COVID-19 Responsibilities
LOCAL		
Local Resilience Forum	Collaborative Mechanism where members have a collective responsibility to plan, prepare and communicate in a multi-agency environment as outlined in the Civil Contingencies Act 2004.	- Implementing Command and Control, aligning and deploying capabilities of a range of agencies at local level to prevent and control transmission of COVID-19 - The Strategic Coordinating Group provides the Gold command level and brings together partners to set the strategy and makes collective decisions where they cannot be made at a lower level in the command and control structure - The Tactical Coordination Group provides the Silver command level and makes collective decisions where they are escalated from operational cells
Gloucestershire Integrated Care System	One Gloucestershire is a partnership between the statutory health and care organisations that cover Gloucestershire (Gloucestershire County Council, Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust, NHS Gloucestershire Clinical Commissioning Group, 2gether NHS Foundation Trust, Gloucestershire primary care providers, South West Ambulance Service NHS Foundation Trust) One Gloucestershire works in a joined up way and uses the strengths of individuals, carers and local communities to improve health and wellbeing and transform the quality of care and support they provide to all local people.	- Working as a system to ensure staff, patients and clients are protected from Covid-19 infection and receive high quality care if needed. - Ensure smooth flow of patients through the system. - Ensure consistent interpretation and implementation of guidance.
Clinical Commissioning Group	Ensure healthcare resources are made available to respond to health protection incidents or outbreaks	- Participate in Outbreak/ Incident Management Teams; - Co-ordinate Primary Care Response - Support Area Teams - Support Community and/or Acute Trusts
Gloucestershire's Hospital NHS Foundation Trust	Operates two acute hospital sites, Gloucester Royal Hospital and Cheltenham General Hospital.	- Provide secondary health care for patients affected by Covid-19. - Provide laboratory testing capacity for Pillar 1 testing. - Ensure the delivery of routine care in a Covid-19-secure way.
Gloucestershire Health and Care Trust	Provide community health and care services and community and secondary mental health services for Gloucestershire.	- Provide community care for patients affected by Covid-19. - Ensure the delivery of routine care in a Covid-19-secure way.
Gloucestershire Police	The purpose of the police service is to uphold the law fairly and firmly; to prevent crime; to pursue and bring to justice to those who break the law; to keep the Queen's peace; to protect, help and reassure the community	- Provide reassurance to the community - Enforce any restrictions as required - Provide logistical leadership and support to key response activities and mobilisation of resources
Gloucestershire Fire & Rescue Service	- Protecting life and property and rescuing and protecting people in the event of emergencies (including fires) - The Civil Protection Team makes sure that communities and local authorities are well prepared to respond to any major emergency	- Provide logistical leadership and support to key response activities and mobilisation of resources - Support emergency response through development of processes and procedures and training
Military / Ministry of Defence	Protecting the nation and its dependent territories, ready to deploy anywhere at any time to meet a variety of challenges, including large scale emergencies	- Provide military planning expertise to support the implementation of response and recovery plans - Provide logistical leadership and support to key response activities and mobilisation of resources

Organisation	General Role	COVID-19 Responsibilities
Gloucestershire County Council	Through the Director for Public Health provide local leadership in response to communicable disease incidents and outbreaks	- Assurance in protecting the health of the population - Strategic oversight of an incident - Ensure robust local health protection system - Participate (as required) in Outbreak/Incident Management Teams - Brief Local Authority Colleagues and Elected Members - Liaise with County Council and District Authorities to support mobilisation of resources.
District Councils	Environmental Health Officer – Ensure that Public Health and Safety is upheld across a range of industries	- Exercise health protection regulations to limit the spread of infectious disease - Prosecuting environmental and Public Health offences - Support Local Leadership in responding to communicable disease incidents / outbreaks - Participate (as required) in Outbreak/ Incident Management Teams - Provide specialist help and advice - Discharge role as authorised officers for Health Protection Regulations to exclude high risk groups from work school
Town and Parish Councils	The role of the Parish Council is to represent the interests of the whole community. It is a part of local government supporting the democratic process. Local Councils provide a focus for the community to identify concerns and projects, and endeavour to solve them locally themselves	- Cascade information and communications at the most local level - Mobilise local resources, including e.g volunteers and buildings
Gloucestershire VCSE Alliance	Inform and engage the sector across Gloucestershire, making links with statutory agencies	- Lead Community Resilience Cell which oversees Gloucestershire Help Hub - Support outbreak management as required (for example by connecting volunteers with vulnerable people who need support)
Gloucestershire LEP	A Local Enterprise Partnership (LEP) is a voluntary partnership between local authorities and businesses. A LEP plays a central role in deciding local economic priorities and undertaking activities to drive economic growth and create local jobs.	- Cascade information to businesses, employers and business sectors and provide a representative voice - Support business recovery, including infection prevention and control
REGIONAL		
Public Health England	Provide advice and guidance to NHSE and GCC Public Health in the management of COVID-19 and specifically by the Health Protection Team within the PHE South West Centre. The Deputy Director for Health Protection will ensure that the Health Protection Team will lead the epidemiological investigation and provide the specialist health protection response to public health outbreaks / incidents.	- Supporting local disease surveillance (maintaining and developing surveillance systems for communicable diseases in accordance with the Health Protection (Notification) Regulations 2010); - Lead public health response to COVID-19, receiving and investigating notifications - Initiating immediate control measures when required including investigation, risk assessment and provision of advice - lead the management/coordination of community incidents and outbreaks; - Provide expert epidemiological advice (in response and recovery phase) - Share information concerning incidents / outbreaks with the GCC Director of Public Health - Chair the outbreak/Incident Management Team and complete dynamic risk assessments - Provide regular communication to partners until incident/outbreak is declared over - Ensure effective warning and informing to internal and external partners and the public to protect public health - Co-ordinate public communications / media response in collaboration with the local authority, CCG and NHS England

Organisation	General Role	COVID-19 Responsibilities
		- Developing, implementing, delivering and monitoring national action plans for infectious diseases at local level; - 7 day a week advice and support Local Authorities and other organisations with responsibilities for protecting the public's health - providing a gateway to the PHE specialist expertise such as the Centre for Radiation, Chemical and Environmental Hazards (CRCE), Field Service epidemiologists and public health laboratory network.
Neighbouring Local Authorities/Local Resilience Forums	Local resilience fora are partnerships to support the planning, preparedness and response to any major incident. They are primarily comprised of responders as detailed by the Civil Contingencies Act. There is a Swindon and Wiltshire Local Resilience Forum. There is also a Regional Strategic Command Group. South West Directors of Public Health are represented by the Director of Public Health for Devon County Council.	- Communicate effectively in the event of incidents / outbreaks that cross borders
NHS England/Improvement	Managing/overseeing NHS response to incidents	- Ensure contracted providers deliver appropriate clinical response to any threat to public health - Mobilise NHS resources
NATIONAL		
Public Health England (national)	The Secretary of State for Health and Social Care has the overarching legal duty to protect the health of the population, a duty which is generally discharged by Public Health England (PHE).	- PHE national team provide advice to Government and the JBC. - Undertake national level data analysis and intelligence - Advise and assure Regional PHE Centres.
National NHS Test and Trace Service	The contact tracing and testing effort is led by the Department of Health and Social Care. PHE are responsible for providing professional leadership and monitoring quality of service delivery, working alongside delivery partners and Directors of Public Health. This incorporates a significant scaling up of the tried and tested contact tracing approach (see section 6). The service will allow us to trace the spread of the virus and isolate new infections and play a vital role in giving us early warning if the virus is increasing again, locally or nationally.	- ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents - helps trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus
Joint Biosecurity Centre	This new initiative has been set up to perform two key tasks. The first is as an independent analytical function to provide real-time analysis in regard to outbreaks. It will look in detail to identify and respond to outbreaks of Covid-19 as they arise. The centre will collect data about the prevalence of the disease and analyse that data to understand infection rates across the country. Its second role is to provide advice on how the government should respond to spikes in infections. Should UK government ministers decide to impose different restrictions in different areas and regions across England, it will be on the advice of the JBC.	- Join data sources and provide local level data to inform local planning.

Organisation	General Role	COVID-19 Responsibilities
Department of Health and Social Care	Government department which supports ministers to lead the national health and care system, produce guidance and policy and have coordinated and run Pillar 2 testing capacity.	- Issue and update national guidance as directed by Government - Provide assurance of local area Outbreak Control Plans - Provide Pillar 2 testing

Appendix 3: COVID-19 Health Protection Board: Terms of Reference

GLOUCESTERSHIRE HEALTH PROTECTION BOARD

TERMS OF REFERENCE

June 2020

Purpose of Board

The purpose of the Gloucestershire Health Protection Board is to provide assurance on behalf of the population of Gloucestershire that there are safe and effective plans in place to protect population health, to include communicable disease control, infection prevention and control, emergency planning, environmental health, screening and immunisation programmes.

The role of the group has been expanded to respond to the COVID-19 Test, Trace and Isolate Local Authority Outbreak Management Plan responsibilities. These terms of reference should be read alongside the 'South West Contact Tracing Collaboration Outline of Operational & Governance Arrangements' and Gloucestershire 'COVID-19 Outbreak Management Plan'.

Health Protection: Legal and Policy Context

Gloucestershire County Council has a range of duties with regard to protecting the health of the local population.

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with the following organisations:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020

Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under

Section 6C of the National Health Service Act 2006 (as inserted by section 18 of the Health and Social Care Act 2012) requires the authority to "provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements ("health protection arrangements"), or the participation in such arrangements, by that person or body". (Department of Health, 2012; Department of Health, Public Health England, & Local Government Association, 2013)

The Director of Public Health is responsible for the county council's contribution to health protection issues, including preparing for and responding to incidents which present a threat to the public's health. Public Health England has a complementary responsibility to provide a specialist health protection response to incidents and outbreaks, whilst NHS England/Improvement has responsibilities for mobilising healthcare assets in support of such a response.

Upper tier local authorities, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Prevention and control of infectious diseases;
- National immunisation and screening programmes;
- Health care associated infections;
- Emergency planning and response (including severe weather and environmental hazards)

Role of the Gloucestershire Health Protection Board

The Health Protection Board will carry out health protection assurance functions on behalf of the Local Authority. The group will have two distinct functions:

Function 1: COVID-19 Health Protection Board
Function 2: Business as usual core Health Protection Board

The role of the Health Protection Board COVID-19 function is to:

1. Quality, risk assure and review COVID-19 health protection plans on behalf of the local population for Gloucestershire including but not limited to those commissioned and provided by PHE, NHSE/I, Gloucestershire CCG and local NHS provider trusts. This will include receiving reports from partner members outlining current situation, progress against health protection outcomes (activity/quality data/plans developed/epidemiological summaries), incidents managed and measures taken, and suggestions for process improvement.
2. Review all significant COVID-19 outbreaks and incidents to identify trends and make recommendations regarding necessary action.

3. Provide a forum for professional discussion of risks and opportunities for joint action with partners and provide recommendations regarding the strategic/operational management of these risks, to complement and feed into current accountability structures of member partners.
4. Escalate concerns to the Council Leader as chair of the newly established COVID-19 Engagement Board, Health and Local Authority Corporate Leadership Teams where necessary.
5. Provide a forum to agree COVID-19 prevention activities and messages informed by local and national evidence and intelligence.
6. To develop and hold a joint health protection COVID-19 risk register for health protection in Gloucestershire and make recommendations to partners regarding mitigating actions and monitor progress against these quarterly.
7. Provide regular updates to the COVID-19 Engagement Board, Health and Wellbeing Board, Adult Social Care and Communities Scrutiny Committee on controls and assurances against identified non-Covid-19 health protection risks and issues in Gloucestershire.
8. Provide monthly updates on all activity relating to the Covid-19 Local Outbreak management Plan, including a dashboard for use by all partners and their respective governance structures.
9. Encourage continuous quality improvement through receiving and reviewing suggestions from partner members regarding process improvements.

Function 2 - Business as usual core Health Protection Board

10. Inform local health protection strategy and influence local commissioning through the Joint Strategic Needs Assessment process to be approved by the Gloucestershire Health & Wellbeing Board.
11. Ensure that appropriate plans and testing arrangements are in place for all partner member programmes and align with plans developed by the Local Resilience Forum, system Gold Command and Local Health Resilience Partnership (LHRP).
12. Promote the importance of the health protection agenda among partner organisations.

Quorum

For the group to be quorate, there will need to be adequate representation from core member groups including the Chair always present. It is acknowledged that weekly meetings of the group in response to function 1 will limit member availability but this frequency is deemed necessary in order to lead the implementation of the LOMP. The frequency could decrease over time.

For function 2, the HPAB core members will continue to meet quarterly.

Framework for accountability and reporting

The Health Protection Board will be the forum that leads the Gloucestershire response to cases, clusters and outbreaks of Covid-19. The Board will have a direct reporting line into the Covid-19 Engagement Board and the County Council's Corporate Leadership Team. The Health Protection Board will also provide information and updates to the Gloucestershire Covid-19 Strategic Coordinating Group, the Health and Wellbeing Board, Adult Social Care and Communities Scrutiny Committee and the Integrated Care System Board.

Risk concerns and risk management issues will be escalated to the Gloucestershire COVID-19 Engagement Board.

Board Chair

Meetings will be chaired by the Director of Public Health (DPH) or the Deputy Director of Public Health when required to deputise for the DPH. Minutes and action logs will be produced by the administrative team of the DPH. Meeting papers will be circulated one week ahead of meetings, with minutes also circulated within 14 days to Board members following each meeting.

Key Responsibilities of Board Members

Board members should be senior representatives of their organisation who have decision making capacity on behalf of their respective organisation. They are responsible for representing the views of their own organisation, and also for contributing to the Board's view on health protection plans and issues in Gloucestershire. The Board will be making decisions regarding the implementation of the Local Outbreak Management Plan. They are responsible for reporting recommendations and decisions of the Board to their organisations, and for ensuring organisation level actions are followed up and reported back to the Board.

Board members are expected to attend meetings in person/virtually, or when not possible, to delegate to another appropriate senior member of their team.

Terms of Reference Review

This Terms of Reference should be reviewed annually.

Membership

The membership of the Health Protection Board COVID-19 function is detailed below.

Table 1: Health Protection Board Membership

Position	Organisation	Name	Covid-19 function only
Director of Public Health (Chair)	Gloucestershire County Council	Sarah Scott	
Deputy Director of Public Health	Gloucestershire County Council	Siobhan Farmer	
Director of Adult Social Care	Gloucestershire County Council	Margaret Willcox	Yes
Director of Children's Services	Gloucestershire County Council	Chris Spencer	Yes
Screening and Immunisation lead	NHS England/Improvement South West	Jonathan Roberts	
Consultant in Communicable Disease Control	Public Health England South West Centre	Toyin Ejidokun	
Senior level representation from the six district councils	Six District Councils	TBC	Yes
Executive Nurse and Quality Lead	Gloucestershire Clinical Commissioning Group	Marion Andrews-Evans	
Director of Nursing	Gloucestershire Health and Care NHS Foundation Trust	TBC	
Head of Emergency Preparedness, Response and Resilience	NHS England/Improvement	Leigh Clarke	
GP	CCG Governing Body or Primary Care Network?	TBC	Yes
Head of Communications	Gloucestershire County Council	Adam Barnes	Yes
Superintendent for neighbourhood policing	Gloucestershire Police	TBC	Yes
	NHSE/I		

Appendix 4: Engagement Board TOR

Proposed Terms of Reference

Gloucestershire Covid-19 Outbreak Engagement Board

The purpose of the Gloucestershire Covid-19 Outbreak Engagement Board is to provide member and community oversight of the Gloucestershire Local Outbreak Management Plan and communicate appropriately with local communities and settings.

National context

Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The purpose of Local Outbreak Management Plans (LOMP) is to give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks.

Each upper tier local authority has been given funding to develop and deliver tailored Local Outbreak Management Plans, working with the district councils, local NHS, PHE and other stakeholders to identify and contain potential outbreaks in places such as workplaces, care homes, hospitals and schools. The Director of Public Health will be the lead officer for the development and implementation of the LOMP. Where as the Leader of the County Council will assume a lead role for engagement with local communities and up to central government on issues relating to Covid-19, through their role as the Chair of the Covid-19 Outbreak Engagement Board.

Outbreak Management Plans will be the mechanism for local authorities to anticipate, prevent and contain incidents and outbreaks in their local area using their knowledge of and relationship with people and place.

Plans must address seven key themes and arrangements for joint repose across wider geographies but should be locally tailored.

1. Care Homes and Schools: Preventing and responding
2. High risk places and communities: Preventing and responding
3. Vulnerable people: Arrangements for supporting people to isolate
4. Testing: Oversight and swift mobilisation of local testing in capability
5. Contact tracing: by PHE with local Public Health in complex situations
6. Data Integration: National, regional and local to inform situational awareness
7. Oversight and Engagement: Establish a Covid-19 health protection board to have technical oversight of the plan and a Covid-19 member led board to lead engagement with the public.

These plans will need to be in place for the foreseeable future.

Role of the Gloucestershire Local Outbreak Engagement Board

The Board will lead engagement with local communities and leaders to build and ensure understanding of public health actions required to control infection ahead of and during any outbreak management.

The Board will not be a decision-making body or fulfil a scrutiny function. The outbreak management plan will detail the governance arrangements, specifically decision-making processes. Decisions regarding the implementation of the plan and any enforcement that may be necessary will be taken by the Director of Public Health, or the Deputy Director of Public Health in consultation with the Chief Executive and Leader of Gloucestershire County Council.

The Board will enable decisions made via Health Protection Group to be communicated appropriately to local communities.

Specific functions of the Gloucestershire Local Outbreak Engagement Board

- Receive feedback from Gloucestershire communities and different sectors on the impact of implementing the outbreak management plan
- To ensure wider Member engagement across the County Council and District Councils in the mitigation of outbreaks
- To provide early information to members on potential and live outbreaks and ensure they are kept informed of progress in managing the outbreak in accordance with the LOMP.

- To have oversight on the effectiveness of the plan and suggest amendments where they are considered to be appropriate.
- Take the key communication messages back to communities/sectors as appropriate

Quorum

For the group to be quorate, there will need to be adequate representation from core member groups including the Chair or Vice-Chair always present.

Frequency of meetings

The group will meet monthly or more frequently if required.

Membership

The membership of the Local Outbreak Engagement Board is detailed below.

Core membership

Position	***Organisation***	***Name***
Leader of the Council (Chair)	Gloucestershire County Council	Cllr Mark Hawthorne
Lead Member for Public Health and Communities (Vice Chair)	Gloucestershire County Council	Cllr Tim Harman
Group Leaders (to be invited to nominate representation)	Labour Group Lib Dem Group Green Group	
District Council Leaders (to be invited to nominate representation)	Gloucester Cheltenham Tewkesbury Forest of Dean Stroud Cotswolds	

Position	***Organisation***	***Name***
Chief Executive	Gloucestershire County Council	Pete Bungard
Director of Public Health	Gloucestershire County Council	Sarah Scott
Deputy Director of Public Health or Consultant in Public Health	Gloucestershire County Council	Siobhan Farmer
Communications	Gloucestershire County Council	Adam Barnes
	Gloucestershire Association of Parish and Town Councils	
Police and Crime Commissioner	Office of the Police and Crime Commissioner	Martin Surl
Chief Executive	Gloucestershire Care Providers Association	Riki Moody
	Healthwatch Gloucestershire	
	Gloucestershire Voluntary and Community Sector Alliance	
	GFirst	
	Young Gloucestershire	

Appendix 5: SW Directors of Public Health Principles

South West Directors of Public Health

COVID 19 Local Outbreak Management Plan

Overarching Purpose

Local Authorities have a significant role to play in the identification and management of COVID-19 outbreaks. The Local Outbreak Management Plan (LOMP) will give clarity on how local government works with the NHS Test and Trace Service to ensure a whole system approach to managing local outbreaks. Directors of Public Health have a crucial system leadership role to play ensuring that through the LOMP they have the necessary capacity and capability to quickly deploy resources to the most critical areas. Response to local outbreaks, while led by DsPH, need to be a co-ordinated effort working with PHE local health protection teams, local and national government, NHS, private and community/voluntary sector and the general public.

Core working principles for SW DsPH

1. We will work together as a public health system, building on and utilising the existing close working relationships we have between the local authority public health teams and PHE. We will endeavour to ensure we make best use of the capacity and capability of the regional public health workforce.

2. While recognising local sovereignty we will commit to ensuring a common language to describe the local governance arrangements:
   a. **COVID-19 Health Protection Board**
   b. **Local Outbreak Management Plans (LOMP)**
   c. **Local Outbreak Engagement Board** (While Local Authorities may have an established Board/Committee they wish to undertake the function of this Board e.g. Health and Wellbeing Board, it is important that within the title they include the title Local Outbreak Engagement Board.

3. We will ensure that we all work to an agreed common set of quality standards and approaches in the management of local outbreaks, utilising and building upon already agreed approaches such as those defined within the Core Health Protection Functions MoU.

4. We will adopt a continuous learning approach to the planning and response to COVID-19 outbreaks, sharing and learning from one another to ensure we provide the most effective response we can.

5. We will ensure that there is an integrated data and surveillance system established, which alongside a robust evidence-base will enable us to respond effectively to outbreaks. Proposal that a COVID-19 Regional Data and Intelligence Framework is developed which will enable DsPH to have access to the necessary information to lead the COVID-19 Health Protection Board.

6. We will commit to openness and transparency, communicating the most up to date science, evidence and data to colleagues, wider partners and the public.

7. We will ensure that within our planning and response to COVID-19 we will plan and take the necessary actions to mitigate and reduce the impact of COVID-19 on those most vulnerable, including BAME communities.

8. We recognise that DsPH have a system leadership role in chairing the COVID-19 Local Health Protection Board. We commit to actively engaging with key partners, including all levels of government (Upper, lower tier local authorities, towns and parishes and wider partners and communities), key stakeholders including the community and voluntary section to ensure a whole system approach.

9. We accept that we are currently working in a fast-changing, complex environment. DsPH are having to respond dynamically to changing evidence, national guidance, demands and expectations. We will commit to be actioned focused and commit to working to public health first principles.

10. We will ensure that our LOMP includes a strong focus on prevention and early intervention to ensure key settings (e.g. care homes and schools) and high-risk locations and communities identify and prioritise preventative measures to reduce the risk of outbreaks.

Abbreviations

CCG	Clinical Commissioning Group
COVID-19	Coronavirus disease 19
DHSC	Department of Health and Social Care
DPH	Directors of Public Health
GP	General Practitioner
HPT	Health Protection Team (Public Health England South West)
I/OMT	Incident/ Outbreak Management Team
JBC	Joint Biosecurity Centre
LOMP	Local Outbreak Management Plan
LRF	Local Resilience Forum
NHSE	NHS England
PHE	Public Health England
PPE	Personal Protective Equipment
RT-PCR	Reverse Transcription Polymerase Chain Reaction
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SOP	Standard Operating Procedure

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MICROSOFT TEAMS – Commencing at 12:30

Report Title
TRUST RISK REGISTER
Sponsor and Author(s)
Author: Lee Troake, Corporate Risk Manager Sponsor: Emma Wood, Director of People and OD, Deputy CEO
Executive Summary

Purpose

The Trust Risk Register enables the Trust Leadership Team (TLT) to maintain oversight of the highest scoring risks within the Trust's risk profile. Risks are scored against 8 domains including safety, quality, statutory, workforce, finance, business, reputation and environment.
New or existing risks which meet the threshold score for one or more of the risk domains are referred to the Directors of Operations and Assurance Group (DOAG). If agreed, these are escalated to TLT for consideration.

Appendix 1 represents an overview of the current Trust Risk Register.

Key issues to note

- 1 risk accepted onto the TRR
- 1 risk agreed for downgrading to the divisional risk register

1. New Risk Accepted onto the TRR

C3253PODCOVID

Risk opened 5 June 2020. Scored as C5 x L2 = 10 for Safety. Whilst the overall score is below the threshold score for Safety, any consequence which scores a 5 is considered for the TRR. Both the risk and the current scoring were accepted at DOAG and TLT on 18 June 2020 and 2 July 2020 respectively.

Our scoring takes account of several factors in relation to the GHT staff profile and the roles those staff are involved in (i.e. individual risk, role risks and environmental risks). Within the 8000 staff, those staff who are at highest risk are currently shielding. There are 187 known shielders (2.3%). Of our shielders, 27 are BAME with underlying conditions (14%), 8 are unknown with underlying conditions and 152 are White (81%). Other staff working from home may be self-isolating with moderate risk health conditions but numbers are unknown. It is the Trust's intention to keep as many staff as possible working from home which will significantly reduce the likelihood exposure of staff across the Trust. For those in work, COVID secure measures, PPE, safe working practices and personal risk assessments / re-deployment; will reduce the likelihood of staff exposure even further. However, it is accepted that should a member of staff become infected then the consequences will be more severe and could result in death; hence a high consequence rating.

Operational lead: Alison Koeltgen, Executive lead: Emma Wood

Inherent Risk
Risk to the health of staff working in the healthcare setting who are extremely clinically vulnerable, clinically vulnerable or BAME and are at increased risk of developing a more serous or fatal COVID-19 infection.

Cause

Staff may be exposed to COVID-19 in the healthcare setting. Emerging evidence suggests that the infection rate is 2% in healthcare staff compared to 0.1% in the general population.

Extremely Clinically Vulnerable include:
• being solid organ transplant recipient
• having cancer and is undergoing active chemotherapy
• has lung cancer and is undergoing radical radiotherapy
• has cancer of the blood or bone marrow such as leukaemia, lymphoma or myeloma and is at any stage of treatment
• having immunotherapy or other continuing antibody treatments for cancer
• having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
• has had bone marrow or stem cell transplants in the last 6 months, or is still taking immunosuppression drugs
• has severe respiratory condition(s) including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD)
• People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell)
• is on immunosuppression therapy sufficient to significantly increase risk of infection
• high dose steroids
• Women who are pregnant with significant heart disease, congenital or acquired

Clinically vulnerable include:
• aged 70 or older (regardless of medical conditions)
• under 70 with an underlying health condition listed below (that is, anyone instructed to get a flu jab each year on medical grounds):
• chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
• chronic heart disease, such as heart failure
• chronic kidney disease
• chronic liver disease, such as hepatitis
• chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), or cerebral palsy
• diabetes
• a weakened immune system as the result of certain conditions, treatments like chemotherapy, or medicines such as steroid tablets
• being seriously overweight (a body mass index (BMI) of 40 or above)
• pregnant women up to 28 weeks (NB: beyond this pregnant staff must work from home

ONC survey indicates you are twice as likely to die of covid if you are disabled as opposed to not being disabled.

BAME
• National data indicates BAME staff make up approximately 20% of HCA and nurses staffing numbers but 64% of staff deaths in this group were BAME staff showing a disproportionate mortality rate for BAME.
• National data indicates BAME staff make up approximately 44% of medical whilst 95% of doctors who died were BAME
• ONC Survey suggests black men and women were four times as likely to die from the virus when compared with white people. Those of Bangladeshi and Pakistani origin were over three times at risk

Impact

Increased absence amongst these groups of staff due to COVID-19 symptoms or increased anxiety. Impact on the workforce as staff are redeployed to low risk areas. Right skills not necessarily in the risk places which will impact on the provision of services.

Scoring

- Safety C5 x L2 = 10
- Workforce C4 3x L3 = 9
- Statutory C4 x L2 = 8

Key Controls

- Risk assessment templates provided to managers to support a personal risk assessment for each member of staff within these groups
- Managers will be asked to confirm with the hub that the assessment has been completed
- Assessments will be kept on personal files or held by the individual
- Extremely clinically vulnerable staff to work from home

- Clinically vulnerable staff to work from home or a suitable low risk environment
- IT resources provided to enable remote working
- DSE equipment available to work from home
- Home working policy
- Social distancing guidelines and toolkit developed
- Risk assessment templates provided to support social distancing risk assessment

2. Downgrading of Risk from TRR to Divisional Risk Register

C2997RadSafety

Reason for downgrade: This risk was reviewed by the Radiation Safety Committee 27 May 2020. The Committee agreed to reduce the score for both consequence and likelihood following the work which took place in response to the CQC Notice in 2019. The Committee feel that likelihood of a prosecution has now reduced to 2 and, given that a good governance structure is now in place for Radiation, the consequence of a prosecution and /or Notice has also been mitigated to a score of 2.

DOAG and TLT accepted the reduced scores on 18 June 2020 and 2 July 2020 respectively. The risk will be removed from the TRR and continue to be monitored by RSC and at divisional level.

Operational lead – Tony Dix, Executive lead – Mark Pietroni

Inherent Risk#

The risk of statutory prosecution due to failure to comply with the Ionising Radiation (Medical Exposure) Regulations 2017. Failure to comply the CQC Improvement Notice, specifically the requirement for sufficient written procedures as defined in schedule 2 of IR(ME)R (a)-(n)and a suitable governance structure by 24 October 2019.

Cause

There may be a lack of understanding of IRMER responsibilities within specialties using ionising radiation. Reliance has been placed on Medical Physics to achieve compliance on behalf of the specialties. Specialty engagement with Medical Physics has not been effective in progressing radiation safety or updating procedures. The Radiation Safety Committee has only met bi-annually and has not been effective in escalating non-compliance and/or governance issues.

Impact

Harm to patients, comforters and carers of unnecessary exposure to ionising radiation.
The Trust is at risk of prosecution. This could lead to a fine, legal costs and reputational damage.
Further notices in relation to other requirements of IRMER such as training, audits and equipment may follow the re-inspection by the CQC in November 2019.

Scoring

- Safety C3 x L3 = 9
- Quality C3 x L3= 9
- Workforce C3 x L3 =9
- Statutory C4 x L4 = 16 **reduced to C2 x L2 =4**
- Reputation C2 x L3 = 6
- Finance C3 x L9 = 9

Key Controls

- Radiation Protection Advisors in place to advise specialties
- Some procedures in place i.e. Radiology (although outdated)
- Practices in place in specialties
- Radiation Safety Committee reports to H&S Committee
- Radiation Safety Policy
- Radiation Risk Assessments
- Training packages available for practitioner or operator engaged by the employer to carry out exposures
- Reviews are undertaken at a local level, to evaluate the reasons why diagnostic reference levels (DRLs)have been consistently exceeded
- Local practices to protect those of child bearing age
- Clinical audit programme
- Information about effects of ionising radiation and education about dose and reporting
- Dose constraints for research exposures where no direct medical benefit for the individual is expected

- Guidance for carers and comforters
- Clinical evaluation of the outcome of each exposure, other than exposures to carers and comforters, is recorded.
- Audit records (for some specialties only)
- Written instructions and information in cases where radioactive substances are administered
- Employers procedures now aligned with schedule 2
- Exec-led oversight for Radiation Safety Committee. Governance charts reflect escalation / reporting process for Radiation Safety Committee (RCS)
- ToR for Radiation Safety Committee reviewed
- Radiation leads for each speciality included in RSC.
- Non-compliance now effectively escalated by RSC
- Training provided to improve understanding of IRMER
- Radiation safety policy reviewed to include governance
- Risk assessments for radiation exposure reviewed
- E-learning requires reviewed to account for 2017 amendments to IRMER.
- Audit programme in place
- Clarification / review of Referrer practitioner, operator registers list and roles
- Assurance for third party practitioner or operator on training, competency and compliance i.e. FOCUS who provide services to Urology
- Established dose constraints for carers and comforters
- Reviewed awareness material for those of child bearing age i.e. waiting room information, appointment letter information etc.

Conclusions

Risks are under continual review and scores have been adjusted according to the change in circumstance.

Implications and Future Action Required

Board should note the changes to the TRR

Recommendations

To agree changes to the Trust Risk Register proposed in the report.

Impact Upon Risk – known or new

Risks that have an identified impact on the achievement of the strategic objectives are noted on DATIX.

Equality & Patient Impact

Potential impact on patient care, as described under individual risks on the register.

Resource Implications

Finance	√	Information Management & Technology	
Human Resources	√	Buildings	√

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)

Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
						3.7.20	RSC 27.5.20 & DOAG 18.6.20

Outcome of discussion when presented to previous Committees/TLT

Changes to risk scores agreed

Ref	Inherent Risk	Controls in place	Action / Mitigation	Division	Highest Scoring Domain	Consequence	Likelihood	Score	Current	Executive Lead title	Date Risk to be reviewed by	Approval status
S3035	A risk to safe service provision caused by an inability to provide an appropriate training environment leading to poor trainee feedback which could result in a reduction in trainee allocation impacting further on workforce and safety of care	Current service configuration does not lend itself to creating an environment for improved training and therefore the risk of poor feedback and the associated implications are not mitigated.	Fit for the Future engagement process re emergency general surgery Task and Finish group in situ to review all possible mitigations, meeting weekly Gain staff feedback on temporary centralisation	Surgical	Workforce	Catastrophic (5)	Possible - Monthly (3)	15	15 - 25 Extreme risk	Medical Director	01/09/2020	Trust Risk Register
C3089COOEFD	Risk of failure to achieve the Trust's performance standard for domestic cleaning services due to performance standards not being met by service partner.	1. Domestic Cleaning Services are currently provided by the Service Partner with defined performance standards/KPIs for functional areas in the clinical & non-clinical environment. (NB. Performance Standards/KPIs are agreed Trust standards that marginally deviate from guideline document 'The National Specifications for Cleanliness in the NHS – April 2007'); 2. Cleaning Services are periodically measured via self-audit process and performance is reported against the agreed Performance Standards/KPIs to the Contract Management Group (bi-monthly, every two months); 3. Scope of Cleaning Service currently agreed with the Service Partner includes – Scheduled & Reactive Cleaning, Planned Cleaning, Barrier Cleaning, Deep Cleaning and other Domestic Duties; 4. Provision of an Ad-hoc cleaning service is provided by the Service Partner with defined rectification times for the functional areas; 5. Cleaning activities and schedules are noted as being agreed at local levels (e.g. departmental/ward level) between Trust and Service Partner representatives.	Review, Assess and enact agreed future actions/controls	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Quality	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Chief Operating Officer	03/07/2020	Trust Risk Register
C2817COO	Risk of fire in Tower Block ward ducts/vents due to build up of dust over many years. Wards needs to be empty for 24 hrs to clean ducts	Funding for cleaning to be secured (some already secured) Schedule for cleaning drawn up to be undertaken in the summer months where wards can be decanted to day surgery areas to allow cleaning to take place at the weekends.	Duct cleaning only possible when ward is fully decanted. Implement ward closure programe to provide access to undertake the works. Ward 3B being assessed for ability to undertake works this Summer	Corporate, Gloucestershire Managed Services	Safety	Catastrophic (5)	Rare - Less than annually (1)	5	4 - 6 Moderate risk	Chief Operating officer	30/09/2020	Trust Risk Register
C2970COOEFD	Risk of harm or injury to staff and public due to dilapidation and/or structural failure of external elevations of Centre Block and Hazelton Ward Ceiling – resulting in loose, blown or spalled render/masonry to external & internal areas.	1) Snapshot' visual survey undertaken from ground level to establish the scope of the loose, blown or spalled render and masonry to the external elevations of the building & any loose material removed (frequency TBC); 2) Heras fencing has been put up to isolate persons from the areas of immediate concern; 3) Areas of concern being monitored (frequency TBC). (All Controls to be reviewed and confirmed as active & appropriate).	Refurbish the roof outside and make safe To undertake a comprehensive structural survey of the external elevations of Centre Block to identify all areas requiring repair or replacement and to undertake those works Planning permission for investigatory works	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical	Safety	Catastrophic (5)	Rare - Less than annually (1)	5	4 - 6 Moderate risk	Chief Operating Officer	03/07/2020	Trust Risk Register

C2669N	The risk of harm to patients as a result of falls	1. Patient Falls Policy 2. Falls Care Plan 3. Post falls protocol 4. Equipment to support falls prevention and post falls management 5. Acute Specialist Falls Nurse in post 6.Falls link persons on wards 7. Falls monitored and reported at the Health and Safety Committee and the Quality and Performance Committee 8. Falls management training package	Discussion with Matrons on 2 ward to trial process Develop and implement falls training package for registered nurses develop and implement training package for HCAs #Litle things matter campaign Discussion with matrons on 2 wards to trial process Review 12 hr standard for completion of risk assessment Alter falls policy to reflect use of hoverjack for retrieval from floor review location and availability of hoverjacks Set up register of ward training for falls	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Major (4)	Possible - Monthly (3)	12	8 -12 High risk	Director of Quality and Chief Nurse	30/09/2020	Trust Risk Register
S3038	A risk of sub-optimal care for emergency surgery patients requiring surgical treatment caused by limited day time access to emergency theatres resulting in increased length of stay and poor patient experience.	2 slots are allocated in GRH to the gynaecology emergencies first thing Regularly negotiate with other specialities to prioritise cases according to clinical need The vascular service in CGH reutilises their elective sessions to compensate for the inadequate emergency list provision	Task and Finish group in situ to review all possible mitigations, meeting weekly Fit for the Future engagement process re emergency general surgery Monitor out of hrs operating during time of access to 2 theatres	Surgical	Quality	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Medical Director	31/08/2020	Trust Risk Register
S3036	A risk of sub-optimal care for patients with specialist care and other sub-specialty conditions caused by a lack of ability to create sub-specialty rotas resulting in inequitable care and different clinical outcomes	An upper GI surgeon is the on call surgeon approximately 50% of the time so patients admitted with gallbladder disease when this is the case do get this optimal treatment. In the event of UGI elective theatre cases being cancelled or DNA emergency gallbladder disease cases may be operated on due to unexpected surgeon availability.	Lap Chole Pathway Mapping workshop Monitor performance against timeliness of cholecystectomy	Surgical	Quality	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Extreme risk	Medical Director	01/09/2020	Trust Risk Register

C3169MDCOVID	Risk of the Trust being unable to deliver its usual range of comprehensive, high quality services with consequent impact on patient safety, experience and staff wellbeing due to COVID-19 Pandemic.	• Following National Guidance across all domains / reviewing guidance and applying according to local circumstances• Fit testing programme • PPE training provision, training, information and PPE Safety Officers• RAG rating approach to treating those patients on elective and cancer waiting lists (OPA and operations) as per National Guidance• Procurement of additional equipment (noting national supply of ventilators) • Delivery of 2ww appointments where possible continues• Closure of all services on ERS and opening all services as an CAS to continue to support Primary Care• Action cards created and published for staff• Respiratory to take over half of AMU to run as a high dependency area• Pathways for trauma for COVID and non COVID will in place for all specialties• Paediatrics and Obstetrics – both have clear pathway for COVID or non COVID problem patients• Gynaecology – early pregnancy and miscarriage is being managed through OP where possible• Limited public access to hospital • Activation of Emergency Accommodation Protocol – reduced homelessness in Gloucestershire • Telephone triage support to ED to reduce wait times e.g. OMF• Prescriptions (FP10s) e-mailed direct to community Pharmacies• Staff provided information on domestic abuse awareness during lock down• Patient belongings and letters drop-off service• Family and friends helpline• Continued provision of critical / mandatory training• Rapid refresher training sessions for nurses • Revised training programme• Virtual meetings to support governance framework / statutory requirements Hub and specialist staff support network• Revision of medical rotas to ensure staffing supports activity, recruitment of volunteer workforce, redeployment to areas of greatest need, retired staff returning• T&O and Ortho to support running minors and minor injuries (not minor illnesses) from 9am-5pm on both sites. Plans in place if needed• All rotas are being revised to a 12 hour rota for juniors • Clinical and non-clinical home working – with access to EPR, scans, results, email, datix, VPN etc.• Daily staff updates with key messages and links to key resource. Sanctuary areas away from clinical areas• Extended childcare offer• 'Take 5-mins at 11am' to talk to your buddy• On-site shops for essential items / Subsidised food and drink / Extended on-site catering providing hot food until 8pm • Emergency accommodation offer • Going the Extra Mile (GEM) postcards to say thank you, quickly• Additional shower facilities• Cross-site parking permits• 21 new foundation doctors joining the PODS in GRH and CGH• Staff / family member testing for those self-insolation commenced to support return to work• Specialist Platinum COVID19 on-call rota composed of CEO and Exec Tri• Senior Nurse cover until 8pm and 24/7 Nurse Director on call• All outpatient appointments moved from face to face to video conference• Initial telephone triage of 2 week wait referrals to identify patients that can go 'straight to test' without a face to face appointment • Microbiologist resource – are providing a 1 in 5 rota and the out of hours service. Lab results available hourly• Cancellation of non-urgent elective work to reduce demand on anaesthetics team• Digital solutions to allow continuation of routine OP work where workforce permits• Stress testing of key infrastructure as part of contingency planning e.g. max Oxygen capacity at both sites• Community hospital eligibility criteria expanded resulting in reduced DTOC and >21d LOS• POD structure and MDT approach to zone the hospital• Pharmacy service continuity plans• Multiple diagnostics arranged for the same day to support one-stop outpatient appointments Use of Private Provider facilities in extremis• Usage of Private Provider Bed Stock to gain additional capacity i.e. Winfield and Nuffield private hospitals prepared to take patients (step down / sub-acute care) in place- sharing of full COVID-19 history. COVID-19 +VE to Tewksbury, North Cotswold and the Nuffield. COVID-19 –VE to the Winfield• Working closely with Community and Social care partners	Establish IMT to manage response	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Business	Catastrophic (5)	Almost certain - Daily (5)	25	15 - 25 Extreme risk	Chief Operating	13/07/2020	Trust Risk Register
C2895COO	Risk that patients and staff are exposed to poor quality care or service interruptions arising from failure to make required progress on estate maintenance, repair and refurbishment	1. Board approved, risk assessed capital plan including backlog maintenance items; 2. Prioritisation and allocation of cyclical capital (and contingency capital) via MEF and Capital Control Group;	1. Prioritisation of capital managed through the intolerable risks process for 2019/20 Ongoing escalation to NHSI and system	Corporate, Gloucestershire Managed Services	Environmental	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Chief Operating officer	03/07/2020	Trust Risk Register
F2927	Risk that the Trust does not achieve the required cost improvement resulting in failure to deliver the Financial Recovery Plan for FY20	1. PMO in place to record and monitor the FY20 programme 2. Finance Business Partners to assist budget holders 3. Fortnightly CIP Deep Dives 4. Monthly monitoring and reporting of performance against target 5. Monthly Financial Sustainability Delivery Group 6. Monthly Finance and Digital Committee scrutiny 7. Monthly and Quarterly executive reviews 8. NHSI monitoring through monthly Finance reporting		Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Finance	Catastrophic (5)	Likely - Weekly (4)	20	15 - 25 Extreme risk	Director of Finance	29/05/2020	Trust Risk Register
C3253PODCOVID	Risk to the health of staff working in the healthcare setting who are extremely clinically vulnerable, clinically vulnerable or BAME and are at increased risk of developing a more serous or fatal COVID-19 infection.	1. Risk assessment templates provided to managers to support a personal risk assessment for each member of staff within these groups 2. Managers will be asked to confirm with the hub that the assessment has been completed 3. Assessments will be kept on personal files 4. Extremely clinically vulnerable staff to work from home 5. Clinically vulnerable staff to work from home or a suitable low risk environment 6 IT resources provided to enable remote working 7. DSE equipment available to work from home 8. Home working policy 9 Social distancing guidelines and toolkit developed 10. Risk assessment templates provided to support social distancing risk assessment	To set up SD guardians	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Safety	Catastrophic (5)	Unlikely - Annually (2)	10	8 -12 High risk	Deputy CEO and director of People	03/07/2020	Trust Risk Register

S2275	A risk of sub-optimal surgical staffing caused by a combination of insufficient trainees, senior staff and increased demand resulting in compromised trainee supervision, excessive work patterns and use of agency staff impacting on the ability to run a safe and high quality surgical rotas. Impact of any changes to non-contractual clinical support to services. Impact of any risk through workload leading to deanery withdrawal of trainees.	1. Guardian of Safe working Hours. 2. Junior doctors support 3. Staff support services available to staff 4. Mental health first aid services available to trainees in ED 5. Guardian of Safe working Hours.	Escalation Attempts to recruit 1. Agency/locum cover for on call rotas 2. Nursing staff clerking patients 3. Prioritisation of workload 4. exisiting junior doctors covering gaps where possible 5. consultants acting down 6. Ongoing recruitment for substantive and locum surgeons for rota including international opportunities 7. Health and well being hub will offer greater emotional well being services Launch of Locum's Nest software for advertising and allocating locum shifts identify gaps in rota during temp centralisation	Surgical	Statutory	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Medical Director	01/09/2020	Trust Risk Register
M2613Card	The risk to patient safety as a result of lab failure due to ageing imaging equipment within the Cardiac Laboratories, the service is at risk due to potential increased downtime and failure to secure replacement equipment.	Platinum level service agreement on Room 3 - with 24 hour call out. Tube replacement has taken place in Room 3 which has corrected dosing issues however image quality remains poor. Cost analysis carried out and procurement of mobile lab to take place should either lab fail permanently prior to a build solution. Regular Dosimeter checking and radiation reporting. Service Line fully compliant with IRMER regulations as per CQC review Jan 20.	This has been worked up at part of STP replace bid. Submission of cardiac cath lab case	Medical	Safety	Major (4)	Possible - Monthly (3)	12	8 -12 High risk	Medical Director	25/05/2020	Trust Risk Register
D&S2517Path	The risk of non-compliance with statutory requirements to the control the ambient air temperature in the Pathology Laboratories. Failure to comply could lead to equipment and sample failure, the suspension of pathology laboratory services at GHT and the loss of UKAS accreditation.	Air conditioning installed in some laboratory (although not adequate) Desktop and floor-standing fans used in some areas Quality control procedures for lab analysis Temperature monitoring systems Temperature alarm for body store Contingency plan is to transfer work to another laboratory in the event of total loss of service, such as to North Bristol	Review performance and advise on improvement Review service schedule A full risk assessment should be completed in terms of the future potential risk to the service if the temperature control within the laboratories is not addressed A business case should be put forward with the risk assessment and should be put forward as a key priority for the service and division as part of the planning rounds for 2019/20.	Diagnostics and Specialties	Statutory	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Chief Operating Officer	10/08/2020	Trust Risk Register
C1850NSafe	The risk of safety to adolescents 12-18 presenting with significant mental health issues and self harming behaviour who require assessment and a place of safety, for example a specialist Child and Adolescent Mental Health (Tier 4) facility.	1. The paediatric environment has been risk assessed and adjusted to make the area safer for self harming patients with agreed protocols. 2. Relevant extra staff including RMN's are employed via and agency during admission periods to support the care and supervision of these patients. 3. CQC\commissioners have been made formally aware of the risk issues. 4. Individual cases are escalated to relevant services for support .	Develop Intensive Intervention programme Escalation of risk to Mental Health County Partnership	Medical, Surgical, Women's and Children's	Safety	Moderate (3)	Likely - Weekly (4)	12	8 -12 High risk	Director of Quality and Chief Nurse	31/12/2020	Trust Risk Register

C2719COO	The risk of compromised safety of our patients and staff within the Tower building in the event of a fire if training and equipment is not in place.	All divisions now taking accountability to ensure fire training and evacuation is being undertaken and evidence to support this is kept at local level as per fire safety standards. This includes fire warden training, e-learning, fire drills and location of fire safety equipment. - Firesafety committee reinstated Training needs and equipment needs identified Training programme now launched to include drills , education standardising documentation for all areas walkabouts arranged with fire officer -Site team prioritised Consistent messaging cascaded at the site meeting for training and compliance.	Monitoring and ensure all areas received the approrpaite training and drills to evaucate patients safely	Corporate, Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Catastrophic (5)	Rare - Less than annually (1)	5	4 - 6 Moderate risk	Chief Operating O fficer	28/08/2020	Trust Risk Register
C1798COO	The risk of delayed follow up care due outpatient capacity constraints all specialities. (ENT; Rheumatology & Ophthalmology) Risk to both quality of care through patient experience impact(15)and safety risk associated with delays to treatment(4).	1. Speciality specific review administratively of patients (i.e. clearance of duplicates) (administrative validation) 2. Speciality specific clinical review of patients (clinical validation) 3. Utilisation of existing capacity to support long waiting follow up patients 4.Weekly review at Check and Challenge meeting with each service line, with specific focus on the three specialties 5.Do Not Breach DNB (or DNC)functionality within the report for clinical colleagues to use with 'urgent' patients. 6. Use of telephone follow up for patients - where clinically appropriate 7. Additional capacity (non recurrent) for Ophthalmology and ENT specialities to support follow up capacity - completed 8. Review of good practice across Divisions to feed through to corporate approach (PCDG December 2019) 9. Review of % over breach report with validated administratively and clinically the values 10. Agreement with three specialities for chronological 2017 clearance by March 2020, with then a plan for the remaining years / chronological % over breach - Each speciality to formulate plan and to self-determine trajectory. 11. Services supporting review where possible if clinical teams are working whilst self-isolating.	1. Revise systems for reviewing patients waiting over time 2. Assurance from specialities through the delivery and assurance structures to complete the follow-up plan 3. Additional provision for capacity in key specialiities to support f/u clearance of backlog	Medical, Surgical	Quality	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Extreme risk	Chief Operating Officer	31/07/2020	Trust Risk Register
			Establish Workforce Committee Complete PIDs for each programme Reconfiguring Structures Agency Programme Board recieving detailed plans from nursing medical workforce and operational working groups 1. Convert locum/agency posts to substantive									

F2335	The risk of agency spend in clinical and non-clinical areas exceeding planned levels due to ongoing high vacancy levels, with resulting impact of delivery of FY20 CIP programme	1. Challenge to agency requests via VCP 2. Agency Programme Board receiving detailed plans from nursing medical workforce and operations working groups 3. Finance agency report review on a 6 monthly basis 4. Financial Sustainability Delivery Group 5. Quarterly Executive Reviews	2. Promote higher utilisation of internal nurse and medical bank 3. Implementation of healthRoster for roster and Bank management 4. implementation of Master Vendor Agreement for Nursing Agency - improving the control of medical agency spend and authorisation 5. Finalise job planning 6. Ongoing recruitment processes including international recruitment 7. Creation of new medical roles such as Associate specialists 8. Creation of a health and wellbeing hub aimed at reducing absence and reliance on costly temporary solutions	Corporate, Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Finance	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Director of Quality and Chief Nurse	31/07/2020	Trust Risk Register
C2819N	The risk of serious harm to the deteriorating patient as a consequence of inconsistent use of NEWS2 which may result in the risk of failure to recognise, plan and deliver appropriate urgent care needs	Ongoing education on NEWS2 to nursing, medical staff, AHPs etc o E-learning package o Mandatory training o Induction training o Targeted training to specific staff groups, Band 2, Preceptorship and Resuscitation Study Days o Ward Based Simulation o Acute Care Response Team Feedback to Ward teams o Following up DCC discharges on wards • Use of 2222 calls – these calls are now primarily for deteriorating patients rather than for cardiac arrest patients • Any staff member can refer patients to ACRT 24/7 regardless of the NEWS2 score for that patient • ACRT are able to escalate to any department / specialist clinical team directly • ACRT (depending on seniority and experience) are able to respond and carry out many tasks traditionally undertaken by doctors o ACRT can identify when patient management has apparently been suboptimal and feedback directly to senior clinicians	Monthly Audits of NEWS2. Assessing completeness, accuracy and evidence of escalation. Feeding back to ward teams Development of an Improvement Programme Prepare a business case for upgrade / replacement of DATIX	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Major (4)	Possible - Monthly (3)	12	8 -12 High risk	Director of Quality and Chief Nurse	30/10/2020	Trust Risk Register

C3084P&OD	The risk of inadequate quality and safety management as GHFT relies on the daily use of outdated electronic systems for compliance, reporting, analysis and assurance. Outdated systems include those used for Policy, Safety, Incidents, Risks, Alerts, Audits, Inspections, Claims, Complaints, Radiation, Compliance etc. across the Trust at all levels.	Risk Managers monitoring the system daily Risk Managers manually following up overdue risks, partially completed risks, uncontrolled risks and overdue actions Risk Assessments, inspections and audits held by local departments Risk Management Framework in place Risk management policy in place SharePoint used to manage policies and other documents	Arrange demonstration of DATIX and Ulysis	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Quality	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Extreme risk	Director of People and OD	31/07/2020	Trust Risk Register
C2628COO	The risk of regulatory intervention (including fines) and poor patient experience resulting from the non-delivery of appointments within 18 weeks within the NHS Constitutional standards.	The RTT standard is not being met and re-reporting took place in March 2019 (February data). RTT trajectory and Waiting list size (NHS I agreed) is being met by the Trust. The long waiting patients (52s)are on a continued downward trajectory and this is the area of main concern Controls in place from an operational perspective are: 1.The daily review of existing patient tracking list 2. Additional resource to support central and divisional validation of the patient tracking list. 3.Review of all patients at 45 weeks for action e.g. removal from list (DNA / Duplicates) or 1st OPA, investigations or TCI. 4. A delivery plan for the delivery to standard across specialities is in place 5. Additional non-recurrent funding (between cancer/ diagnostics and follow ups) to support the reduction in long waiting 6. Picking practice report developed by BI and theatres operations, reviewed with 2 specialities (Jan 2020) and issued to all service lines (Jan 2020) to implement. Reporting through Theatre Collaborative and PCDG. 7. PTL will be reviewed to ensure the management of our patients alongside the clinical review RAG rating	1.RTT and TrakCare plans monitored through the delivery and assurance structures	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Statutory	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Chief Operating Officer	31/07/2020	Trust Risk Register
S2917CC	The risk of patient and staff harm and loss of life as a result of an inability to horizontally evacuate patients from critical care	Presence of fire escape staircase Hover-jack to aid evacuation of level 3 patient Fire extinguisher training for staff	Fire extinguisher training Simulation training to evaluate hoverjack and slide sheets Discuss estates option for creating adequate fire escape facilities Purchase of twenty sliding sheets order oxygen cylinder holders Evacuation practice	Gloucestershire Managed Services, Surgical	Safety	Catastrophic (5)	Rare - Less than annually (1)	5	4 - 6 Moderate risk	Chief Operating Officer	17/08/2020	Trust Risk Register
	The risk of patient deterioration, poor patient experience, poor compliance with standard operating procedures	1. Temporary Staffing Service on site 7 days per week. 2. Twice daily staffing calls to identify shortfalls at 9am and 3pm between Divisional Matron and Temporary Staffing team. 3. Out of hours senior nurse covers Director of Nursing on call for support to all wards and departments and approval of agency staffing shifts. 4. Band 7 cover across both sites on Saturday and Sunday to manage staffing and escalate concerns. 5. Safe care live completed across wards 3 times daily shift by shift of ward acuity and dependency, reviewed shift by shift by divisional senior nurses. 6. Master Vendor Agreement for Agency Nurses with agreed KPI's relating to quality standards. 7. Facilitated approach to identifying poor performance of Bank and Agency workers as detailed in Temporary Staffing	To review and update relevant retention policies Set up career guidance clinics for nursing staff Review and update GHT job opportunities website Support staff wellbing and staff engagment Assist with implementing RePAIR priorities for GHFT and the wider ICS Devise an action plan for NHSi Retention programme - cohort 5 Trustwide support and Implementation of BAME agenda					Almost				

C3034N	(high reliability)and reduce patient flow as a result of registered nurse vacancies within adult inpatient areas at Gloucestershire Royal Hospital and Cheltenham General Hospital.	7. Facilitated approach to identifying poor performance of Bank and Agency workers as detailed in Temporary Staffing Procedure. 8. Long lines of agency approved for areas with known long term vacancies to provide consistency, continuity in workers supplied. 9. Robust approach to induction of temporary staffing with all Bank and Agency nurses required to complete a Trust local Induction within first 2 shifts worked. 10. Regular Monitoring of Nursing Metrics to identify any areas of concern. 11, Acute Care Response Team in place to support deteriorating patients. 12, Implementation of eObs to provide better visibility of deteriorating patients. 13, Agency induction programmes to ensure agency nurses are familiar with policy, systems and processes. 14, Increasing fill rate of bank staff who have greater familiarity with policy, systems and processes.	Devise a strategy for international recruitment	Medical, Surgical	Safety	Moderate (3)	Almost certain - Daily (5)	15	15 - 25 Extreme risk	Director of Quality and Chief Nurse	30/07/2020	Trust Risk Register
C2989COOEFD	The risk of patient, staff, public safety due to fragility of single glazed windows. Risk of person falling from window and sustaining serious injury or life threatening injuries. Serious injury from contact with broken glass / shattered windows. Glass shards may be used as a weapon against staff, other patients or visitors. Risk of distress to other patients / visitors and staff if person falls	1. All faults are logged on Backtraq via the Estates Helpdesk either on-line or via the 6800 number and reports are available as necessary; 2. Many windows have a protective film to prevent shards of glass fragmenting and causing harm; 3. Patient Risk Assessments are in place by the Trust for vulnerable patients to ensure that controls are in place locally to minimise and/or mitigating patient contact with windows/glass; 4. Window Restrictors are fitted to all windows which require them and are maintained on an annual PPM schedule by Gloucestershire Managed Services; 5. Window Restrictor Policy in place which is reviewed and updated on a three yearly basis or as required; 6. If a window is broken or damaged it is replaced with a window which has toughened glass and complies with all current legislative requirements (e.g. 6.4mm laminate safety glass tested to provide class 2 level of protection to BS EN 12600, manufactured to BS EN 14449 and/or BS EN ISO 12543-2); 7. Money is made available in the Capital budget for replacement of windows (Note for AM: Accuracy of control/mitigation action to be confirmed).	Replacement, or upgrade of windows. 100 windows need replacing throughout the Tower Block. Decision to be made as to whether each window needs to be replaced, or whether each window is replaced on a ward first at a cost of £30, 000 per ward Review, assess and enact agreed future actions/controls	Corporate, Diagnostics and Specialties, Gloucestershire Managed Services, Medical, Surgical, Women's and Children's	Environmental	Minor (2)	Almost certain - Daily (5)	10	8 -12 High risk	Chief Operating Officer	03/07/2020	Trust Risk Register
C2667NIC	The risk to patient safety and quality of care and/or outcomes as a result of hospital acquired C .difficile infection.	1. Annual programme of infection control in place 2. Annual programme of antimicrobial stewardship in place 3. Action plan to improve cleaning together with GMS	1. Delivery of the detailed action plan, developed and reviewed by the Infection Control Committee. The plan focusses on reducing potential contamination, improving management of patients with C.Diff, staff education and awareness, buildings and the envi	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Major (4)	Possible - Monthly (3)	12	8 -12 High risk	Director of Quality and Chief Nurse	13/07/2020	Trust Risk Register
D&S3103Path	The risk of total shutdown of the Chem Path laboratory service on the GRH site due to ambient temperatures exceeding the operating temperature window of the instrumentation.	Air conditioning installed in some laboratory areas but not adequate. Cooler units installed to mitigate the increase in temperature during the summer period (now removed). *UPDATE* Cooler units now reinstalled as we return to summer months. Quality control procedures for lab analysis Temperature monitoring systems Contingency would be to transfer work to another laboratory in the event of total loss of service (however, ventilation and cooling in both labs in GHT is compromised, so there is a risk that if the ambient temperature in one lab is high enough to result in loss of service, the other lab would almost certainly be	Develop draft business case for additional cooling Submit business case for additional cooling based on survey conducted by Capita Rent portable A/C units for laboratory	Diagnostics and Specialties	Quality	Major (4)	Likely - Weekly (4)	16	15 - 25 Extreme risk	Chief Operating Officer	30/06/2020	Trust Risk Register
S2930	A risk to patient safety caused by insufficient senior surgical cover resulting in delayed senior assessment	Criteria of patients suitable for transfer to SAU is in place (e.g. NEWS < 2 and specific conditions described in SOP that are suitable for SAU) Limited (one wte) ANP cover for SAU with a plan in place for training of additional ANPs. Current cover (1) Medical: team cover admissions and operating theatre (reducing availability of senior decision makers when they are operating). Consultant 24/7, Specialty trainee (registrar) 24/7, CT (sho) 08:00-00:00, F1 24/7 (2) ANP: 1 wte 37.5 hours/week	Transformation Delivery Group Risk to be discussed at Surgical Board Fit for the Future engagement process re emergency general surgery Task and Finish group in situ to review all possible mitigations, meeting weekly	Surgical	Quality	Moderate (3)	Almost certain - Daily	15	15 - 25 Extreme	Director of Safety and Medical	01/09/2020	Trust Risk

	and delays to urgent treatment for patients.	(2) ANP: 1 wte 37.5 hours/week (3) Nursing: SAU coordinator (band 5/6) 3 trained and 3 HCA (3/2 overnight). Minimum of 1 trained and 1 HCA cover SAU chair area (Bay C) Discretionary informal mitigations by our medical staff include reviewing and operating on emergency patients in the evening, taking emergency patients to elective lists in the event of elective cancellations / DNA's / under-running lists, second Saturday ward round which is unfunded and not job planned, flexibility from juniors in the event of rota gaps	review waiting times to be see				(5)		risk	Director		Register
C1945NTVN	The risk of moderate to severe harm due to insufficient pressure ulcer prevention controls	1. Evidence based working practices including, but not limited to; Nursing pathway, documentation and training including assessment of MUST score, Waterlow (risk) score, Anderson score (in ED), SSKIN bundle (assessment of at risk patients and prevention management), care rounding and first hour priorities. 2. Tissue Viability Nurse team cover both sites in Mon-Fri providing advice and training. 3. Nutritional assistants on several wards where patients are at higher risk (COTE and T&O) and dietician review available for all at risk of poor nutrition. 4. Pressure relieving equipment in place Trust wide throughout the patients journey - from ED to DWA once assessment suggests patient's skin may be at risk. 5. Trustwide rapid learning from the most serious pressure ulcers, RCAs completed within 72 hours and reviewed at the weekly Preventing Harm Improvement Hub.	1. To create a rolling action plan to reduce pressure ulcers 2. Amend RCSA for presure ulcers to obtain learning and facilitate sharing across divisions 3. Sharing of learning from incidents via matrons meetings, governance and quality meetings, Trust wide pressure ulcer group, ward dashboards and metric reporting. 4. NHS collabborative work in 2018 to support evidence based care provision and idea sharing Discuss DoC letter with Head of patient investigations Advise purchase of mirrors within Division to aid visibility of pressure ulcers update TVN link nurse list and clarify roles and responsibilities implement rolling programme of lunchtime teaching sessions on core topics TVN team to audit and validate waterlow scores on Prescott ward purchase of dynamic cushions share microteaches and workbooks to support react 2 red cascade learning around cheers for ears campaign	Diagnostics and Specialties, Medical, Surgical, Women's and Children's	Safety	Moderate (3)	Likely - Weekly (4)	12	8 -12 High risk	Director of Quality and Chief Nurse	31/07/2020	Trust Risk Register

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MICROSOFT TEAMS - Commencing at 12:30

Report Title
Digital Report
Sponsor and Author(s)
Author: Leah Parry, Digital Transformation Lead Sponsor: Mark Hutchinson, Exec. CDIO
Executive Summary

Purpose

This paper provides updates on the delivery of digital projects across the organisation, the benefits to patient safety and care; and the potential for realising significant financial savings. The progression of our digital agenda is an essential part of our ambition to reach HIMSS level 6 in three years.

Key issues to note

- An accelerated order comms Sunrise EPR project has been approved and is underway
- JUYI remains unavailable to clinicians due to significant event. The ICS and GHFT are now working closely with Kainos (supplier) to ensure resolution is found and assurance is sufficient to turn JUYI back on.
- Conversations have begun with finance and must continue with divisions to begin to realise financial benefits that should already be available for realisation.
- We are working with divisions to ensure that Information Governance is prioritised
- Nationally, Data Security and Protection Toolkit submission has been postponed to 30 September 2020 due to COVID-19

Conclusions

Previous investment in a robust digital infrastructure and expertise has ensured that the digital team (including CITS) ia able to respond to changing needs. The importance of improving GHFTs digital maturity in line with our strategy to achieve HIMSS level 6 has been highlighted throughout the COVID pandemic. Our ability to respond and care for our patients has been greatly enabled by our delivery so far, but needs to continue at pace. Sunrise EPR is already demonstrating significant benefit.

Implications and Future Action Required

Continued support of the digital agenda must remain a trust priority as we transition into the post COVID new ways of working.

Recommendations
The committee is asked to note the contents of the report.
Impact Upon Strategic Objectives
There is a potential to not meet some strategic objectives dependant on the content of the risk record.
Impact Upon Corporate Risks
Any risks deemed severe will be reported for impact assessment on corporate risks.
Regulatory and/or Legal Implications
Potential for regulatory action dependant on the content of the risk recorded.

Equality & Patient Impact
Potential for Patient impact dependant on the content of the risk recorded.

Resource Implications			
Finance	**X**	Information Management & Technology	**X**
Human Resources		Buildings	**X**

Action/Decision Required							
For Decision		For Assurance	**X**	For Approval		For Information	**X**

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	**Finance & Digital Committee**	**Estates & Facilities Committee**	**People & OD Committee**	**Quality & Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**

Outcome of discussion when presented to previous Committees/TLT

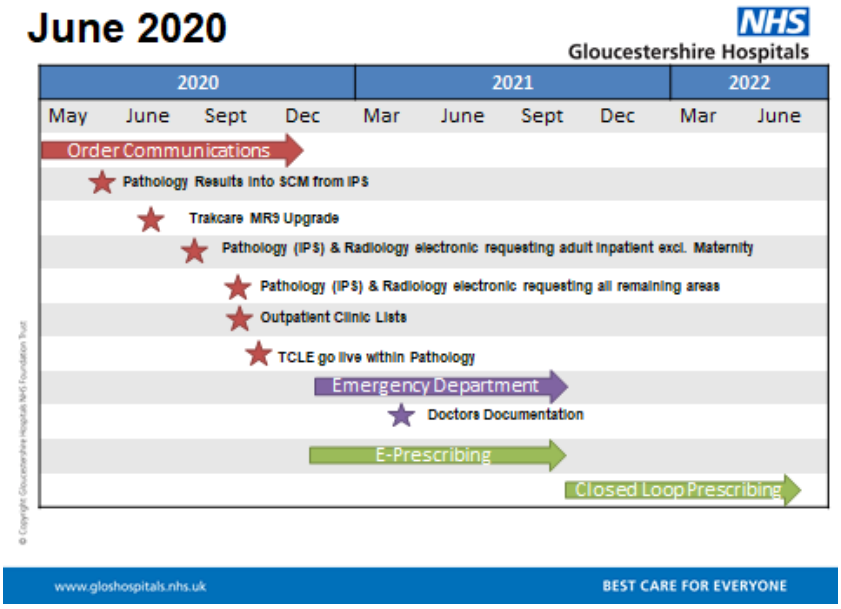
1.0 SUNRISE EPR UPDATE

1.1 Summary

Sunrise EPR provides a much safer, more accurate approach to the way we manage patient care. Workstreams are continuing to deliver at pace, with clinician-led improvements and optimisations ongoing. This update includes:

- Acceleration of order comms
- Revised EPR timelines
- Sunrise EPR quality & benefits update
- GPs using Sunrise EPR during COVID-19

The acceleration of order comms is now shown in the revised Sunrise EPR timetable below, more detail on the new phased approach to order comms is included in the next section.



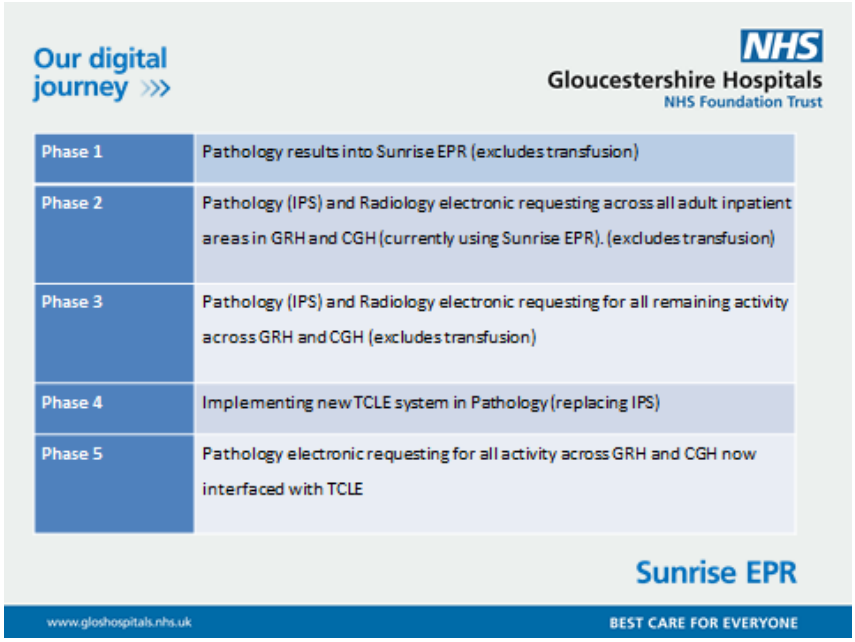
1.2 Order Communications Acceleration

Work has been continuing behind the scenes to expand capabilities of Sunrise EPR to include Radiology and Pathology ordering and results. This will allow clinicians to efficiently make requests as well as view results any time, in any care setting as part of the patient's EPR rather than in a separate system or on paper. One log in, one place for clinicians to access all of the patient information they need.

Following approval by Executive Team on 27 May 2020, Finance and Digital Committee on 28 May 2020 and the Digital Care Delivery Group on 2 June 2020, we are delivering an accelerated roll out, bringing the Order Comms launch forward in response to the COVID-19 pandemic. It will now go live in autumn (not winter as planned), and will roll out in phases; with results launching first. Clinical engagement, awareness and and training is underway.

1.3 Order Communications Revised Timelines

We are now taking a five phased approach to delivering order comms. The phases are detailed in the table below and revised dates shown in the timeline.



Revised timeline

Milestone	Commences	Completes
Current state process mapping	Mar-20	May-20
Future state processes, build forms & labels	May-20	July-20
Validation and end user testing	Jun-20	Jul-20
Pathology Results into SCM (from IPS)	May-20	Jun-20
SCM electronic order comms for Pathology – Integrated with IPS (Adult Inpatients only, excluding maternity)	Aug 20	Aug 20
SCM electronic order comms for Radiology (Adult Inpatients only, excluding maternity)	Aug-20	Aug-20
SCM electronic order comms for ED, Maternity and Paediatrics.	Jun-20	Oct-20

TCLE Go-live	Nov-20	Nov-20
SCM Electronic orders comms for Pathology and Radiology (integrated with TCLE) (All Trust areas)	Nov 20	Nov 20
Lessons learned, evaluation and maintenance moved to BAU	Dec-20	Dec-20

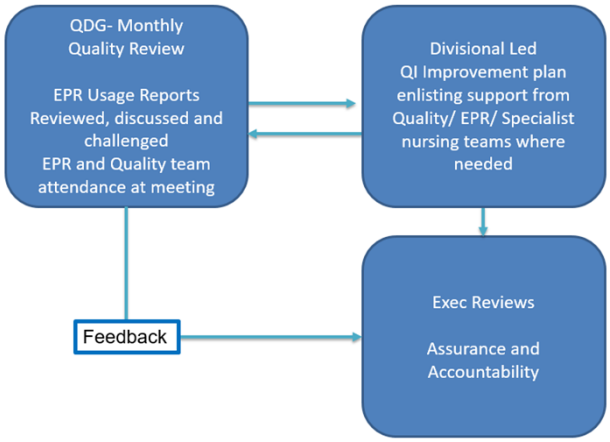
1.4 Benefits of delivering order comms

Electronic ordering brings additional benefits well beyond those seen at the point of making the request. Requesting electronically reduces the risk for errors and Pathology and Radiology departments see greatly improved request information. Benefits include:

- Requests always contain all the required information, are always understandable and it is clear who raised the request; and results are associated with the request.
- Reduced risk of paperwork being lost, tests abandoned due to bad handwriting and the inability to find the requestor to inform them.
- The system has the capability to look out for duplicated requests. EPR can reduce the overall number of radiology and pathology orders by over 5%.
- Clinicians can see the requests already made; their progress through the system and see the results as soon as they are ready.
- Automated escalation of results (where possible) will reduce the chances of patient harm.
- Improved ability to track COVID-19 patients. The ability to promptly identify which patients have had what tests remains the largest challenge to our patient flow teams.

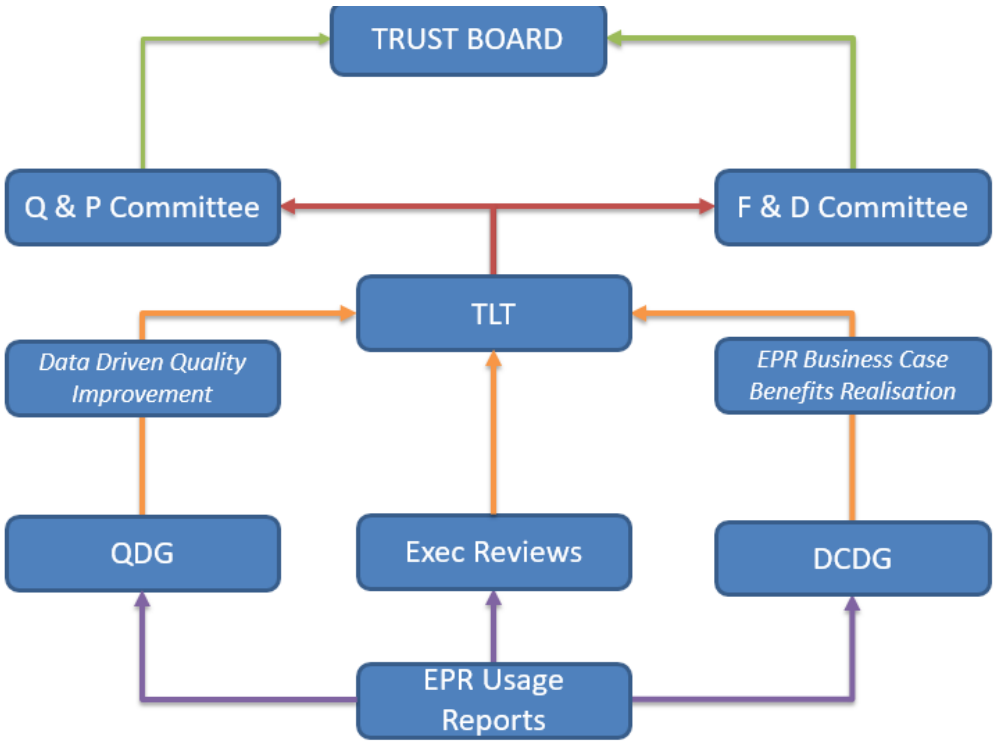
1.5 Quality Team & EPR

Now that Sunrise EPR is live, the data available within it will aid us with our quality reporting and ability to accurately describe care within the trust. Work has begun with the Deputy Director of Quality and the Quality & Improvement Director to review and track the information available within EPR and our quality metrics. More detail on realising the benefits of Sunrise EPR and achievements so far, will be reported in the next cycle.



1.6 Quality Improvement Governance

The below diagram describes how both the Digital and Quality Delivery groups will work together to embed the use of Sunrise EPR and the use of data to drive quality improvement and provide assurance as appropriate.



1.7 Sunrise EPR access for GPs

As part of the GHFT and Gloucestershire ICS response to supporting patients with COVID we gave GPs in primary care. Access was provided on a voluntary basis.

Access to Sunrise EPR is being delivered to primary care through a web based URL, that is shared via Citrix. We have also enabled single sign on using Imprivata to reduce the number of times GPs need to log on. This set up means that GPs can access Sunrise EPR via any device in any location, enabling remote working as well as access to GHFT's clinical system.

The GP profile has read-only access to clinical documentation, but still allows access to all other information. This means that:

- GPs can log in and access lists detailing their current admitted patients, and another list detailing their recently discharged patients
- They can view nursing documentation from their admission, pathology results, radiology reports/ images, observations, discharge planning information and estimated dates of discharge.

So far more than 380 GPs across 65 practices have requested access to Sunrise. We will continue to work with the CCG to understand and promote the use of Sunrise EPR and a more detailed report is being considered by Finance & Digital Committee in June.

2.0 JUYI

The JUYI system has been unavailable to clinicians since mid-April following a significant event, where clinicians discovered an information error on a patient's record. JUYI provides a central place for primary care clinicians to access patient information and the system was made unavailable whilst investigations are carried out.

The issue was reported to the supplier on 23rd April 2020 and clinically risk assessed as high clinical risk. The supplier Kainos has identified possible corruption when two patient records are accessed at the same time, at the same second, and on the same server node. Investigations are underway and JUYI will be made live once the issue has been fixed and thoroughly tested. More detail is available to Finance & Digital Committee members in Appendix 1 (confidential, for internal use only).

3.0 TrakCare Optimisation

3.1 Programme Overview

There are nine projects / workstreams in the TrakCare Optimisation Programme for 2020/21. The priority for the TrakCare Optimisation Programme from April to June 2020 is the delivery of two maintenance releases for TrakCare that are precursors for the new laboratory system, TCLE, and in turn the delivery of order communications as part of the EPR programme. This is taking the majority of development resource, but items in other workstreams do continue to be delivered. The programme is mainly being run remotely, which is proving successful for the most part, but has meant limitations on the ability for users to participate in testing the maintenance releases.

The table below presents a high-level status for each project / workstream. A number of workstreams are at Amber this month, mainly due to limited availability of operational resources during the Covid-19 pandemic. This has freed up programme resource to work on the maintenance releases and allowed these to be delivered at a faster pace than originally planned.

RTT/WL	Maintaining levels of data quality issues and continuing activities to prevent new issues arising.	G
Maternity	There is a risk on achieving CNST (Clinical Negligence Scheme for Trusts) submissions as not all data items can be collected on TrakCare. This is being reviewed with InterSystems. This has been mitigated in the short term by the deferral of the national requirements until August 2020.	A
Outpatients	Work continues on activity recording for a number of specialties but is being affected by operational resources needing to prioritise work on Covid-19 activities.	A

Upgrades / Maintenance	MR8 delivered ahead of schedule. MR9 project underway and on target for June deployment. Milestones for TCLE laboratory system being met.	G
Enhancement	Planning for delivery underway for post MR9 deployment.	G
Theatres	A number of items now delayed by limited operational staff availability including WHO checklist and anaesthetic alerts. Surgeon preferences (procedure touch times) loaded into TrakCare ahead of schedule.	A
Emergency Department (ED)	Handover of ED coding project to operational service being planned with ED management team. Coding throughput is currently below expected levels. Work delayed by operational staff availability due to Covid-19.	A
Deep Dives	Ophthalmology work continues with testing of a solution for theatres, and completion of process mapping exercise for appointments. Urology kick off meeting held, and planning started for a Central Booking Office (CBO) project with Planned Care.	G
BAU Transition	Quarterly reviews with ISC scheduled. Monthly service meetings starting in May. Processes for theatre configuration in development. Ongoing delays due to Covid-19.	A

4.0 COVID-19 Digital

4.1 Summary of approach

The COVID-19 Digital Programme Group was established in March and has delivered digital solutions to support three objectives:

- Ensuring administrative and business staff and services can continue remotely
- Ensuring clinicians can access vital patient data whilst off site, or see patients remotely
- Ensuring patients are given the opportunity to attend virtual clinics using technology that suits them

Previous investment in a robust right digital infrastructure and expertise has ensured that the digital team (including CITS) have been able to respond quickly, effectively and successfully to the COVID-19 pandemic.

Many of the solutions delivered during the pandemic have had huge benefit to the Trust and will remain in place now we have returned to business as usual.

4.2 Our digital response in numbers

- 2,000+ staff accessing trust systems remotely from home devices
- Almost 5,000 support calls handled by home-based remote IT service desk between March and May
- 100+ applications available on the virtual desktop
- 80 Central Booking Office employees set up to work from home using softphones & remote systems

- 200 additional laptops deployed
- 2,000+ meetings held across Microsoft Teams
- 40+ wards set up on Teams
- 75 iPads distributed to wards for virtual visiting
- Two additional hospitals set up & supported on Sunrise EPR
- Almost 300 GPs across 51 practices accessing patient information on Sunrise EPR
- 40+ new data items being collected for COVID-19 dashboard and reporting

5.0 Cyber Assurance

EXECUTIVE SUMMARY

This document highlights cybersecurity activity for the reporting period (April 2020) in relation to risk mitigation, current controls and ongoing work to protect Gloucestershire Healthcare Community information assets.

Audit remediation work continues; four open findings remain, most of which are dependent on technical solutions that are due to be delivered May/June.

There are no open High Severity CareCERT Advisories.

Focus	MARCH 2020	APRIL 2020	Explanation
1. CareCERT Advisories	GREEN	GREEN	Details of all open advisories can be found on page 4, A. CareCERT Advisory Tracker There are no open High Severity Advisories
2. CareCERT Threat Notifications	GREEN	GREEN	Two threat notifications for the reporting period, both closed
3. Cyber Security Audits	AMBER	AMBER	1 High, 2 Moderate and 1 Low open findings. 1 GLOS Domain Admin account removed since last report (total is now 36, audit requires c. 30)
4. Cyber Security Roadmap	GREEN	GREEN	All solutions in BAU

6.0 Information Governance

6.1 Data Security and Protection Toolkit (DSPT) Submission

All organisations that have access to NHS patient data and systems must use the toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. This year in recognition of COVID-19 pressures NHSX have moved the final submission deadline from 31 March to 30 September 2020.

The Trust's 2019/20 self-assessment is on track to achieve a compliant submission with the exception of the mandatory target of '*95% of all staff completing annual Information Governance*

refresher training'. It is currently at 92% and efforts continue to achieve the 95% target prior to publication in Sept 2020.

The end of April 2020 position retained 92% which considering the relaxation of training reporting and reminders during the initial COVID-19 response phase is encouraging. Of particular note for April is the Women and Children's division's success at achieving 95%

Compliance Rate Highlight key:	
Less than 95%	95% and above

Breakdown by Division

Gloucestershire Hospitals

	Compliance
GHT Total	**92%**
Corporate Division	90%
Diagnostic & Specialty Division	94%
Medicine Division	93%
Non-Division	91%
Surgery Division	92%
Women & Children Division	95%

Breakdown by Staff Group

Gloucestershire Hospitals

	Compliance
GHT Total	**92%**
Add Prof Scientific and Technic	95%
Additional Clinical Services	89%
Administrative and Clerical	92%
Allied Health Professionals	94%
Estates and Ancillary	91%
Healthcare Scientists	95%
Medical and Dental	88%
Nursing and Midwifery Registered	93%

6.2 Policy Review

A number of information governance and IT security policies have been reviewed and republished. Minor amendments to policies include changes to reflect updated organisational

structures and new security procedures. These are available to Finance & Digital Committee in Appendix 1.

-Ends-

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MICROSOFT TEAMS - Commencing at 12:30

Report Title
Financial Performance Report **Month Ended 31 May 2020**
Sponsor and Author(s)
Author: Johanna Bogle, Associate Director of Financial Management Sponsor: Karen Johnson, Director of Finance
Executive Summary

Purpose

This purpose of this report is to present the Financial position of the Trust at Month 2 to the Board.

Key issues to note

The Trust will breakeven for Month 1-4, due to national income changes during the Covid-19 pandemic.

This is by way of 3 income streams:

1) A block payment of money from commissioners based on the average monthly amount paid up to month 9 in 2019/20, uplifted for inflation
2) A top up payment so that the Trust receives enough income to cover its expected average costs (based on an average of M8-10 in 2019/20)
3) A true up payment for the difference in funding streams received vs actual costs

To maintain clarity, we will report against two positions:

1) Our internal financial plan for 2020/21 (business –as-usual budget vs actuals)
2) The NHSE/I average run rate (always breakeven)

For Month 2 we report a breakeven position against the NHSE/I run rate, and a £4.7m surplus against budget. Both of these numbers include the costs of Covid-19 in our accounts.

If we excluded the Covid-19-related True-Up income, but included the Covid-19-related costs, we would show £1.2m better than plan.

Conclusions

The Trust is reporting a year to date breakeven position compared to the run rate assessment of NHSE/I. Because of block income and true-up funding, this is expected to continue until the end of Month 4.

Implications and Future Action Required

To continue the report the financial position monthly.

Recommendations
The Board is asked to note the contents of the report and receive assurance that the financial position is understood and under control.

Impact Upon Strategic Objectives
This report updates on our progress throughout the financial year of the Trust's strategic objective to achieve financial balance.
Impact Upon Corporate Risks
This report links to a number of Corporate risks around financial balance.
Regulatory and/or Legal Implications
No issues for regulatory of legal implications.
Equality & Patient Impact
None

Resource Implications			
Finance	**X**	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	**X**	For Approval		For Information	

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	**Finance & Digital Committee**	**Estates & Facilities Committee**	**People & OD Committee**	**Quality & Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
	25/06/2020						

Outcome of discussion when presented to previous Committees/TLT

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 31st May 2020

Director of Finance Summary

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Month 2

As a result of the Covid-19 pandemic, there is an interim funding arrangement for M1-4 of the 20/21 financial year. Beyond M4 we have no confirmed guidance for the distribution of funding but we do have some verbal notification that a block type arrangement will continue until the end Oct 20.

During M1-4 the trust has certainty on its income through 3 means:

1) A block payment of money from commissioners based on the average monthly amount paid up to month 9 in 2019/20, uplifted for inflation
2) A top up payment so that the Trust receives enough income to cover its expected average costs (based on an average of M8-10 in 2019/20)
3) A true up payment for the difference in funding streams received vs actual costs

This means that the Trust will report a breakeven position for M1-4 against the NHSE/I run rate calculations.

For clarity, we will report against two positions:

1) Our internal financial plan for 2020/21 (business –as-usual budget vs actuals)
2) The NHSE/I average run rate (always breakeven)

Forecast Outturn

Work is currently underway to identify the potential financial forecast position of the Trust including the following:

- Anticipated ongoing Covid-19 spend
- Recovery to ICS activity targets
- Patient segregation red and green service changes
- Committed and unavoidable risks and cost pressures
- Likely delivery of efficiency savings.

This will be reported to the Group once completed.

Capital

The capital programme has recently been approved and work has begun to deliver the various schemes. A detailed report showing progress against plan will be presented next month.

Balance Sheet

In order that the national NHS cash position was secure, all Trusts have received three months' of commissioner block income payments so far this year. This means that our cash balance is £55m higher than anticipated in planning.

M02 Group Position vs NHSE Average Run Rate Position

Gloucestershire Hospitals NHS
NHS Foundation Trust

Including the £5.97m of Covid-19 costs that the Trust has incurred year to date in Month 2, we are reporting a breakeven position. This is because NHSE/I have committed to additional true-up income to cost above the income value they have calculated.

Consolidated Run Rate Position - incl Covid Spend and True-Up Income	Run Rate 20/21 budget £'000		
	YTD Run Rate Calc	YTD Actual	YTD Variance
Income	99,724	101,462	1,738
Pay	64,290	66,337	(2,047)
Non Pay	33,796	33,347	450
Capital Financing	1,638	1,853	(215)
Total Surplus / (Deficit)	0	(74)	(74)
Remove impact of Donated Asset Depreciation	0	74	74
Grand Total Surplus / (Deficit)	0	0	0

Excluding the Covid-19 costs that the Trust has incurred year to date in Month 2, and associated true-up income of £3.53m, we are reporting a surplus position of £2.44m. This means that the Trust has contributed £2.44m of baseline funding to offset some of the Covid-19 costs. The Month 1 True-Up value of £1.78m has been agreed by NHSE. The Month 2 True-Up value of £1.77m will be validated by NHSE over the next fortnight.

Consolidated Run Rate Position - excl Covid Spend and True-Up Income	Run Rate 20/21 budget £'000		
	YTD Run Rate Calc	YTD Actual	YTD Variance
Income	99,724	97,936	(1,788)
Pay	64,290	63,437	854
Non Pay	33,796	30,275	3,522
Capital Financing	1,638	1,853	(215)
Total Surplus / (Deficit)	0	2,372	2,372
Remove impact of Donated Asset Depreciation	0	74	74
Grand Total Surplus / (Deficit)	0	2,446	2,446

M02 True-Up Funding agreed by NHSE

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Trust has spent £5.97m of Covid-19 costs so far this year. This means that the Trust has contributed £2.44m of baseline funding towards these Covid-19 costs, because it has only applied for True-Up funding of £3.53m.

NHSE require Trusts to report a breakeven position, on the assumption that the deficit before the True-Up income will be approved by NHSE. The Month 1 True-Up value of £1.78m has been agreed by NHSE. The Month 2 True-Up value of £1.77m will be validated by NHSE over the next fortnight.

Payments for agreed True-Up income are made on the 15th of the following month. This means that we have received £1.78m, and expect to receive a further £1.77m on July 15th.

NHSE True-Up Income Position	Value (£'000)
True-Up M01 Paid	1,757
True-Up M02 Anticipated	1,769
Grand Total True-Up YTD	**3,526**

M02 Group Position vs Budget

Gloucestershire Hospitals NHS
NHS Foundation Trust

Including the £5.97m of Covid-19 costs and the associated income flows that the Trust has incurred year to date to Month 2, we are reporting a breakeven position. The tables below exclude the true-up income from NHSE, which totals £3.53m.

We had budgeted for a deficit of £4.75m year to date to month 2, so we currently report a positive variance to budget of £4.75m.

Consolidated Budget Position - incl Covid Spend and True-Up Income	Run Rate 20/21 budget £'000		
	YTD Budget	YTD Actual	YTD Variance
Income	98,327	101,462	3,135
Pay	65,481	66,337	(856)
Non Pay	36,183	33,347	2,837
Capital Financing	1,484	1,853	(369)
Total Surplus / (Deficit)	(4,821)	(74)	4,747
Remove impact of Donated Asset Depreciation	74	74	0
Grand Total Surplus / (Deficit)	(4,747)	0	4,747

Including the Covid-19 costs but removing the impact of the NHSE True-Up income that the Trust has seen year to date to Month 2, we are reporting a deficit actuals position of £3.53m. Compared to the budget of £4.75m deficit we are therefore £1.22m better than expected. Please note the deficit budget is higher at the start of the year as CIPs are back -ended.

Consolidated Budget Position - incl Covid Spend and excl True-Up Income	Run Rate 20/21 budget £'000		
	YTD Budget	YTD Actual	YTD Variance
Income	98,327	97,936	(391)
Pay	65,481	66,337	(856)
Non Pay	36,183	33,347	2,837
Capital Financing	1,484	1,853	(369)
Total Surplus / (Deficit)	(4,821)	(3,600)	1,221
Remove impact of Donated Asset Depreciation	74	74	0
Grand Total Surplus / (Deficit)	(4,747)	(3,526)	1,221

M02 Group Position versus Budget

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Trust has not yet submitted a final plan for 2020/21, so the below table is based on the current year's draft plan.

The financial position as at the end of May 2020 reflects the Group position including Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Managed Services Limited, the Trust's wholly-owned subsidiary company. The Group position in this report excludes the Hospital Charity.

In May the Group's consolidated position shows a year to date breakeven position due to the current funding regime. This is £4.75m favourable against budget.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 02 Cumulative Financial Position	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s
SLA & Commissioning Income	85,559	86,618	1,059	0	0	0	85,559	86,618	1,059
PP, Overseas and RTA Income	664	353	(311)	0	0	0	664	353	(311)
Other Income from Patient Activities	214	154	(60)	0	0	0	214	154	(60)
Operating Income	3,467	5,975	2,508	8,423	8,362	(61)	11,890	14,337	2,447
Total Income	**89,904**	**93,100**	**3,196**	**8,423**	**8,362**	**(61)**	**98,327**	**101,462**	**3,135**
Pay	62,088	62,804	(716)	3,393	3,533	(140)	65,481	66,337	(856)
Non-Pay	31,628	29,421	2,208	4,555	3,926	629	36,183	33,347	2,837
Total Expenditure	**93,716**	**92,224**	**1,492**	**7,948**	**7,458**	**489**	**101,664**	**99,683**	**1,981**
EBITDA	**(3,812)**	**876**	**4,688**	**475**	**903**	**429**	**(3,337)**	**1,779**	**5,116**
EBITDA %age	**(4.2%)**	**0.9%**	**5.2%**	**5.6%**	**10.8%**	**5.2%**	**(3.4%)**	**1.8%**	**5.1%**
Non-Operating Costs	1,009	950	59	475	903	(428)	1,484	1,853	(369)
Surplus/(Deficit) with Impairments	**(4,821)**	**(74)**	**4,629**	**0**	**0**	**857**	**(4,821)**	**(74)**	**4,747**
Less Fixed Asset Impairments	0	0	0	0	0	0	0	0	0
Surplus/(Deficit) excluding Impairments	**(4,821)**	**(74)**	**4,747**	**0**	**0**	**0**	**(4,821)**	**(74)**	**4,747**
Excluding Donated Assets	74	74	0	0	0	0	74	74	0
Control Total Surplus/(Deficit)	**(4,747)**	**0**	**4,747**	**0**	**0**	**0**	**(4,747)**	**0**	**4,747**

* Group Position excludes £8.5m of intergroup transactions including dividends

M02 Detailed Income & Expenditure (Group)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 02 Financial Position	M02 Budget £000s	M02 Actuals £000s	M02 Variance £000s	M02 Cumulative Budget £000s	M02 Cumulative Actuals £000s	M02 Cumulative Variance £000s	Passthrough Variance £000s	Net Variance £000s
SLA & Commissioning Income	43,842	43,402	(440)	85,559	86,617	1,058	1,222	2,280
PP, Overseas and RTA Income	332	218	(114)	664	353	(311)		(311)
Other Income from Patient Activities	107	62	(45)	214	154	(60)		(60)
Operating Income	5,943	7,125	1,182	11,890	14,337	2,447		2,447
Total Income	**50,224**	**50,808**	**584**	**98,327**	**101,462**	**3,135**	**1,222**	**4,357**
Pay								
Substantive	30,447	30,895	(448)	63,329	60,398	2,931		2,931
Bank	1,299	1,759	(460)	849	3,729	(2,879)		(2,879)
Agency	929	1,161	(232)	1,303	2,210	(907)		(907)
Total Pay	**32,675**	**33,815**	**(1,140)**	**65,481**	**66,337**	**(856)**	**0**	**(856)**
Non Pay								
Drugs	6,331	5,384	947	12,663	11,050	1,613	(1,119)	494
Clinical Supplies	3,715	2,077	1,638	7,430	4,614	2,816	(103)	2,713
Other Non-Pay	8,053	8,572	(519)	16,090	17,683	(1,593)		(1,593)
Total Non Pay	**18,099**	**16,033**	**2,066**	**36,183**	**33,347**	**2,836**	**(1,222)**	**1,614**
Total Expenditure	**50,774**	**49,848**	**926**	**101,664**	**99,683**	**1,981**	**(1,222)**	**759**
EBITDA	**(550)**	**960**	**1,510**	**(3,337)**	**1,779**	**5,116**	**0**	**5,116**
EBITDA %age	**(1.1%)**	**1.9%**	**3.0%**	**(3.4%)**	**1.8%**	**(5.1%)**	**0.0%**	**117.4%**
Non-Operating Costs	742	997	(255)	1,484	1,853	(369)		
Surplus/(Deficit)	**(1,292)**	**(37)**	**1,255**	**(4,821)**	**(74)**	**4,747**	**0**	**4,747**
Fixed Asset Impairments	0	0	0	0	0	0		0
Surplus/(Deficit) after Impairments	**(1,292)**	**(37)**	**1,255**	**(4,821)**	**(74)**	**4,747**	**0**	**4,747**
Excluding Donated Assets	37	37	0	74	74	0		0
Surplus/(Deficit)	**(1,255)**	**0**	**1,255**	**(4,747)**	**(0)**	**4,747**	**0**	**4,747**

SLA & Commissioning Income – Most of the Trust income is covered by block contracts. With the volume of activity happening within the Trust significantly down, the surplus position showing can be explained by the fact that the plan is profiled for peaks and troughs in the year, while the current NHSE run-rate funding is in twelfths.

PP / Overseas / RTA Income – This is significantly down on plan due to Covid-19.

Other Operating income – Includes additional income associated with services provided to other providers, and is below plan due to Covid-19. The value of the NHSE True-Up at £3.53m year to date is included here.

Pay – Cumulatively there is an overspend of £0.9m, reflecting a £2.9m underspend on substantive budgets, offset by a £2.9m overspend on bank and £0.9m on agency. The in-month and year to date overspend predominantly reflects the additional pay costs of Covid-19 activity above our original budgeted levels. Further detail on pay expenditure is provided on page 11.

Non-Pay – expenditure is showing a year to date £2.8m underspend, predominantly reflecting the impact of reduced activity in most clinical areas, Surgery and Medicine being the biggest contributors. Unbudgeted Covid-19 spend offsets £3.3m of the business-as-usual underspend on non-pay.

SLA and Commissioning Income – by Commissioner (Group)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Commissioner Income Analysis	Annual Budget £000s	M02 Cumulative Budget £000s	M02 Cumulative Actuals £000s	M02 Cumulative Variance £000s
NHS Gloucestershire CCG	368,470	60,335	60,342	7
Specialised Commissioning Group	109,688	17,502	17,136	(366)
Herefordshire & Worcestershire CCG	14,945	2,445	2,384	(61)
Welsh Commissioners	5,417	871	850	(21)
Other Commissioner Income	20,821	3,645	5,522	1,877
Non Contractual Agreements (NCAs)	4,626	761	383	(378)
Total	**523,967**	**85,559**	**86,617**	**1,058**

The table above shows the income position at Month 2.

As explained on the previous slide there are three factors behind the positive variance. The first seen in the first four lines is due to profiling of the plan versus the funding allocations. This amounts to a £441k positive benefit. Over the course of the remaining 3 months of the current 4 month block contracts this profiling issue will be eliminated. Line five contains the NHSE/I Top-up funding for lost income, along with the True-Up income for the additional Covid-19 expenditure.

The Annual Budget column represents the Trust's plans for commissioners prior to the suspension of the contracting round for 2020/21 as a result of Covid-19. These numbers were not agreed with commissioners but represent the baseline of "normal" activity going forward. The Cumulative Actuals largely reflect the imposed NHSE block contracts for the month 1-4 of 2020/21. What happens after the end of July is still unknown but it would be a reasonable assumption that some form of block contracting will be put in place for the rest of the year.

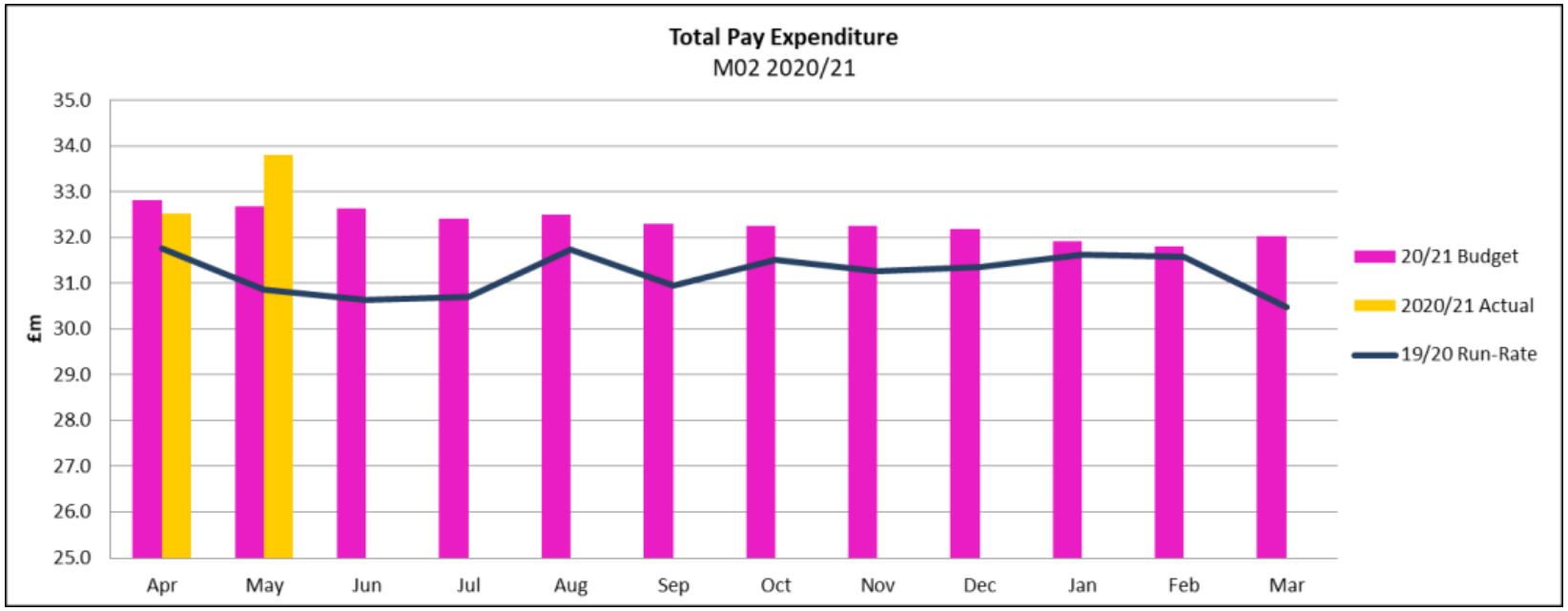
Pay Expenditure – Group Totals

Gloucestershire Hospitals NHS
NHS Foundation Trust

Pay	M02 Budget £000s	M02 Actuals £000s	M02 Variance £000s	M02 Cumulative Budget £000s	M02 Cumulative Actuals £000s	M02 Cumulative Variance £000s
Substantive	30,447	30,895	(448)	63,329	60,398	2,931
Bank	1,299	1,759	(460)	849	3,729	(2,879)
Agency	929	1,161	(232)	1,303	2,210	(907)
Total	**32,675**	**33,815**	**(1,140)**	**65,481**	**66,337**	**(856)**

At the end of May the reported year to date pay position is £0.9m adverse to budget, driven by a £0.9m overspend against Agency, mainly for Qualified Nurses, Medical staff and Infrastructure staff, (the latter within GMS) and £2.9m on Bank, mainly for Qualified Nurses and Clinical Support Staff. This is mostly offset by a £2.9m underspend on substantive staff, mainly for Qualified Nurses.

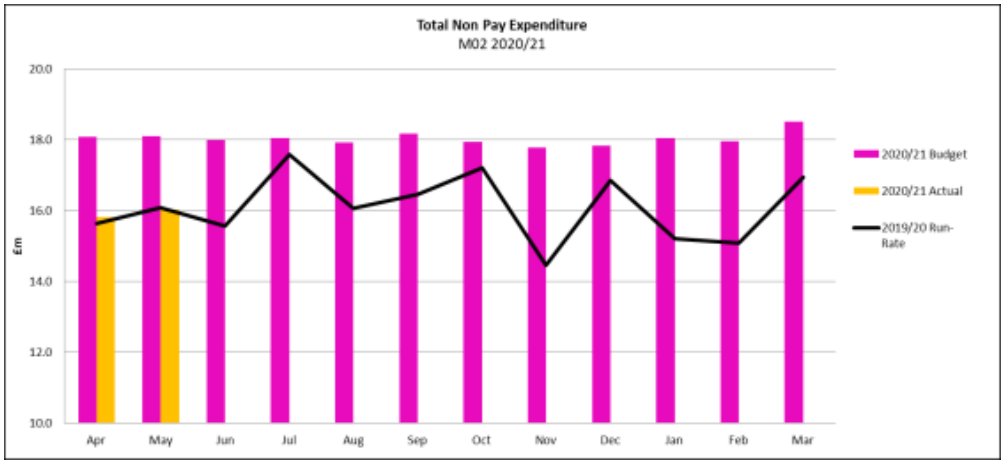
The next slide gives some context around the temporary staffing use in month.

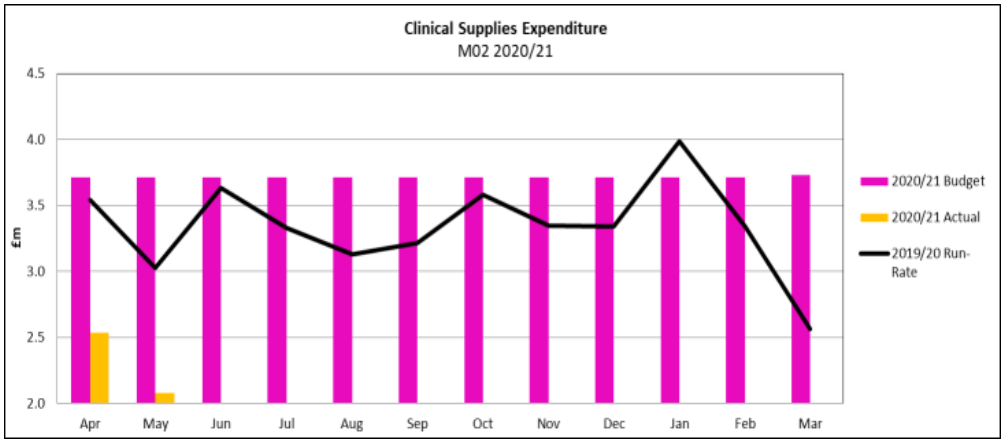


Non-Pay Expenditure (Group)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Non Pay Analysis	M02 Budget £000s	M02 Actuals £000s	M02 Variance £000s	M02 Cumulative Budget £000s	M02 Cumulative Actuals £000s	M02 Cumulative Variance £000s
Drugs	6,331	5,384	947	12,663	11,050	1,613
Clinical Supplies	3,715	2,077	1,638	7,430	4,614	2,816
Other Non-Pay	8,053	8,572	(519)	16,090	17,683	(1,593)
Total Non Pay	**18,099**	**16,033**	**2,066**	**36,183**	**33,347**	**2,836**





The table shows the split of non-pay expenditure between the main cost categories.

Overall non-pay year to date is £2.8m underspent against budget, predominantly reflecting the reduced activity in clinical divisions, although including Covid-19 non-pay spend.

Month 2 saw the year to date Covid-19 spend distributed over the following non pay categories:

Covid Non-Pay Spend	£'000
Clinical Supplies & Services	2,313
Drugs	262
Other *	497
Total	3,072

* Other non pay mainly relates to General Supplies & Services, Computer Equipment, Cleaning Equipment / Bedding / Linen and Transport

The graph for Total Non Pay shows the monthly run rate on expenditure alongside the budget.

The graph for Clinical Supplies shows the monthly run-rate on expenditure alongside the budget. The significant drop in cost since the same period last year relate to variable costs that have dropped with the activity that was stopped as a result of Covid-19, for example theatre supplies.

Further detail on Covid-19 costs start at slide 15.

Balance Sheet (1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2020 £000	GROUP Balance as at M2 £000	B/S movements from 31st March 2020 £000
Non-Current Assests			
Intangible Assets	5,851	5,688	(163)
Property, Plant and Equipment	257,352	257,832	480
Trade and Other Receivables	5,889	5,897	8
Investment in GMS	0	0	
Total Non-Current Assets	**269,092**	**269,417**	**325**
Current Assets			
Inventories	9,121	8,672	(449)
Trade and Other Receivables	31,268	25,381	(5,887)
Cash and Cash Equivalents	37,385	76,981	39,596
Total Current Assets	**77,774**	**111,034**	**33,260**
Current Liabilities			
Trade and Other Payables	(79,872)	(111,377)	(31,505)
Other Liabilities	(3,401)	(5,941)	(2,540)
Borrowings	(132,582)	(132,582)	0
Provisions	(170)	(170)	0
Total Current Liabilities	**(216,025)**	**(250,070)**	**(34,045)**
Net Current Assets	**(138,251)**	**(139,036)**	**(785)**
Non-Current Liabilities			
Other Liabilities	(6,484)	(6,422)	62
Borrowings	(40,609)	(40,285)	324
Provisions	(2,850)	(2,850)	0
Total Non-Current Liabilities	**(49,943)**	**(49,557)**	**386**
Total Assets Employed	**80,898**	**80,824**	**(74)**
Financed by Taxpayers Equity			
Public Dividend Capital	179,302	179,302	0
Reserves	29,879	29,879	0
Retained Earnings	(128,283)	(128,357)	(74)
Total Taxpayers' Equity	**80,898**	**80,824**	**(74)**

The table shows the M2 balance sheet and movements from the 2019/20 closing balance sheet, supporting narrative is on the following pages.

Better Payment Practice Code (BPPC)

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Cumulative for Financial Year		Current Month May	
	Number	£'000	Number	£'000
Total Bills Paid Within period	18,063	42,568	7,073	15,102
Total Bill paid within Target	14,722	36,259	5,884	14,184
Percentage of Bills paid within target	82%	85%	83%	94%

BPPC performance currently only includes those invoices that are part of the creditors ledger balance. Performance reflects invoices processed in the period (both cumulative and in-month) rather than the invoices relating to that period.

It should be noted that whilst driving down creditor days as far as possible the Trust are not compliant with 30 day terms across all suppliers.

Liabilities – Borrowings

Analysis of Borrowing	As at 31st May 2020 £000
<12 months	
Loans from ITFF	2,186
Capital Loan	21,691
Distress Funding	106,826
Obligations under finance leases	1,360
Obligations under PFI contracts	519
Balance Outstanding	**132,582**
>12 months	
Loans from ITFF	19,091
Capital Loan	0
Distress Funding	0
Obligations under finance leases	3,835
Obligations under PFI contracts	17,359
Balance Outstanding	**40,285**
Total Balance Outstanding	**172,867**

The Trust has two major loans outstanding with the Independent Trust Financing Facility (ITFF).

The first loan was to facilitate improvements related to backlog maintenance and the second was for the build of the Hereford Radiotherapy Unit. These are included within the balance sheet within both current liabilities (for those amounts due within 12 months) and non -current liabilities (for balances due in over 12 months).

There are also borrowing obligations under finance leases and the PFI contracts.

The majority of our outstanding loans are expected to convert to PDC during this financial year. These loans have now re classified as due within 12 months.

Cash flow: May

Gloucestershire Hospitals NHS
NHS Foundation Trust

Cashflow Analysis	Apr-20 £000s	May-20 £000s	Forecast Movement June 20 to March 21 £000s	Forecast Outturn £000s
Surplus (Deficit) from Operations	**818**	**954**	**7,696**	**9,468**
Adjust for non-cash items:				
Depreciation	1,509	1,509	15,090	**18,108**
Other operating non-cash	0	0	(1,000)	**(1,000)**
Operating Cash flows before working capital	**2,327**	**2,463**	**21,786**	**26,576**
Working capital movements:				
(Inc.)/dec. in inventories	221	232	345	**798**
(Inc.)/dec. in trade and other receivables	(4,178)	10,065	(5,974)	**(87)**
Inc./(dec.) in current provisions	0	0	0	**0**
Inc./(dec.) in trade and other payables	35,152	(5,229)	(50,884)	**(20,961)**
Inc./(dec.) in other financial liabilities	7,099	(4,559)	1,129	**3,669**
Net cash in/(out) from working capital	**38,294**	**509**	**(55,384)**	**(16,581)**
Capital investment:				
Capital expenditure	(1,667)	(1,667)	(25,234)	**(28,568)**
Capital receipts	0	0	0	**0**
Net cash in/(out) from investment	**(1,667)**	**(1,667)**	**(25,234)**	**(28,568)**
Funding and debt:				
PDC Received	0	0	106,271	**106,271**
Interest Received	11	0	121	**132**
Interest Paid	0	0	0	**0**
DH loans - received	0	0	0	**0**
DH loans - repaid	0	0	(109,654)	**(109,654)**
Finance lease capital	(95)	(95)	(959)	**(1,149)**
Interest element of Finance Leases	(17)	(17)	170	**136**
PFI capital element	(43)	(43)	(433)	**(519)**
Interest element of PFI	(182)	(182)	(1,820)	**(2,184)**
PDC Dividend paid			(6,245)	**(6,245)**
Net cash in/(out) from financing	**(326)**	**(337)**	**(12,549)**	**(13,212)**
Net cash in/(out)	**38,628**	**968**	**(71,381)**	**(31,785)**
Cash at Bank - Opening	**37,385**	**76,013**	**76,981**	**37,385**
Closing	**76,013**	**76,981**	**5,600**	**5,600**

The cash flow for May 2020 is shown in the table opposite

Cashflow Key movements:

The Cash Position – reflects the Group position.

Two months of block income was received in month 1.

The year end forecast cash position reflects the income and expenditure forecast, and assumes full commitment of the capital programme.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Budget Setting 2020/21

The methodology this year was to use the recurrent budgets at month 8 and roll them forward, plus inflation. Cost pressures and intolerable risks went through a governance sign-off process and were added to budget totals.

Budget holders were asked to sign up to budgets through February and March 2020. All were expected to have been completed by the end of May 2020.

Sign-Off Progress

As at June 2020, most clinical and corporate divisions are 100% signed up to budgets. There are concerns around the level of CIP delivery within the budgets however, we are explaining that although the budget is there and CIP has been included we are being funded in a different way this year due to Covid 19. The sign off of budgets is more about assurance that the baseline is accurate rather than delivering against them whilst we are in a block arrangement nationally.

The Medicine Division Triumvirate has signed up to the overall budget envelope, but is currently only at 62% of individual budget holder sign-up. There was a delay in agreeing the overall budget value that had onward repercussions for the budget holders signing up to individual budgets. Budget holder and finance meetings to get to 100% are ongoing.

It is anticipated that full sign-up can be achieved by the end of June.

National Picture

Although the detail is not yet known there has been some verbal guidance describing what the financial framework will be from the month 5-12. In summary the block arrangements will continue with some allocations for additional costs (methodology not yet known). These allocations will be set at a system level and will be fixed. There will be no ability to apply for additional true up allocations. The message is that this allocation is to fund continuation of Covid and BAU, it isn't about increasing capacity and doesn't account for a second surge.

Gloucestershire Hospitals NHS
NHS Foundation Trust

Covid-19
Additional Expenditure
FY21 M02 (May 2020)

Introduction

Gloucestershire Hospitals NHS
NHS Foundation Trust

Reporting additional costs incurred by the Trust in addressing the Covid-19 pandemic now forms part of the Trust's monthly monitoring return to NHSE/I.

Trust guidelines and process for capturing these costs, at Divisional level, were published in the Trust in early April and further updated to reflect additional NHE/I guidance in May.

Divisional cost returns have been reviewed, summarised and aligned to ledger information to define the additional costs incurred in May. In line with NHSE/I requirements costs have been assessed to fall into the following categories:

- Backfill for higher sickness absence
- COVID-19 virus testing (NHS laboratories)
- Enhanced PTS
- Existing workforce additional shifts
- Expanding medical / nursing / other workforce
- Increase ITU capacity
- Other
- Remote management of patients
- Remote working for non patient activities
- National procurement areas
- Segregation of patient pathways

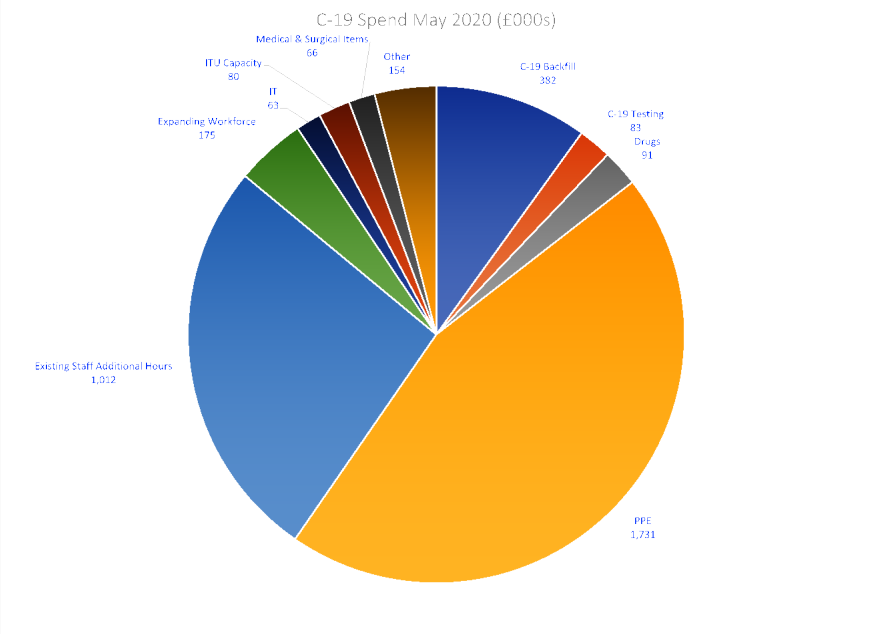
Additional Costs Incurred : May 2020 : Analysis

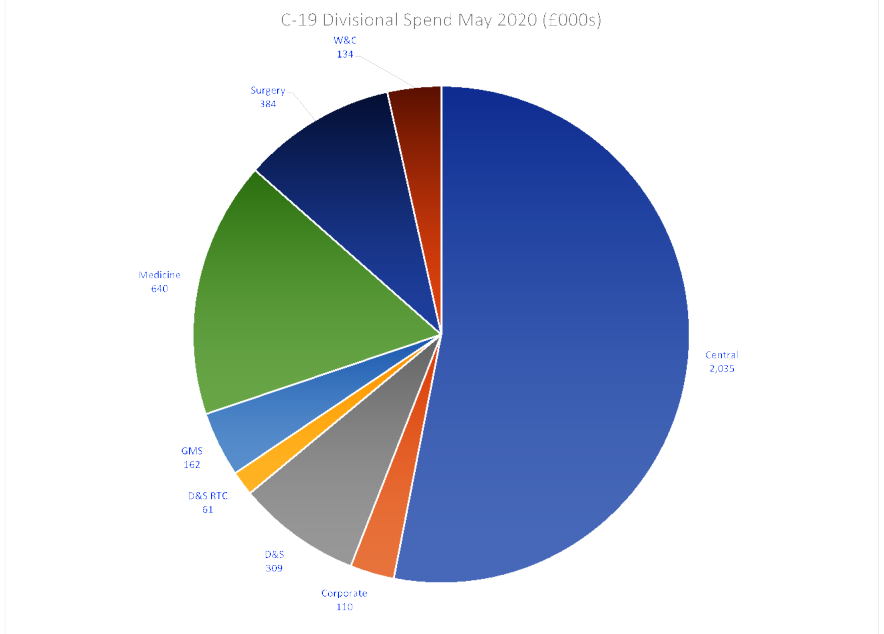
Gloucestershire Hospitals NHS
NHS Foundation Trust

The charts below show a more detailed distribution of the £3.83m additional expenditure incurred for May.

Senior Finance Business Partners have confirmed that the costs reported are additional costs incurred as a result of dealing with Covid-19 and that Divisions are sighted on and have authorised the spend.

Guidance on Covid-19 cost management and authorisation has been issued to Divisions and published on the Trust intranet.

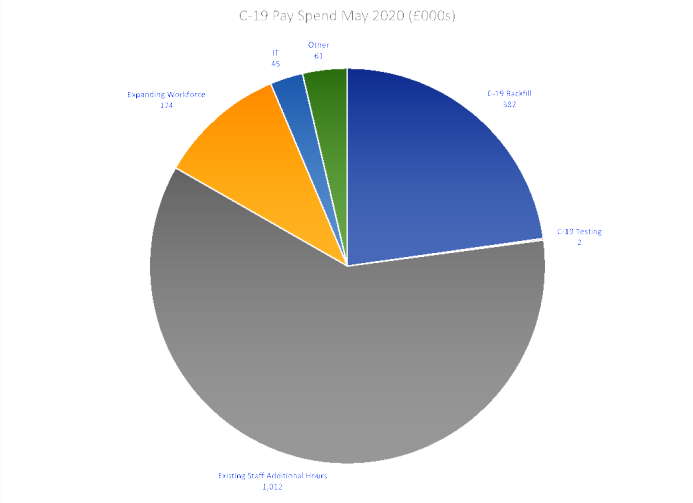




Additional Costs Incurred : May 2020 : Analysis : Pay

Gloucestershire Hospitals NHS
NHS Foundation Trust

The chart below shows the distribution of the £1.68m additional Pay expenditure incurred in May



Pay costs reflect additional hours worked by existing staff; bank, agency and locum backfill; IT additional working and costs of new staff and contractual changes.

Divisions have implemented local processes for authorisation of **additional hours worked** by existing staff. Examples: additional shifts covered by ED consultants; IT overtime supporting internal needs and homeworking arrangements; nursing to cover critical care capacity demands; AHP covering additional therapies, home enteral feeding, radiology

Backfill Bank, agency and locum costs are gathered from weekly reports from the Temporary Staffing team.
When booking additional support managers are required to enter a reason code for the booking. Specific reason codes were introduced for Covid-19 these identify where shifts have been booked for C-19 Backfill (where existing staff have been redeployed), Increased Capacity to deal with C-19, cover for C-19 related sickness and cover for self-isolation

Expanding workforce costs reflect additional staff employed by Divisions to meet C-19 demands and contractual changes for existing staff. Examples include

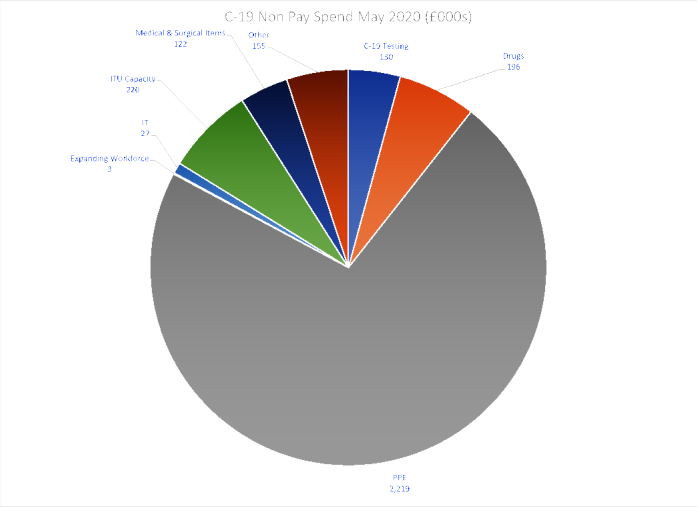
- Extending temporary contracts for ”winter pressures” staff and re-assigning them to C -19 wards
- Specialist nurses in Critical Care
- Senior management project support in Surgery
- Microbiology support
- Increasing physician contracted hours in Gastro and ED tpo provide C-19 support

Divisional VCP processes are followed when making such appointments

Additional Costs Incurred : May 2020 : Analysis : Non Pay

Gloucestershire Hospitals NHS
NHS Foundation Trust

The chart below shows a more detailed distribution of the £2.16m additional Non Pay expenditure incurred in May



The majority of the non pay spend including PPE and Sanitizing products is recorded in the Central C-19 cost centre. The values are based on expenditure reports from Procurement showing items ordered for C-19.

The Drugs expenditure represents costs associated with “waste” chemo drugs as a result of C-19 cancellations and costs associated with more expensive self-administered PbR included drugs

Testing costs include test kits, reagents and other additional laboratory costs (cleaning etc

ITU costs are largely linked to additional consumable items for ITU and Theatres (as ITU capacity)

Car Parking represents the cost provision for reimbursement of staff monthly charges and recompensing the provider (SABA) for income reductions

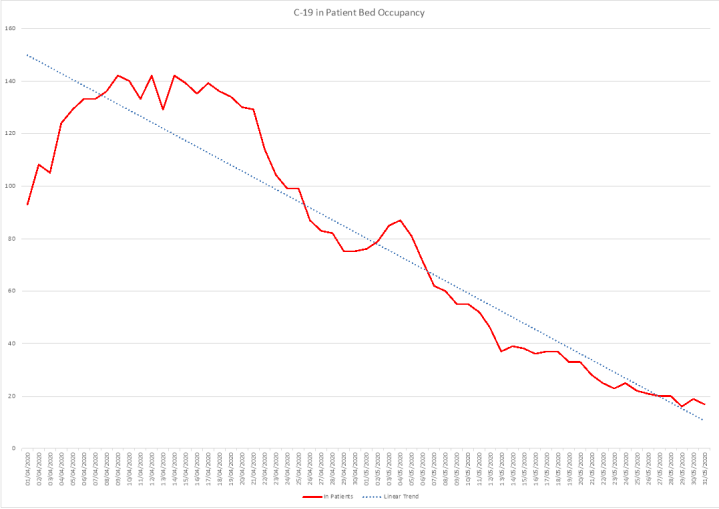
Additional Costs : May 2020 : Comparison With April

Gloucestershire Hospitals NHS
NHS Foundation Trust

The May costs show an increase on those of April of £1.7m, this is summarised in the table below:

Div	Revenue Pay / Revenue Non Pay	Backfill for higher sickness absence	COVID-19 virus testing (NHS laboratories)	Enhanced PTS	Existing workforce additional shifts	Expanding medical / nursing / other workforce	Increase ITU capacity	Other	Remote management of patients	Remote working for non patient activites	National procurement areas	Segregation of patient pathways	Total
Trust	Revenue Non Pay	0	(44)	15	0	(2)	(57)	(43)	32	(20)	1,379	(9)	1,250
	Revenue Pay	135	0	0	223	58	6	53	(20)	2	0	1	459
Grand Total		135	(44)	15	223	56	(51)	10	12	(18)	1,379	(9)	1,710
Central		94	3	15	(12)	0	0	(57)	7	26	1,375	(64)	1,388
Corporate		0	0	0	8	17	0	39	(1)	(44)	(0)	0	19
D&S		(3)	0	0	69	19	0	(7)	6	(0)	(0)	(14)	69
D&S RTC		0	(48)	0	(12)	(3)	0	0	0	0	2	0	(61)
GMS		0	0	0	65	0	0	0	0	0	3	83	151
Medicine		46	0	0	61	50	0	20	0	0	0	(15)	162
Surgery		4	0	0	44	7	(51)	16	0	0	0	1	20
W&C		(5)	0	0	0	(33)	0	0	0	0	0	(0)	(38)
Grand Total		135	(44)	15	223	56	(51)	10	12	(18)	1,379	(9)	1,710

Daily bed occupancy for C-19 patients has dropped in May when compared to April.



Despite the reducing numbers of patients costs have increased.

In Non Pay the majority of the cost increase is in the Central Division and is linked to purchase of PPE and sanitizing products. Other Non pay areas show month on month reductions. Some of these items are being held as stock for future use.

In Pay initial investigation has shown that costs for extra working by own staff and backfill have increased, Divisions are reporting that cover requirements across all areas for self-isolation etc remain high.

Further work is being undertaken to ascertain the extent to which staffing levels have been stood down as the numbers of patients have reduced.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Board is asked to:

- Note the Trust is reporting a year to date breakeven position compared to the run rate assessment of NHSE/I, and that because of block income and true-up funding, this is expected to continue until the end of Month 4.
- Note that compared to budget, the Trust is reporting a positive variance of £4.7m.

Authors:	**Tony Brown, Senior Finance Advisor and Johanna Bogle, Associate Director of Financial Management**
Presenting Director:	**Karen Johnson, Director of Finance**
Date:	**June 2020**

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO MAIN BOARD – July 2020

From Finance & Digital Committee – Rob Graves, Non-Executive Director

This report describes the business conducted at the Finance and Digital Committee meeting held on 25 June 2020, indicating the NED challenges, the assurances received, and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
COVID-19 Update	Update included these key points: - The implementation of the order communications module within the electronic patent record system (EPR) will be accelerated with go live now advanced to August this year - Associated training for Order communication module scheduled - Joining up Your Information (JUYI) system re-instated following revision to correct the recent data breach issue - Value of extensive GP access to EPR record emphasised	With utilisation by GPs of the EPR system now significant and well received what prevents the remaining c. 20 surgeries from using it? With access by GPs limited to read only does this limit effectiveness/system attractiveness	Technical implementation is straight forward but clinical engagement is more challenging. T The current level of access was a conscious decision and is appropriate given current capabilities and degree of system interface.	Ongoing work at ICS level which must address clinical engagement and also some issues of comparable levels of access (e.g. primary and social care records) A further dimension of system wide development that must be addressed at ICS level

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Digital Programme Report	In addition to sub-reports on EPR Progress and EPR Quality and Benefits the report highlighted that: - All work streams related to compliance with national reporting requirements remained challenging: in particular maternity and emergency care. - Compliance with the emergency care dataset would be achieved through implementation of ED functionality within the EPR, not through Trakcare. This would not be feasible until summer 2021. While compliance with information	Does the Trakcare system have the capability to keep pace with the EPR system developments and application expansion that is planned? Why was the recent "JUYI" data breach incident not raised at the previous meeting? The quality and benefits paper indicates as much as 20% of nursing time has been released – how does this impact operational budgets?	The Committee was impressed with the detail and standard of material incorporated in the Quality and Benefits paper. Trakcare is a capable and reliable patient administration system This was an oversight Analysis and assessment initiated within quality, finance and cost improvement (CIP) teams.	Challenges in splitting the administrative and clinical requirements continue to need careful thought and application of effort Escalation methodology needs to be addressed A cross cutting initiative – joint Finance & Digital and Quality and Performance Committee meeting an appropriate way of bringing together combined assurance

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	governance training was noted to be red at 90% sustaining this level through a national pandemic has been a very significant achievement	Has the associated apparent reduction in falls been cross-referenced with the legal department in respect of compensation claims?		IT team to pursue
Integrated Care System Update	Majority of the material JUYI, virtual working, GP access to EPR) addressed in previous topic discussions – highlighting the importance of the ICS approach			
Digital Risk Register	Review of the Risk Register movements in the period.	Should the recent JUYI breach be recorded on the Trust's risk register? Is the pending obsolescence of the DATIX system adequately reflected on risk registers	Requires consideration as this is not a Trust system but one that is accessed by Trust personnel.	The risk has two components – one system support (Digital) the other poor information (Quality) – separate risks to be recorded

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Financial Performance Report	The Financial Performance Report highlighted that: - The Trust would breakeven for Month 1-4, due to national income changes during the COVID-19 pandemic. This was by way of 3 income streams: - A block payment of money from commissioners based on the average monthly amount paid up to month 9 in 2019/20, uplifted for inflation - A top up payment so that the Trust receives enough income to cover its expected average costs (based on an average of M8-10 in 2019/20) - A true up payment for the difference in funding streams received vs actual	Is spending being managed appropriately during the COVID-19 pandemic?	Due to a time where significant operational change has taken place a more prudent approach has taken place around staffing levels, to ensure safe care during this change. Discussions have taken place between finance and directorates which have concluded that spending levels during month 2 were necessary however, tighter controls will be required moving forward when services changes become embedded. There is a need for a reduction in pay spend and we are likely to see this during the recovery phase as long as activity is managed in accordance with the financial envelop. Non-pay costs have been influenced by establishing higher stocks of personal protective equipment (PPE)	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	costs - To maintain clarity, the Trust was reporting against two positions: - The internal financial plan for 2020/21 (business –as-usual budget vs actuals) - The NHSE/I average run rate (always breakeven) - For Month 2 the Trust is reporting a breakeven position against the NHSE/I run rate, and a £4.7m surplus against budget. Both of these numbers include the costs of COVID-19 in the accounts. - If the COVID-19 related True-Up income was excluded, and Covid-19-related costs included, the Trust would show £1.2m better than plan. The Trust is reporting a year to	Have the national issues affecting PPE supplies been resolved? Debt level for overseas patients is significant – is the management process appropriate? How is the continued importance of effective cost control communicated to the organisation	National supply has improved but some issues remain. Local stock levels are appropriate A message balancing safety and cost control is maintained and key central cost improvement work has continued with a marginal reduction in emphasis during the early stages of the pandemic. Productivity benchmarking is being encouraged.	Merits further investigation and a review of the previous work undertaken in this area

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	date breakeven position compared to the run rate assessment of NHSE/I. Because of block income and true-up funding, this is expected to continue until the end of Month 4.			
Recovery Paper	Paper showing preliminary analysis of the implications of: • Maintaining activity at current performance levels • Increasing activity to the ICS activity profile ambitions Based on the following key assumptions: - current funding and reimbursement arrangements continue throughout the year - temporary service changes remain throughout winter - there is no second surge	How does the Trust examine the consequences in terms of cost impact and patient outcomes? What assumptions concerning cost improvement programmes have been included in the analysis?	While acknowledging this is work in progress the Committee was assured to see this level of analysis being brought forward to gain an understanding of the future situation. Executive triumvirate approach the analysis primarily looking at clinical risk Low risk schemes have been included but no new major schemes have been incorporated at this stage	The consequence of changed patient behaviour driven by, for example, reluctance to attend GP surgeries will have consequences on system wide finances – the Trust needs to understand these

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Cost Improvement Programme Update	The Cost Improvement report highlighted: - At Month 2 the Trust delivered £1.11m of CIP against the Trust's Cost Improvement target of £1.17. Within the month this was an under performance of £59k. - The positive CIP delivery YTD was mostly due to a specific reduction in drug pricing as well as vacancy factor. This benefit was noted to be being used to fund COVID-19 so would not hit the bottom line. This meant that the Trust was able to make a contribution to the additional costs attributable to COVID-19. - To date £6.7m of divisional schemes,	How are the programmes associated with digitalisation and remote working being progressed particularly in relation to freeing up estate? What is the level of value and reliability of the bench marking study and is this a reasonable way of identifying opportunities?	The work is now supported by benchmarking analysts and this resource working with clinical teams using appropriately localised comparative information is an approach the team has started to deploy and is expected to be of value	To be addressed by the executive team

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	£6.7m of Trust-wide schemes and further opportunities had been identified leaving an unidentified gap of £2.4m. Of the identified schemes and opportunities, currently £3.4m were rated green and a further £3.6m rated amber indicating a risk of full delivery in year due to operational priorities. In addition to driving planned schemes and reviewing benchmarking opportunities the Trust was noted to be focused on capturing some of the opportunities coming out of this national crisis as part of wider Trust-wide schemes such as enabling digital and remote working, fast-tracking EPR rollout as well as more localised initiatives in its Silver Linings programme.			

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
National Cost Collection 2020	Update on the 2020 requirements and timetable including a review of the NHSE/I recommendations.		The Committee understands the scale of the challenge which is exacerbated by the Trust's systems that currently are not sufficiently robust and require significant manual intervention to meet the national demands.	Investigate system opportunities to streamline the process and add value from the output
Intolerable Risks and Cost Pressures	A summary of the status of the Trust's intolerable risks and cost pressures process and the impact of the COVID-19 pandemic		The detailed analysis presented will be further reviewed and submitted to the Audit and Assurance Committee. The Committee was assured by the scope of the analysis.	

Rob Graves - Finance and Digital Committee

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MS TEAMS – COMMENCING 12:30

Report Title
QUALITY AND PERFORMANCE REPORT
Sponsor and Author(s)
Author: Felicity Taylor-Drewe, Director Planned Care / Deputy COO Sponsor: Rachael De Caux, Chief Operating Officer
Executive Summary

Purpose

This report summarises the key highlights and exceptions in Trust performance for the May 2020 reporting period.

The Quality and Performance (Q&P) committee receives the Quality Performance Report (QPR) on a monthly basis. The supporting exception reports from Quality; Emergency Care; Cancer and Planned Care support the areas of performance concerns.

We continue to report a number of nationally suspended indicators within this report with the QPR and QPR SPC, when national reporting regimes recommence we will include this within the respective indicators narrative. Any data that was un-validated at the time of the last report will be updated within the preceding months. Un-validated data, broadly due to timing of reporting is identified within the QPR report.

Quality Delivery Group QPR

The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics.

Falls Metric and Improvement Plan
Increased visiting hours saw a positive effect with a reduction in the rate of falls per 1,000 bed days. COVID-19 restricted visiting is likely to adversely impact the rate of falls. May 2020 saw an increase in rate from 5.9 to 7.9. Falls prevention strategies are driven by the multifactorial risk assessment on EPR. Compliance is monitored and is a source of focus for the Falls Prevention Specialist Nurse.

Pressure Ulcers Metric and Improvement Plan
Pressure ulcer prevention strategies are now going to be driven by the risk assessment on EPR. Compliance is monitored and is a source of focus for the Tissue Viability Team. A successful improvement collaborative was implemented in COTE wards; utilising prophylactic dressings in areas where pressure ulcers commonly form. A reduction in Categeory 2 pressure ulcers has been observed. The Tissue Viability Team have undertaken validation of reports of category 2 pressure ulcers due to mis-categorisation. For unstageable pressure ulcers cases are reviewed at the Preventing Harm Improvement Hub and rapid feedback given, there has been a sustained reduction in the rate of hospital-acquired pressure ulcers associated with the implementation of the Hub.
For deep tissue injuries the cases are reviewed at the Preventing Harm Improvement Hub and rapid feedback given, there has been a sustained reduction in the rate of hospital-acquired pressure ulcers associated with the implementation of the Hub.

Maternity
May saw an improved rate for booking women by 12 weeks gestation. The drop in performance was thought to be because women were choosing not to present to the service because of fears of Covid.

Friends and Family Test and Real-time Surveys
Our current FFT score has been static. Plans to address this include changing the question which we hope will give us more meaningful qualitative insight we can use for improvement. We are also mapping all of our services to ensure we are gathering feedback for each ward and specialty and using a range of methodologies to improve The the feedback we get specific to each service.

Vacancy rate for registered nurses
No data has been submitted since March due to Covid 19 and pressures. We have an Attraction, Recruitment and Retention Improvement plan which has been approved by NHS Improvement. The Trust is part of a national programme. The work has just recommenced as was paused to focus on Covid. The focus during Covid was rapid recruitment of nurses from all possible streams. The success of the initiatives are being reviewed.

Dementia
This indicator has been paused by NHSI and the improvement group is reviewing the collection of different metrics. QDG have requested an update.

Performance

During May the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard, 52 week waits and the 62 day cancer standard. The Trust performance (type 1) for the 4 hour standard in May was 85.4%% %, the attendances in month were 34.5% decreased compared to the same month last year. The system did not meet the delivery of 90% for the system in May, at 88.72%. The Trust did not meet the diagnostics standard for May at 43.44%, this is as yet un-validated performance at the time of the report, though it is likely to breach for some months. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review.

The Trust did meet the standard for 2 week wait cancer at 66.46% in May; this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance 79.78% in May, un-validated at the time of the report. Our approach during Covid-19 has been to prioritise by clinical review and therefore with the impact of C-19 on reducing our activity we will continue to breach these targets.

Key issues to note

The key areas of focus remain the assurance of patient care and safety during this time. Teams across the hospital continue to support each other to offer the best care for all our patients.

A review and recovery plan is being formulated with emphasis on how to continue to prioritise our patients clinically and enable secondary care intervention where needed for patient care and safety.

Directors Operational Group review the Unscheduled and Scheduled performance indicators with the Divisions and the wider Executive team.

Recommendations

The Trust Board is requested to receive the Report as assurance that the Executive team and Divisions fully understand the current levels of non-delivery against performance standards and have action plans to improve this position, alongside the plans to clinically prioritise those patients that need treatment planned or un-planned during the pandemic.

Impact Upon Strategic Objectives

Current performance jeopardises delivery of the Trust's strategic objective to improve the quality of care for our patients.

Impact Upon Corporate Risks							
Continued poor performance in delivery of the two national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators.							
Regulatory and/or Legal Implications							
No fining regime determined for 2020 within C-19 at this time.							
Resource Implications							
Finance		Information Management & Technology					
Human Resources		Buildings					
Action/Decision Required							
For Decision		For Assurance	✓	For Approval		For Information	

Date the paper was presented to previous Committees						
Quality & Performance Committee	**Finance & Digital Committee**	**Audit & Assurance Committee**	**People & OD Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
✓						
Outcome of discussion when presented to previous Committees						

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period May 2020

Presented at June 2020 Q&P and July 2020 Trust Board

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Gloucestershire Hospitals NHS Foundation Trust

Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

The key areas of focus remain the assurance of patient care and safety during this time. Key reductions in non-urgent elective care took place in March to support organisational response to Covid-19 and continued into June. This has led to a number of changes and opportunities to deliver patient care in an enhanced way. The Trust through support of IM&T colleagues has embraced remote working with our patients & with Primary Care. For elective care (Cancer; Screening and RTT), all patients are being reviewed and clinically prioritised and national guidance enacted. We are ensuring that we are tracking all patients and that our waiting list size is consummate with those patients requiring secondary care opinion. During this time we also enacted a CAS to support primary care and remain open for referrals requiring a secondary care opinion. For unscheduled care the approach has equally been to support the safety and care of our patients to enable them to access specialist emergency care as they need to. Teams across the hospital have supported each other to offer the best care for all our patients.

A review and recovery plan is being formulated with emphasis on how to continue to prioritise our patients clinically and enable secondary care intervention where needed for patient care and safety.

During May the Trust did not meet the national standards for 62 day cancer standard; 52 week waits, diagnostics and the 4 hour standard.

The Trust performance (type 1) for the 4 hour standard in May was 85.41%, against the STP trajectory of 85.37%. The system did not meet the delivery of 90% for the system in May, at 88.72%. Note that the May performance targets / trajectories have not been formally agreed as the Operating Plan process was paused due to C-19, we have therefore taken the appropriate performance target from the national or previous local target where applicable.

The Trust did not meet the diagnostics standard for May at 43.43%. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review. The achievement of this standard has been majorly impacted by C-19, specifically endoscopy tests.

The Trust met the standard for 2 week wait cancer at 99.10% in May, this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance is 66.46% in May, work continues to ensure that the performance is stabilised. Significant work is underway to reduce our longest waiting patients of over 52 weeks, of which there were 366 in May. This is as yet un-validated performance at the time of the report.

Directors Operational Group will review the Unscheduled and Scheduled performance indicators with the Divisions and the wider Executive team. The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics with the Divisions providing exception reports. The delivery of any action plans to deliver improvement are also reviewed within the meeting. There are improvement plans in place for any indicators that have consistently scored in the “red” target area.

Performance Against STP Trajectories

Gloucestershire Hospitals NHS Foundation Trust

The following table shows the monthly performance of the Trust's STP indicators for 2019/20. RAG Rating: The STP indicators are assessed against the monthly trajectories agreed with NHS Improvement.
Note that data is subject to change.

Indicator		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Count of handover delays 30-60 minutes	Trajectory	52	50	48	46	43	40	40	40	40	40	40	40	40	40
	Actual	57	53	42	50	77	96	145	159	127	161	105	105	61	57
Count of handover delays 60+ minutes	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	1	3	3	11	10	5	2	0	0
ED: % total time in department – under 4 hours (types 1 & 3)	Trajectory	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%
	Actual	90.39%	91.70%	91.05%	92.20%	92.01%	89.13%	86.36%	83.41%	81.18%	81.02%	82.33%	85.08%	89.93%	88.72%
ED: % total time in department – under 4 hours (type 1)	Trajectory	85.32%	85.37%	85.17%	85.90%	85.22%	85.61%	85.89%	86.04%	85.99%	86.19%	85.36%	85.79%	85.32%	85.37%
	Actual	86.01%	87.99%	86.80%	88.53%	88.16%	84.03%	80.58%	76.24%	72.91%	72.45%	72.41%	78.56%	87.46%	85.41%
Referral to treatment ongoing pathways under 18 weeks (%)	Trajectory	78.00%	78.00%	78.00%	78.30%	78.60%	79.00%	79.30%	79.60%	80.00%	80.30%	80.60%	81.00%	81.00%	81.00%
	Actual	79.46%	80.63%	81.11%	81.80%	81.41%	81.38%	81.33%	80.29%	80.57%	81.06%	81.41%	81.01%	73.61%	66.46%
Referral to treatment ongoing pathways over 52 weeks (number)	Trajectory	95	93	90	86	83	80	74	67	60	40	20	0	0	0
	Actual	93	91	90	78	77	78	62	45	39	28	14	33	156	366
% waiting for diagnostics 6 week wait and over (15 key tests)	Trajectory	0.98%	0.98%	0.99%	0.99%	0.98%	0.99%	0.98%	0.99%	0.98%	0.98%	0.98%	0.98%	0.99%	0.99%
	Actual	0.54%	0.67%	1.08%	0.76%	0.84%	0.72%	0.66%	1.06%	0.94%	1.50%	1.16%	3.16%	41.95%	43.43%
Cancer – urgent referrals seen in under 2 weeks from GP	Trajectory	93.00%	93.00%	93.00%	93.00%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
	Actual	87.50%	86.70%	89.50%	92.70%	86.00%	96.50%	94.40%	94.60%	96.90%	95.10%	96.10%	95.10%	90.60%	99.10%
2 week wait breast symptomatic referrals	Trajectory	93.10%	93.20%	93.20%	93.30%	93.3%	93.0%	93.0%	93.1%	93.2%	93.2%	93.2%	93.2%	93.0%	93.0%
	Actual	96.90%	97.30%	99.00%	96.30%	98.40%	99.30%	98.20%	96.00%	97.40%	96.30%	97.80%	98.40%	87.90%	97.80%
Cancer – 31 day diagnosis to treatment (first treatments)	Trajectory	96.10%	96.20%	96.20%	96.20%	96.2%	96.1%	96.1%	96.1%	96.2%	96.2%	96.2%	96.2%	96.0%	96.0%
	Actual	92.10%	92.00%	93.80%	92.60%	92.30%	91.00%	91.40%	91.40%	93.00%	95.50%	94.30%	95.50%	96.60%	96.00%
Cancer – 31 day diagnosis to treatment (subsequent – drug)	Trajectory	98.10%	98.30%	98.20%	98.90%	98.1%	98.00%	99.0%	98.0%	98.9%	98.0%	98.0%	98.0%	98.0%	98.0%
	Actual	100.00%	97.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	Trajectory	94.90%	94.40%	94.80%	94.30%	94.0%	95.10%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%	94.0%	94.0%
	Actual	96.40%	97.90%	98.80%	100.00%	84.80%	80.80%	99.20%	94.80%	95.60%	96.70%	97.50%	100.00%	98.30%	96.70%
Cancer – 31 day diagnosis to treatment (subsequent – surgery)	Trajectory	94.00%	95.50%	95.30%	94.80%	94.4%	95.10%	95.5%	95.4%	95.6%	94.8%	94.8%	94.8%	94.0%	94.0%
	Actual	91.10%	89.10%	96.20%	89.60%	89.80%	97.60%	100.00%	98.00%	90.20%	98.30%	97.40%	94.10%	98.20%	92.60%
Cancer 62 day referral to treatment (screenings)	Trajectory	90.30%	90.90%	91.70%	90.90%	91.4%	91.70%	91.4%	91.4%	92.3%	90.6%	90.6%	90.6%	90.0%	90.0%
	Actual	100.00%	96.60%	85.20%	85.20%	100.00%	100.00%	96.40%	95.10%	91.10%	97.80%	96.70%	94.70%	90.90%	54.50%
Cancer 62 day referral to treatment (upgrades)	Trajectory	100.00%	100.00%	100.00%	100.00%	100%	100.00%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	36.40%	44.40%	63.20%	91.70%	75.00%	66.70%	61.50%	83.30%	87.50%	69.20%	63.60%	76.50%	100.00%	88.90%
Cancer 62 day referral to treatment (urgent GP referral)	Trajectory	81.80%	82.30%	82.40%	82.60%	84.3%	85.00%	85.2%	85.0%	85.0%	85.1%	85.0%	85.0%	85.0%	85.0%
	Actual	80.10%	71.80%	68.20%	72.70%	75.40%	71.00%	76.70%	71.40%	74.20%	68.00%	76.50%	78.20%	78.00%	69.00%

Summary Scorecard

Gloucestershire Hospitals NHS Foundation Trust

The following table shows the Trust's current monthly performance against the chosen lead indicators within the Trust Scorecard.

RAG Rating: Overall RAG rating for a domain is an average performance of lead indicators against national standards. Where data is not available the lead indicator is treated as red.

Safe

- % of adult inpatients who have received a VTE risk assessment
- Number of never events reported
- Number of trust apportioned Clostridium difficile cases per month
- Number of trust apportioned MRSA bacteraemia
- Safety thermometer – % of new harms

Effective

- % C-section rate (planned and emergency)
- Emergency re-admissions within 30 days following an elective or emergency spell
- Hospital standardised mortality ratio (HSMR)
- Hospital standardised mortality ratio (HSMR) – weekend

Caring

- ED % positive
- Maternity % positive
- Number of breaches of mixed sex accommodation
- Outpatients % positive

Responsive

- % of ambulance handovers that are over 60 minutes
- % waiting for diagnostics 6 week wait and over (15 key tests)
- Cancer 62 day referral to treatment (screenings)
- Cancer 62 day referral to treatment (upgrades)
- Cancer 62 day referral to treatment (urgent GP referral)
- Did not attend (DNA) rates
- ED: % total time in department – under 4 hours (type 1)
- ED: % total time in department – under 4 hours (types 1 & 3)
- Referral to treatment ongoing pathways over 52 weeks (number)
- Referral to treatment ongoing pathways under 18 weeks (%)

Well Led

- % sickness rate
- % total vacancy rate
- % turnover
- Cost Improvement Year to Date Variance
- NHSI Financial Risk Rating
- Overall % of nursing shifts filled with substantive staff
- Trust total % mandatory training compliance
- Trust total % overall appraisal completion
- YTD Performance against Financial Recovery Plan

Demand and Activity

Gloucestershire Hospitals NHS Foundation Trust

The table below shows monthly activity for key areas. The columns to the right show the percentage change in activity from:

1) The same month in the previous year
2) The same year to date (YTD) period in the previous year

Measure	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Monthly (May)	YTD
GP referrals	13,415	12,709	12,061	10,302	10,429	11,836	13,356	11,169	10,191	9,595	7,888	3,076	3,946	-70.59%	-73.51%
OP attendances	13,025	13,063	13,856	11,850	13,534	14,545	13,661	10,823	13,634	12,167	10,637	5,241	6,332	-51.39%	-54.95%
Day cases	6,520	6,198	6,955	6,348	6,276	7,142	6,578	6,228	7,067	5,304	4,216	1,473	1,786	-72.61%	-73.58%
All electives	7,556	7,213	8,096	7,378	7,238	8,275	7,690	7,155	8,039	6,294	4,966	1,780	2,183	-71.11%	-73.24%
ED attendances	13,618	13,072	14,066	13,267	13,240	13,329	13,066	13,287	12,624	11,695	9,721	7,128	8,913	-34.55%	-39.62%
Non electives	4,861	4,586	4,802	4,698	4,833	5,083	4,837	5,052	4,664	4,353	3,874	3,110	3,728	-23.31%	-28.45%

Trust Scorecard – Safe (1)

OVERALL SCORE

Note that data in the Trust Scorecard section is subject to change.

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Infection Control																		
COVID-19 community-onset – First positive specimen <=2 days after admission													250	64		314	TBC	
COVID-19 hospital-onset indeterminate healthcare-associated – First positive specimen 3-7 days after admission													68	7		75	TBC	
COVID-19 hospital-onset probably healthcare-associated – First positive specimen 8-14 days after admission													38	1		39	TBC	
COVID-19 hospital-onset definite healthcare-associated – First positive specimen >=15 days after admission													33	4		37	TBC	
Number of trust apportioned MRSA bacteraemia	2	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	Zero	
MRSA bacteraemia – infection rate per 100,000 bed days	0.6	3.5				3.6									0		Zero	
Number of trust apportioned Clostridium difficile cases per month	97	6	7	10	9	9	11	12	7	8	6	5	4	7	20	11	2019/20: 114	
Number of hospital-onset healthcare-associated Clostridioides difficile cases per month	5			7	6	1	10	3	5	4	6	2	1	4	12	5	<=5	
Number of community-onset healthcare-associated Clostridioides difficile cases per month	45			3	4	8	1	9	2	4	0	3	3	3	7	3	<=5	
Clostridium difficile – infection rate per 100,000 bed days	28.8	20.8	25.5	35.7	32.5	32.8	37.9	42.4	24.4	29.7	21.5	17.6	25.6	38.6	23.1	32.6	<30.2	
Number of MSSA bacteraemia cases	18	1	1	4	1	2	2	1	2	1	1	2	1	0	4	1	<=8	
MSSA – infection rate per 100,000 bed days	5.3	3.5	3.6	14.3	3.6	7.3	6.9	3.5	7	3.3	3.6	7	6.4		4.6	3	<=12.7	
Number of ecoli cases	46	4	5	1	4	3	2	5	9	3	3	2	1	3	8	4	No target	
Number of pseudomona cases	9	0	0	2	1	0	1	0	0	3	0	1	0	2	4	2	No target	
Number of klebsiella cases	18	3	1	1	3	4	1	1	1	1	2	1	1	2	4	3	No target	
Number of bed days lost due to infection control outbreaks	1,264	66	83	70	136	0	0	240	276	100	13	0		0	113	0	<10	>30

Trust Scorecard – Safe (2)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard Threshold
Patient Safety Incidents																	
Number of patient safety alerts outstanding	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		Zero
Number of falls per 1,000 bed days	6.4	6	5.3	6.6	5.5	6.2	6.6	6.4	6.7	7.1	7	6.4	6	7.9	6.8		<=6
Number of falls resulting in harm (moderate/severe)	4	4	2	7	1	5	7	1	4	5	5	0	2	5	3		<=3
Number of patient safety incidents – severe harm (major/death)	6	7	9	4	12	4	7	3	3	6	5	2	4	1	4		No target
Medication error resulting in severe harm	0	0	0	0	0	0	0	0	0	0	1	1	0	0	1		No target
Medication error resulting in moderate harm	2	3	0	2	3	1	2	1	1	5	2	1	2	3	3		No target
Medication error resulting in low harm	12	15	10	11	11	10	21	23	7	10	8	11	9	15	10		No target
Number of category 2 pressure ulcers acquired as in-patient	30	36	28	38	36	30	24	31	29	27	12	23	13	15	21		<=30
Number of category 3 pressure ulcers acquired as in-patient	5	7	7	6	6	4	4	4	2	2	3	1	0	1	2		<=5
Number of category 4 pressure ulcers acquired as in-patient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		Zero
Number of unstagable pressure ulcers acquired as in-patient	6	3	3	14	12	5	6	5	2	4	6	3	3	4	4		<=3
Number of deep tissue injury pressure ulcers acquired as in-patient	6	14	2	8	7	2	3	8	3	5	3	4	4	6	4		<=5
RIDDOR																	
Number of RIDDOR	35	2	1	3	2	1	2	1	2	4	2	2	2	1	10		SPC
Safeguarding																	
Level 2 safeguarding adult training - e-learning package					93.00%	93.00%	94.00%	95.00%									TBC
Number of DoLs applied for							45	36	50			33					TBC
Total attendances for infants aged < 6 months, all head injuries/long bone													1		22		TBC
Total attendances for infants aged < 6 months, other serious injury													17				TBC
Total admissions aged 0-18 with DSH													6		42		TBC
Total ED attendances aged 0-18 with DSH													26		91		TBC
Total number of maternity social concerns forms completed							55	44	53			31					TBC

Trust Scorecard – Safe (3)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Safety Thermometer																		
Safety thermometer – % of new harms	97.10%	97.20%	98.10%	97.40%	97.90%	96.30%	97.30%	95.80%	97.90%	96.50%	98.10%	97.80%			96.80%		>96%	<93%
Sepsis Identification and Treatment																		
Proportion of emergency patients with severe sepsis who were given IV antibiotics within 1 hour of diagnosis	67.00%		64.00%			64.70%			71.00%			68.00%					>=90%	<50%
Serious Incidents																		
Number of never events reported	6	0	0	1	0	0	1	0	1	1	1	0	0	0	2		Zero	
Number of serious incidents reported	3	3	4	2	1	5	4	3	1	2	3	2	0	0	2		No target	
Serious incidents – 72 hour report completed within contract timescale	100%	100%	100%	100%	100%	100%	100%	100%	99.00%	100%	100%	100%	100%	100%	100%		>90%	
Percentage of serious incident investigations completed within contract	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		>80%	
VTE Prevention																		
% of adult inpatients who have received a VTE risk assessment	93.20%	88.60%	95.80%	96.70%	92.90%	91.60%	95.90%	91.80%	92.60%	90.10%	94.20%	92.70%		93.60%		93.60%	>95%	

Trust Scorecard – Effective (1)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Dementia Screening																		
% of patients who have been screened for dementia (within 72 hours)	0.80%	0.30%	67.00%	66.00%	85.00%	63.00%	62.00%	50.00%	37.00%	37.00%	86.00%	74.00%					>=90%	<70%
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	29.40%	50.00%	0.00%	0.00%	N/A	50.00%	0.00%	0.00%	18.00%	0.00%	10.00%	0.00%					>=90%	<70%
% of patients who have received a dementia diagnostic assessment with positive or inconclusive results that were then referred for further diagnostic advice/FU (within 72 hours)	0.00%	0.00%	N/A	N/A	N/A	50.00%	N/A	N/A	0.00%	N/A	N/A	N/A					>=90%	<70%
Maternity																		
% of women on a Continuity of Carer pathway										4.30%	5.00%	4.40%	4.70%	3.00%		4.10%	No target	
% C-section rate (planned and emergency)	28.39%	30.20%	29.19%	32.49%	25.61%	27.99%	25.97%	26.57%	31.30%	28.66%	30.23%	28.90%	27.73%	28.82%	29.14%	28.07%	<=27%	>=30%
% emergency C-section rate	15.74%	16.73%	15.78%	17.42%	14.02%	16.04%	13.70%	15.77%	13.48%	13.60%	16.36%	14.48%	12.73%	15.27%	14.79%	14.03%	No target	
% of women booked by 12 weeks gestation	88.90%	88.00%	87.90%	89.00%	85.30%	89.60%	91.80%	92.20%	91.90%	90.30%	89.50%	89.70%	89.60%	93.10%	89.90%	91.40%	>90%	
% of women that have an induced labour	28.65%	27.96%	28.99%	28.38%	26.83%	29.66%	29.04%	29.59%	30.00%	27.20%	28.42%	27.98%	27.50%	28.60%	27.74%	28.07%	<=30%	>33%
% of women smoking at delivery	10.95%	11.22%	11.83%	9.78%	10.16%	9.14%	10.22%	13.63%	11.52%	13.18%	8.64%	12.39%	9.55%	10.97%	11.41%	10.28%	<=14.5%	
% stillbirths as percentage of all pregnancies > 24 weeks	0.22%	0.00%	0.00%	0.38%	0.20%	0.19%	0.20%	0.43%	0.43%	0.21%	0.00%	0.23%	1.14%	0.00%	0.15%	0.55%	<0.52%	
Mortality																		
Summary hospital mortality indicator (SHMI) – national data	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1	1.1								NHS Digital	
Hospital standardised mortality ratio (HSMR)	107.2	96.8	100.1	98.6	98	97.6	99.7	99.8	103.9	99.9	107.2						Dr Foster	
Hospital standardised mortality ratio (HSMR) – weekend	110.9	96.4	97.6	97.9	100.5	101.6	102.7	102.1	110.3	104.3	110.9						Dr Foster	
Number of inpatient deaths	1,963	159	166	125	124	143	144	152	212	215	167	191	253	127	573	380	No target	
Number of deaths of patients with a learning disability	15	1	1	2	2	0	0	0	1	4	0	0	4	2	4	6	No target	
Readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	7.00%	7.10%	6.50%	6.50%	7.50%	7.20%	6.70%	7.10%	6.40%	6.60%	6.70%	8.40%	10.30%		7.20%		<8.25%	>8.75%
Research																		
Research accruals		119	134	123	103	76	121	101	73	110	98						No target	

Trust Scorecard – Effective (2)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Stroke Care																		
Stroke care: percentage of patients receiving brain imaging within 1 hour	49.50%	55.30%	43.80%	53.50%	50.60%	48.60%	52.50%	39.40%	48.70%	45.20%	56.40%	46.20%	37.00%	53.00%	49.30%	45.00%	>=50%	<45%
Stroke care: percentage of patients spending 90%+ time on stroke unit	87.70%	96.30%	87.10%	80.90%	98.80%	87.90%	84.50%	81.10%	87.30%	88.50%	87.70%	90.40%	88.50%		89.10%		>=80%	<70%
% of patients admitted directly to the stroke unit in 4 hours	54.80%	62.70%	62.00%	67.90%	68.40%	62.00%	64.90%	41.40%	40.00%	38.40%	30.80%	49.30%			39.40%		>=80%	<72%
% patients receiving a swallow screen within 4 hours of arrival	70.70%	69.20%	78.50%	73.10%	67.60%	71.40%	77.80%	71.20%	71.70%	69.20%	71.00%	65.20%	68.00%	76.00%	68.50%		>=90%	<80%
Trauma & Orthopaedics																		
% of fracture neck of femur patients treated within 36 hours	55.70%	81.80%	82.20%	67.10%	46.60%	66.70%	39.60%	56.10%	58.30%	73.10%	58.60%	48.60%	75.00%	62.40%	60.10%	67.20%	>=90%	<80%
% fractured neck of femur patients meeting best practice criteria	54.90%	81.82%	80.49%	65.70%	45.21%	66.70%	37.90%	56.06%	58.30%	73.10%	55.20%	48.60%	53.10%	60.60%	58.90%	62.20%	>=65%	<55%

Trust Scorecard – Caring (1)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Friends & Family Test																		
Inpatients % positive	90.70%	90.80%	91.60%	90.70%	91.10%	91.50%	90.60%	91.80%	90.20%	90.20%	90.50%	91.10%	90.00%	90.20%	90.60%	90.10%	>=96%	<93%
ED % positive	82.10%	81.90%	85.30%	79.80%	83.30%	82.30%	82.90%	87.90%	78.90%	79.90%	79.20%	79.60%	90.20%	85.80%	79.50%	87.90%	>=84%	<81%
Maternity % positive	97.40%	97.00%	87.10%	96.20%	100%	96.90%	100%	0.00%	100%	100%	100%	100%	97.20%	100%	100%	98.20%	>=97%	<94%
Outpatients % positive	93.00%	93.20%	92.50%	92.80%	93.20%	92.70%	92.80%	93.80%	93.20%	93.10%	93.00%	94.30%	94.00%	93.60%	93.50%	93.80%	>=94%	<91%
Total % positive	91.20%	91.10%	91.40%	90.70%	91.30%	91.00%	91.10%	92.80%	91.30%	91.40%	91.10%	92.20%	92.90%	91.80%	91.60%	92.30%	>=93%	<90%
Inpatient Questions (Real time)																		
How much information about your condition or treatment or care has been given to you?	79.00%	77.35%	79.55%	79.67%	83.69%	77.40%	83.00%	83.00%	74.00%	81.00%	84.00%	78.00%			79.47%		>=90%	
Are you involved as much as you want to be in decisions about your care and treatment?	92.00%	89.44%	89.65%	90.61%	95.03%	89.66%	93.00%	91.00%	88.00%	93.00%	95.00%	92.00%			90.55%		>=90%	
Do you feel that you are treated with respect and dignity?	98.00%	97.16%	94.26%	96.09%	98.58%	99.32%	98.00%	100%	97.00%	99.00%	99.00%	100%			96.51%		>=90%	
Do you feel well looked after by staff treating or caring for you?	99.00%	97.71%	95.37%	98.33%	97.16%	99.31%	99.00%	98.00%	98.00%	100%	100%	99.00%			96.92%		>=90%	
Do you get enough help from staff to eat your meals?	89.00%	98.86%	95.93%	97.20%	97.17%	100%	100%	90.00%	63.00%	80.00%	96.00%	67.00%			84.21%		>=90%	
In your opinion, how clean is your room or the area that you receive treatment in?	99.00%	95.93%	95.81%	96.45%	96.40%	90.97%	100%	98.00%	99.00%	98.00%	98.00%	100%			92.15%		>=90%	
Do you get enough help from staff to wash or keep yourself clean?	96.00%	98.29%	94.74%	98.87%	97.86%	99.32%	100%	85.00%	96.00%	97.00%	93.00%	86.00%			94.24%		>=90%	
MSA																		
Number of breaches of mixed sex accommodation	82	11	18	16	11	9	0	0	2	2	1	8	6	13	11	19	<=10	>=20

Trust Scorecard – Responsive (1)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Cancer																		
Cancer – 28 day FDS two week wait													53.90%	79.60%			TBC	
Cancer – 28 day FDS breast symptom two week wait													91.40%	95.70%			TBC	
Cancer – 28 day FDS screening referral													76.00%	50.00%			TBC	
Cancer – urgent referrals seen in under 2 weeks from GP	92.50%	86.70%	89.50%	92.70%	86.00%	96.50%	94.40%	94.60%	96.90%	95.10%	96.10%	95.10%	90.60%	99.10%	95.40%	94.40%	>=93%	<90%
2 week wait breast symptomatic referrals	97.50%	97.30%	99.00%	96.30%	98.40%	99.30%	98.20%	96.00%	97.40%	96.30%	97.80%	98.40%	87.90%	97.80%	98.00%	92.60%	>=93%	<90%
Cancer – 31 day diagnosis to treatment (first treatments)	93.40%	92.00%	93.80%	92.60%	92.30%	91.00%	91.40%	91.40%	93.00%	95.50%	94.30%	95.50%	96.60%	96.00%	95.30%	96.70%	>=96%	<94%
Cancer – 31 day diagnosis to treatment (subsequent – drug)	99.40%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	>=98%	<96%
Cancer – 31 day diagnosis to treatment (subsequent – surgery)	93.60%	89.10%	96.20%	89.60%	89.80%	97.60%	100%	98.00%	90.20%	98.30%	97.40%	94.10%	98.20%	92.60%	94.00%	97.20%	>=94%	<92%
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	94.90%	97.90%	98.80%	100%	84.80%	80.80%	99.20%	94.80%	95.60%	96.70%	97.50%	100%	98.30%	96.70%	94.80%	98.50%	>=94%	<92%
Cancer 62 day referral to treatment (urgent GP referral)	73.10%	71.80%	68.20%	72.70%	75.40%	71.00%	76.70%	71.40%	74.20%	68.00%	76.50%	78.20%	78.00%	69.00%	72.00%	79.60%	>=85%	<80%
Cancer 62 day referral to treatment (screenings)	95.40%	96.60%	85.20%	85.20%	100%	100%	96.40%	95.10%	91.10%	97.80%	96.70%	94.70%	90.90%	54.50%	95.00%	79.60%	>=90%	<85%
Cancer 62 day referral to treatment (upgrades)	72.20%	44.40%	63.20%	91.70%	75.00%	66.70%	61.50%	83.30%	87.50%	69.20%	63.60%	76.50%	100%	88.90%	74.50%	100%	>=90%	<85%
Number of patients waiting over 104 days with a TCI date	170	15	20	18	13	9	15	12	6	5	4	3	4	8	12	4	Zero	
Number of patients waiting over 104 days without a TCI date	407	30	21	37	32	28	36	22	25	19	14	20	33	79	53	33	<=24	
Diagnostics																		
% waiting for diagnostics 6 week wait and over (15 key tests)	3.16%	0.67%	1.08%	0.76%	0.84%	0.72%	0.66%	1.06%	0.94%	1.50%	1.16%	3.16%	41.95%	43.43%	3.16%	43.43%	<=1%	>2%
The number of planned / surveillance endoscopy patients waiting at month end	825	872	966	770	714	756	756	763	835	853	803	825	1,035	1,230	825		<=600	
Discharge																		
Number of patients delayed at the end of each month	15	39	18	43	41	35	44	32	22	55	54	15	4	3	15	3	<=38	
Patient discharge summaries sent to GP within 24 hours	56.90%	54.60%	53.20%	57.90%	55.70%	56.50%	58.00%	56.40%	56.30%	59.60%	60.10%	58.20%	56.00%		59.30%	56.00%	>=88%	<75%

Trust Scorecard – Responsive (2)

OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Emergency Department																		
ED: % total time in department – under 4 hours (type 1)	81.58%	87.99%	86.80%	88.53%	88.16%	84.03%	80.58%	76.24%	72.91%	72.45%	72.41%	78.56%	87.46%	85.41%	74.80%	86.09%	>=95%	<90%
ED: % total time in department – under 4 hours (types 1 & 3)	87.40%	91.70%	91.05%	92.20%	92.01%	89.13%	86.36%	83.41%	81.18%	81.02%	82.33%	85.08%	89.93%	88.72%	82.62%	89.10%	>=95%	<90%
ED: % total time in department – under 4 hours CGH	93.70%	96.04%	96.40%	95.44%	96.20%	92.68%	95.54%	90.92%	88.74%	91.50%	93.02%	94.10%	95.42%	96.43%	92.76%	96.00%	>=95%	<90%
ED: % total time in department – under 4 hours GRH	81.59%	84.16%	82.77%	85.09%	84.25%	79.90%	73.72%	69.25%	65.20%	63.30%	64.91%	71.69%	84.28%	80.59%	66.28%	81.83%	>=95%	<90%
ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission)	2	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0	Zero	
ED: % of time to initial assessment – under 15 minutes	71.20%	78.30%	77.30%	71.30%	75.70%	71.40%	68.40%	66.50%	64.30%	68.00%	65.80%	70.10%	80.40%	77.00%	67.80%	78.50%	>=95%	<92%
ED: % of time to start of treatment – under 60 minutes	31.30%	35.90%	37.20%	30.30%	31.20%	29.90%	28.30%	26.60%	26.00%	31.90%	29.00%	40.90%	68.00%	57.50%	33.50%	62.20%	>=90%	<87%
% of ambulance handovers that are over 30 minutes	2.40%	1.28%	1.01%	1.25%	1.93%	2.48%	3.48%	3.71%	2.81%	3.76%	2.76%	2.87%	2.09%	1.74%	3.51%	1.90%	<=2.96%	
% of ambulance handovers that are over 60 minutes	0.07%	0.00%	0.00%	0.00%	0.00%	0.02%	0.07%	0.07%	0.24%	0.23%	0.13%	0.05%	0.00%	0.00%	0.15%	0.00%	<=1%	>2%
Operational Efficiency																		
Cancelled operations re-admitted within 28 days	74.03%	64.29%	41.67%	96.30%	90.48%	95.12%	91.18%	64.71%	80.00%	88.89%	74.07%	74.03%	-120.0%	100.0%	88.33%	-38.00%	>=95%	
Urgent cancelled operations	8	0	0	0	0	2	3	0	1	1	1	0	0	0	2	0	No target	
Number of patients stable for discharge	86	77	63	79	88	88	90	87	81	112	101	70	14	33	95	33	<=70	
% of bed days lost due to delays	3.10%	3.87%	2.29%	3.47%	4.32%	4.58%	3.67%	3.19%	2.70%	4.69%	4.54%	3.10%	0.56%	0.58%	2.96%	0.58%	<=3.5%	>4%
Number of stranded patients with a length of stay of greater than 7 days	423	391	370	371	360	371	380	406	403	431	427	358	6,094	6,604	405	12,698	<=380	
Average length of stay (spell)	5.14	5.31	4.82	4.87	4.78	4.88	4.84	4.95	5.25	5.68	5.36	6.16	5.22	4.44	5.7	4.8	<=5.06	
Length of stay for general and acute non-elective (occupied bed days) spells	5.73	5.94	5.38	5.45	5.25	5.38	5.35	5.56	5.77	6.43	6.06	6.91	5.37	4.7	6.44	5.01	<=5.65	
Length of stay for general and acute elective spells (occupied bed days)	2.66	2.68	2.55	2.64	2.76	2.61	2.83	2.65	2.87	2.42	2.62	2.65	3.73	2.19	2.56	2.86	<=3.4	>4.5
% day cases of all electives	85.59%	86.28%	85.92%	85.91%	86.04%	86.71%	86.31%	85.54%	87.04%	87.91%	84.27%	84.90%	82.75%	81.81%	86%	82.24%	>80%	<70%
Intra-session theatre utilisation rate	87.20%	88.49%	85.50%	87.40%	87.60%	87.70%	88.20%	88.00%	87.40%	86.40%	87.50%	85.60%	91.80%	87.60%		87.10%	>85%	<70%

Trust Scorecard – Responsive (3)

OVERALL SCORE

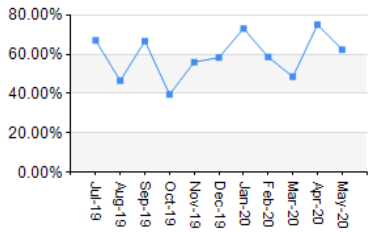
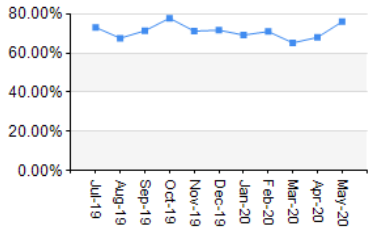
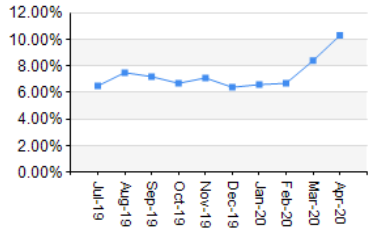
	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Outpatient																		
Outpatient new to follow up ratio's	1.88	1.91	1.91	1.88	1.92	1.8	1.75	1.81	1.89	1.85	1.93	2.03	2.54	2.3	1.92	2.41	<=1.9	
Did not attend (DNA) rates	6.90%	6.80%	6.80%	7.00%	6.90%	7.20%	6.70%	6.80%	6.90%	6.90%	6.50%	7.80%	4.30%	4.30%	7.10%	4.30%	<=7.6%	>10%
RTT																		
Referral to treatment ongoing pathways under 18 weeks (%)	81.01%	80.63%	81.11%	81.80%	81.41%	81.38%	81.33%	80.29%	80.57%	81.06%	81.41%	81.01%	73.61%	66.46%	79.79%	66.46%	>=92%	
Referral to treatment ongoing pathways 35+ Weeks (number)	1,833	2,149	1,953	1,772	1,703	1,699	1,650	1,792	1,790	1,658	1,653	1,833	2,719	3,816	1,895	3,816	No target	
Referral to treatment ongoing pathways 40+ Weeks (number)	912	1,748	1,626	1,437	1,378	1,390	1,312	824	1,263	1,298	1,203	912	1,615	2,529	1,236	2,529	No target	
Referral to treatment ongoing pathways over 52 weeks (number)	33	91	90	78	77	78	62	45	39	28	14	33	156	366	33	366	Zero	
SUS																		
Percentage of records submitted nationally with valid GP code	99.70%	99.90%	100.0%	100.0%	100.0%	99.80%	99.80%	99.80%	99.90%	99.90%	99.90%	99.90%	100.0%				>=99%	
Percentage of records submitted nationally with valid NHS number	99.70%	99.40%	99.80%	99.80%	99.80%	99.80%	99.80%	99.90%	99.80%	99.80%	99.80%	99.80%	99.80%				>=99%	

Trust Scorecard – Well Led (1)

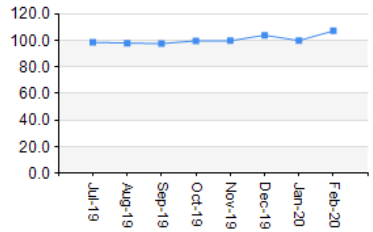
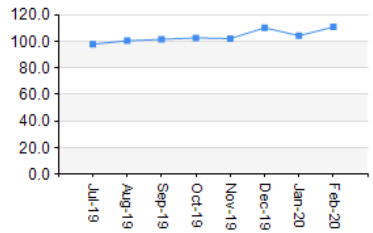
OVERALL SCORE

	19/20	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	19/20 Q4	20/21	Standard	Threshold
Appraisal and Mandatory Training																		
Trust total % overall appraisal completion	85.00%	81.00%	82.00%	83.00%	81.00%	79.00%	80.00%	82.00%	82.00%	83.00%	85.00%	85.00%	85.00%	85.00%	85.00%		>=90%	<70%
Trust total % mandatory training compliance	92%	91%	92%	92%	92%	91%	91%	92%	92%	90%	90%	90%	90%	90%	90%		>=90%	<70%
Finance																		
Total PayBill Spend		30.8	30.9	30.7	31.7	30.9	31.5	31.3	31.4	30.1	31.6	30.2	32.5	33.8				
YTD Performance against Financial Recovery Plan		0.3	0.6	0.5	0.5	0.6	0.7	0.6	0.4	0.3	0.1	1.5	0	-0.1				
Cost Improvement Year to Date Variance		1	1	2	2	2	1	1	-2	-2	-4	-8	0.3	-0.1				
NHSI Financial Risk Rating		3	3	3	3	3	3	3	3	3	3	3	3	3				
Capital service		4	4	4	4	4	4	4	4	4	4	3	3	3				
Liquidity		4	4	4	4	4	4	4	4	4	4	4	4	4				
Agency – Performance Against NHSI Set Agency Ceiling		3	4	3	3	3	3	3	3	3	3	3	3	3				
Safe Nurse Staffing																		
Overall % of nursing shifts filled with substantive staff	97.40%	96.40%	95.10%	97.40%	95.40%	96.40%	98.40%	99.40%	98.30%	99.30%	98.30%						>=75%	<70%
% registered nurse day	98.20%	97.90%	96.60%	98.70%	96.50%	97.40%	99.40%	100.7%	98.70%	98.50%	98.10%						>=90%	<80%
% unregistered care staff day	100.2%	99.20%	99.40%	101.0%	99.40%	98.60%	101.4%	104.2%	98.60%	102.1%	100.2%						>=90%	<80%
% registered nurse night	95.70%	93.50%	92.40%	94.80%	93.30%	94.50%	96.40%	97.10%	97.50%	100.8%	98.60%						>=90%	<80%
% unregistered care staff night	106.2%	99.40%	104.8%	105.7%	105.3%	106.7%	108.6%	115.5%	105.4%	107.8%	109.7%						>=90%	<80%
Care hours per patient day RN	4.7	4.6	4.7	4.8	4.7	4.7	4.7	4.8	4.9	4.6	4.7						>=5	
Care hours per patient day HCA	3	2.9	3	3	3	2.9	3	3	3	2.9	3						>=3	
Care hours per patient day total	7.7	7.5	7.7	7.8	7.6	7.6	7.7	7.8	7.9	7.6	7.7						>=8	
Vacancy and WTE																		
% total vacancy rate		10.02%	9.54%	8.65%	8.60%	7.20%	7.00%	6.95%	7.00%	6.70%	6.15%	6.15%					<=11.5%	>13%
% vacancy rate for doctors		8.86%	8.53%	8.20%	0.53%	2.70%	2.25%	2.80%	2.80%	3.62%	1.24%						<=5%	>5.5%
% vacancy rate for registered nurses		9.52%	9.42%	8.65%	8.65%	8.07%	8.22%	8.30%	8.30%	9.92%	10.26%	10.26%					<=5%	>5.5%
Staff in post FTE		6150.11	6148.56	6171.97	6226.64	6350.1	6358.09	6354.32	6355	6351.41	6387.05	6422.86	6421.87	6416.94			No target	
Vacancy FTE		683	650	652.42	500	492.55	478.95	474.24	475	457.45	418.47	418.47					No target	
Starters FTE		52.8	45.2	66.66	60.55	147.7	72.72	51.61	69.42	55.75	63.74	44.17	32.81	29.25			No target	
Leavers FTE		37.5	57.4	44.69	46.75	84.63	40.81	47.02	49.37	52.49	36.99	58.37	43.37	44.49			No target	
Workforce Expenditure and Efficiency																		
% turnover		11.60%	11.60%	11.80%	11.10%	11.90%	11.60%	11.70%	11.50%	11.50%	11.30%	11.10%	10.80%	10.90%			<=11%	>15%
% turnover rate for nursing		10.93%	10.87%	10.99%	10.77%	11.40%	11.09%	10.75%	10.93%	11.12%	10.92%	10.73%	10.59%	10.72%			<=11%	>15%
% sickness rate		3.40%	3.80%	3.80%	3.90%	3.90%	3.90%	3.90%	4.00%	3.90%	3.90%	3.50%	3.80%	3.80%			<=3.5%	>4%

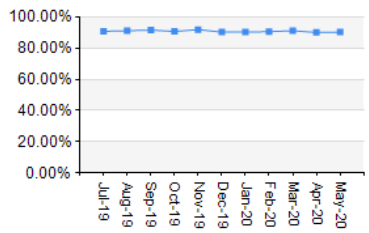
Exception Reports – Effective (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of fracture neck of femur patients treated within 36 hours **Standard: >=90%**		All patient notes have been reviewed. Action plan created for review by Divisional Tri.	**Director of Operations - Surgery**
% patients receiving a swallow screen within 4 hours of arrival **Standard: >=90%**		Weekly breach meetings in place with an associated action plan. Small improvement as a result of this which is being heavily monitored by the DQ&N. Main risk is due to lack of speech and language therapy staff who have been redeployed into the community.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Emergency re-admissions within 30 days following an elective or emergency spell **Standard: <8.25%**		Review underway.	**Deputy Medical Director**

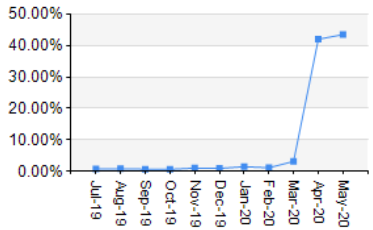
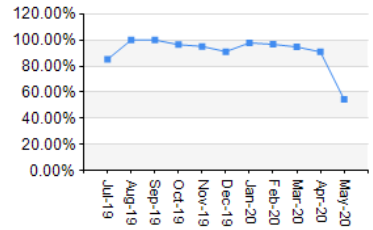
Exception Reports – Effective (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Hospital standardised mortality ratio (HSMR) **Standard: Dr Foster**		Number of spells reduced ie the denominator. It is likely that during the pandemic only the sicker patient presented to hospital. This is likely to continue for the next 3 months at least, this will be monitored in HMG in liaison with Dr Foster.	**Medical Division Audit and M&M Lead**
Hospital standardised mortality ratio (HSMR) – weekend **Standard: Dr Foster**		My feeling is that this is due to the number of superspells being lower than average reducing the denominator and potentially those people who came into hospital were a sicker cohort with more deaths. I anticipate this will also show for the next 3 months given the pandemic and projection below of fewer admission spells.	**Medical Director**

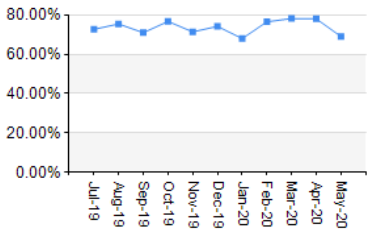
Exception Reports – Caring (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Inpatients % positive **Standard: >=96%**		Our current FFT score has been static. Plans to address this include changing the question which we hope will give us more meaningful qualitative insight we can use for improvement. We are also mapping all of our services to ensure we are gathering feedback for each ward and specialty and using a range of methodologies to improve the feedback we get specific to each service.	**Deputy Director of Quality**

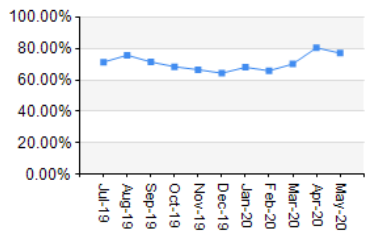
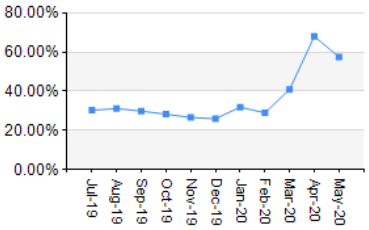
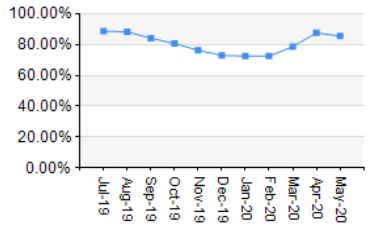
Exception Reports – Responsive (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% waiting for diagnostics 6 week wait and over (15 key tests) **Standard: <=1%**		All diagnostic tests have been impacted by C-19 either due to capacity or patient choice. Magnetic Resonance Imaging 0 Computed Tomography 13 COVID 19 Non-obstetric ultrasound 7 COVID 19 Barium Enema 0 DEXA Scan 1 COVID 19 Audiology - Audiology Assessments 105 Breaches due to Covid 19 Cardiology - echocardiography 339 Breaches due to Covid 19 (317 OP Echos & 22 IP TOEs) Neurophysiology - peripheral neurophysiology 0 Respiratory physiology - sleep studies 42 Service closed due to COVID-19 (23/3/2020 to 18/5/2020), (Reduced Capacity 18/5/2020 to 1/6/2020) Urodynamics - pressures & flows 46 Breaches due to Covid 19 Colonoscopy 451 Breaches due to Covid 19 Flexi sigmoidoscopy 229 Breaches due to Covid 19 Cystoscopy 12 COVID - no theatre lists Gastroscopy 620 Breaches due to Covid 19	**Deputy Chief Operating Officer**
Cancer 62 day referral to treatment (screenings) **Standard: >=90%**		62 day screening performance (unvalidated)= 45.0% target = 90% National performance = 81.2% 5.5 treatments 2.5 breaches 3 Lower GI breaches (one tertiary)	**Director of Planned Care and Deputy Chief Operating Officer**

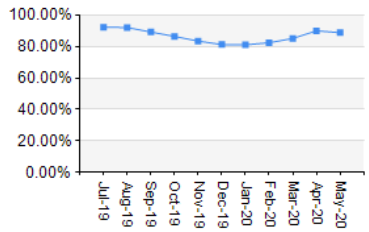
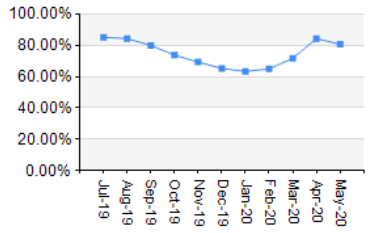
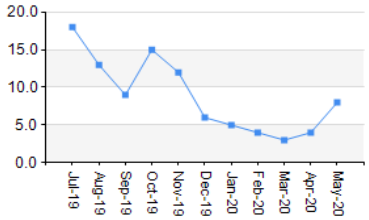
Exception Reports – Responsive (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer 62 day referral to treatment (urgent GP referral) **Standard: >=85%**		62 day GP performance (unvalidated) = 69.2% target = 85% National performance = 74.3% 143 treatments 44 breaches Urology 15 Lower GI 7 Haem 5 Upper GI 4 Gynae 3 Skin 3 Lung 2.5 Breach reasons Complex diagnostic pathway (many, or complex, diagnostic tests required) 21 Elective capacity inadequate 8 Health Care Provider initiated delay 6 PATIENT initiated (choice) delay 5 Elective cancellation (for non-medical reason) 1 Health Care Provider unable to make contact with PATIENT by telephone 1 Grand Total 45	**Director of Planned Care and Deputy Chief Operating Officer**

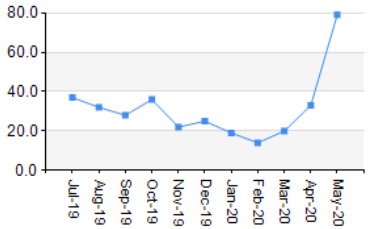
Exception Reports – Responsive (3)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % of time to initial assessment – under 15 minutes **Standard: >=95%**		There has been an increase in performance for arrivals by ambulance compared to last month where there was a decrease. Familiarity with the new working practice and the reintroduction of the ED flip (majors as green) will be contributing to this performance. Performance for walk in patients in May has reduced across both Emergency Departments.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % of time to start of treatment – under 60 minutes **Standard: >=90%**		In May, there has been an increase in 8 minutes on average to see a Doctor. This is likely linked to the increase in attendances seen in month.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours (type 1) **Standard: >=95%**		ED performance has slightly decreased from 86.97% to 86.21% in May compared to April. Cheltenham General achieved over 95% performance in May. Total time in the department has increased this month because of patient acuity. Cohorting patients pending a swab result has resulted in poor flow and often a congested ED department.	**Director of Unscheduled Care and Deputy Chief Operating Officer**

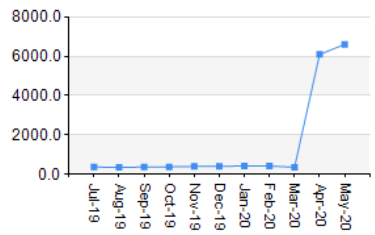
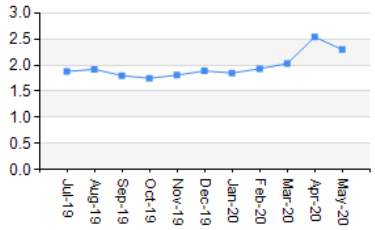
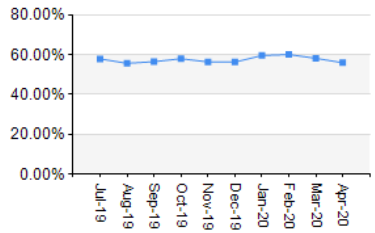
Exception Reports – Responsive (4)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % total time in department – under 4 hours (types 1 & 3) **Standard: >=95%**		ED performance has slightly decreased from 86.97% to 86.21% in May compared to April. Cheltenham General achieved over 95% performance in May. Total time in the department has increased this month because of patient acuity. Cohorting patients pending a swab result has resulted in poor flow and often a congested ED department.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours GRH **Standard: >=95%**		ED performance has slightly decreased from 86.97% to 86.21% in May compared to April. Cheltenham General achieved over 95% performance in May. Total time in the department has increased this month because of patient acuity. Cohorting patients pending a swab result has resulted in poor flow and often a congested ED department.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Number of patients waiting over 104 days with a TCI date **Standard: Zero**		Row Labels Future TCI agreed Urological 2 Lower GI 1 Skin 7 Head & neck 2 Grand Total 12	**Director of Planned Care and Deputy Chief Operating Officer**

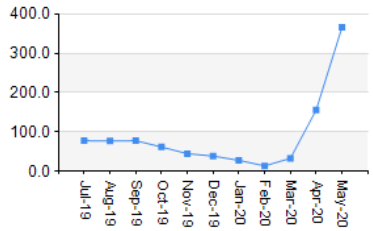
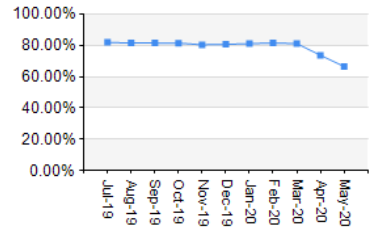
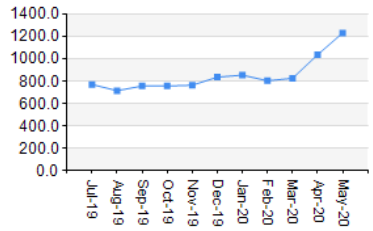
Exception Reports – Responsive (5)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of patients waiting over 104 days without a TCI date **Standard: <=24**		94 patients Lower GI 35 Uro 32 Head and Neck 9 Upper GI 7 Haem 4 Skin 4 Gynae 3 Issues impacting performance - Scoping backlog impacting Lower GI position. Endo now scoping 2b patients and capacity improving. New FIT test pathway set up from scratch has been initiated and issued to majority of backlog and results now coming back which will facilitate some patients to be discharged from cancer pathway - Clinicians have been required to re request imaging following pandemic 1st wave, this has added delay especially for some patients requiring an updated eGFR test - Patient choice is significantly impacting our PTL with 11 patients choosing to not attend the hospital due to covid concerns and 12 patient shielding, another 4 patients have been classed as too risky to attend hospital. Actions:- - Daily review of 104 day PTL - Surgical activity increasing with Nuffield to come online - All imaging has now been requested - Endoscopy now scoping patients by clinical urgency but then by chronology - All patient requiring repeat endoscopy procedure now booked - Review of FIT test project w/c 15th and follow up calls arranged for patients who have not completed FIT test - MDT and CNS leads aware of current 104 day patient list	**Director of Planned Care and Deputy Chief Operating Officer**

Exception Reports – Responsive (6)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of stranded patients with a length of stay of greater than 7 days **Standard: <=380**		Under review by Deputy Medical Director	**Deputy Chief Operating Officer**
Outpatient new to follow up ratio's **Standard: <=1.9**		These will need to be reviewed in the context of - further validation of f/u lists which some specialties have taken the opportunity to undertake during C-19 & - as clinics change, there should be a reduction in f/u rates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Patient discharge summaries sent to GP within 24 hours **Standard: >=88%**		Ongoing work through divisions to try to improve the position, clearly disrupted by the pandemic.	**Medical Director**

Exception Reports – Responsive (7)

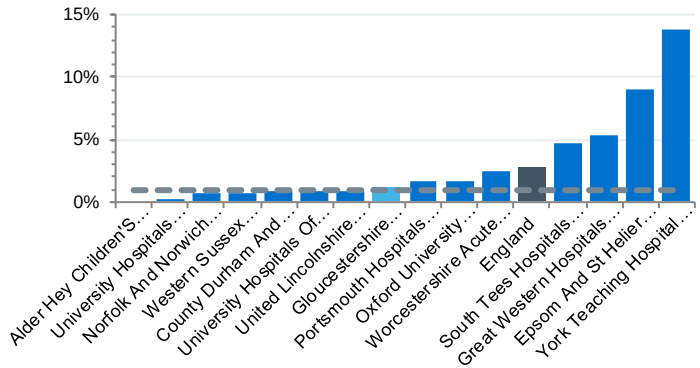
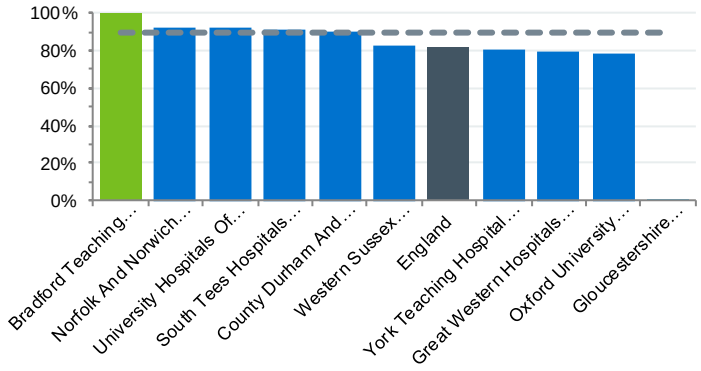
Metric Name & Standard	Trend Chart	Exception Notes	Owner
Referral to treatment ongoing pathways over 52 weeks (number) **Standard: Zero**		Treatment has been undertaken in clinical urgency, resulting in some patients waiting longer than 52 weeks. Recovery plans underway.	**Deputy Chief Operating Officer**
Referral to treatment ongoing pathways under 18 weeks (%) **Standard: >=92%**		Performance impacted by C-19, referral decrease and capacity to treat. Performance at 66.46%. Exception report covers detail of recovery plan.	**Deputy Chief Operating Officer**
The number of planned / surveillance endoscopy patients waiting at month end **Standard: <=600**		a.) Phased re-commencement of 2WW activity (based on clinical priority rating) at CGH for elective Colons and GRH for emergency and elective OGD due to; b.) COVID19 resourcing requirements (9 out of 12 consultants on PODs, leaving only 3) only released in Mid-May c.) All available consultant capacity focused on clearing 2WW backlog (March-May referrals)	**Medical Director**

Benchmarking (1)

Gloucestershire Hospitals NHS Foundation Trust

Standard **England** **Other providers**
GHT **Best in class***

*Where there is more than one top performing provider, the first in alphabetical order is reported here

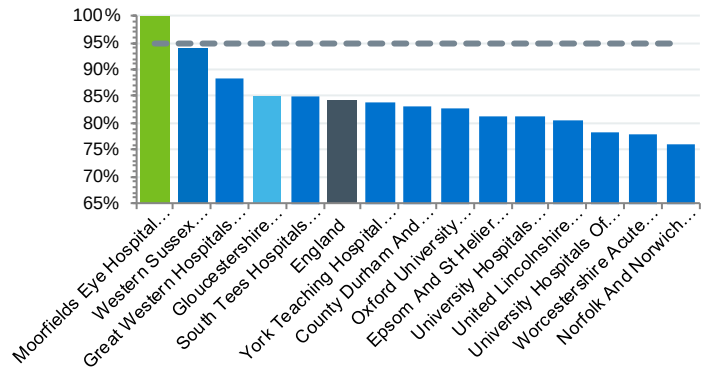
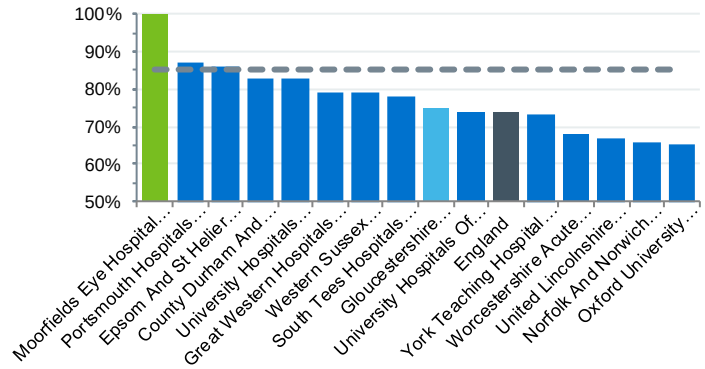
Metric	Period	Peer Group	Rank	Quartile
Diagnostics	March-20		46 / 165	2nd
Dementia	February-20		82 / 82	4th

Benchmarking (2)

Gloucestershire Hospitals NHS Foundation Trust

Standard **England** **Other providers**
GHT **Best in class***

*Where there is more than one top performing provider, the first in alphabetical order is reported here

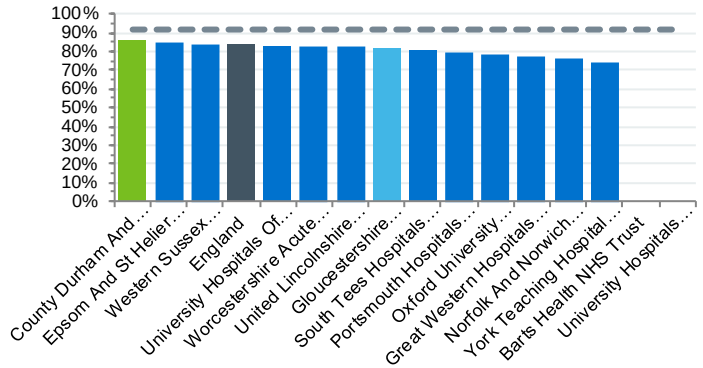
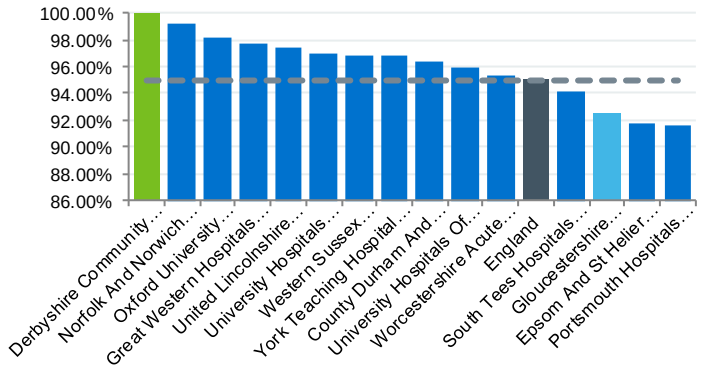
Metric	Period	Peer Group	Rank	Quartile
ED 4 Hour (Type 1 & Type 3)	April-20		76 / 115	3rd
Cancer 62 Days GP Referrals	March-20		90 / 142	3rd

Benchmarking (3)

Gloucestershire Hospitals NHS Foundation Trust

Standard **England** **Other providers**
GHT **Best in class***

*Where there is more than one top performing provider, the first in alphabetical order is reported here

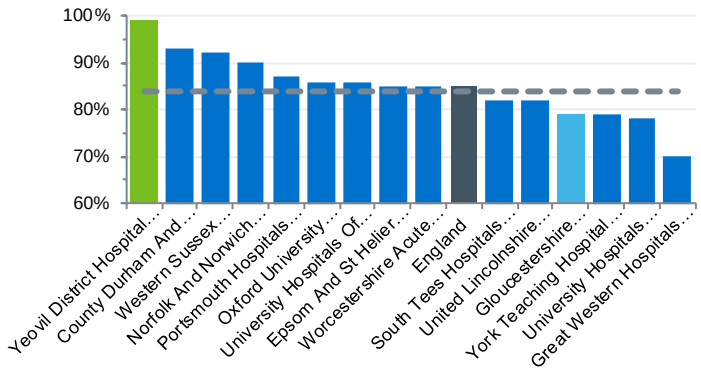
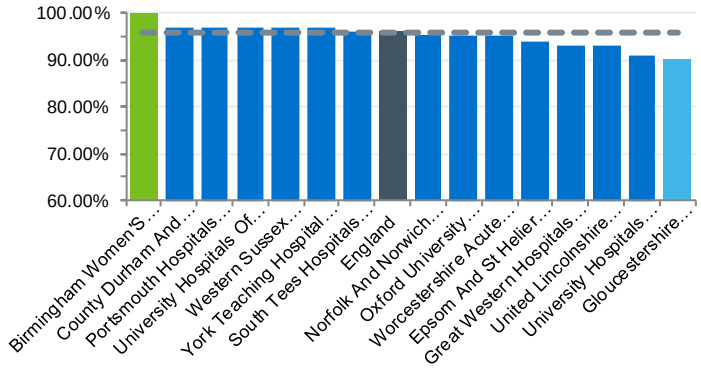
Metric	Period	Peer Group	Rank	Quartile
RTT	February-20		89 / 163	3rd
VTE (published quarterly)	Dec-19		116 / 149	4th

Benchmarking (4)

Gloucestershire Hospitals NHS Foundation Trust

Standard **England** **Other providers**
GHT **Best in class***

*Where there is more than one top performing provider, the first in alphabetical order is reported here

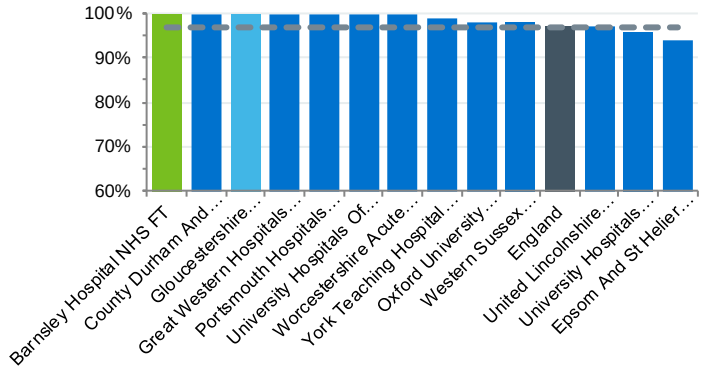
Metric	Period	Peer Group	Rank	Quartile
FFT - ED	February-20		109 / 131	4th
FFT - Inpatient	February-20		135 / 144	4th

Benchmarking (5)

Gloucestershire Hospitals NHS Foundation Trust

Standard **England** **Other providers**
GHT **Best in class***

*Where there is more than one top performing provider, the first in alphabetical order is reported here

Metric	Period	Peer Group	Rank	Quartile
FFT - Maternity (Q2 birth touchpoint - percentage recommended)	February-20		11 / 117	1st

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report Statistical Process Control Reporting

Reporting period May 2020

Presented at June 2020 Q&P and July 2020 Trust Board

Contents

Gloucestershire Hospitals NHS Foundation Trust

Guidance

Gloucestershire Hospitals NHS Foundation Trust

Variation			Assurance		
					
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

How to interpret variation results:

- Variation results show the trends in performance over time
- Trends either show **special cause variation** or **common cause variation**
- **Special cause variation: Orange icons** indicate **concerning** special cause variation requiring action
- **Special cause variation: Blue icons** indicate where there appears to be **improvements**
- **Common cause variation: Grey icons** indicate **no significant change**

How to interpret assurance results:

- Assurance results show whether a target is likely to be achieved, and is based on trends in achieving the target over time
- **Blue icons** indicate that you would expect to **consistently achieve a target**
- **Orange icons** indicate that you would expect to **consistently miss a target**
- **Grey icons** indicate that **sometimes the target will be achieved and sometimes it will be missed**

Source: NHSI Making Data Count

Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

The key areas of focus remain the assurance of patient care and safety during this time. Key reductions in non-urgent elective care took place in March to support organisational response to Covid-19 and continued into June. This has led to a number of changes and opportunities to deliver patient care in an enhanced way. The Trust through support of IM&T colleagues has embraced remote working with our patients & with Primary Care. For elective care (Cancer; Screening and RTT), all patients are being reviewed and clinically prioritised and national guidance enacted. We are ensuring that we are tracking all patients and that our waiting list size is consummate with those patients requiring secondary care opinion. During this time we also enacted a CAS to support primary care and remain open for referrals requiring a secondary care opinion. For unscheduled care the approach has equally been to support the safety and care of our patients to enable them to access specialist emergency care as they need to. Teams across the hospital have supported each other to offer the best care for all our patients.

A review and recovery plan is being formulated with emphasis on how to continue to prioritise our patients clinically and enable secondary care intervention where needed for patient care and safety.

During May the Trust did not meet the national standards for 62 day cancer standard; 52 week waits, diagnostics and the 4 hour standard.

The Trust performance (type 1) for the 4 hour standard in May was 85.41%, against the STP trajectory of 85.37%. The system did not meet the delivery of 90% for the system in May, at 88.72%. Note that the May performance targets / trajectories have not been formally agreed as the Operating Plan process was paused due to C-19, we have therefore taken the appropriate performance target from the national or previous local target where applicable.

The Trust did not meet the diagnostics standard for May at 43.43%. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review. The achievement of this standard has been majorly impacted by C-19, specifically endoscopy tests.

The Trust met the standard for 2 week wait cancer at 99.10% in May, this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance is 66.46% in May, work continues to ensure that the performance is stabilised. Significant work is underway to reduce our longest waiting patients of over 52 weeks, of which there were 366 in May. This is as yet un-validated performance at the time of the report.

Directors Operational Group will review the Unscheduled and Scheduled performance indicators with the Divisions and the wider Executive team. The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics with the Divisions providing exception reports. The delivery of any action plans to deliver improvement are also reviewed within the meeting. There are improvement plans in place for any indicators that have consistently scored in the “red” target area.

Access Dashboard

Gloucestershire Hospitals NHS Foundation Trust

This dashboard shows the most recent performance of metrics in the Access category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Variation

- Special Cause Concerning variation
- Common Cause
- Special Cause Improving variation

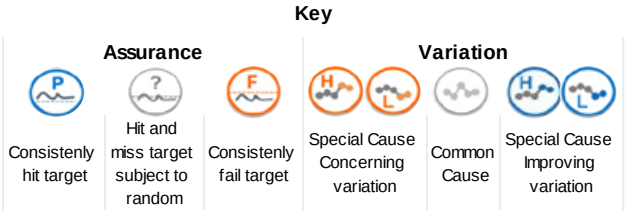
MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Cancer	Cancer – 28 day FDS two week wait	TBC	May-20	79.6%
Cancer	Cancer – 28 day FDS breast symptom two week wait	TBC	May-20	95.7%
Cancer	Cancer – 28 day FDS screening referral	TBC	May-20	50.0%
Cancer	Cancer – urgent referrals seen in under 2 weeks from GP	>=93%	May-20	99.1%
Cancer	2 week wait breast symptomatic referrals	>=93%	May-20	97.8%
Cancer	Cancer – 31 day diagnosis to treatment (first treatments)	>=96%	May-20	96.0%
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – drug)	>=98%	May-20	100.0%
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – surgery)	>=94%	May-20	92.6%
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	>=94%	May-20	96.7%
Cancer	Cancer 62 day referral to treatment (urgent GP referral)	>=85%	May-20	69.0%
Cancer	Cancer 62 day referral to treatment (screenings)	>=90%	May-20	54.5%
Cancer	Cancer 62 day referral to treatment (upgrades)	>=90%	May-20	88.9%
Cancer	Number of patients waiting over 104 days with a TCI date	Zero	May-20	8
Cancer	Number of patients waiting over 104 days without a TCI date	<=24	May-20	79
Diagnostics	% waiting for diagnostics 6 week wait and over (15 key tests)	<=1%	May-20	43.43%
Diagnostics	The number of planned / surveillance endoscopy patients waiting at month end	<=600	May-20	1,230
Discharge	Number of patients delayed at the end of each month	<=38	May-20	3
Discharge	Patient discharge summaries sent to GP within 24 hours	>=88%	Apr-20	56.0%
Emergency Department	ED: % total time in department – under 4 hours (type 1)	>=95%	May-20	85.41%
Emergency Department	ED: % total time in department – under 4 hours (types 1 & 3)	>=95%	May-20	88.72%
Emergency Department	ED: % total time in department – under 4 hours CGH	>=95%	May-20	96.43%
Emergency Department	ED: % total time in department – under 4 hours GRH	>=95%	May-20	80.59%

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Emergency Department	ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission)	Zero	May-20	0	
Emergency Department	ED: % of time to initial assessment – under 15 minutes	>=95%	May-20	77.0%	
Emergency Department	ED: % of time to start of treatment – under 60 minutes	>=90%	May-20	57.5%	
Emergency Department	% of ambulance handovers that are over 30 minutes	<=2.96%	May-20	1.74%	
Emergency Department	% of ambulance handovers that are over 60 minutes	<=1%	May-20	0.00%	
Maternity	% of women booked by 12 weeks gestation	>90%	May-20	93.1%	
Operational Efficiency	Number of patients stable for discharge	<=70	May-20	33	
Operational Efficiency	% of bed days lost due to delays	<=3.5%	May-20	0.58%	
Operational Efficiency	Number of stranded patients with a length of stay of greater than 7 days	<=380	May-20	213	
Operational Efficiency	Average length of stay (spell)	<=5.06	May-20	4.44	
Operational Efficiency	Length of stay for general and acute non-elective (occupied bed days) spells	<=5.65	May-20	4.7	
Operational Efficiency	Length of stay for general and acute elective spells (occupied bed days)	<=3.4	May-20	2.19	
Operational Efficiency	% day cases of all electives	>80%	May-20	81.81%	
Operational Efficiency	Intra-session theatre utilisation rate	>85%	May-20	87.6%	
Operational Efficiency	Cancelled operations re-admitted within 28 days	>=95%	May-20	100.00%	
Operational Efficiency	Urgent cancelled operations	No target	May-20	0	
Outpatient	Outpatient new to follow up ratio's	<=1.9	May-20	2.3	
Outpatient	Did not attend (DNA) rates	<=7.6%	May-20	4.30%	
Readmissions	Emergency re-admissions within 30 days following an elective or emergency spell	<8.25%	Apr-20	10.3%	
Research	Research accruals	No target	Feb-20	98	

Access Dashboard

Gloucestershire Hospitals NHS Foundation Trust

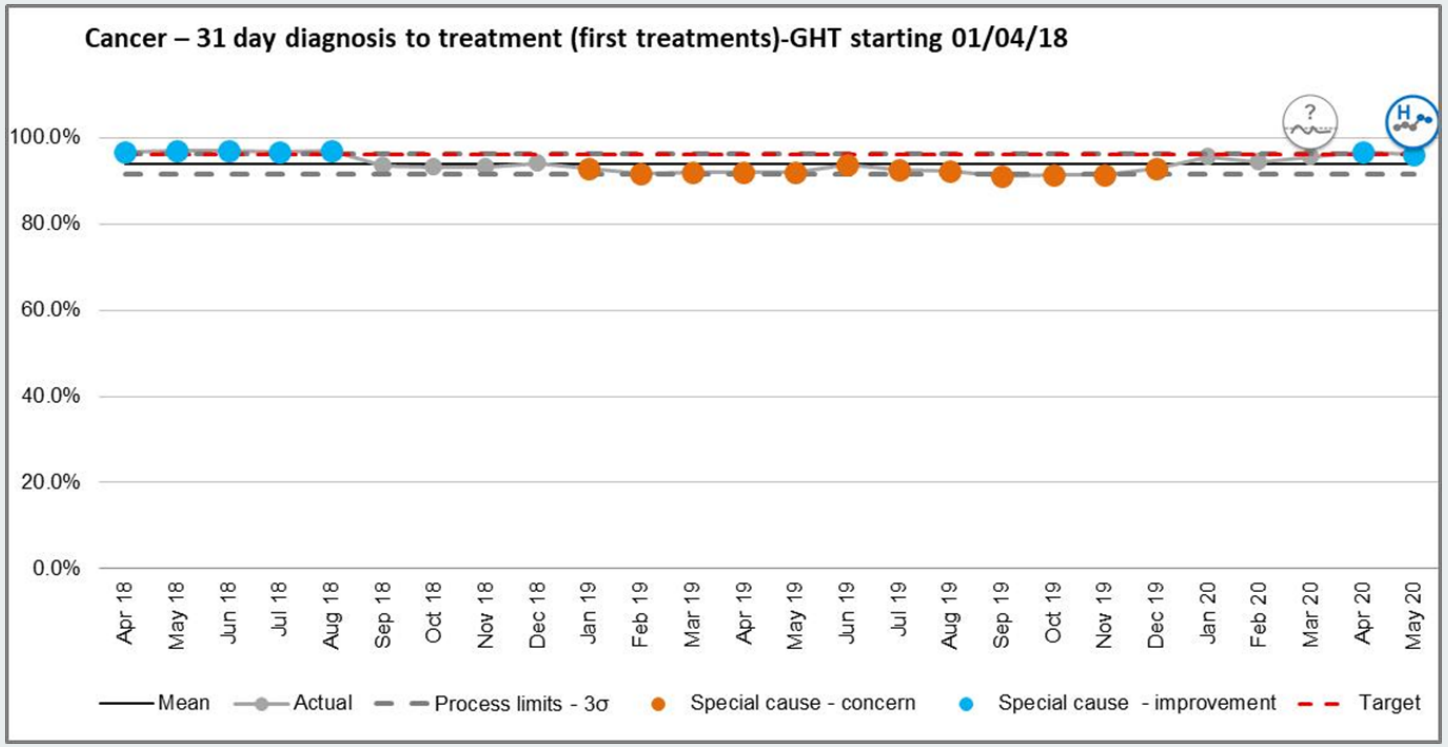
This dashboard shows the most recent performance of metrics in the Access category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.



MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
RTT	Referral to treatment ongoing pathways under 18 weeks (%)	>=92%		May-20	66.46%	
RTT	Referral to treatment ongoing pathways 35+ Weeks (number)	No target		May-20	3816	
RTT	Referral to treatment ongoing pathways 40+ Weeks (number)	No target		May-20	2529	
RTT	Referral to treatment ongoing pathways over 52 weeks (number)	Zero		May-20	366	
Stroke Care	Stroke care: percentage of patients receiving brain imaging within 1 hour	>=50%		May-20	53.0%	
Stroke Care	Stroke care: percentage of patients spending 90%+ time on stroke unit	>=80%		Apr-20	88.5%	
Stroke Care	% of patients admitted directly to the stroke unit in 4 hours	>=80%		Mar-20	49.3%	
Stroke Care	% patients receiving a swallow screen within 4 hours of arrival	>=90%		May-20	76.0%	
SUS	Percentage of records submitted nationally with valid GP code	>=99%		Apr-20	100.0%	
SUS	Percentage of records submitted nationally with valid NHS number	>=99%		Apr-20	99.8%	
Trauma & Orthopaedics	% of fracture neck of femur patients treated within 36 hours	>=90%		May-20	62.4%	
Trauma & Orthopaedics	% fractured neck of femur patients meeting best practice criteria	>=65%		May-20	60.6%	

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

31 day new performance (unvalidated) = 96.0%
target = 96%
National performance = 96.3%

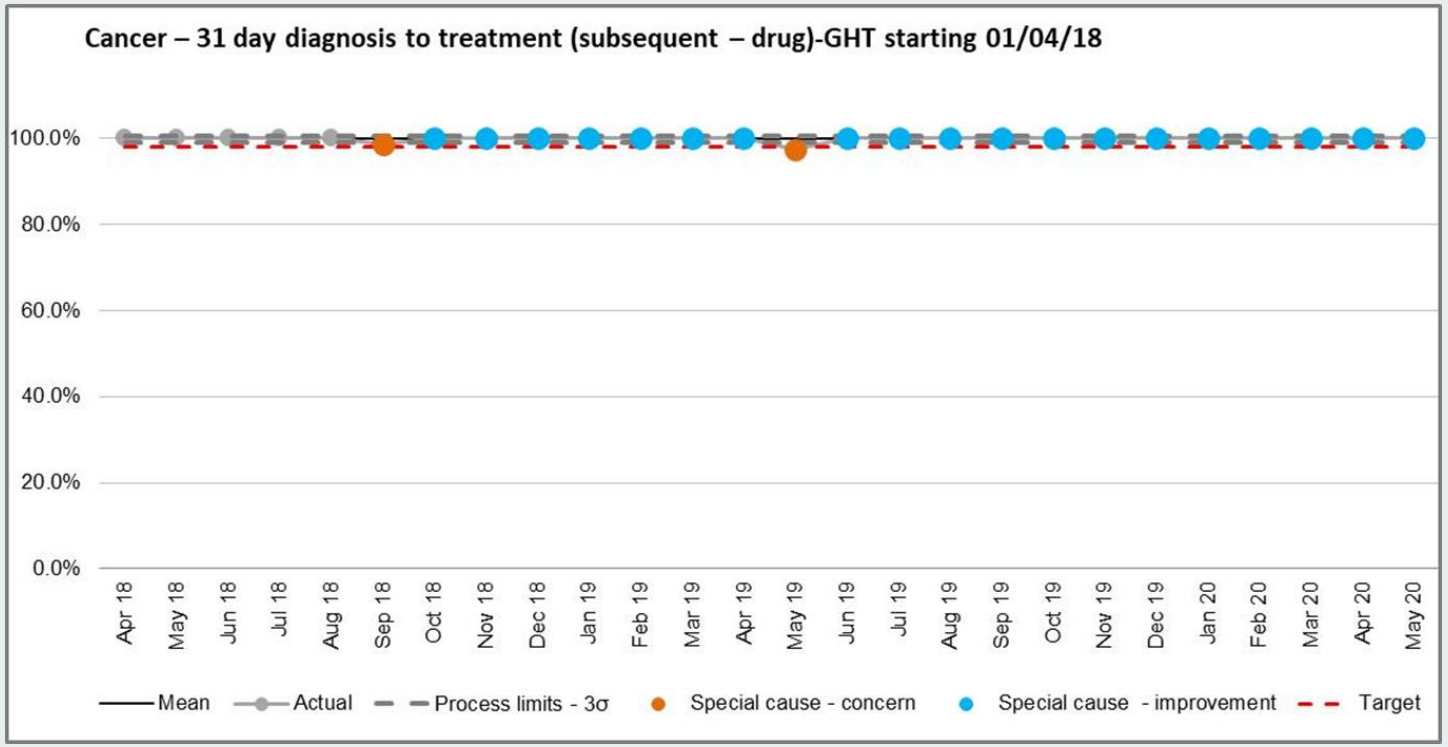
- Director of Planned Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 6 data points which are above the line. There are 4 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points below the mean.
2 of 3	When 2 out of 3 points lie near the LPL and UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

31 day subs chemotherapy performance (unvalidated) = 100.0%
target = 98%
National performance = 99.0%

- Director of Planned Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control.There are 2 data point(s) below the line.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points below the mean.

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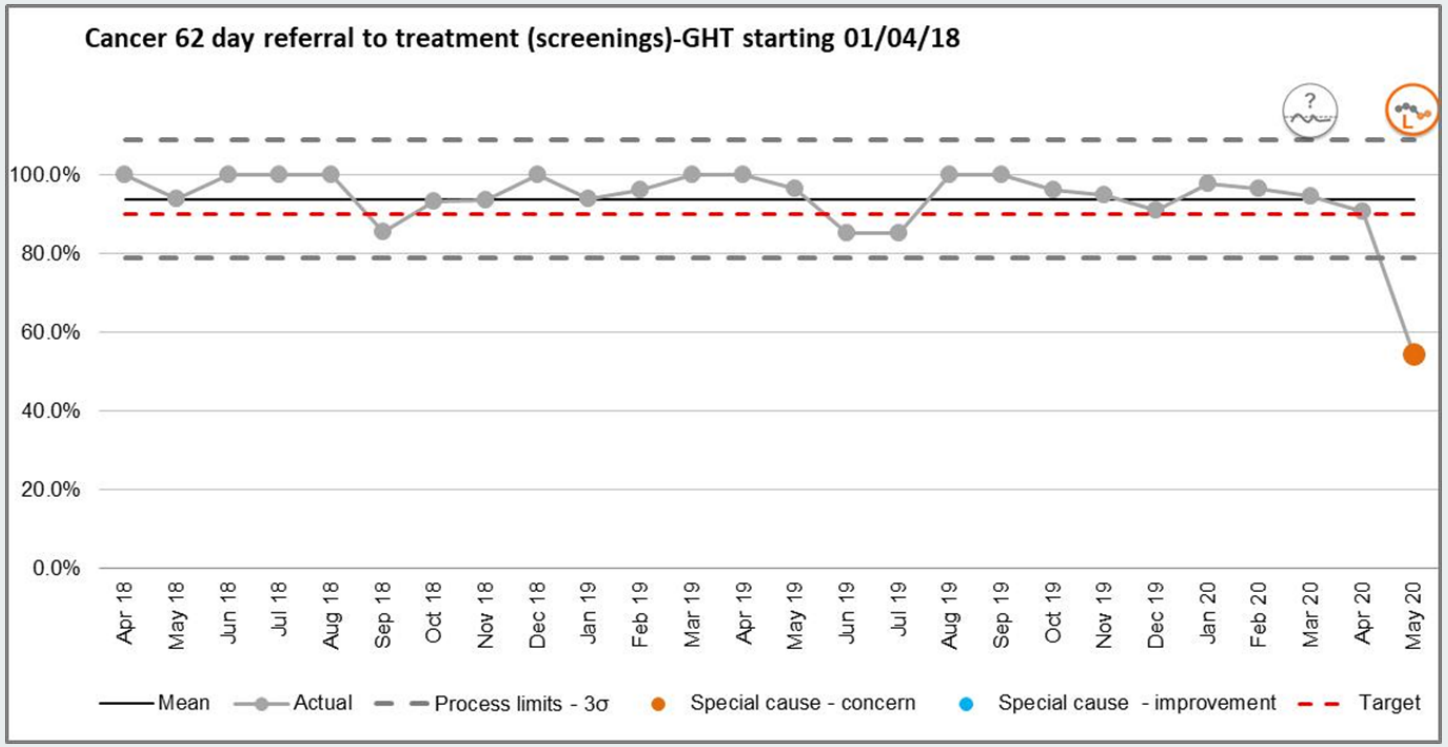


Commentary

62 day screening performance (unvalidated) = 45.0%
target = 90%
National performance = 81.2%
5.5 treatments
2.5 breaches
3 Lower GI breaches (one tertiary)

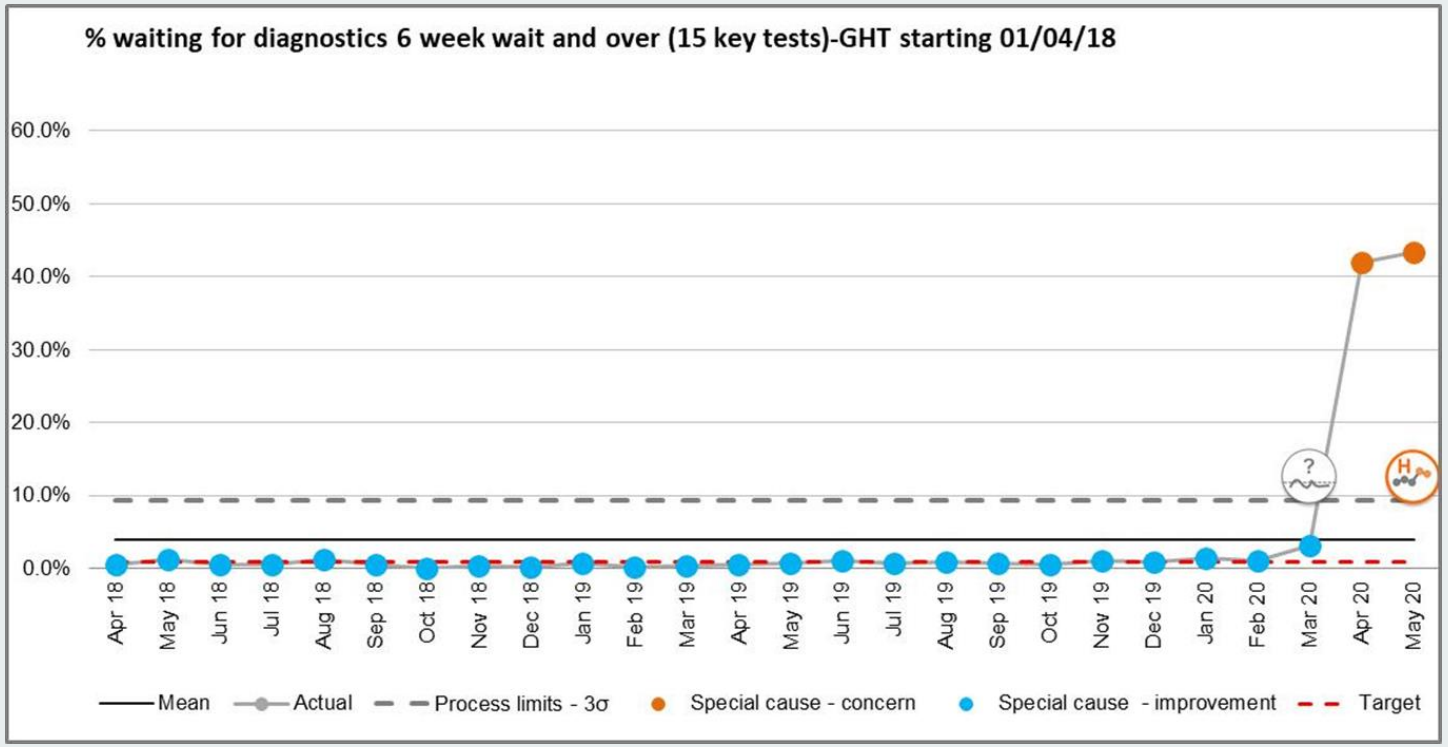
- Director of Planned Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control.There is 1 data point(s) below the line

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

All diagnostic tests have been impacted by C-19 either due to capacity or patient choice. Magnetic Resonance Imaging 0, Computed Tomography 13 COVID 19, Non-obstetric ultrasound 7 COVID 19, Barium Enema 0, DEXA Scan 1 COVID 19, Audiology - Audiology Assessments 105 breaches due to Covid 19, Cardiology - echocardiography 339 breaches due to Covid 19 (317 OP Echos & 22 IP TOEs), Neurophysiology - peripheral neurophysiology 0, Respiratory physiology - sleep studies 42 service closed due to COVID-19 23/3/2020 to 18/5/2020, reduced Capacity 18/5/2020 to 1/6/2020, Urodynamics - pressures & flows 46 breaches due to Covid 19, Colonoscopy 451 breaches due to Covid 19, Flexi sigmoidoscopy 229 breaches due to Covid 19, Cystoscopy 12 COVID - no theatre lists, Gastroscopy 620 breaches due to Covid 19.

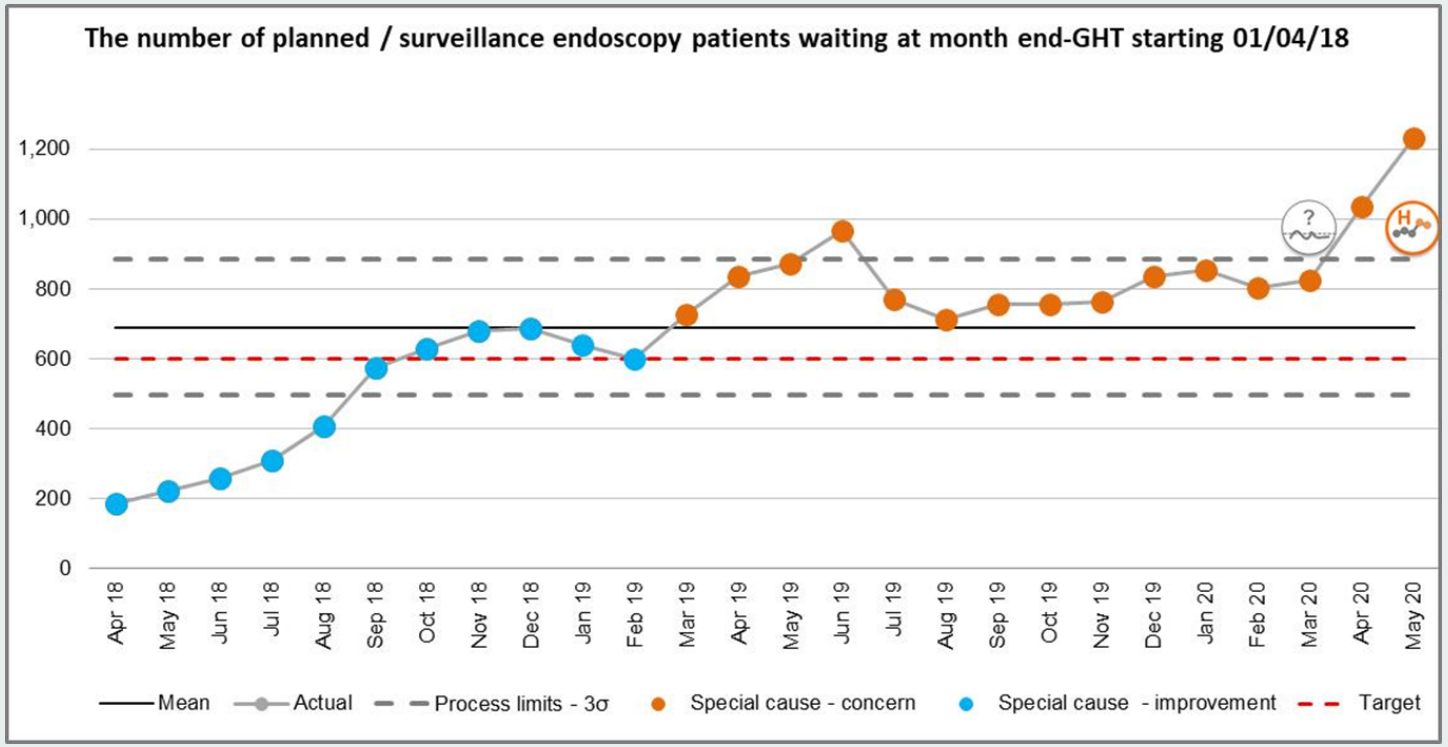
- Director of Planned Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data points which are above the line.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points below the mean.
2 of 3	When 2 out of 3 points lie near the LPL and UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

a.) Phased re-commencement of 2WW activity (based on clinical priority rating) at CGH for elective Colons and GRH for emergency and elective OGD due to;
b.) COVID19 resourcing requirements (9 out of 12 consultants on PODs, leaving only 3) only released in Mid-May
c.) All available consultant capacity focused on clearing 2WW backlog (March-May referrals)

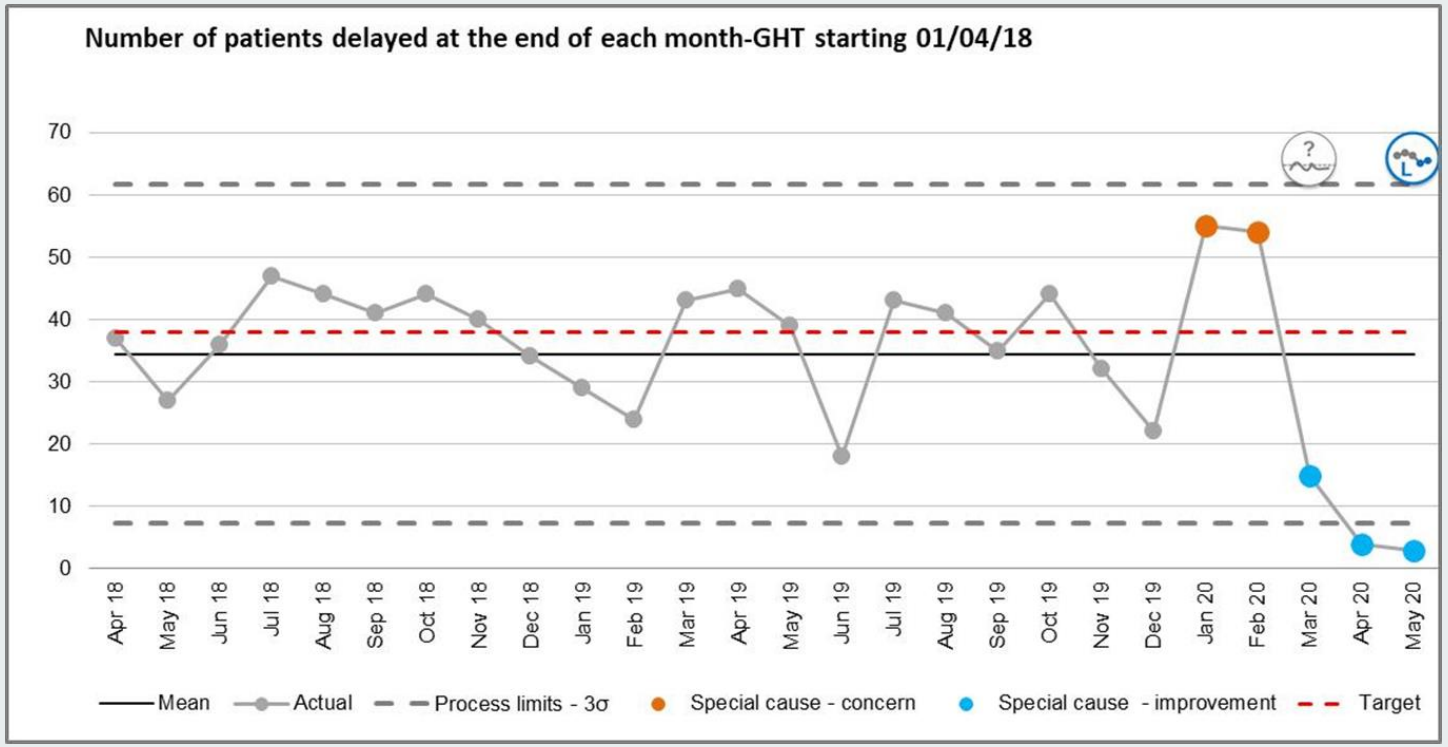
- Medical Director

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 3 data points which are above the line. There are 5 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a sigificant change in process. This process is not in control. There is a run of points above and below the mean.
Run	When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control. In this data set there is a run of rising points
2 of 3	When 2 out of 3 points lie near the LPL and the UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

There have been much fewer patients delayed at the end of each month primarily due to the speed in which the Onward Care Team has worked with system partners in the adherence to the Covid Discharge Guidance. Of the few patients that have been delayed, these are attributed to Adult Social Care.

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data point(s) below the line
2 of 3	When 2 out of 3 points lie near the LPL and UPL this is a warning that the process may be changing

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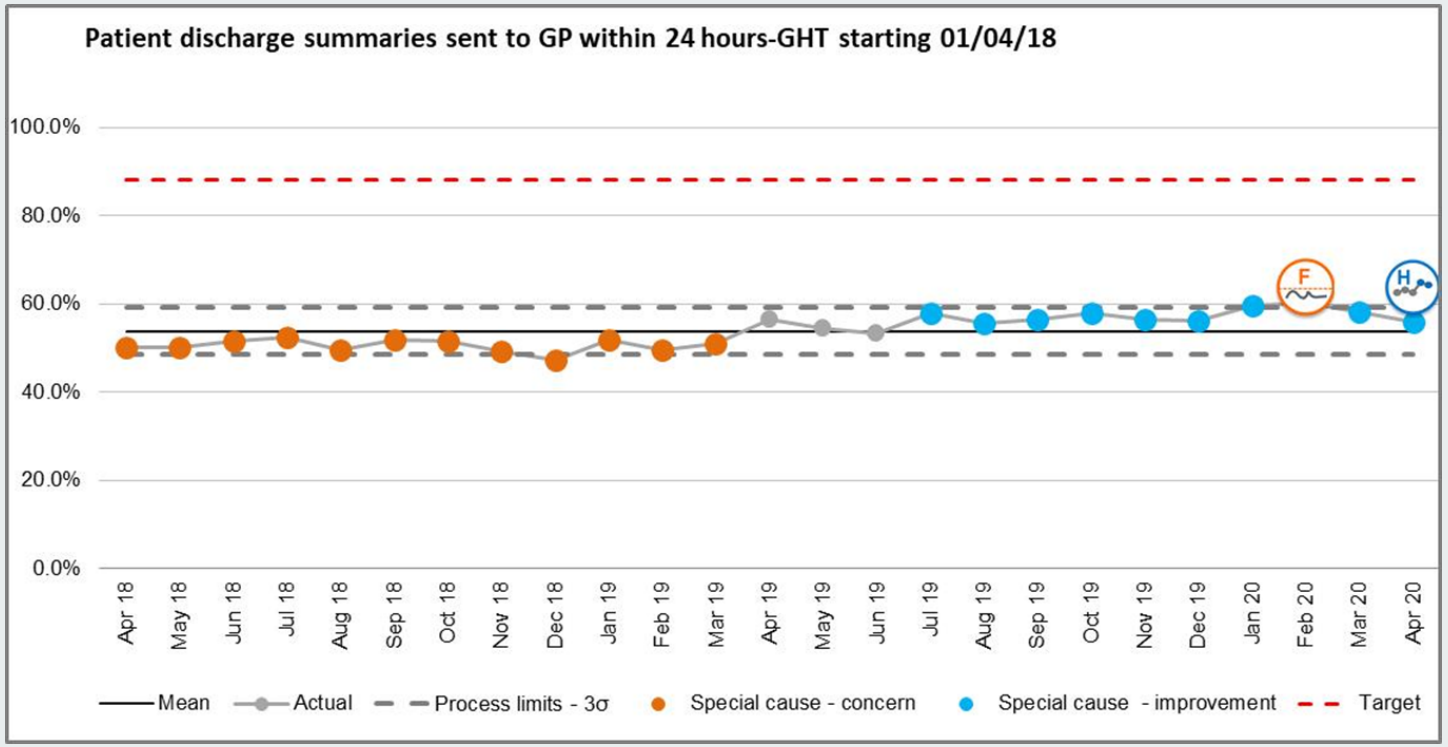
Gloucestershire Hospitals NHS Foundation Trust



Commentary

Ongoing work through divisions to try to improve the position, clearly disrupted by the pandemic.

- Medical Director

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data points which are above the line. There is 1 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.
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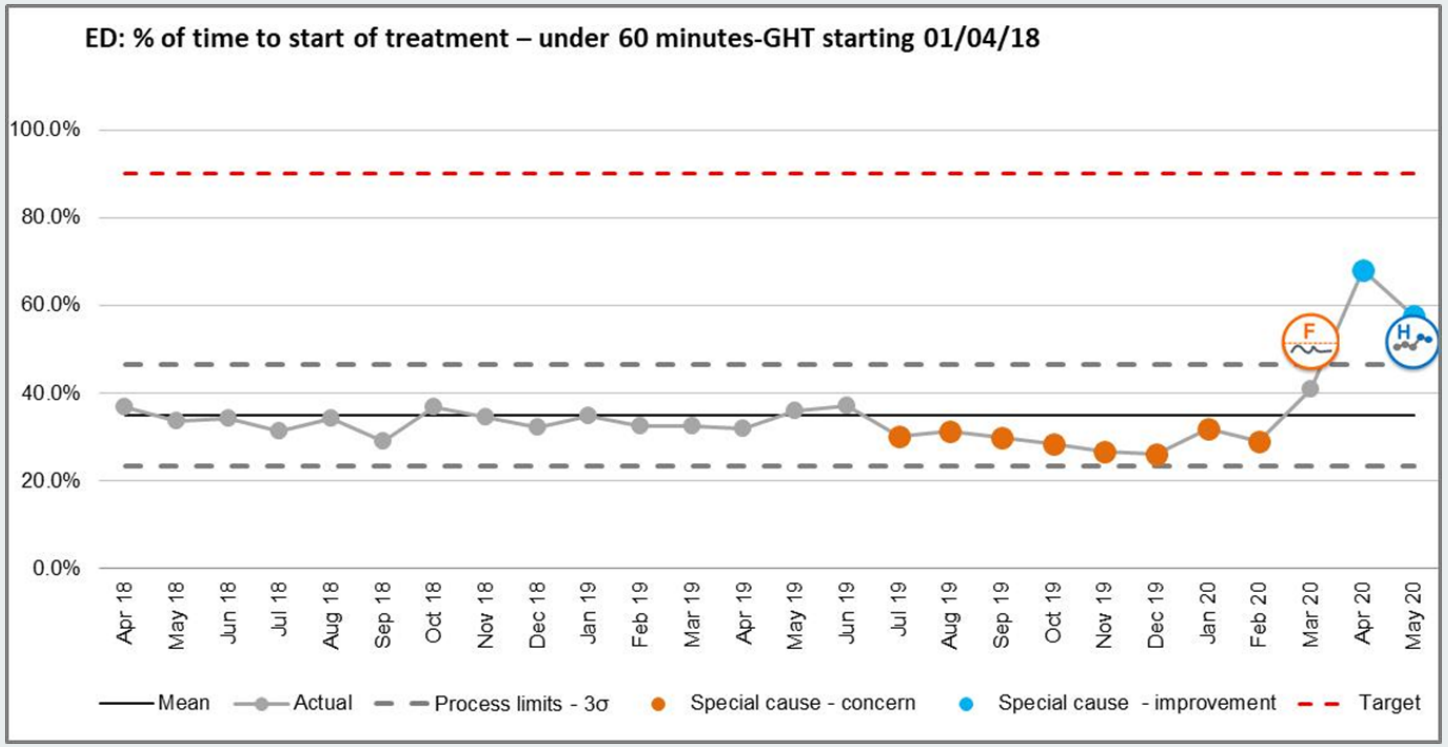

Commentary

In May, there has been an increase in 8 minutes on average to see a Doctor. This is likely linked to the increase in attendances seen in month.

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data points which are above the line.
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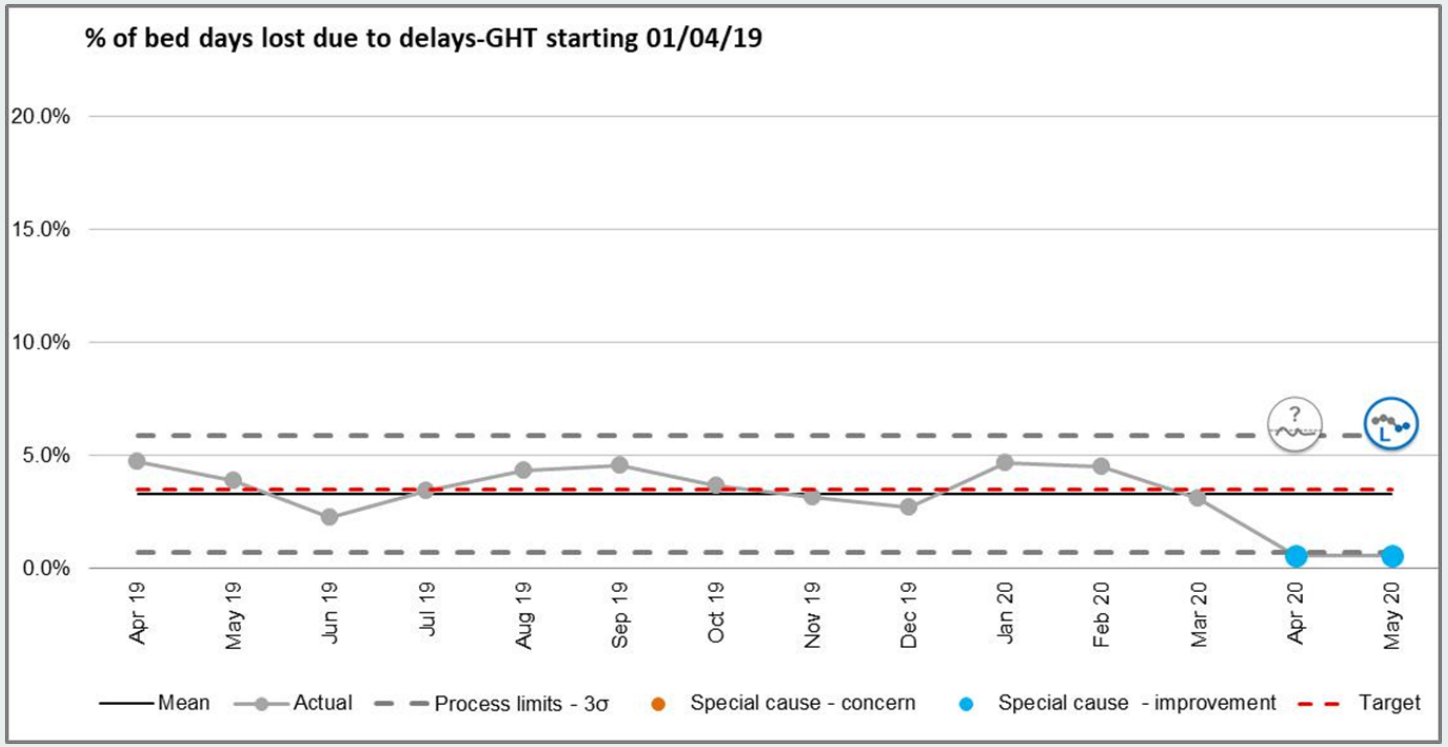


Commentary

Further narrative will be provided by verbal updates.

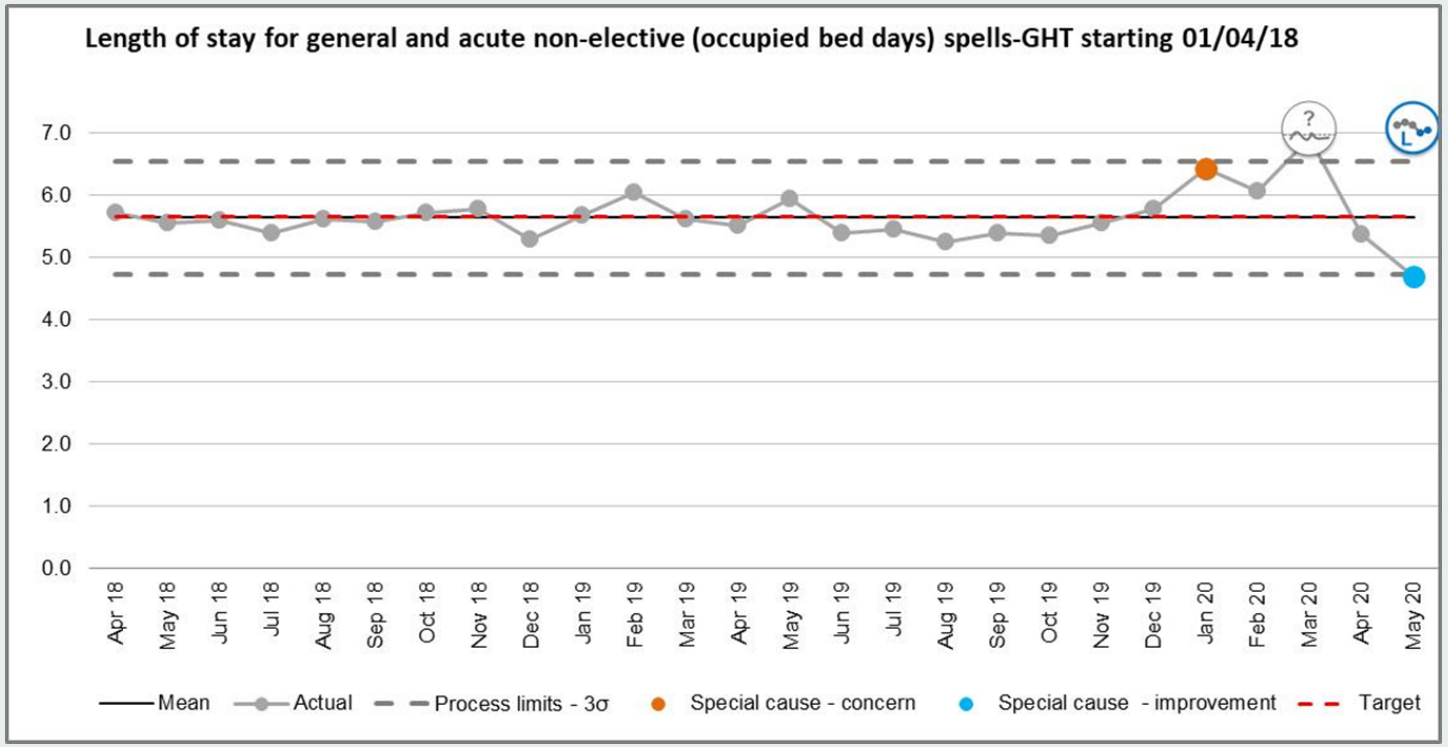
- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data point(s) below the line
2 of 3	When 2 out of 3 points lie near the LPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

During May 2020 the ward bases were still in Red/ Green pathways with various ward configurations as demand required. The patient cohort that has been admitted may be different to pre-Covid.

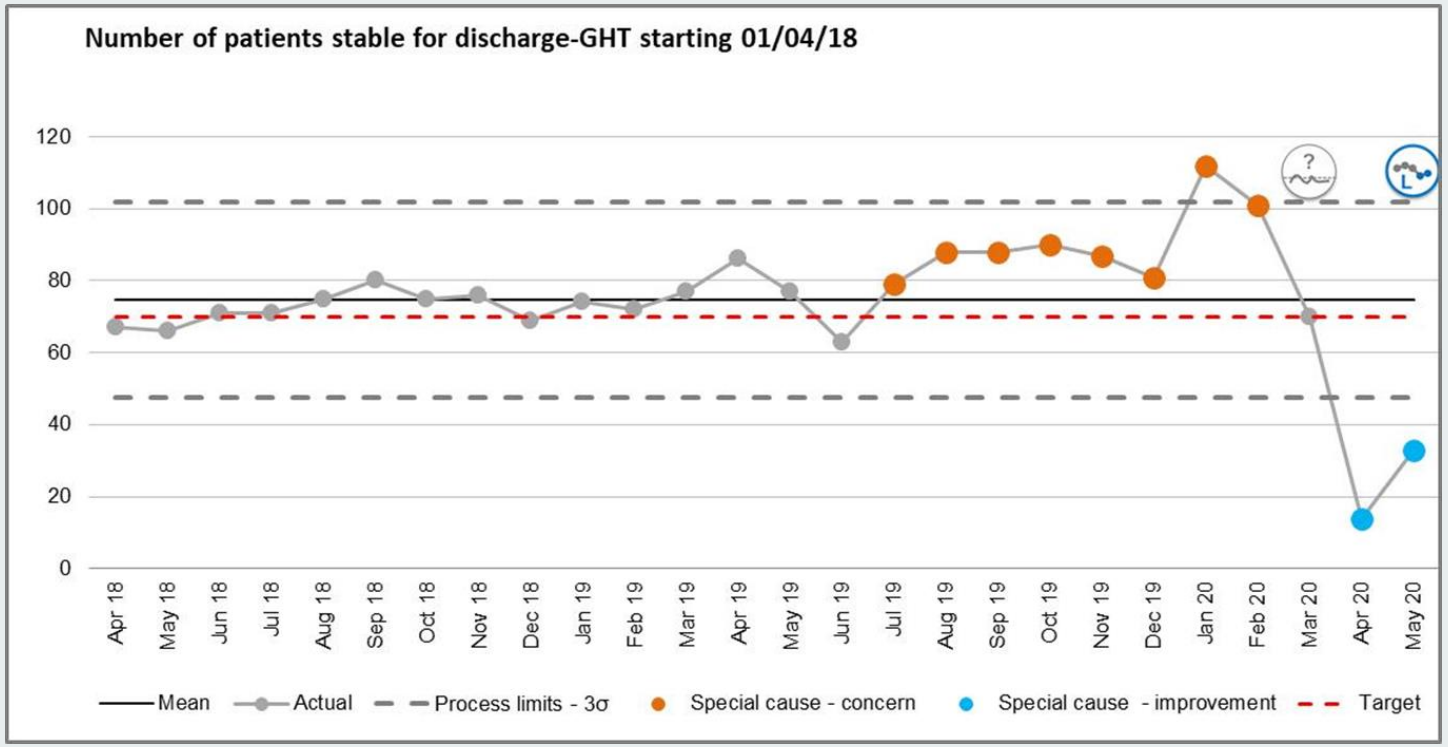
- Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 data point which is above the line. There is 1 data point(s) below the line
2 of 3	When 2 out of 3 points lie near the UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

The number of medically stable fell dramatically due to the work of the Onward Care team and therapy teams by moving our patients out of GHT in adherence to the Covid Discharge guidelines and by using our Discharge to Assess (D2A) mode. The Winfield and Nuffield hospitals were used for Adult Social Care to assess our patients for onward care. The number of medically stable patients within in GHT are slowly on the rise and is attributed awaiting swab results, 14 day isolations, ASC assessments for the Kingham and Ashley model and lack of green community hospital capacity.

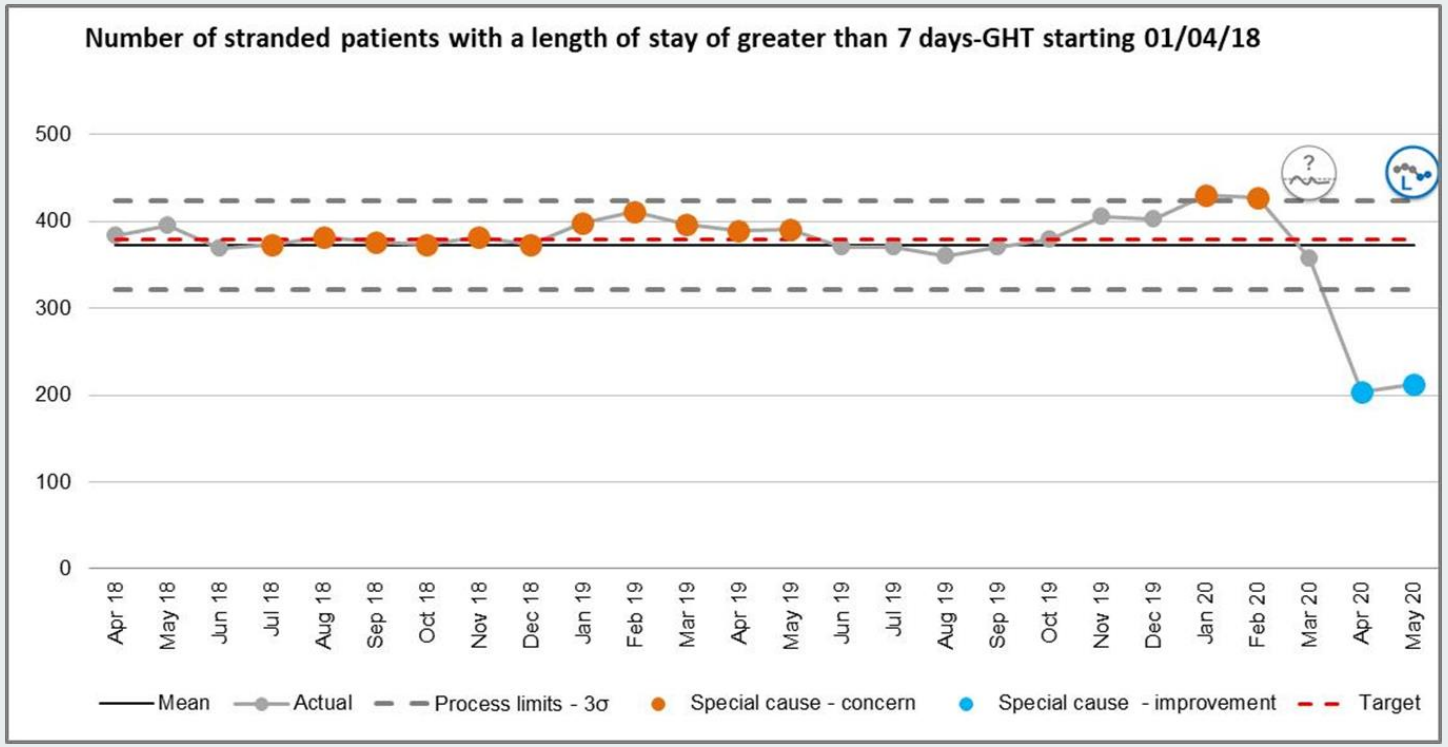
- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 data point which is above the line. There are 2 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above the mean.
2 of 3	When 2 out of 3 points lie near the LPL and UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Under review by Deputy Medical Director

- Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data points which are above the line. There are 2 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above the mean.
2 of 3	When 2 out of 3 points lie near the LPL and UPL this is a warning that the process may be changing

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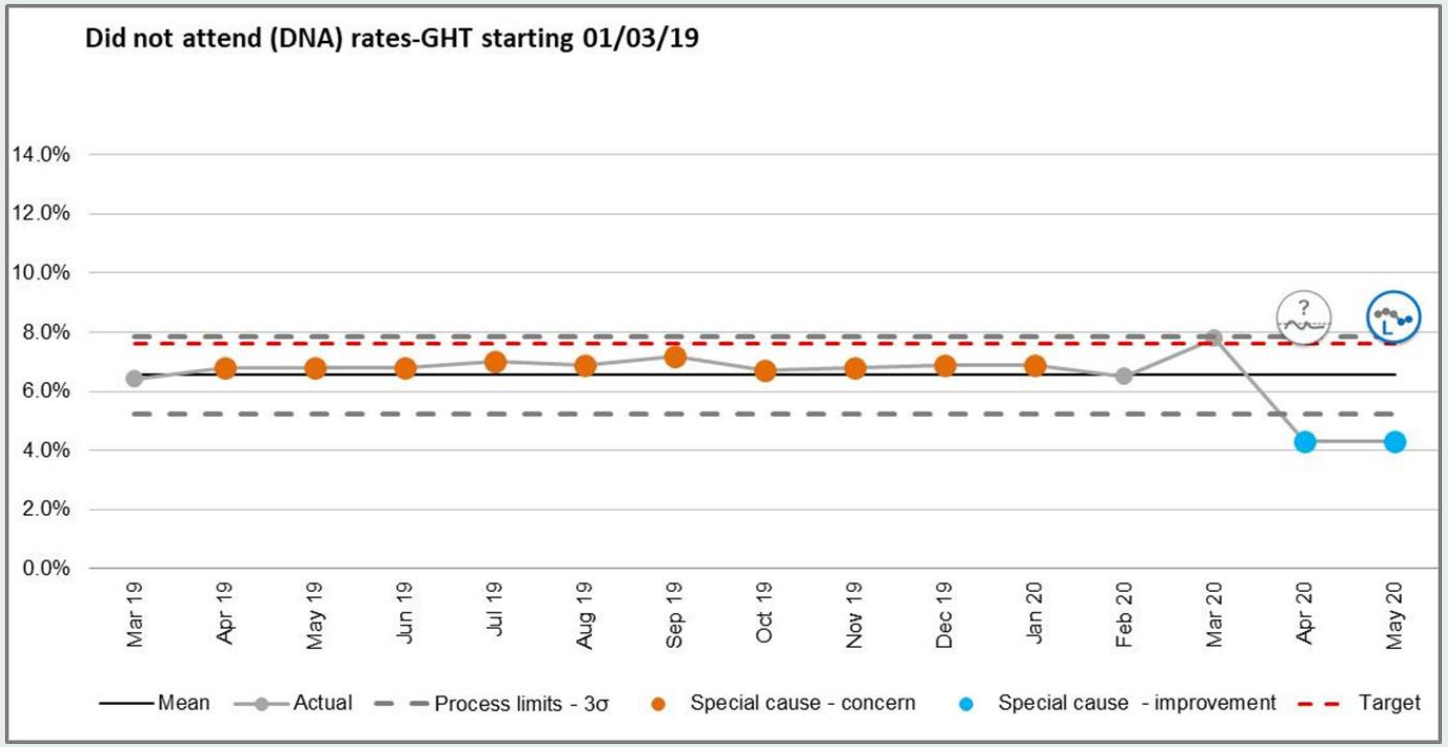

Commentary

Rates have declined, within the context of less face to face appointments being made and more utilisation of virtual technology. Furthermore, overall capacity is reduced so this figure needs to be monitored with the new clinic templates as they are built.

- Deputy Chief Operating Officer

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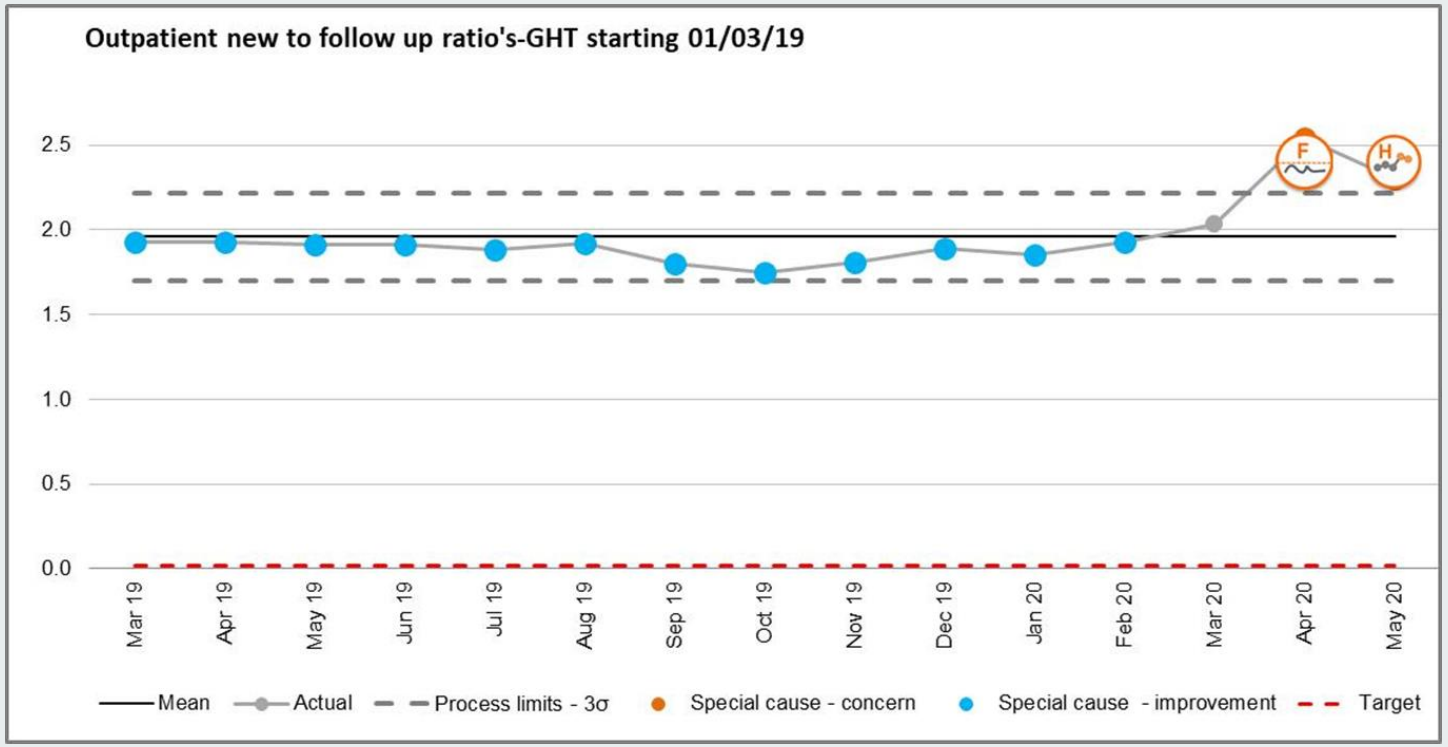

Commentary

These will need to be reviewed in the context of - further validation of f/u lists which some specialties have taken the opportunity to undertake during C-19 & - as clinics change, there should be a reduction in f/u rates.

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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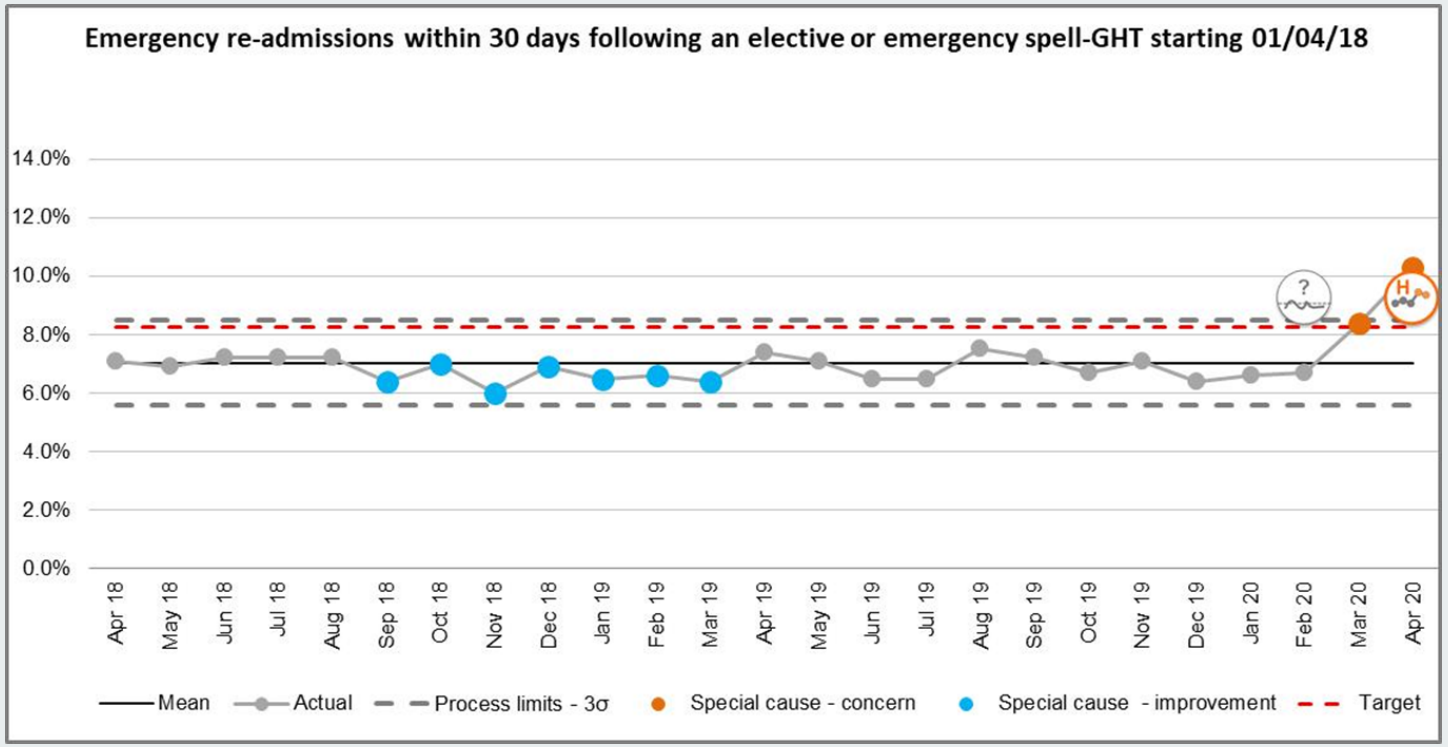

Commentary

This is under review.

- Deputy Medical Director

Data Observations

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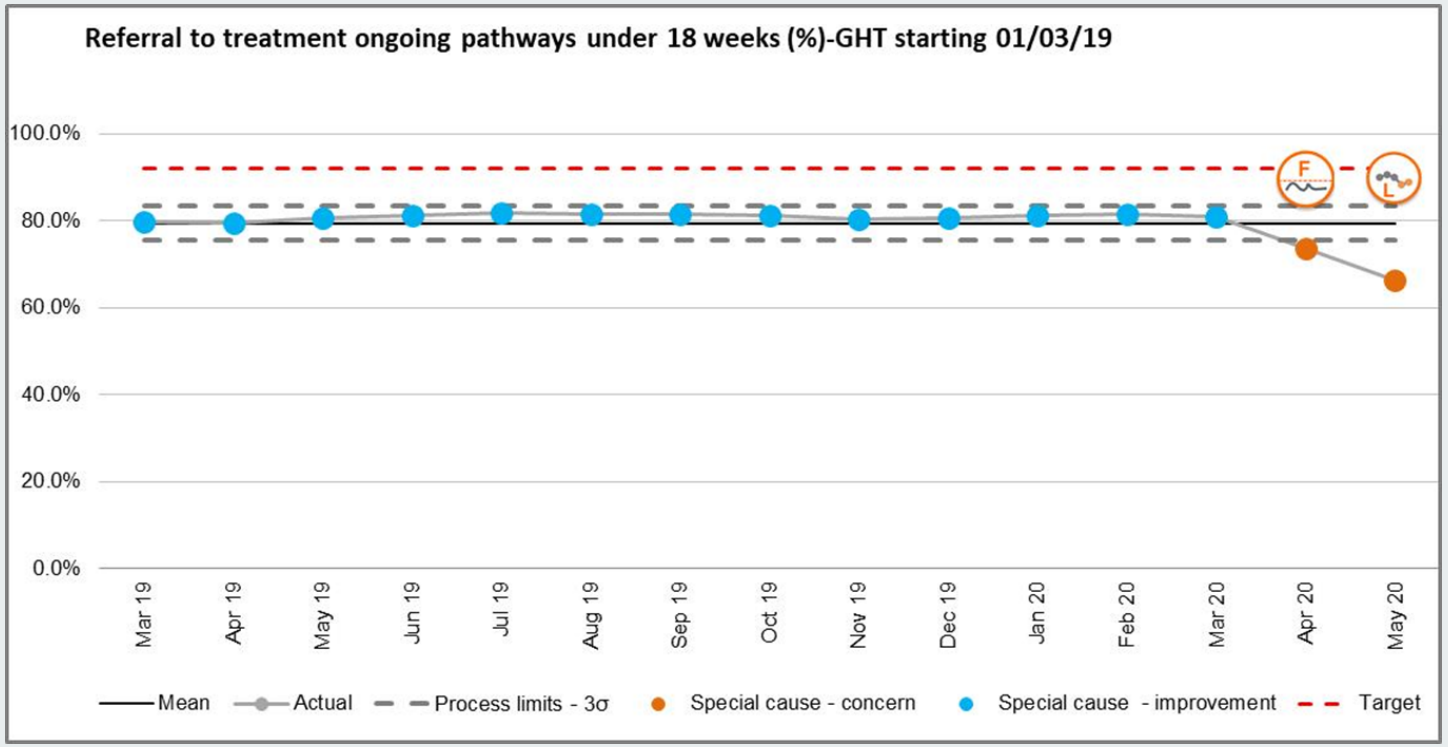

Commentary

Performance impacted by C-19, referral decrease and capacity to treat. Performance at 66.46%. Exception report covers detail of recovery plan.

- Deputy Chief Operating Officer

Data Observations

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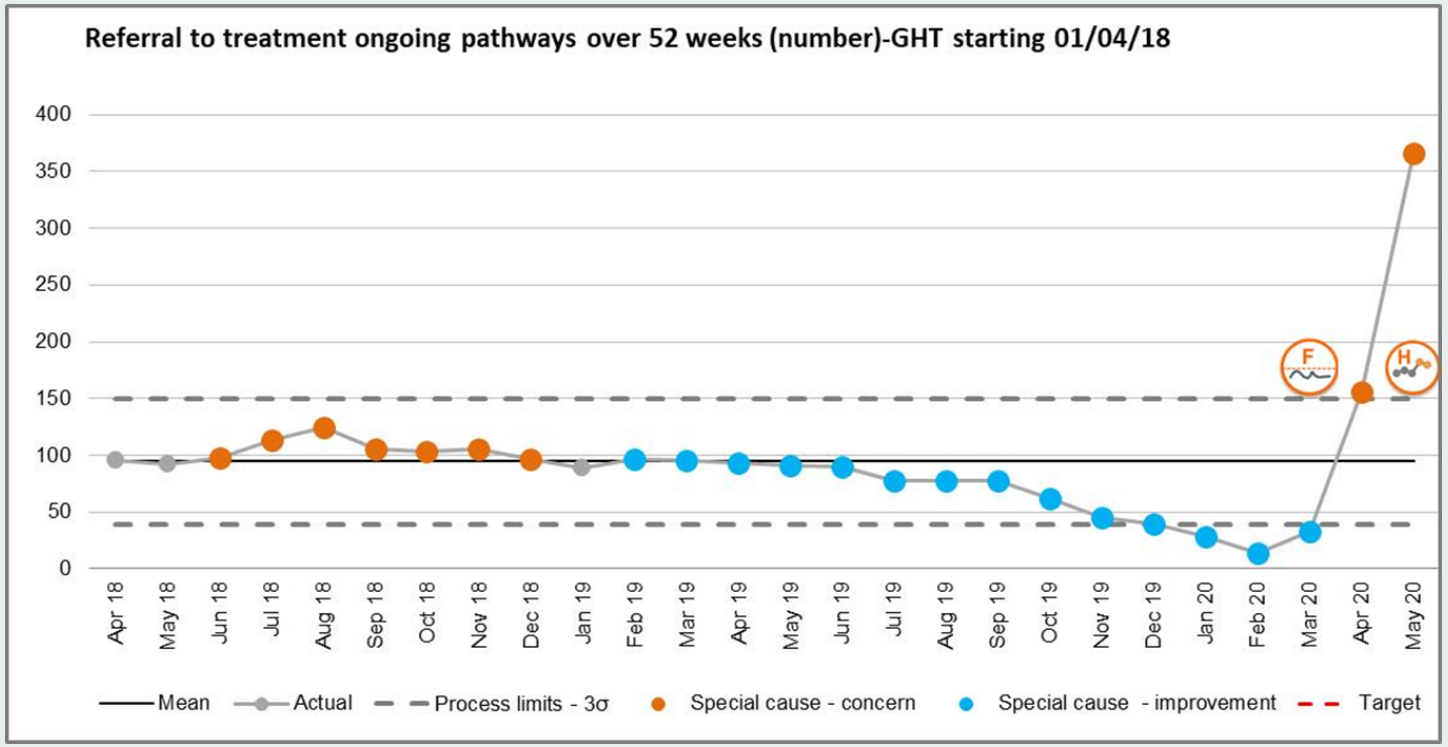

Commentary

Treatment has been undertaken in clinical urgency, resulting in some patients waiting longer than 52 weeks. Recovery plans underway.

- Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 2 data points which are above the line. There are 4 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a sigificant change in process. This process is not in control. There is a run of points above and below the mean.
Run	When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control. In this data set there is a run of falling points
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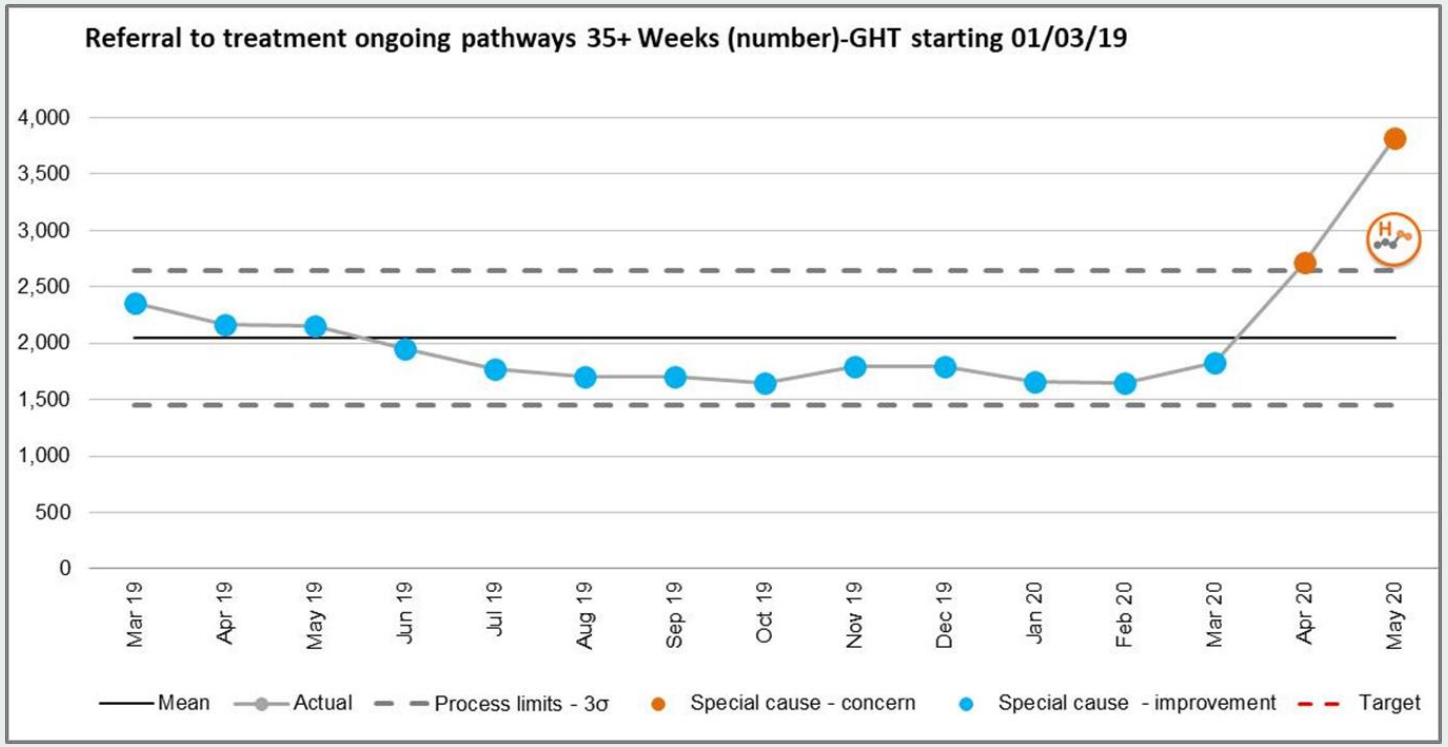

Commentary

Position will worsen due to capacity lost during C-19. Recovery paper provided previously explains some of the detail in this approach. Particularly impacting theatres (number of patients on list) and patients confidence to attend appointments. We have treated in clinical prioritisation order.

- Deputy Chief Operating Officer

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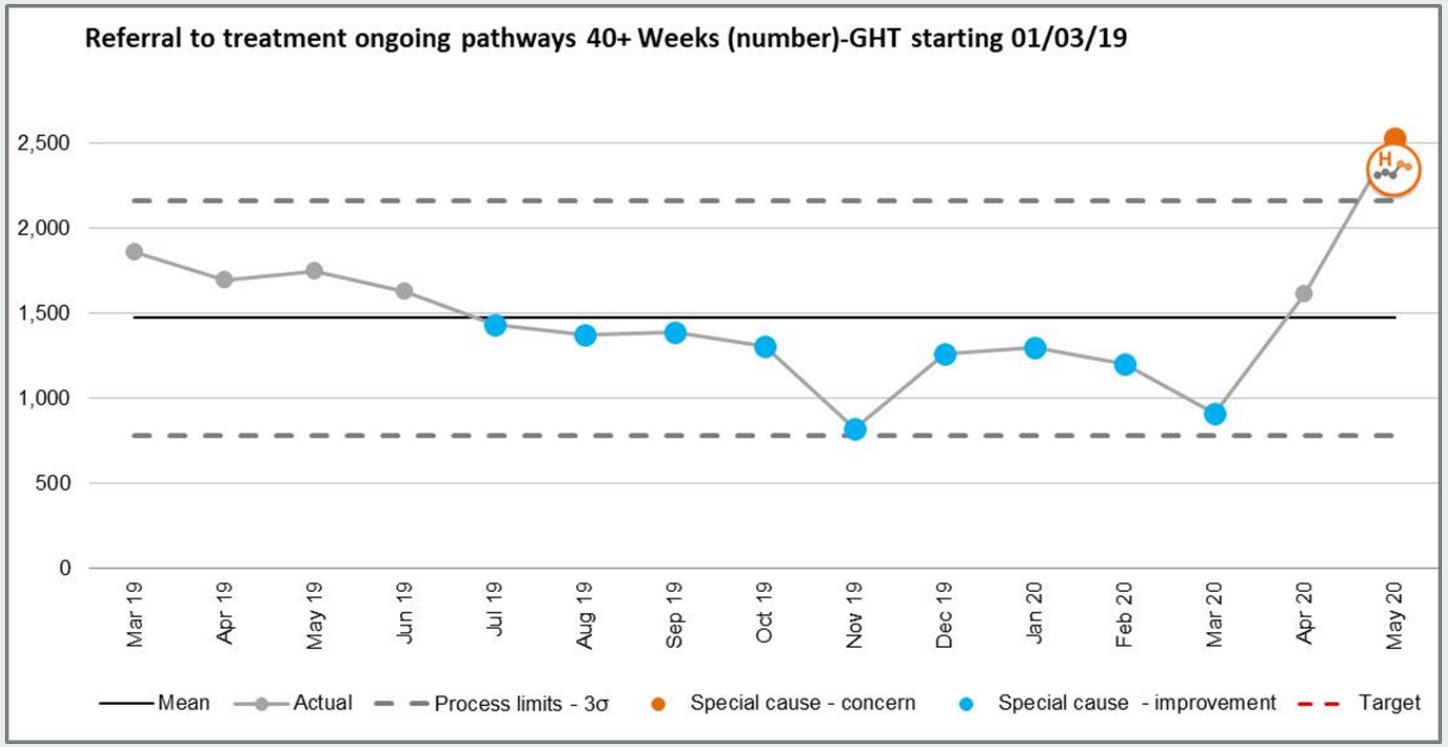

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Quality Dashboard

Gloucestershire Hospitals NHS Foundation Trust

This dashboard shows the most recent performance of metrics in the Quality category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Variation

- Special Cause Concerning variation
- Common Cause
- Special Cause Improving variation

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Dementia Screening	% of patients who have been screened for dementia (within 72 hours)	>=90%	Mar-20	74%
Dementia Screening	% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic	>=90%	Mar-20	0%
Dementia Screening	% of patients who have received a dementia diagnostic assessment with positive or inconclusive results that were	>=90%	Dec-19	0%
Friends & Family Test	Inpatients % positive	>=96%	May-20	90.2%
Friends & Family Test	ED % positive	>=84%	May-20	85.8%
Friends & Family Test	Maternity % positive	>=97%	May-20	100.0%
Friends & Family Test	Outpatients % positive	>=94%	May-20	93.6%
Friends & Family Test	Total % positive	>=93%	May-20	91.8%
Infection Control	Number of trust apportioned MRSA bacteraemia	Zero	May-20	0
Infection Control	MRSA bacteraemia – infection rate per 100,000 bed days	Zero	May-20	0
Infection Control	Number of trust apportioned Clostridium difficile cases per month	2019/20: 114	May-20	7
Infection Control	Number of community-onset healthcare-associated Clostridioides difficile cases per month	<=5	May-20	3
Infection Control	Number of hospital-onset healthcare-associated Clostridioides difficile cases per month	<=5	May-20	4
Infection Control	Clostridium difficile – infection rate per 100,000 bed days	<30.2	May-20	38.6
Infection Control	Number of MSSA bacteraemia cases	<=8	May-20	0
Infection Control	MSSA – infection rate per 100,000 bed days	<=12.7	May-20	0
Infection Control	Number of ecoli cases	No target	May-20	3
Infection Control	Number of pseudomona cases	No target	May-20	2
Infection Control	Number of klebsiella cases	No target	May-20	2
Infection Control	Number of bed days lost due to infection control outbreaks	<10	May-20	0

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Infection Control	COVID-19 community-onset – First positive specimen <=2 days after admission	TBC	May-20	64
Infection Control	COVID-19 hospital-onset indeterminate healthcare-associated – First positive specimen 3-7 days after admission	TBC	May-20	7
Infection Control	COVID-19 hospital-onset probably healthcare-associated – First positive specimen 8-14 days after admission	TBC	May-20	1
Infection Control	COVID-19 hospital-onset definite healthcare-associated – First positive specimen >=15 days after admission	TBC	May-20	4
Inpatient Questions	How much information about your condition or treatment or care has been given to you?	>=90%	Mar-20	78%
Inpatient Questions	Are you involved as much as you want to be in decisions about your care and treatment?	>=90%	Mar-20	92%
Inpatient Questions	Do you feel that you are treated with respect and dignity?	>=90%	Mar-20	100%
Inpatient Questions	Do you feel well looked after by staff treating or caring for you?	>=90%	Mar-20	99%
Inpatient Questions	Do you get enough help from staff to eat your meals?	>=90%	Mar-20	67%
Inpatient Questions	In your opinion, how clean is your room or the area that you receive treatment in?	>=90%	Mar-20	100%
Inpatient Questions	Do you get enough help from staff to wash or keep yourself clean?	>=90%	Mar-20	86%
Maternity	% C-section rate (planned and emergency)	<=27%	May-20	28.82%
Maternity	% emergency C-section rate	No target	May-20	15.3%
Maternity	% of women smoking at delivery	<=14.5%	May-20	10.97%
Maternity	% of women that have an induced labour	<=30%	May-20	28.6%
Maternity	% stillbirths as percentage of all pregnancies > 24 weeks	<0.52%	May-20	0.00%
Maternity	% of women on a Continuity of Carer pathway	No target	May-20	3.0%
Mortality	Summary hospital mortality indicator (SHMI) – national data	NHS Digital	Dec-19	1.1
Mortality	Hospital standardised mortality ratio (HSMR)	Dr Foster	Feb-20	107.2
Mortality	Hospital standardised mortality ratio (HSMR) – weekend	Dr Foster	Feb-20	110.9
Mortality	Number of inpatient deaths	No target	May-20	127

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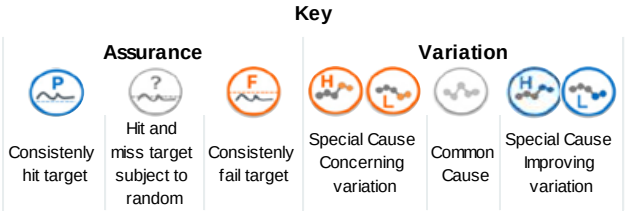

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Mortality	Number of deaths of patients with a learning disability	No target	May-20	2	
MSA	Number of breaches of mixed sex accommodation	<=10	May-20	13	
Patient Safety Incidents	Number of patient safety alerts outstanding	Zero	May-20	0	
Patient Safety Incidents	Number of falls per 1,000 bed days	<=6	May-20	7.9	
Patient Safety Incidents	Number of falls resulting in harm (moderate/severe)	<=3	May-20	5	
Patient Safety Incidents	Number of patient safety incidents – severe harm (major/death)	No target	May-20	1	
Patient Safety Incidents	Medication error resulting in severe harm	No target	May-20	0	
Patient Safety Incidents	Medication error resulting in moderate harm	No target	May-20	3	
Patient Safety Incidents	Medication error resulting in low harm	No target	May-20	15	
Patient Safety Incidents	Number of category 2 pressure ulcers acquired as in-patient	<=30	May-20	15	
Patient Safety Incidents	Number of category 3 pressure ulcers acquired as in-patient	<=5	May-20	1	
Patient Safety Incidents	Number of category 4 pressure ulcers acquired as in-patient	Zero	May-20	0	
Patient Safety Incidents	Number of unstagable pressure ulcers acquired as in-patient	<=3	May-20	4	
Patient Safety Incidents	Number of deep tissue injury pressure ulcers acquired as in-patient	<=5	May-20	6	
RIDDOR	Number of RIDDOR	SPC	May-20	1	
Safety Thermometer	Safety thermometer – % of new harms	>96%	Mar-20	97.8%	
Serious Incidents	Number of never events reported	Zero	May-20	0	
Serious Incidents	Number of serious incidents reported	No target	May-20	0	
Serious Incidents	Serious incidents – 72 hour report completed within contract timescale	>90%	May-20	100.0%	
Serious Incidents	Percentage of serious incident investigations completed within contract timescale	>80%	May-20	100%	
VTE Prevention	% of adult inpatients who have received a VTE risk assessment	>95%	May-20	93.6%	

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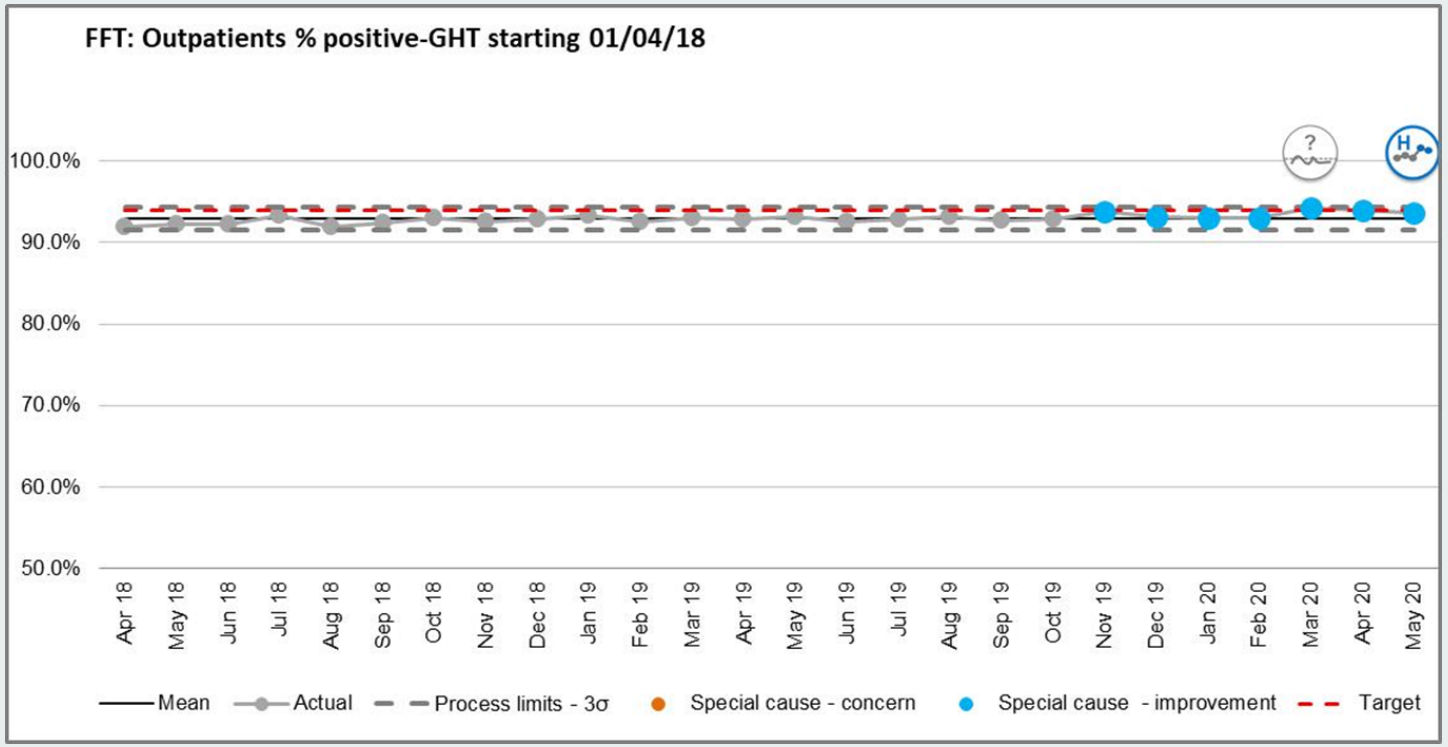

Commentary

Further narrative will be provided by verbal updates.

- Deputy Director of Quality

Data Observations

Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above the mean.
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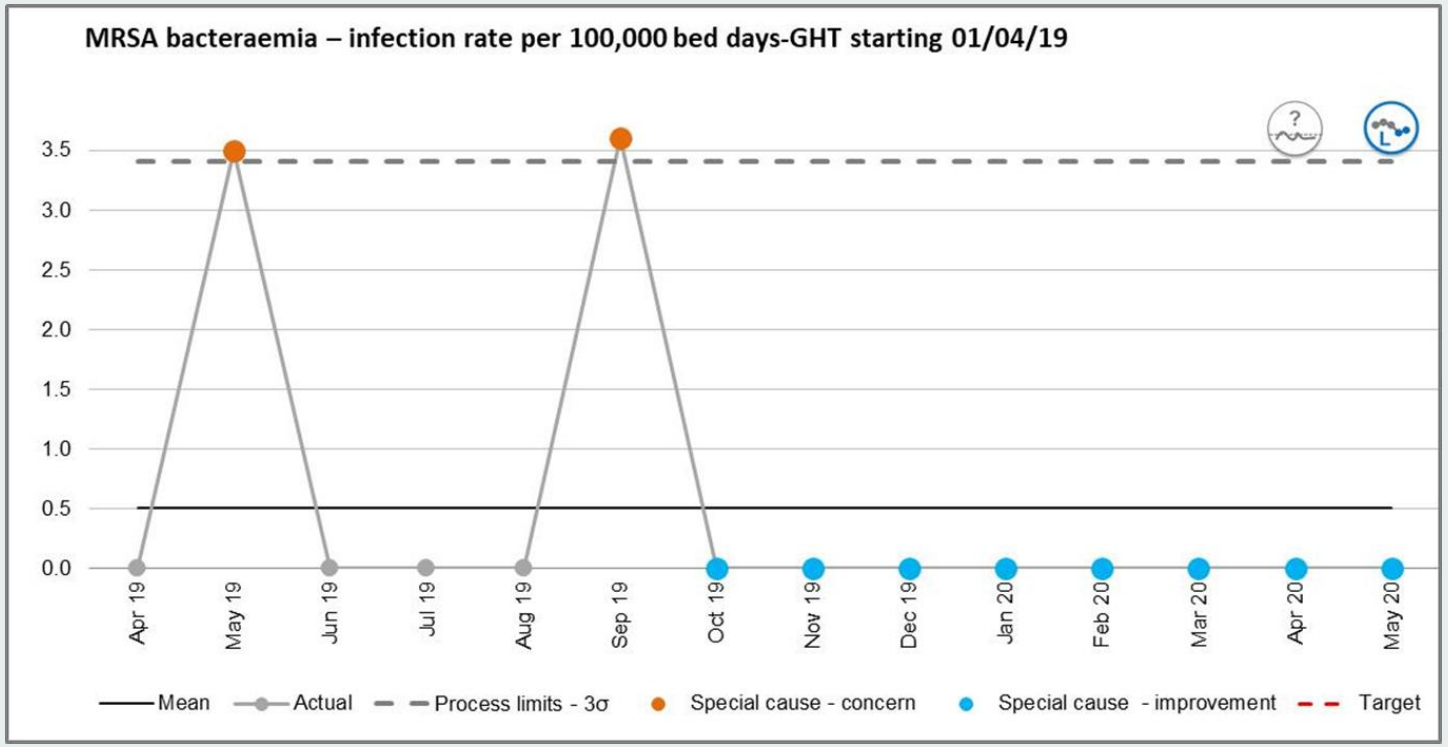

Commentary

Zero bacteraemia cases were recorded In May 2020. Gram positive bacteraemia reductions remain a priority within the IPC annual programme particularly related to improving intravenous access device care, root cause analysis of cases and MRSA screening and decolonisation.

- Associate Chief Nurse and Deputy Director of Infection Prevention and Control

Data Observations

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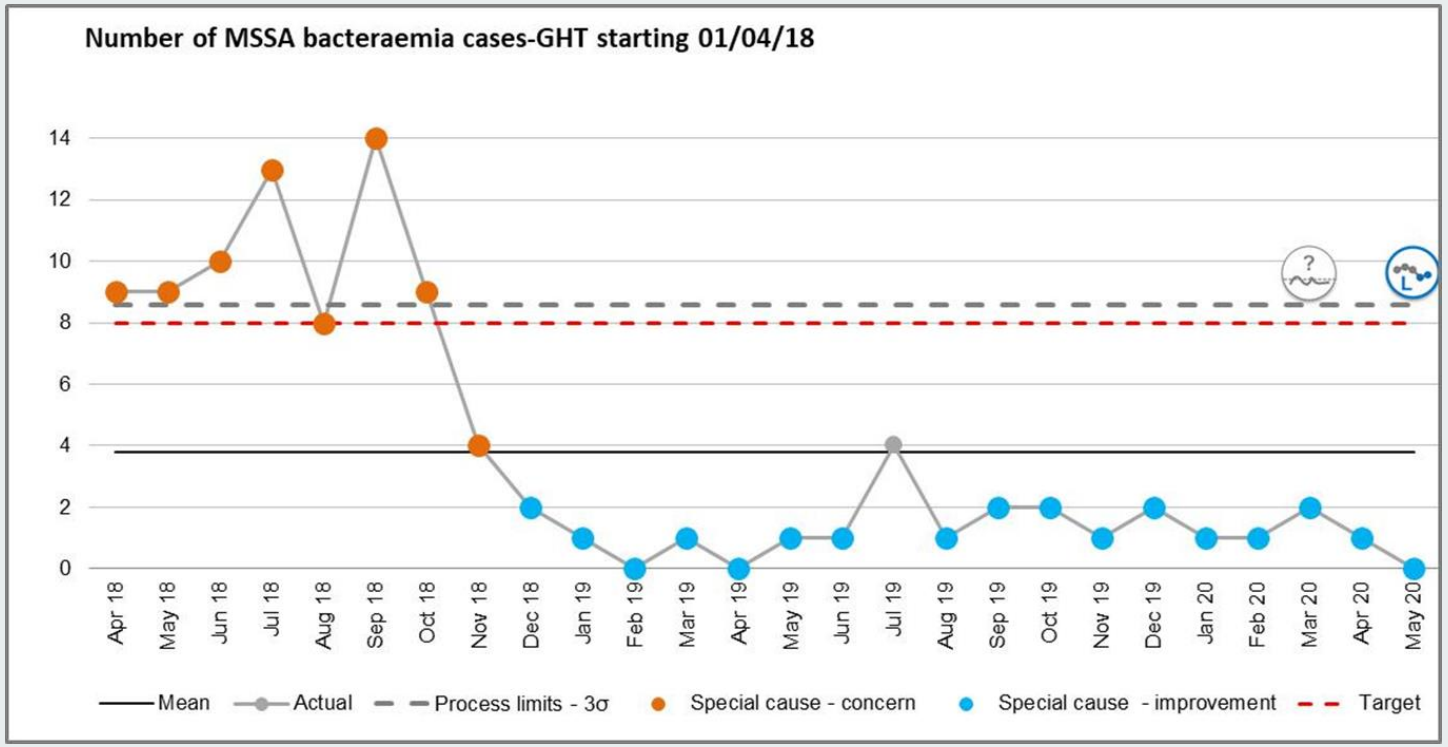

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- Associate Chief Nurse and Deputy Director of Infection Prevention and Control

Data Observations

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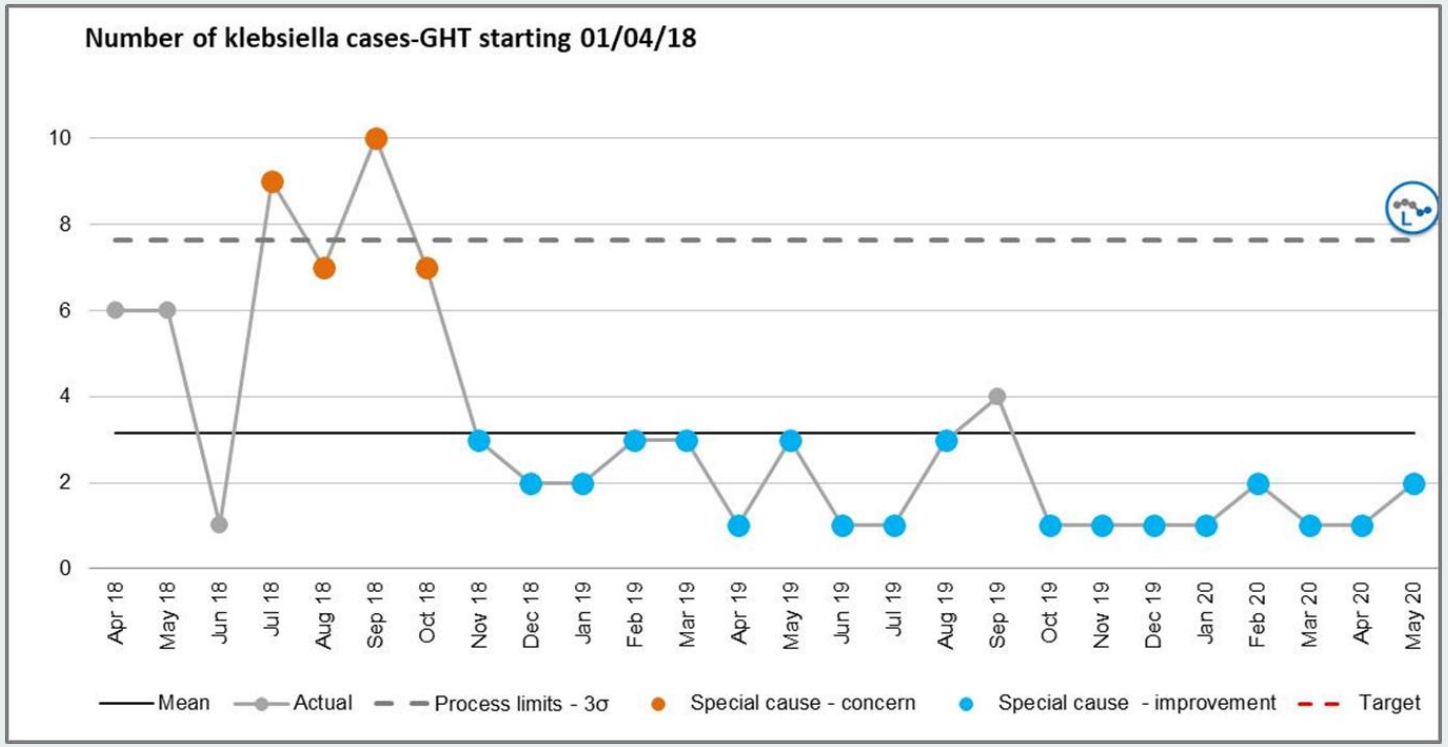

Commentary

Two bacteraemia case was recorded In May 2020. Gram negative bacteraemia reductions remain a priority within the IPC annual programme; particularly related to UTI diagnosis and management and urinary catheter care and

- Associate Chief Nurse and Deputy Director of Infection Prevention and Control

Data Observations

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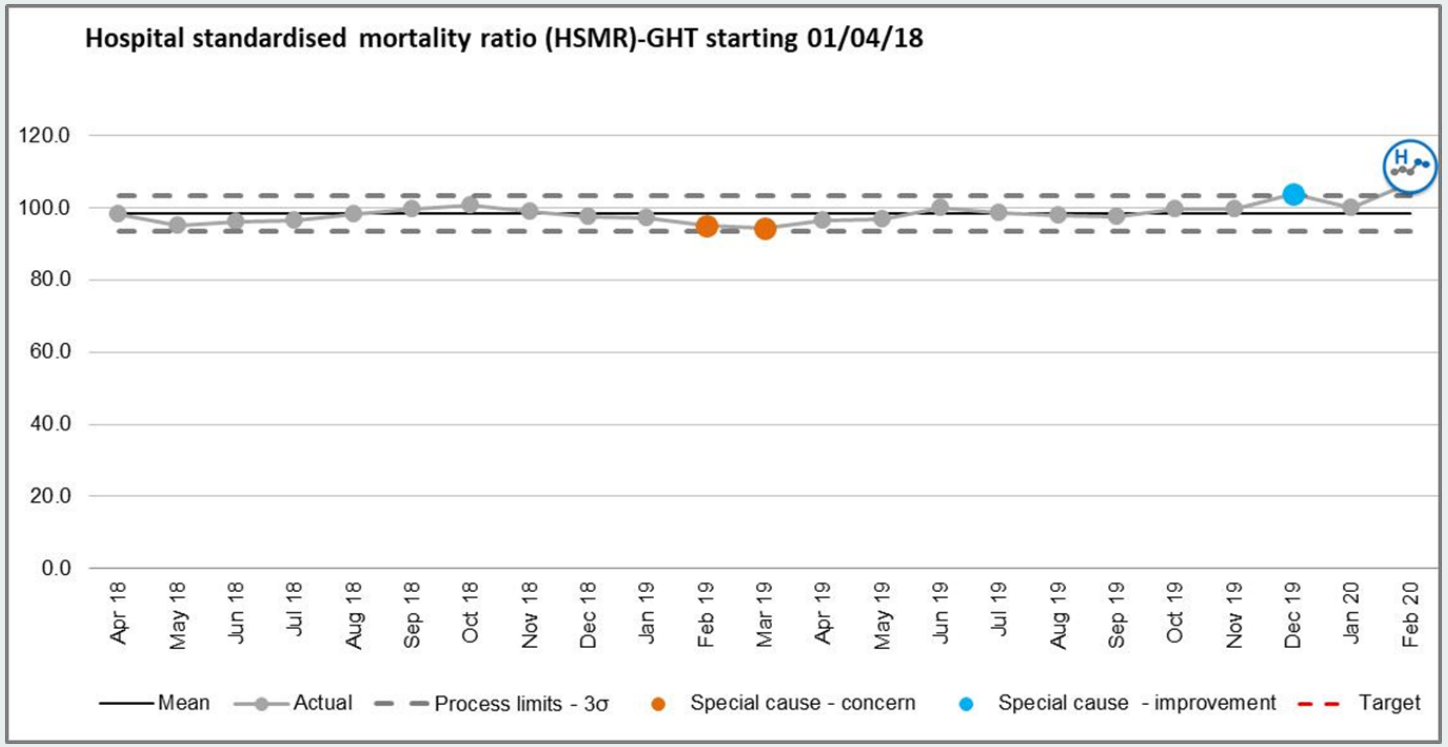

Commentary

Number of spells reduced ie the denominator. It is likely that during the pandemic only the sicker patient presented to hospital. This is likely to continue for the next 3 months at least, this will be monitored in HMG in liaison with Dr Foster.

- Medical Division Audit and M&M Lead

Data Observations

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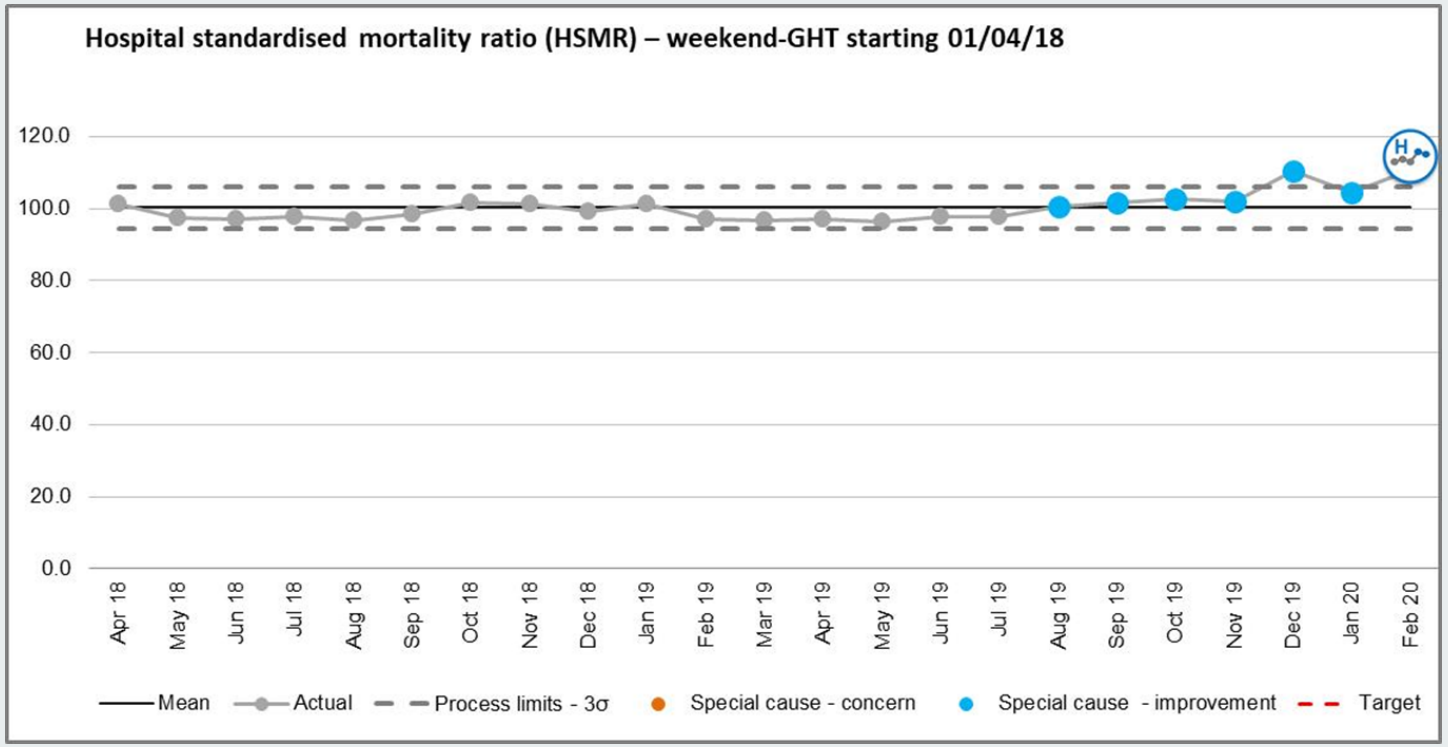

Commentary

My feeling is that this is due to the number of superspells being lower than average reducing the denominator and potentially those people who came into hospital were a sicker cohort with more deaths. I anticipate this will also show for the next 3 months given the pandemic and projection below of fewer admission spells.

- Medical Director

Data Observations

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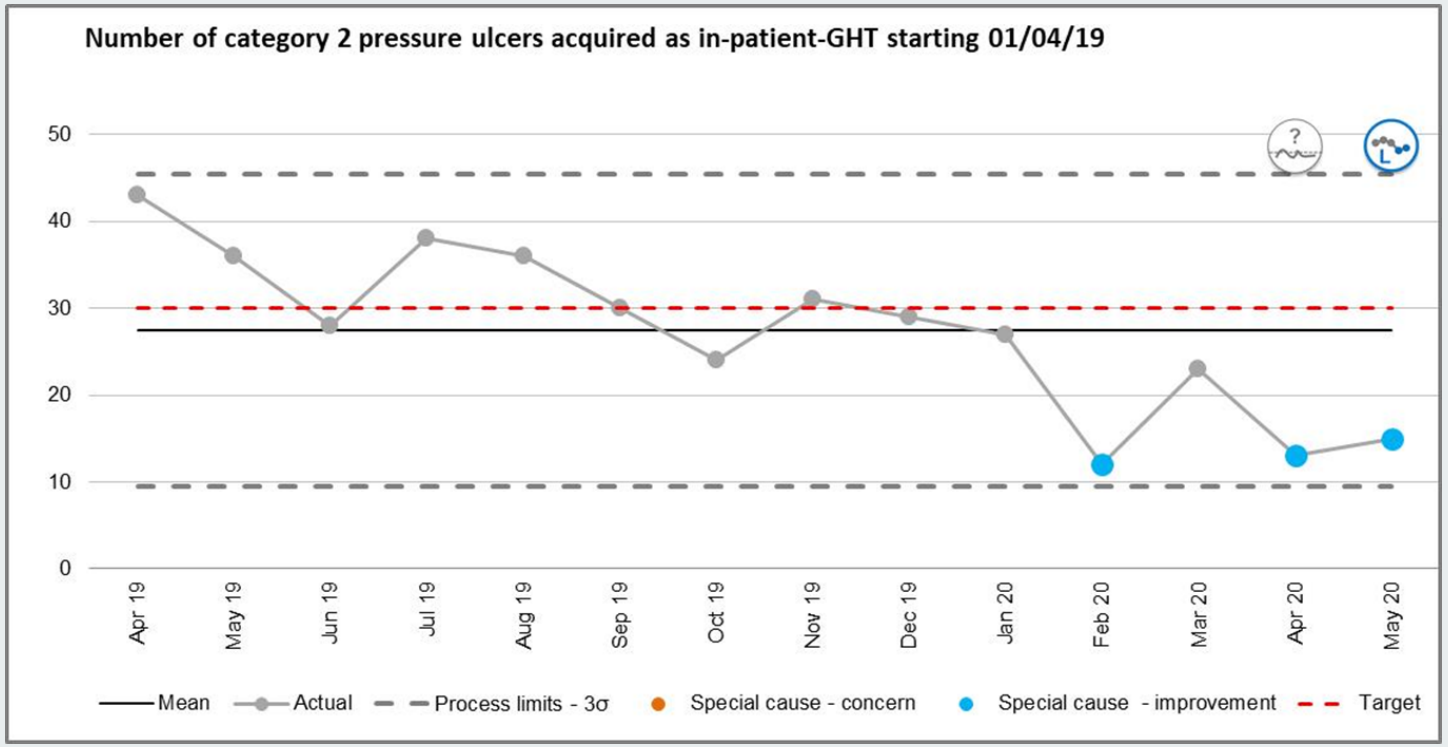

Commentary

A successful improvement collaborative was implemented in COTE wards; utilising prophylactic dressings in areas where pressure ulcers commonly form. A reduction in Category 2 pressure ulcers has been observed. The Tissue Viability Team have undertaken validation of reports of category 2 pressure ulcers due to mis-categorisation.

- Deputy Nursing Director & Divisional Nursing Director - Surgery

Data Observations

2 of 3	When 2 out of 3 points lie near the LPL this is a warning that the process may be changing

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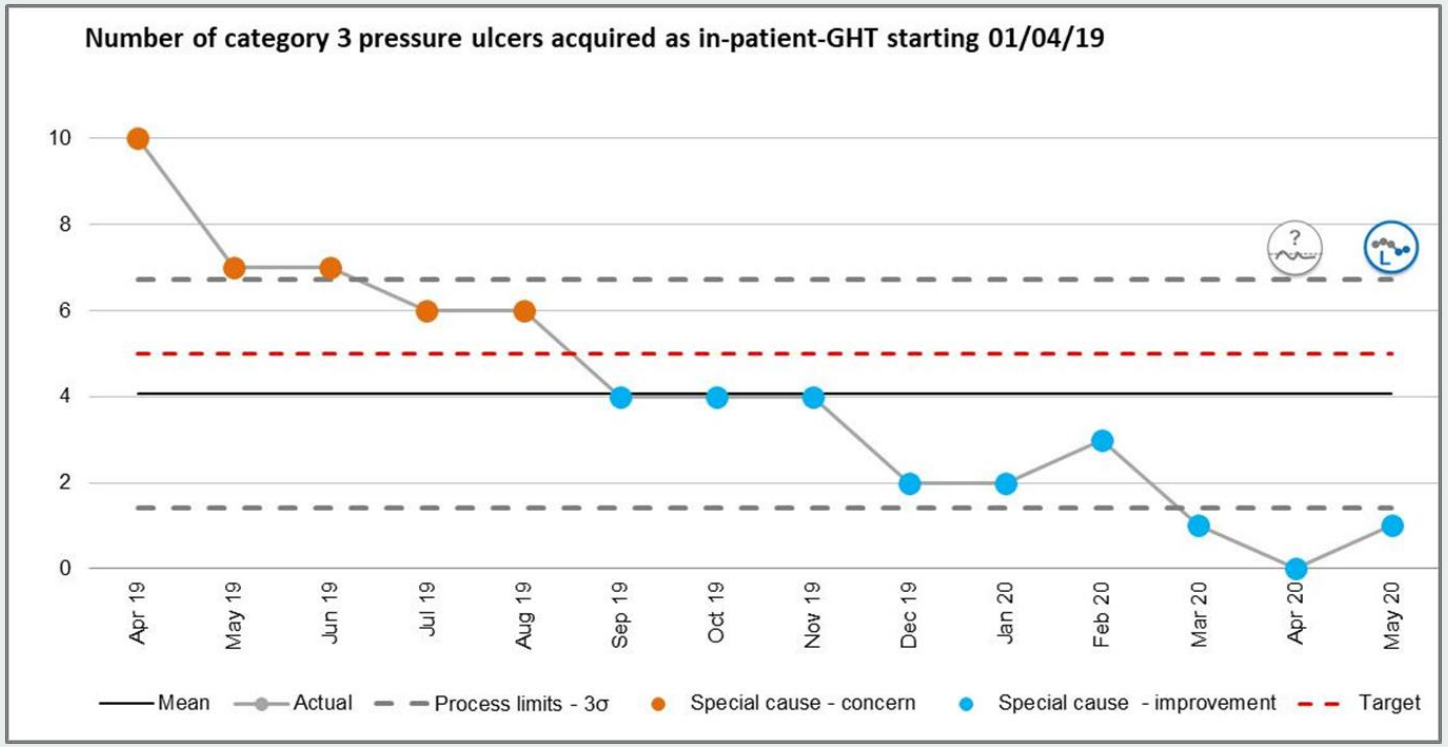

Commentary

One case occurred in DCC, a device related pressure ulcer associated with proning therapy, a treatment for COVID-19.

- Deputy Nursing Director & Divisional Nursing Director - Surgery

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 3 data points which are above the line. There are 3 data point(s) below the line
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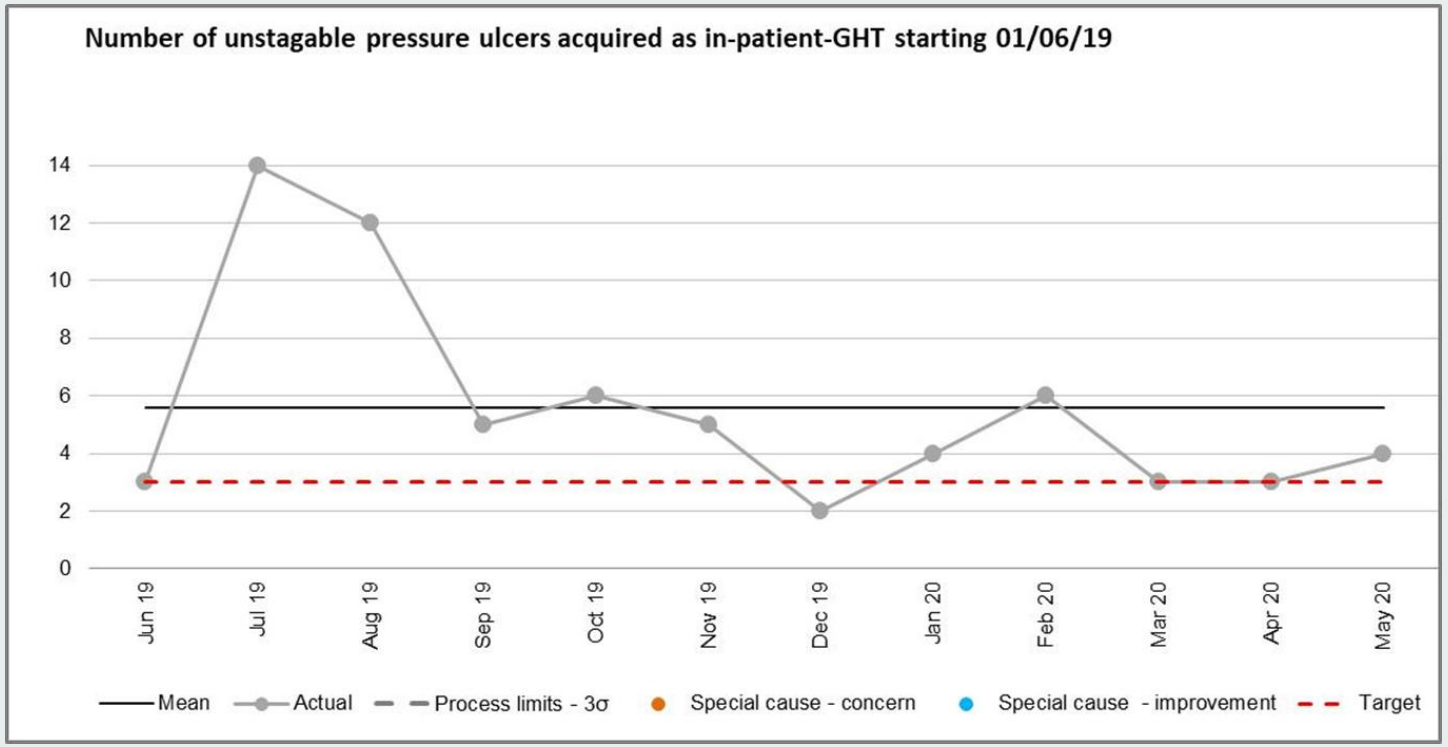
Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Cases are reviewed at the Preventing Harm Improvement Hub and rapid feedback given, there has been a sustained reduction in the rate of hospital-acquired pressure ulcers associated with the implementation of the Hub.

- Deputy Nursing Director & Divisional Nursing Director - Surgery

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
There are not enough consecutive data points to create an accurate SPC chart, therefore a run chart will be presented until an SPC chart can be created in the future.

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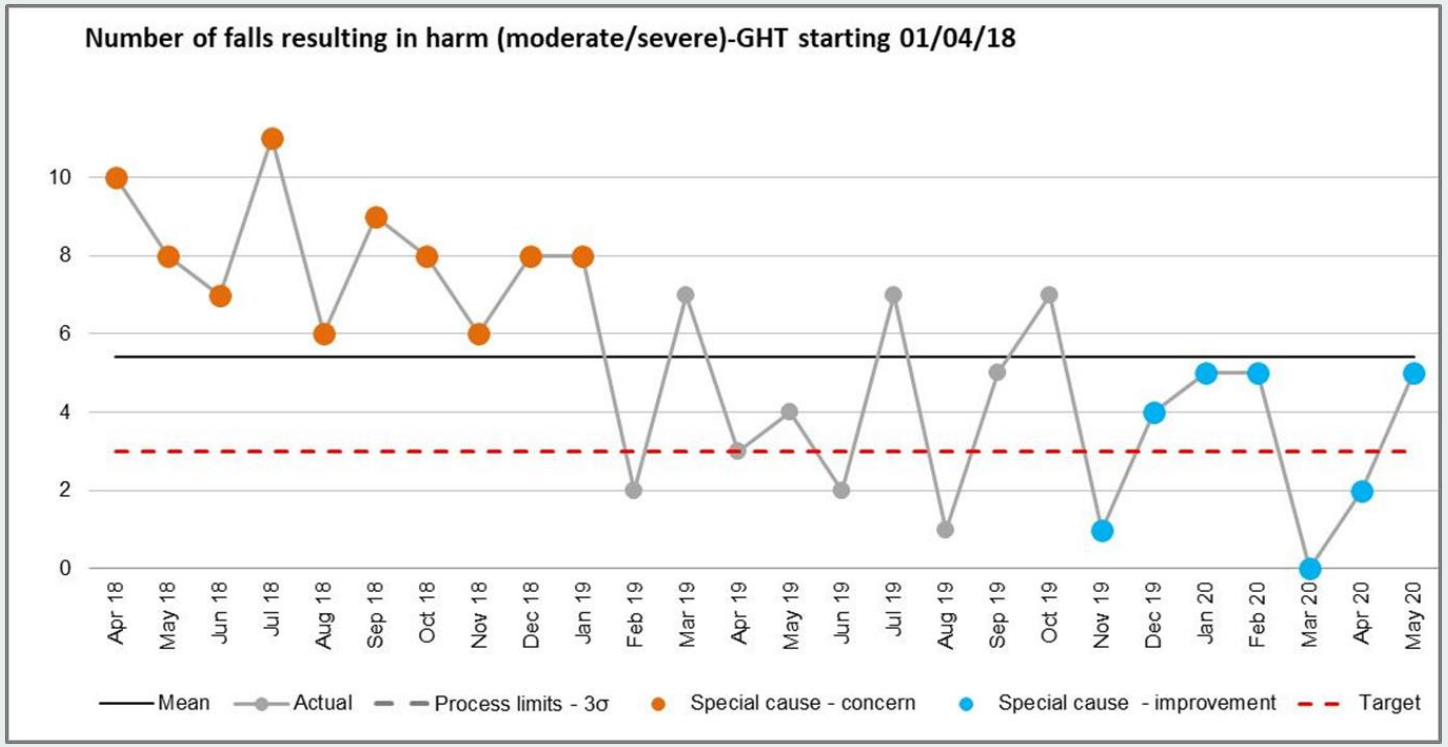

Commentary

During May 2020 there were 4 falls resulting in moderate harm. All moderate harm falls are reviewed at the Weekly Preventing Harm Improvement Hub where rapid feedback is given on the incident and plans made to mitigate risk in future. There has been a sustained reduction in the number of moderate (& above) harm falls since January 2019 with a further small reduction seen since the implementation of EPR which has a focus on falls risk assessment and prevention strategies. This is being investigated further and is a focus for improvement for the Falls Prevention Specialist Nurse.

- Director of Safety

Data Observations

Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.

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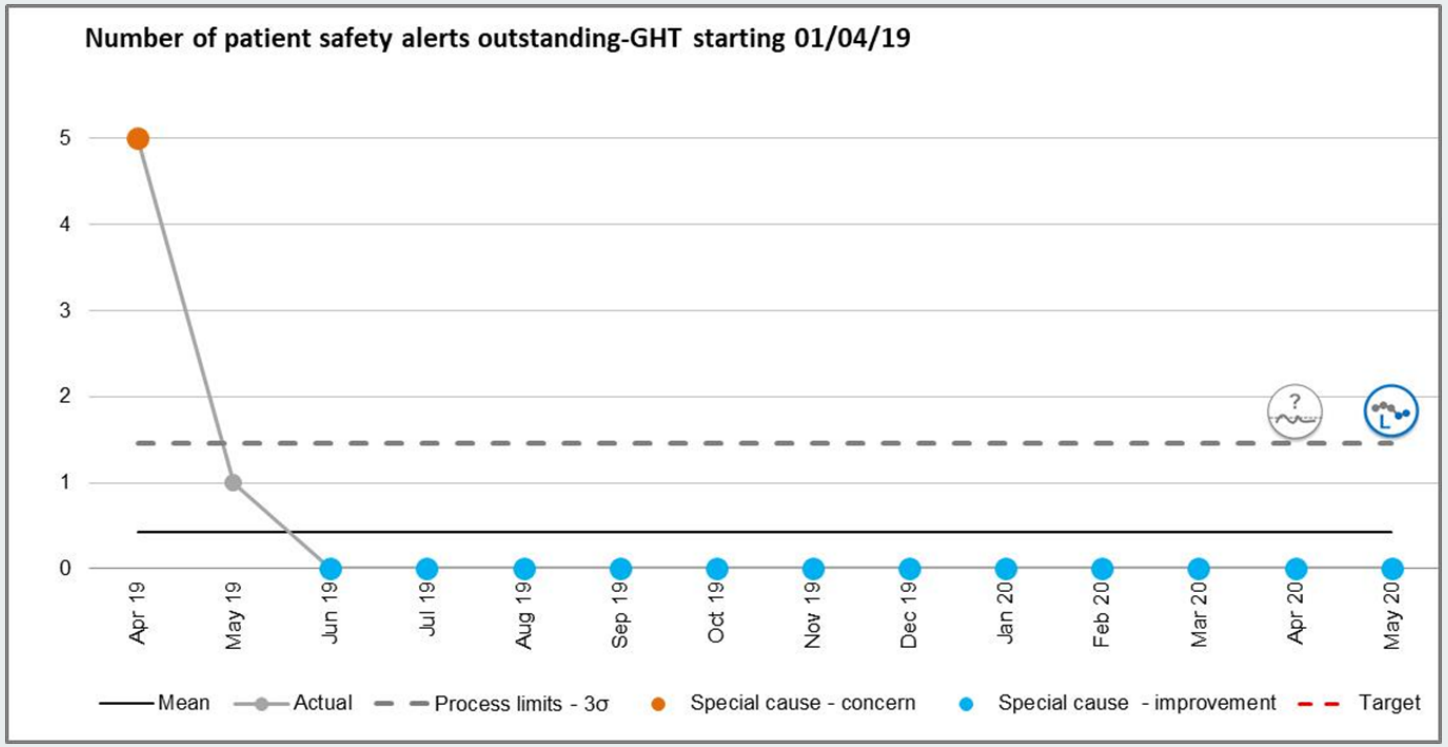

Commentary

All alerts closed. Monitoring occurs at QDG.

- Director of Safety

Data Observations

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Financial Dashboard

Gloucestershire Hospitals NHS Foundation Trust

This dashboard shows the most recent performance of metrics in the Financial category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistenly fail target

Variation

- Special Cause Concerning variation
- Common Cause
- Special Cause Improving variation

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Finance	Total PayBill Spend		May-20	33.8
Finance	YTD Performance against Financial Recovery Plan		May-20	-0.1
Finance	Cost Improvement Year to Date Variance		May-20	-0.1
Finance	NHSI Financial Risk Rating		May-20	3
Finance	Capital service		May-20	3
Finance	Liquidity		May-20	4
Finance	Agency – Performance Against NHSI Set Agency Ceiling		May-20	3

People & OD Dashboard

Gloucestershire Hospitals NHS Foundation Trust

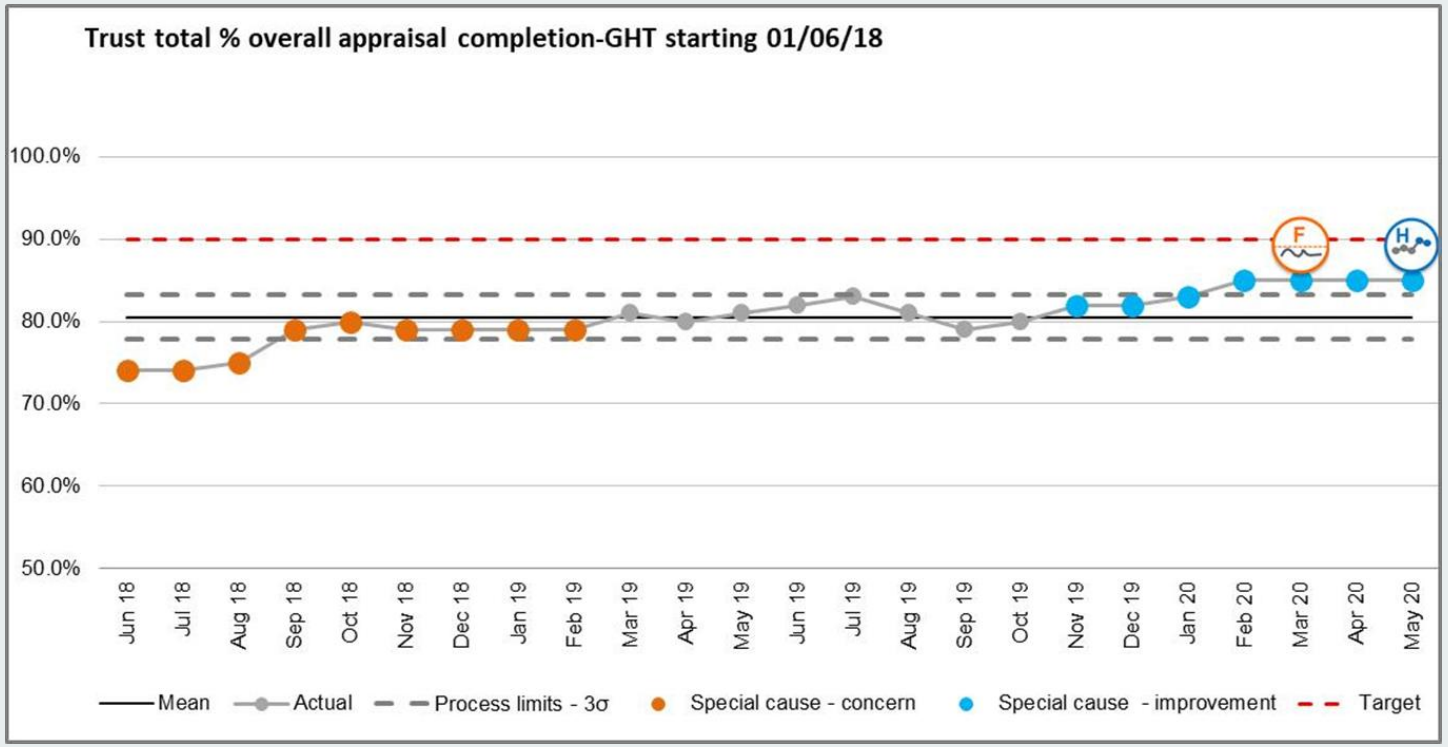
This dashboard shows the most recent performance of metrics in the People & Organisational Development category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
Appraisal and Mandatory	Trust total % overall appraisal completion	>=90%		May-20	85.0%	
Appraisal and Mandatory	Trust total % mandatory training compliance	>=90%		May-20	90%	
Safe Nurse Staffing	Overall % of nursing shifts filled with substantive staff	>=75%		Feb-20	98.3%	
Safe Nurse Staffing	% registered nurse day	>=90%		Feb-20	98.1%	
Safe Nurse Staffing	% unregistered care staff day	>=90%		Feb-20	100.2%	
Safe Nurse Staffing	% registered nurse night	>=90%		Feb-20	98.6%	
Safe Nurse Staffing	% unregistered care staff night	>=90%		Feb-20	109.7%	
Safe Nurse Staffing	Care hours per patient day RN	>=5		Feb-20	4.7	
Safe Nurse Staffing	Care hours per patient day HCA	>=3		Feb-20	3	
Safe nurse staffing	Care hours per patient day total	>=8		Feb-20	7.7	
Vacancy and WTE	Staff in post FTE	No target		May-20	6416.94	
Vacancy and WTE	Vacancy FTE	No target		Mar-20	418.47	
Vacancy and WTE	Starters FTE	No target		May-20	29.25	
Vacancy and WTE	Leavers FTE	No target		May-20	44.49	
Vacancy and WTE	% total vacancy rate	<=11.5%		Mar-20	6.15%	
Vacancy and WTE	% vacancy rate for doctors	<=5%		Feb-20	1.24%	
Vacancy and WTE	% vacancy rate for registered nurses	<=5%		Mar-20	10.26%	
Workforce Expenditure	% turnover	<=11%		May-20	10.9%	
Workforce Expenditure	% turnover rate for nursing	<=11%		May-20	10.7%	
Workforce Expenditure	% sickness rate	<=3.5%		May-20	3.8%	

People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Improvement noted

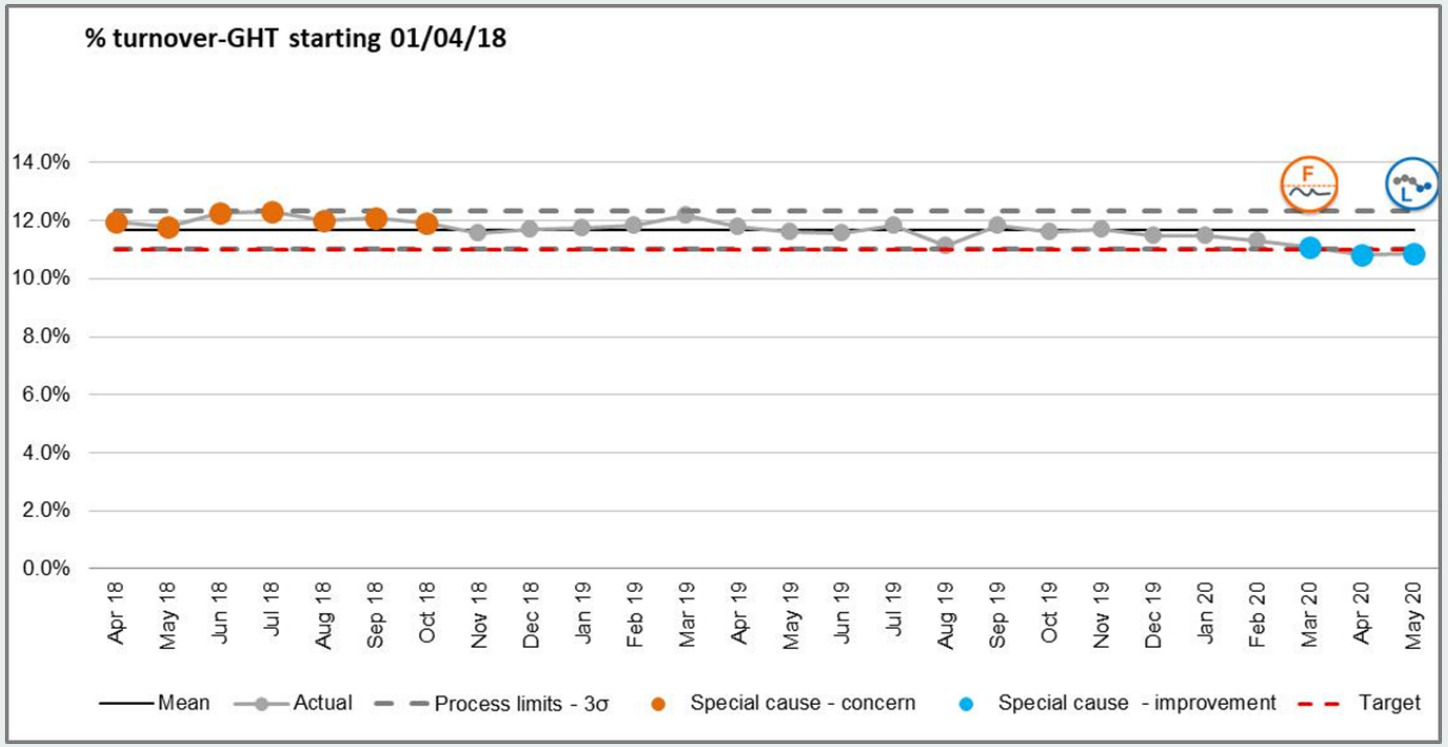
- **Deputy Director of People and Organisational Development**

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 4 data points which are above the line. There are 3 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.
2 of 3	When 2 out of 3 points lie near the LPL and the UPL this is a warning that the process may be changing

People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Improvement noted

- **Director of Human Resources and Operational Development**

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 data point which is above the line. There are 2 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above the mean.
2 of 3	When 2 out of 3 points lie near the UPL and LPL this is a warning that the process may be changing

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD – JULY 2020

From Quality and Performance Committee – Alison Moon, Non-Executive Director

This report describes the business conducted at the Quality and Performance Committee held on 24 June 2020, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Risk Register including comprehensive COVID risk report	No major changes to risk register since last report. Main COVID risk reviewed weekly with current score of 20. New programme to review quality risks being planned through Quality Delivery group in deep dive rotation. Risk of series of wrong site surgery incidents will be reviewed using human factors analysis	When investigations happen and you see system causes, can you identify other issues the system may cause? Is there a preventative approach which can be used rather than waiting for incidents to happen? Good to see benchmarking locally, can we benchmark against those high performing comparable Trusts? Hazard management described how is this different to the risk management processes	Framework allows this and seeing wider view both retrospectively and prospectively. Will aim to get benchmarking data of comparable Trusts Further internal discussions needed, to be clear about benefits from using a hazard based	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		embedded over the last four years? Is there an update on the system risks regarding care homes? Are our plans to recover activity affected by our ability to procure from the independent sector?	approach to risk and then return to committee. No indication of inability to use independent sector, currently on monthly rolling contract.	Request for ICS Board to consider this risk and mitigations
COVID-19 update	Decreasing numbers of inpatients at this time. 81% of staff have been tested for antibodies. ED activity back to pre COVID levels.	How confident are you that we can hold the public messaging in hospitals regarding social distancing? What arrangements are being made for COVID follow ups appointments? Are we involved in national research studies/trials?	Excellent coverage of staff and community testing. Assurance of physical changes in environment and signage. Weekly meetings between Infection prevention and control teams and operational teams. Some work completed, e.g. respiratory. Funding request for post ICU rehab programmes and system support being discussed in the recovery group Confirmed.	
Serious Incident (SI) report	Two never events and one serious incident in this reporting period. Core team established to advise on COVID incidents and complaints to ensure	Are we continuing with planned delays to completing complaints? With one of the never	Agreed at recent Quality Delivery group to revert to usual standards, noting national guidance remains to pause. 12 hour delay overnight,	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	consistency. Complaint rate 6.32 per 10000 contacts.	events involving partnership working, was the partner aware of the event? Good to see some immediate actions in the 72 hour reports, why not in one specific case?	system reviewed and strengthened in line with other partner organisations Assurance that immediate actions are considered at serious incident panel, need to ensure all immediate actions are covered consistently in 72 hour reports coming to committee, noting there are occasions where no immediate action is identified.	
Learning From Deaths quarterly report (Oct-Dec 2019) providing evidence of governance in place and compliance with national guidance on Learning from Deaths	All deaths had a high-level review by the bereavement team and Trust Medical Examiners. Learning through family feedback, Structured Judgement Review (SJR), serious incident reviews and nationally set reviews. HSMR and SMR within expected range for this period. Learning mostly in the form of feedback, reflection and discussion in local clinical meetings at specialty level. Different Divisional performance regarding SJRs	Does the COVID experience confirm that the system works when considering Quarter 4 and Quarter 1 20/21? Will we have any learning from phase 1 COVID prior to a potential second surge?	Assurance of system in place for reporting period. Structured Judgement Reviews performance will become part of Divisional Executive Reviews. SJRs a reflective practice, not designed to be quick. Although SJRs have been stood down in COVID phase 1, safety systems still in place. National learning captured and shared. Evidence of good learning from deaths locally during COVID, e.g. critical care learning event. Good to see detailed	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			family experiences which are shared with the relevant clinical areas.	
Safer Nursing and Midwifery staffing six monthly report demonstrating compliance with the National Quality Board expectations for nursing and midwifery staffing.	Full review of inpatient nursing acuity and dependency. Total under establishment of 15.6 wte Registered Nurses, 12.08 wte Health Care Assistants with variation between the medical (under) and surgical divisions. (over) Several of previous recommendations implemented, e.g. supervisory ward manager time, increased band 6 cover, implementation of EPR with 16% increase in time to care, improved night establishment. Identification of increased workload between 16.00-20.00	Is it tenable to continue to have the different positions between the two divisions? Is there a role for the system to cater for patients with mental health needs outside of hospital which in turn could support our inpatients?	Assurance gained from the report and process by which staffing reviewed. Deputy Chief Nurse met with each ward manager individually to assess staffing levels and note any concerns. Further iterations being weaved into the summer review in July. Reported that staff at clinical level noticing the positive differences. AMU staffing numbers and ratios greatly improved. Work ongoing on the mental health pathway in both settings being led by Chief Nurse, to include any learning from virtual assessment environment.	To receive six monthly update on progress of seven recommendations from this review.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Infection prevention and control COVID-19 Board Assurance Framework	Report outlining compliance with Code of Practice through Board Assurance Framework for Infection Prevention and Control.	When will committee be asked to recommend Trust cleaning standards?	Good assurance and evidence of compliance through report. Innovation also noted e.g. PPE safety officers, commended nationally. Evidence of scrutiny on discharge to care home setting with audit of 30 sets of notes, 29 screened, one missed. Good evidence of knowing detail of current issues and lack of evidence and mitigations to reduce risk and improve compliance.	Further updates required at committee, discussion on frequency of infection prevention and control reporting into committee over coming months and whether need to increase as a changing environment To be presented at next committee meeting (July)
Quality and Performance report	Quality Delivery group update including progress against metrics and agreed improvement programmes. National indicators which have been paused through COVID noted. Agreement to undergo 'deep dive' reviews on a rotational basis. Work on ensuring policies up to date noted and some slippage due to COVID.		Performance noted through whole of quality and performance report	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Continued need for focus on Mental Capacity Act needed. Cancer services continuity group update including the meeting of 5 of the 8 national cancer waiting time standards. 2 week wait 99.1%, higher than national average (88%). Breast referrals back to pre COVID level, urology, lung and lower GI referrals still below pre COVID levels. 62 day standard 69.7%, lower than national (74.3%) Significant impact on services through COVID. Living well with cancer report received. Planned Care Delivery Group update including RTT expected at 66.3% (366 >52 week waiters. Some improvement in follow up appointments e.g. ENT. Urgent Care Delivery Group update included increase in ED attendances and minor injuries activity, 82% Trust performance. Some beds which had been removed for social distancing have been returned.	Are we confident as a system that we are spending the resources where we need to and not in a discretionary way? If there is a second surge, are we confident we can manage?	Resource restraints not felt to be at play, more workforce and productivity issues. Evidence of system in place of clinical validation of patients waiting over expected maximum time. High level trajectories seen, development of RTT delivery plans at speciality level being developed. Discussions current with system partners. Better early warning systems felt to be in place, plans regarding recovery and	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			non COVID activity could be considered.	
	Emergency re admissions within 30 days noted to be higher (10.3%)		Work being led by Deputy Medical Director to review.	Update to future committee.
	Review of increased number of stillbirths in April underway, initial review received by Committee for assurance.		Noted this was ongoing work, positive committee has seen at early stage, some questions fed into the process.	Update to future committee.

Alison Moon
Chair of Quality and Performance Committee
24 June 2020

People and OD Committee
23 June 2020

Report Title
People and OD Performance Dashboard / Key Metrics
Sponsor and Author(s)
Author: Alison Koeltgen, Deputy Director of People & OD Sponsoring Director: Emma Wood, Deputy CEO and Executive Director of People &OD
Executive Summary

Purpose

This performance dashboard is provided for information and aligns to key metrics identified within the People and Organisational Development Strategy. Key performance indicators detailed within are benchmarked (where appropriate) to Model Hospital Peer rates and University Hospital/ Teaching Peer rate. The indicators include:

- Retention
- Vacancy levels (Establishment /Ledger)
- Turnover
- Sickness
- Appraisal and Mandatory Training

The People and Organisational Development Committee are advised that there are a variety of other strategic and operational measures contained within the strategy for which performance is more appropriately measured in narrative/ more detailed report form (i.e. Bullying and Harassment, Equality, Diversity and Inclusion measures, Staff Engagement, ICS) . These have been mapped accordingly in PODC Assurance Mapping profile (presented at October 2019 meeting) and feature, as part of the overarching People and Organisational Development Committee work plan.

Key issues to note

Turnover and Retention

- Registered Nurse Retention rates remain consistently higher than Model Hospital Peers, at 88- 89%
- Annual turnover rate for non-registered nursing is 2% lower, at 16.22%, compared to the same period in 2019.
- Medical Division show the highest turnover of non-registered nursing staff, at 21.41%

Sickness Absence

- Excluding Covid-19 the Trust 'normal' annual sickness absence rate is relatively stable at 3.82%
- April 2020 saw an additional 7% rise in sickness absence associated with Covid
- Initial May 2020 information indicates a reduction in Covid sickness absence to 3-4% (in addition to normal sickness absence)

Vacancy levels

- As we work to consolidate establishment data with the finance general ledger, the Trust overall vacancy rate currently sits at 5.88%.
- Medical staffing vacancies remain below target (0.93%)

- **Staff Nurse and ODP vacancy rate is at 10.39%,** Medicine has a 19.3% Vacancy rate and accounts for 68% of the vacancies (93.52fte.)

- **Non-registered Nurse vacancy rate is above the 10% target, at 12.39%** now excludes staff who were previously included due to their Finance account code, (we can now distinguish between HCAs and Play Specialists etc.)
- These figures include HCAs, TNAs, NAs, Apprentice HCA and paid Y2 students.

Appraisal and Mandatory Training

- We observed a significant downturn in appraisal completion during the first phase of Covid- 19, with overall completion now at 76% and no division reaching target.
- Mandatory training compliance has however remained in a steady position, largely thanks to our e-learning provision.

Recommendations

It is recommended that the People and Organisational Development Committee are assured that sufficient controls exist to monitor performance against key workforce priorities as articulated in the People and OD Strategy. Where operational improvements are required, actions are fed into the appropriate workstreams, monitored by the People and OD Delivery Group. Where Divisional exceptions are highlighted this is challenged and monitored through the Executive Review process.

Impact Upon Strategic Objectives

Reflects known pressures and priorities relating to the delivery of a compassionate, skilful and sustainable workforce, organised around the patient that describes us as an outstanding employer who attracts, develops and retains the very best people.

Impact Upon Corporate Risks

Workforce stability is a critical part of our plans to mitigate the risk associated with the limited supply of key occupational groups such as Nurses, Allied Health Professionals and Medical staff.

Regulatory and/or Legal Implications

The appended report is are designed in such a way to provide assurance that the Trust is operating in accordance with:
National reporting requirements associated with Equality, Diversity and Inclusion
Freedom to Speak Up best practice
NHSI/E requirements
Best practice and employment legislation, including the Equality Act.

Equality & Patient Impact

There is a known researched link between employee experience, stability, retention and patient experience. The People and Organisational Development Strategy promotes a culture of 'caring for those who care', who in turn will enhance the experience of our patients.

Resource Implications

Finance	✓	Information Management & Technology	
Human Resources	✓	Buildings	

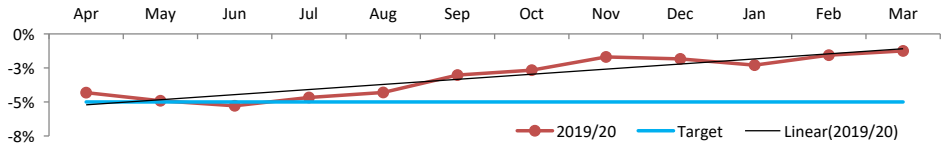
Action/Decision Required

For Decision		For Assurance	✓	For Approval		For Information	✓

Date the paper was presented to previous Committees						
Quality & Performance Committee	**Finance Committee**	**Audit & Assurance Committee**	**People and OD Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
						None
Outcome of discussion when presented to previous Committees						
n/a						

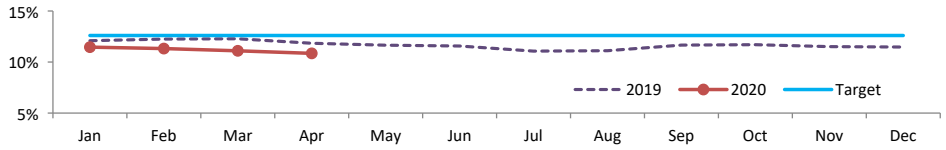
Gloucestershire Hospitals NHS Foundation Trust

Measure	Description	mar-19	mar-20	Trend	Variation
Worked vs Establisment %	The difference between the establishment and worked fte as a percentage of establishment. Target in line with Monthly BI reporting. (below -5% is 'green')) April & May figures not yet received.	-2,65%	-1,25%	Worked v Establishment, showing that worked fte has increased steadily since Jun 19	Worked fte increased steadily from June 2019 to November , picking up in February after a downturn in the winter months. All Staff Groups were within target in Mar 20. In March 19 the difference between worked & establishment was 2.65%. This represented a shortfall of 122 fte - in 2020 the figure is down to 87.4 fte .

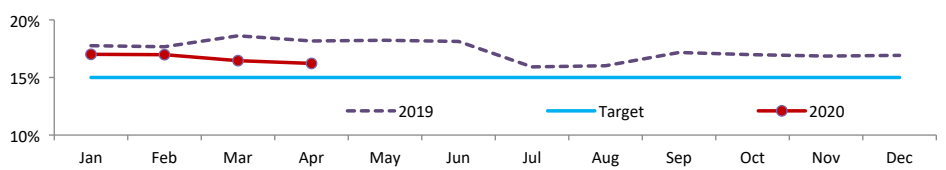


Measure	Description	apr-19	apr-20	Trend	Variation
12 Month Rolling Turnover	Turnover is the no of leavers (in fte) expressed as a % of the ave numbers (fte)over the period. It is based on permanent contracts only.Trust target 12.6% (Top quartile of Model Hospital Peer Group)	11,84%	10,85%	Annual Turnover showing gradual decrease since March 19	Additional Clinical Services as a Staff Group have the highest turnover to Apr 20 at 14.92% - this is the group where non-registered nursing staff are located. All other Staff Groups are below the 12.6% threshold. Medicine Division is above the threshold, at 14.12% an increase since the March figure of 13.62%. Women & Children Division have the lowest turnover (7.40%). Turnover since March 19 has been consistently lower than at the same period the previous year.

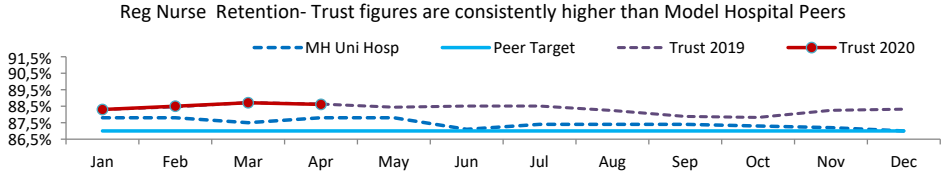
Link to SPC chart



Measure	Description	apr-19	apr-20	Trend	Variation
Non- Reg Nursing 12 Month Turnover	Non - registered nursing includes HCAs, Apprentice HCAs, Trainee Nursing Assistants. Threshold 15% This figure not avail from MH.	18,17%	16,22%	Annual Turnover Non Registered Nursing - 2% below the same period in 2019	Of the clinical divisions, Medicine has the highest Turnover rate for non registered nursing staff at 21.41% (61.1 fte leavers). To give this figure context, Women & Children TO rate is 15.57% & Surgery is 11.89%. Surgery employs a similar number of Non Reg nursing staff as Medicine. Within Medicine , every Service Line has a turnover of over 21% with the exception of Unscheduled Care whic h is 14.94%

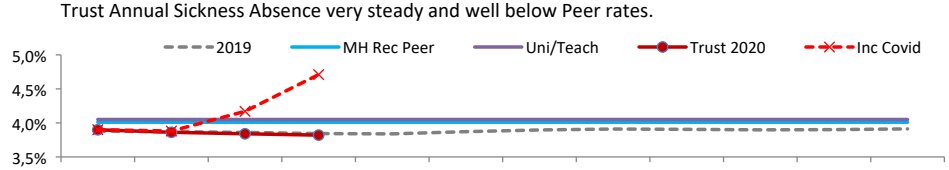


Measure	Description	apr-19	apr-20	Trend	Variation
Nurse Retention Rate %	The percentage of nursing and health visitors that remained stable over 12 months period. Latest data from Model Hospital is Dec 18. University/Teaching Peer rate was 87%, MH recommended Peer rate 86.8% (NB excludes Midwifery)	88,63%	88,61%	Reg Nurse Retention- Trust figures are consistently higher than Model Hospital Peers	Model Hospital data is calculated slightly differently to ESR, resulting in a figure approx 0.5% higher. The latest available from MH is December 18. Trust Nurse retention remains very steady around 88-89%



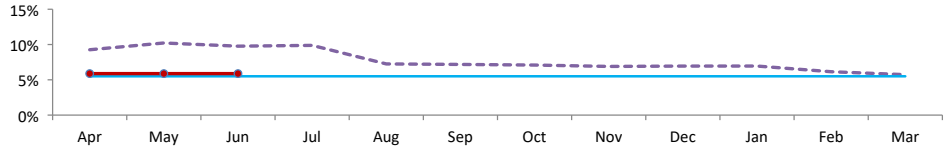
Measure	Description	apr-19	apr-20	Trend	Variation
Annual Sickness Absence %	Sickness Absence is expressed as a percentage of fte lost /available fte. The Uni/Teaching Hospital Peer rate from MH is 4.05%. MH recommended peer rate is 4.01%	3,84%	3,82%	Trust Annual Sickness Absence very steady and well below Peer rates.	Without Covid , Trust annual sickness absence is relatively stable and there are no major changes to the 2019 figures. From the beginning of March , absence due to self-isolation or actual Covid infection has a marked effect on the absence rate , rising from 3.81% to 4.71%. For April 20 alone, 'normal' sickness was 3.21% and Covid absence was another 7.05%. May 's figures so far indicate that overall Covid absence will be down to 3-4%. Additional Clinical Service & Nursing and Midwifery for April were 11.03% and 9.27% respectively. Medicine Division is the most affected, at 10.15% for April 20.

Link to SPC Chart

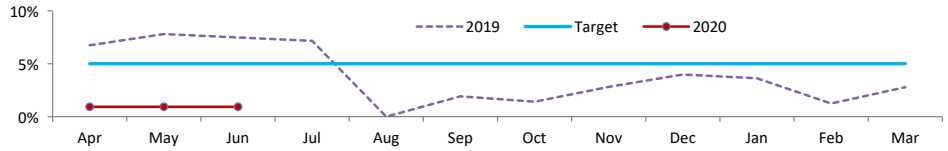


Gloucestershire Hospitals NHS Foundation Trust

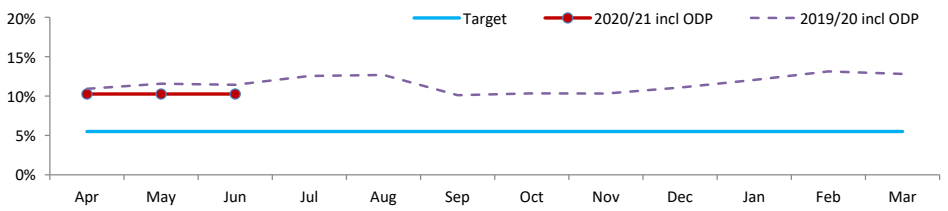
Measure	Description	apr-19	jun-20	Trend	Variation
Trust Vacancy Rate	The difference between the establishment and the staff in post as a percentage of establishment. From June 20, this is calculated using establishment on ESR. April & May not yet received.	9,26%	5,88%	Trust Vacancy Rate fell in August 19 and has maintained that level	June's vacancy rate of 5.88% has been calculated from establishment data loaded onto ESR in early June . This should give a more accurate picture than comparing independently derived spreadsheets from Workforce and Finance. In fte this translates to a shortfall of 409.46 fte . NB Vacancy in April & May 20 unknown



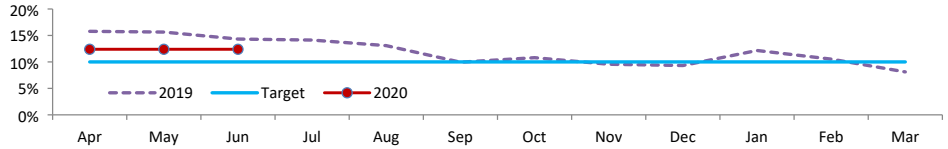
Measure	Description	apr-19	jun-20	Trend	Variation
Doctor Vacancy Rate	The difference between the establishment and the staff in post as a percentage of establishment. From June 20, this is calculated using establishment on ESR. April & May not yet received	2,39%	0,93%	Medical Staff Vacancy Rate has been below target since August 2019	March's vacancy rate of 0.93% remains well below target. This translates to a shortfall of only 8.5. NB Vacancy in April & May 20 unknown



Measure	Description	des-18	jun-20	Trend	Variation
Staff Nurse /ODP Vacancy Rate	The difference between the establishment and the staff in post as a percentage of establishment. From June 20, this is calculated using establishment on ESR.	9,24%	10,26%	Staff Nurse & ODP Vacancy Rate showing reduced vacancies by June 20	The June Staff Nurse/ODP vacancy rate of 10.26% represents 135.9fte below the establishment of 1323.93. For the first time, Nurse awaiting PIN and 3rd year paid students ('aspiring nurses') can be identified as part of the funded staff nurse s as the establishent is now on ESR. Medicine has a 19.3% Vacancy rate and accounts for 68% of the vacancies -93.52fte. NB Vacancy in April & May 20 unknown

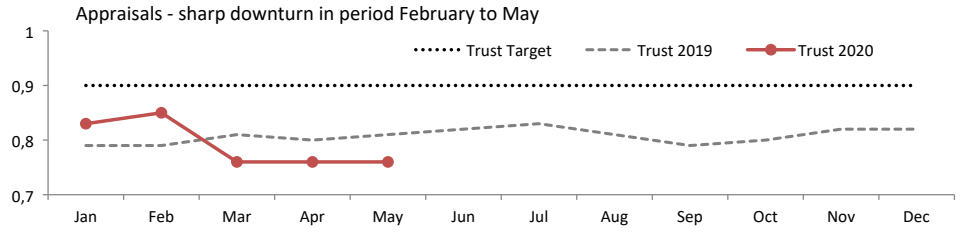


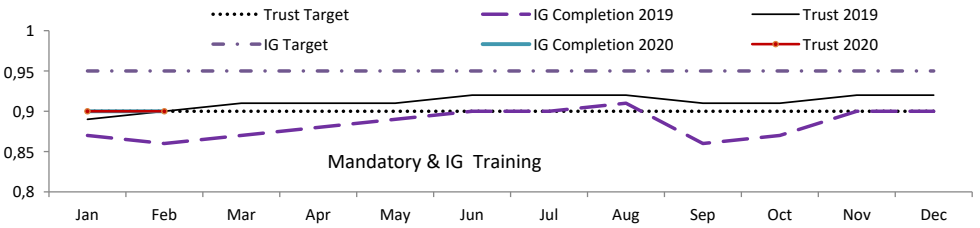
Measure	Description	des-18	jun-20	Trend	Variation
Non Reg Nursing Vacancy Rate	The difference between the establishment and the staff in post as a percentage of establishment. Target revised to 10% From June 20, this is calculated using establishment on ESR.	15,90%	12,39%	Non Reg Nurse Vacancy Rate - has been close to target since Sep 19	June's vacancy rate at 12.4 % is slightly above target. This vacancy rate now excludes staff who were previously included due to their Finance account code, ie ESR can distinguish between HCAs and Play Specialists etc. Diagnostics has the highest VR (24.71%, 26.96 fte), while Surgery has the highest vacacy fte (12.99%, 44.06 fte). These figures include HCAs, TNAs, NAs, Apprentice HCA & paid Y2 students. NB Vacancy in April & May 20 unknown

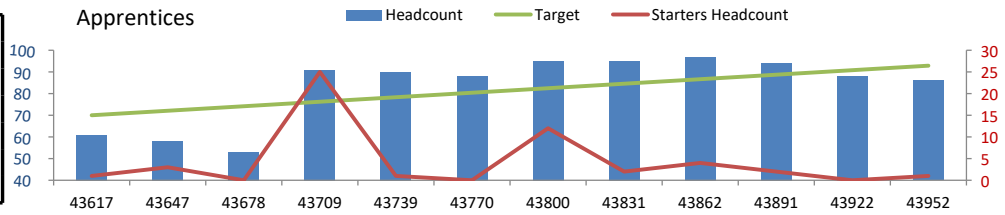


Gloucestershire Hospitals NHS Foundation Trust

No Figures were reported by the Training Systems team for December 2019 or Mar to April 2020

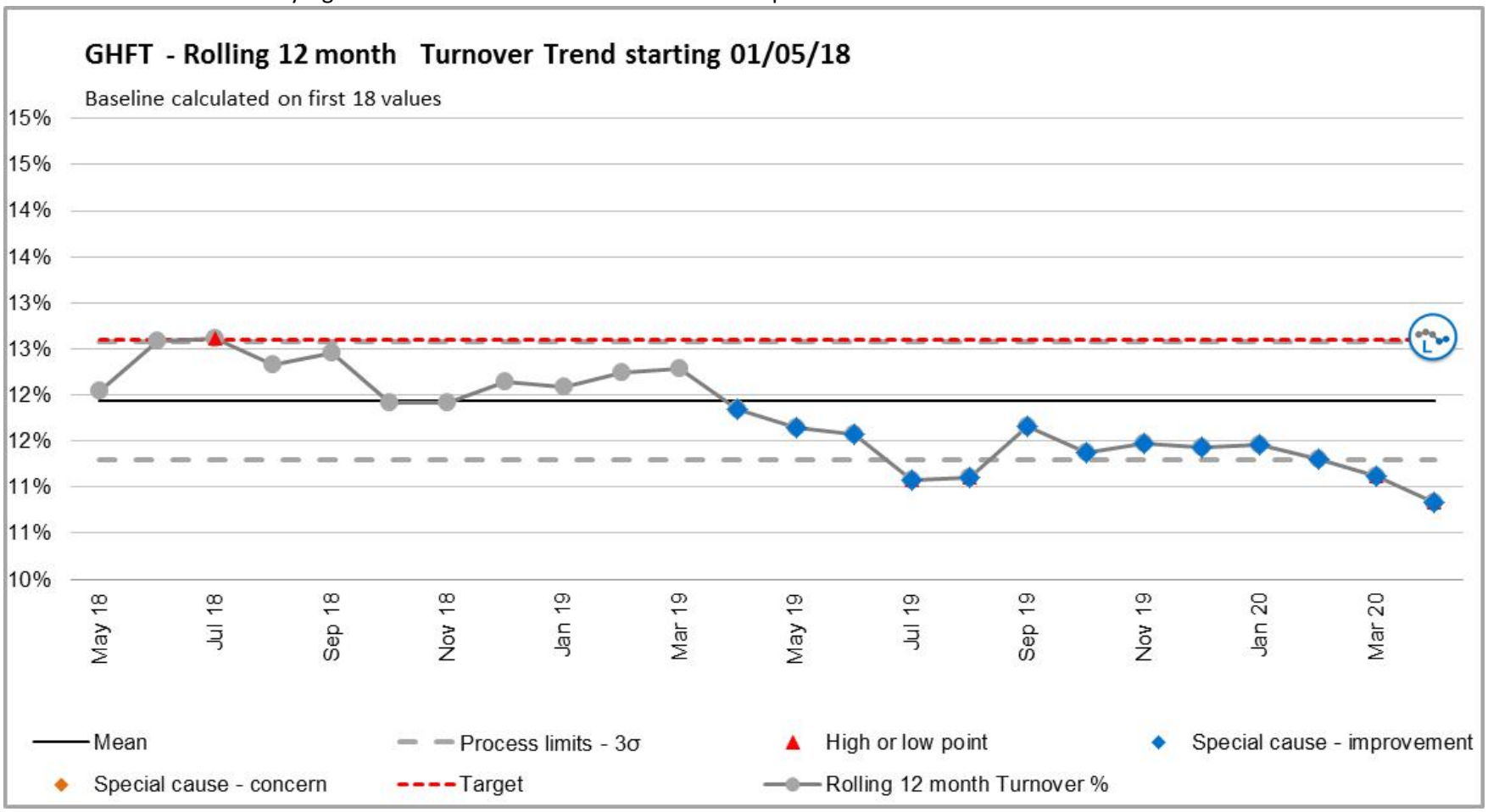
Measure	Description	mai-19	mai-20	Trend	Variation
Appraisals	% of Appraisals completed in previous 12 months. Excludes: Bank, staff joining Trust in the last 10 months (12 months for Medical staff) , staff on Maternity & adoption leave, suspended, external secondment, career break, Junior medcal staff.	81,00%	76,00%		The February overall rate of 85% continues the gradual increase seen over the last 5 months. Lowest Divisional Appraisal rate is Women & Children with 79% completion. No Division has reached target, Surgery is closest with 88% and Medicine 87%.

Measure	Description	feb-19	feb-20	Trend	Variation
Mandatory Training	Compliance rate is expressed as a percentage of number of completions meeting requirement /number of completions required. NHS Digital have set a national requirement to achieve a compliance target of 95% for Information Governance Training.	90,00%	90,00%		The Trust remains at a steady 90% for both Mandatory Training & IG Training completion. For IG Women & Children are close to target at 94%, Corporate and Medicine are lagging at 88% & 89%. For other Mandatory Training, Diagnostics are above target at 93%, Medicine is the only Division below target at 89%.

Measure	Description	mai-19	mai-20	Trend	Variation
Apprentice Recruitm'nt	The number of apprentices in post including starters per month. The target is an additional 10 apprentices in each Division by Y2.	60	89		The Apprentices in this report are those employed into an Apprentice post or a current employee who has transferred into one. Trainee Nursing Associates are also apprentices. Excluded are those who are undertaking training funded by the Apprenticeship levy in their current role .

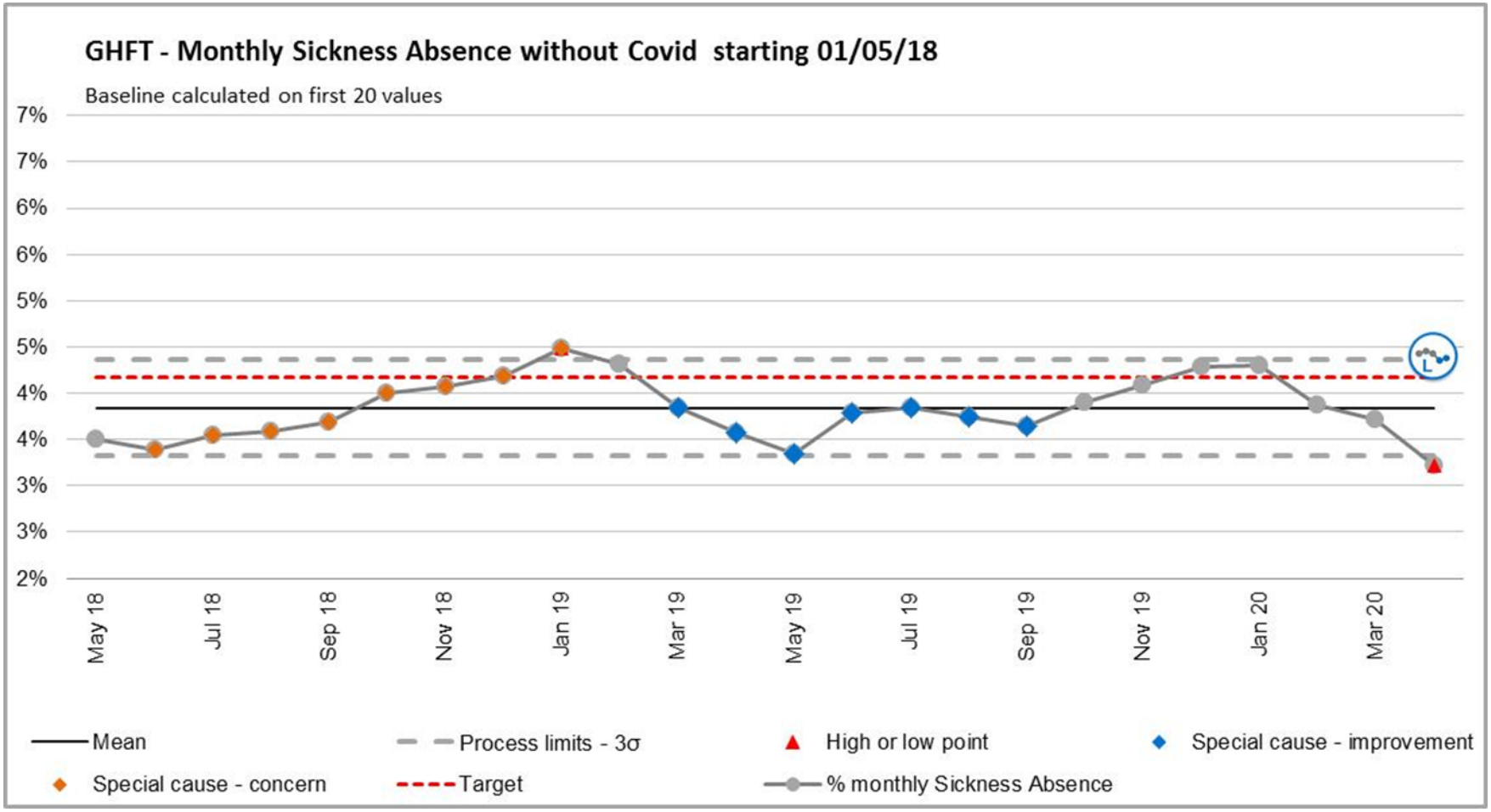
GHFT 12 month rolling turnover SPC chart

There has been a statistically significant reduction in Trust Turnover since April 2019



GHFT monthly sickness Absence SPC chart

The SPC chart clearly demonstrates the seasonal variations in sickness absence rate. Although This could be illustrated equally well on a simple run chart, this report will continue with SPC charting to monitor high/low points.



Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD – June 2020

From the People & Organisation Development Committee Chair – Balvinder Kaur Heran, Non-Executive Director

This report describes the business conducted at the People and Organisational Development Committee on 23 June 2020 indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Risk Register	The committee noted and approved the closure of 5 risks; 1 from the directorate risk register and 4 from the COVID register closure of risks; Amendments have been made to the Risk Scores for International recruitment There were no new risks Committee were assured to see the description of risks, the layering and the segmentation	Discussed the staff at Risk entries specifically those relating to BAME colleagues and if risks should be separated into two; health and morale The staff engagement risk and impact of retention and value of exit interviews was raised, and an update provided The risk to loss of sensitive data and severe business interruption by continuing to use a version of DATIX (not supported soon) was discussed and concern the hospital uses unsupported software in clinical areas and	Assurance given that there is a risk segmented for physical and mental health and a current risk will be amended to capture the possible morale impact. An update on the Silver QI exit process programme will be provided in August. This risk does feature on the Finance and Digital Risk Register and actions are reviewed in this committee.	None

		what was mitigation we have surrounding those risks. Assurance sought on how to ensure student nurses have had a positive experience in the Trust during COVID was explored	Extra practice education facilitator had been recruited. The Trust took c170 nurses higher number than other organisations and had already seen a positive uptake of permanent posts once qualified.	
COVID secure	Overview of the COVID Secure guidance outlined. The next steps for the organisation to be able to give patients and staff confidence in COVID prevention and risk elimination was outlined Health and Safety Committee met on the 22 June 20 to review compliance with the Social distancing rules. A further meeting is to take place on 01 July 2020 to assure we are COVID secure following identification of gaps pre the government announcement on new rules LT assured the Committee that the risk assessment library held all risk assessments and Social	Assurance was sought on the future of the 2-metre rule, equipment to facilitate working from home and risk assessments, if information was accessible to all and how patients, family members and carers would be made aware of what to expect when visiting the hospital for appointments.	Responses were provided to the queries confirming arrangements for staff and patients and how accessibility standards had been met during the design of materials. It was confirmed personal risk assessments were only legally required for persons that fell under the 'At risk' category	None

	Distance Guardians were currently being trained, to visit areas to ensure compliance The committee were assured by the report			
COVID 19 update	The COVID update was well received and the committee noted the phenomenal work and effort of the People and OD team.	The committee asked if the team were content with the number of responses to the health and wellbeing survey and if staff had expectations of support continuing. Assurance was sought on how the Trust were managing those staff returning to work and the perception of risk of infection The committee noted the concern that staff felt unable to prioritise time to access support.	The response rate was on a par with most surveys. The top 5-6 items staff most wished would continue were being considered and costed. It was noted colleagues would not be forced to return to work and the risk assessment process aims to support those with greatest concerns. Releasing time and ensuring space to share stories was being considered	None
Inclusion Plan and COVID lessons learnt	The committee discussed the disproportionate impact of COVID on BAME colleagues and the Black Lives Matter campaigns and the feedback from staff It was agreed a significant piece	The committee noted the need to be clear on the problems we wish to fix and outcomes we seek to achieve, before bringing a partner in to help on this piece of work.	Assurance was given that terms of reference for a cultural review would be co designed and success criteria established	It was noted that this will feature within the confidential board.

	of work was to review the cultural issues and matters that need to be attended to. Cultural change will take time and require different commitments from the Trust. A review on our cultural inclusion and how we can widen inclusion and participation within the organisation was agreed as a way forward.			

Board note/matter for escalation
The Committee recommend further discussion on undertaking a cultural review at Board

Balvinder Kaur Heran
Chair of People and OD Committee, 29 June 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MS TEAMS – COMMENCING 12:30

Report Title
Learning from Deaths Quarterly Report – Q3
Sponsor and Author(s)
Author: Andrew Seaton, Quality Improvement & Safety Director Sponsor: Prof Mark Pietroni, Director for Safety & Medical Director
Executive Summary

Purpose
To provide assurance of the governance systems in place for reviewing deaths and in addition demonstrate compliance with the National Guidance on Learning from Deaths.

Key issues to note

- All deaths in the Trust have a high level review by the Trust Bereavement Team and the Trust Medical Examiners.
- All families meet with the bereavement team and have the opportunity to feedback any comments on the quality of care.
- The main learning from structure reviews is through the feedback, reflection and discussion in local clinical meetings at Specialty level. Timeliness of review through SJR is challenging and will be reviewed by the HMG, the current rate has improved this quarter.
- All serious incidents have action plans based on the identified learning which are monitored to completion.
- HSMR and SMR for the period February 2019 to January 2020 remains within the expected range HSMR is now 99.9 ↑ and SMR is 100.6↑ and SHIMI for period December 2018 – November 2019 also remains in the expected range at 101.28↓
- Three of the four internal audit actions are complete, the final policy adjustments are being approved.

Conclusions
- All deaths are reviewed in the Trust through the Medical Examiner, other triggered deaths are further reviewed through the Trust structured judgement process, SI investigation and national programmes driving local learning, feedback and system improvement.

Implications and Future Action Required
To ensure actions have desired impact and embed learning from good care driving change.

Recommendations
Main Board is asked to note the Learning from Deaths Quarterly Report.
Impact Upon Strategic Objectives
This work links directly to our Trust objectives to achieve outstanding care and continuous quality improvement.
Impact Upon Corporate Risks
Understanding the themes from mortality reviews will inform Trust risks
Regulatory and/or Legal Implications
National requirement to report to Trust Board.

Equality & Patient Impact
None

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	**X**	For Approval		For Information	**X**

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	**Finance & Digital Committee**	**Estates & Facilities Committee**	**People & OD Committee**	**Quality & Performance Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
Outcome of discussion when presented to previous Committees/TLT							

QUALITY & PERFORMANCE COMMITTEE – JUNE 2020

LEARNING FROM DEATHS QUARTERLY REPORT

1. Aim

1.1 To provide assurance of the governance systems in place for reviewing deaths and in addition demonstrate compliance with the National Guidance on Learning from Deaths.

1.2 With the exception of mortality data the period covered reflects Oct-Dec 2019 and is an update from the previous report. (The dashboard can be found in Appendix 1). The report is written 3 months after the quarter to allow accurate reporting, Q4 would be due in July\Aug depending on meeting date.

2. Executive Summary

2.1 The main processes to review and learn from deaths are:

a. Review by the Medical Examiners and family feedback collected by the bereavement team on all deaths and provided to wards.

b. Structured judgment reviews (SJR) for deaths that meet identified triggers completed by clinical teams, providing learning through presentation and discussion within specialties.

c. Serious incident review and implementation of action plans.

d. National reviews including Learning Disability Reviews, Child Death Reviews, Perinatal Deaths and associated learning reports.

2.2 All deaths in the Trust have a high level review by the Trust Bereavement Team and the Trust Medical Examiners. These deaths are entered on to the Datix system to support the SJR process.

2.3 All families meet with the bereavement team and have the opportunity to feedback any comments on the quality of care. An analysis of these comments is included within this paper (Appendix 3). The feedback is overwhelmingly positive and is routinely shared with the relevant ward area.

2.4 The main learning from structure reviews is through the feedback, reflection and discussion in local clinical meetings at Specialty level. There has been an increase in SJR activity in the quarter and monitoring is to be introduced to the Divisional review dashboard.

2.5 All serious incidents have action plans based on the identified learning which are monitored to completion. High level learning themes are fed into expert Trust groups.

2.6 HSMR and SMR for the period February 2019 to January 2020 remains within the expected range HSMR is now 99.9 ↑ and SMR is 100.6↑ and SHIMI for period December 2018 – November 2019 also remains in the expected range at 101.28↓ (Appendix 4)

3. Mortality Review Process

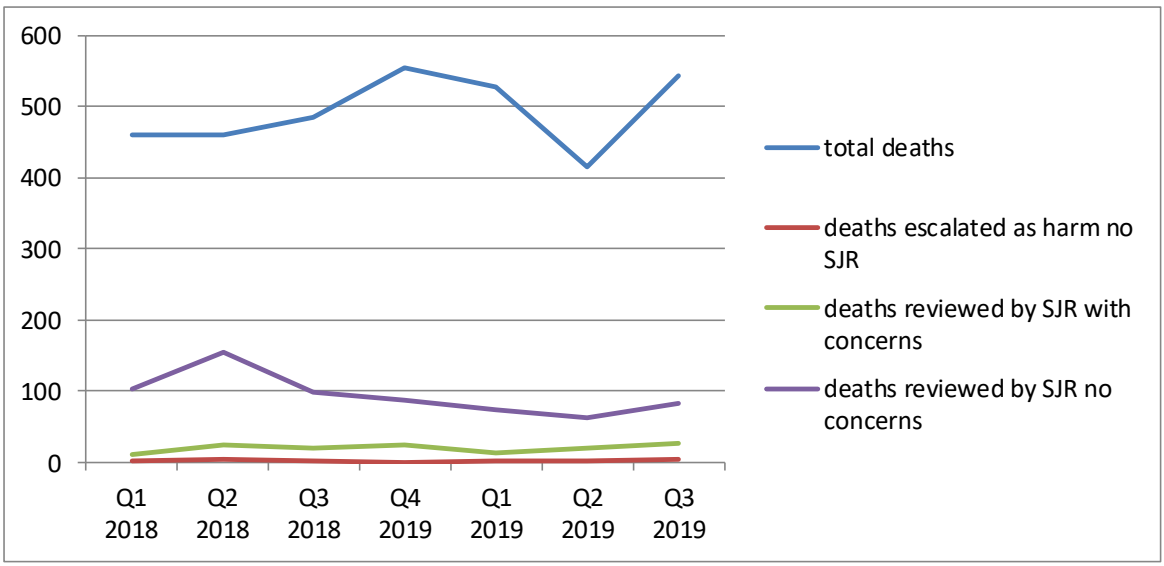
3.1 The input of the Bereavement Team continues to add huge value to our process. It is the model on which other Trusts will be expected to base their service. They have now managed to ensure all deaths are recorded in real time.

3.2 Deaths identified for review

Mortality Quarterly Dashboard: Quarter 3 (Oct-Dec 2019)

Trust wide

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
544	415	**5**	1	**27**	19	**82**	62	109 (20%)	76 (18%)	**3**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
1486	1962	**9**	14	**59**	81	**217**	445	**264 (18%)**	513 (26%)	**4**	3



Overall rating of deaths reviewed under SJR methodology											
Score 1 Very Poor Care		**Score 2 Poor Care**		**Score 3 Adequate Care**		**Score 4 Good Care**		**Score 5 Excellent Care**		**Deaths escalated to SI panel following SJR**	
This Quarter	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**
0	0	2	8	11	42	36	112	15	56	3	1

3.3 Feedback on progress is provided to the Hospital Mortality Group. The SJR approach continues to embed within all divisions deaths are identified through Datix and then identified for review using the agreed triggers. Some areas review all deaths because of small numbers of deaths in the specialty.

3.4 The table below illustrates the general performance. Improvement is required in the timeliness of the review to improve local learning and escalation to SI status. The SJR indicators show an increase in the last quarter but a decrease from this time last year, in addition to review at HMG, KPIs will be added to the Divisional dashboard for Executive review (Deaths reviewed in 1month\3months).

Performance against standards for review									
Deaths with concerns reviewed within 1 month of death		**Deaths with no concerns reviewed within 3 months of death (% of total requiring review)**		**2nd reviews (where indicated) within 1 month of intial review (% of total requiring review)**		**Completion of Key Learning Message (% of total requiring review)**		**Deaths selected for review but not reviewed to date 14.05.20 (% of total requiring review)**	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
4(15%)	3 (16%)	**57(69.5%)**	35 (56%)	**2(100%)**	0 (0%)	**66(60.5%)**	66 (87%)	**15(16.5%)**	8 (11%)
This Year	Last Year	**This Year**	Last Year	**This Year**	Last Year	**This Year**	Last Year	**This Year**	Last Year
7(12%)	*	**106(49%)**	*	**6**	*	**175 (66%)**	*	**23 (9%)**	23 (4%)

4. Family Involvement

4.1 Family involvement in our mortality review process is achieved through the family contact with the Bereavement Team and through the family involvement with serious incident investigation.

4.2 The feedback to staff on how the families have perceived the care is an excellent method to reflect and learn for staff.

5. Learning from Deaths

5.1 All mortality reviews are reported through Speciality mortality and morbidity (M&M) meetings. Actions are developed within the speciality and monitored through the speciality and divisional processes, this approach although improving is still inconsistent.

5.2 The main learning from structure reviews is through the feedback and discussion in local clinical meetings at Specialty level. Some common themes continue to be identified which are in common with known areas of quality in particular the complex management of the deteriorating patient and end of life planning particularly in the first stages of admission. High level themes identified will feature in the new Learning from Concerns report in November 2019.

5.3 Monitoring and learning from the national mortality reporting process has been under review with the expectation that national reports are presented at QDG, with any concerns escalated to Q&PC.

Deaths by Special Type –	Apr-Jun		July- Sept		Oct-Dec		Jan-March 2020	
Type	*Number*							
Maternal Deaths (MBRRACE)	0		0		0		0	
Coroner Inquests with SI	1		1		1		1	
Serious Incident Deaths	6		3		4		5	
Learning Difficulties Mortality Review (Inpatient deaths)	8		3		2		4	
Perinatal Mortality	Neonatal <8 days	3	Neonatal <8 days	1	Neonatal <8 days	0	Neonatal <8 days	2
	Still births	2	Still births	3	Still births	5	Still births	2

5.4 Learning from Deaths of those with a Learning Disability process is complex and organised with a through County wide approach. Going forward all LeDeR reviews will be reported up through Safeguarding Adults Operational Group and Safeguarding Strategy Group.

The current learning trends which will inform the updated education programme, identified by the Lead nurse are:

1) Improve communication with non-verbal patients
2) Feeding patients at the end of life.
3) General feeding issues.
4) Under-utilised hospital passports are under-utilised.

6. Internal Audit Report & Actions

6.1 The following actions have been agreed from the recent internal audit report and will be addressed and reported through this report

1. The Trust should review the Death Reviews Policy and its Death Review arrangements to ensure it is compliant with the National Guidance. (31st March 2020) **Update – Review underway, policy needs clearer reference to LeDeR and Post 30 days deaths process**

2. The Trust should ensure a clear governance structure for death review is established across all Divisions. The best practice identified in Surgery should be rolled out to the other Divisions to ensure the same set criteria and methodology are used consistently to monitor performance and compliance with the Death Reviews Policy and National Guidance. (31st March 2020)
Update – With centralisation of the risk teams and adding KPIs to the Divisional Performance dashboard the system is now consistent.

3. The quality and timeliness of the SJRs completed should be monitored at specialty and Divisional level and reported to the Mortality Group as well as the Quality and Safety Committee, to ensure all SJRs are properly conduct and recorded on Datix. (31st December 2019)
Update – New dashboards in this report provide the relevant information from datix, performance remains poor – Audit action closed

4. The Learning from Death Report should be revised to contain helpful management information to monitor the death review performance across the Divisions and report learning, trends, and actions embedded. (31st December 2019) **Update – New dashboards in this report provide the relevant information from datix – Audit action closed**

7. Dr Foster alert report

7.1 HSMR and SMR for the period February 2019 to January 2020 remains within the expected range HSMR is now 99.9 ↑ and SMR is 100.6↑ and SHIMI for period December 2018 – November 2019 also remains in the expected range at 101.28↓ (Appendix 4)

7.2 Both weekend and weekday mortality for emergency admissions are within the expected range.

7.3 There has been no Relative Risk or Cumsum alerts that have been escalated for detailed investigation (All alerts are monitored and reviewed at the Hospital Mortality Group)

8. Mortality Dashboard (Appendices)

8.1 The Trust reporting requirements can be found below:

Appendix 1
a) New SJR dashboard & Divisional Performance

Appendix 2
a) Family feedback report

Appendix 3
a) Mortality indicators – Dr Foster report

9. Conclusions

9.1 All deaths are reviewed within the Trust via the bereavement and the Medical Examiner approach.

9.2 There is good progress on local learning from problems in care and ensuring these are being reflected on within specialties. Identified themes will feed in to the Learning from Concerns report and Specialty quality data reports.

9.3 Timeliness and completion rate are improving for SJRs and further action to improve consistency of approach across the Trust is required.

10. Recommendations

10.1 The Quality & Performance Committee is asked to note the Learning from Deaths Quarterly Report and approve in advance of it going to the Trust Main Board.

Author: Andrew Seaton, Quality Improvement and Safety Director
Presenter: Prof Mark Pietroni, Director for Safety & Medical Director

June 2020

Gloucestershire Hospitals
NHS Foundation Trust

APPENDIX I

Mortality Quarterly Dashboard: Quarter 3 (Oct-Dec 2019)
Trust wide

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
544	415	**5**	1	**27**	19	**82**	62	109 (20%)	76 (18%)	**3**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
1486	1962	**9**	14	**59**	81	**217**	445	**264 (18%)**	513 (26%)	**4**	3

Overall rating of deaths reviewed under SJR methodology											
Score 1 – Very Poor Care		**Score 2 – Poor Care**		**Score 3 – Adequate Care**		**Score 4 – Good Care**		**Score 5 – Excellent Care**		**Deaths escalated to harm review panel following SJR**	
This Quarter	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**	**This Quarter**	**This year (YTD)**
0	0	2	8	11	42	36	112	15	56	3	1

Problems identified in care and care record									
Problem in assessment, investigation or diagnosis		Problem with medication /IV fluids /electrolytes /oxygen		Problem related to treatment/management plan		Problem with infection control		Problem related to operation/ invasive procedure	
This Quarter	This Year (YTD)	This Quarter	This Year (YTD)	This Quarter	This Year (YTD)	This Quarter	This Year (YTD)	This Quarter	This Year (YTD)
1	5	0	3	2	6	0	0	0	0

Problems identified in care and care record							
Problem in clinical monitoring		Problem in resuscitation following a cardiac or respiratory arrest		Other Problem		Quality of Patient Record Poor or very poor	
This Quarter	This Year (YTD)	This Quarter	This Year (YTD)	This Quarter	This Year (YTD)	This Quarter	This Year (YTD)
0	2	0	0	1	2	5	7

Performance against standards for review									
Deaths with concerns reviewed within 1 month of death		Deaths with no concerns reviewed within 3 months of death (% of total requiring review)		2nd reviews (where indicated) within 1 month of intial review (% of total requiring review)		Completion of Key Learning Message (% of total requiring review)		Deaths selected for review but not reviewed to date 14.05.20 (% of total requiring review)	
This Quarter	Last Quarter	This Quarter	Last Quarter	This Quarter	Last Quarter	This Quarter	Last Quarter	This Quarter	Last Quarter
4(15%)	3 (16%)	57(69.5%)	35 (56%)	2(100%)	0 (0%)	66(60.5%)	66 (87%)	15(16.5%)	8 (11%)
This Year	Last Year	This Year	Last Year	This Year	Last Year	This Year	Last Year	This Year	Last Year
7(12%)	*	106(49%)	*	6	*	175 (66%)	*	23 (9%)	23 (4%)

***Data not available.**

Surgical Division

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents. Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
93	63	**3**	0	**10**	3	**24**	16	**32 (34%)**	18 (29%)	**0**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
257	364	**4**	*	**14**	*	**57**	*	**68 (26%)**	*	**0**	*

	Total number of deaths	**Deaths presented to harm review panel (No SJR undertaken)**	**Total number of deaths selected for review under SJR methodology (% of total death)**	**Deaths investigated as serious or moderate harm incidents. Following SJR (total)**	**Number of SJRs with very poor or poor care**	**Number of SJRs with excellent care**
Lead Specialty						
Critical care	**46**	**0**	**14 (30%)**	**0**	**1**	**9**
T&O	**13**	**1**	**10 (77%)**	**0**	**0**	**2**
Upper GI	**13**	**0**	**3 (23%)**	**0**	**0**	**0**
Lower GI	**14**	**2**	**2 (14%)**	**0**	**0**	**0**
Vascular	**5**	**0**	**1 (20%)**	**0**	**0**	**0**
Urology	**1**	**0**	**1 (100%)**	**0**	**0**	**0**
Breast	**0**	**0**	**N/A**	**0**	**N/A**	**N/A**
ENT	**1**	**0**	**1 (100%)**	**0**	**0**	**0**
OMF	**0**	**0**	**N/A**	**0**	**N/A**	**N/A**

Ophthalmology	**0**	**0**	**N/A**	**0**	**N/A**	**N/A**

Performance against standards for review									
Deaths with concerns reviewed within 1 month of death		**Deaths with no concerns reviewed within 3 months of death (% of total requiring review)**		**2nd reviews (where indicated) within 1 month of intial review (% of total requiring review)**		**Completion of Key Learning Message (% of total requiring review)**		**Deaths selected for review but not reviewed to date 14.05.2020 (% of total requiring review)**	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
0	0	**12 (50%)**	8 (57%)	**N/A**	N/A	**15 (47%)**	18 (100%)	**9 (28%)**	2 (11%)
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year(YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
0	*	**26 (46%)**	*	**N/A**	*	**47 (69%)**	*	**11 (16%)**	0

Gloucestershire Hospitals
NHS Foundation Trust

Medical Division

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents. Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
414	301	**2**	0	**16**	11	**56**	38	69	48	**0**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
1133	1449	**4**	*	**38**	*	**145**	*	177	*	**1**	0

	Total number of deaths	**Deaths presented to harm review panel (Prior to SJR/SJR not undertaken)**	**Total number of deaths selected for review under SJR methodology**	**Deaths investigated as serious or moderate harm incidents. Following SJR (total)**	**Number of SJRs with very poor or poor care**	**Number of SJRs with excellent care**
Lead Specialty						
Acute medicine	**80**	**0**	**7 (9%)**	**0**	**0**	**3**
Cardiology	**12**	**0**	**6 (50%)**	**0**	**0**	**0**
Emergency Department	**39**	**1**	**38 (97%)**	**0**	**0**	**8**
Gastroenterology	**14**	**0**	**0**	**0**	**0**	**0**
Neurology	**10**	**0**	**0**	**0**	**0**	**0**
Renal	**32**	**0**	**3 (9%)**	**0**	**0**	**0**
Respiratory	**74**	**0**	**6 (8%)**	**0**	**0**	**0**
Rheumatology	**0**	**0**	**0**	**0**	**0**	**0**
Stroke	**43**	**0**	**0**	**0**	**0**	**0**
COTE	**106**	**1**	**10 (9%)**	**0**	**2**	**0**
Diabetology	**0**	**0**	**0**	**0**	**0**	**0**

Endoscopy	**1**	**0**	**1 (100%)**	**0**	**0**	**0**

Performance against standards for review									
Deaths with concerns reviewed within 1 month of death		**Deaths with no concerns reviewed within 3 months of death (% of total requiring review)**		**2nd reviews (where indicated) within 1 month of intial review (% of total requiring review)**		**Completion of Key Learning Message (% of total requiring review)**		**Deaths selected for review but not reviewed to date 14.05.20 (% of total requiring review)**	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
4 (25%)	2 (22%)	**44 (79%)**	30 (81%)	**2(100%)**	1 (33%)	**53 (77%)**	39 (81%)	**6 (9%)**	4 (8%)
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
7 (18%)	*	**105 (72%)**	*	**6 (97%)**	*	**138 (78%)**	*	**17(10%)**	21

Diagnostic and Specialties

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents. Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
29	31	**0**	1	**1**	5	**2**	12	**3 (10%)**	14 (45%)	**0**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
81	124	**2**	0	**7**	15	**22**	41	**25 (31%)**	56 (45%)	**0**	0

	Total number of deaths	Deaths presented to harm review panel (Prior to SJR/SJR not undertaken)	Total number of deaths selected for review under SJR methodology	Deaths investigated as serious or moderate harm incidents. Following SJR (total)	Number of SJRs with very poor or poor care	Number of SJRs with excellent care
Lead Specialty						
Oncology	**24**	**0**	**3 (12.5%)**	**0**	**0**	**0**
Clinical haematology	**5**	**0**	**0 (0%)**	**0**	**N/A**	**N/A**

Performance against standards for review									
Deaths with concerns reviewed within 1 month of death		**Deaths with no concerns reviewed within 3 months of death (% of total requiring review)**		**2nd reviews (where indicated) within 1 month of initial review (% of total requiring review)**		**Completion of Key Learning Message (% of total requiring review)**		**Deaths selected for review but not reviewed to date (% of total requiring review)**	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
0	0	**0**	2	**N/A**	N/A	**2 (100%)**	4	**0**	1(7%)
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
0	*	**7(32%)**	*	**N/A**	*	**11 (44%)**	*	**1 (4%)**	0

Maternity and Gynaecology

Total number of deaths, deaths selected for review and deaths escalated due to problems in care identified											
Total number of in hospital deaths		Deaths investigated as harm incidents/complaints (No SJR undertaken)		Deaths selected for review under SJR methodology with concerns		Deaths selected for review under SJR methodology with no concerns		Total number of Deaths selected for review under SJR methodology (% of total deaths)		Deaths investigated as serious or moderate harm incidents. Following SJR	
This Quarter	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter	**This Quarter**	Last Quarter
0	0	**0**	0	**0**	0	**0**	0	**0 (0%)**	0 (0%)	**0**	0
This Year (YTD)	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year	**This Year (YTD)**	Last Year
0	3	**0**	0	**0**	0	**0**	0	**0 (0%)**	0 (0%)	**0**	0

Appendix 2

Feedback report from bereaved families: Oct-Dec 2019

1.0 Methodology

All families are asked in person/real time 'is there anything about the care your ..... received in the hospital you would like to feedback to us?' This ensures that the question is not leading and is simple to understand and respond to. The benefits of this approach include:
1) it is asked in real time when the experiences of care are fresh in the relatives' minds.
2) The Bereavement/Medical Examiner (ME) service and its staff are independent of the care and normally gain the trust of the relatives during the time they are involved with them after the death.
3) Raising concerns with safety and transparency are the key to the remit of the Medical Examiner role.
Bereavement/ME service staff always check with the family if they are happy for their feedback to be passed on. In any rare instances, where this is not permitted, the request is noted and respected at the time of discussion.
The limitations of this method are that:
1) it does not necessarily reflect the full experience of the deceased person.
2) relatives may have differing perspectives so the review is limited to the person collecting the MCCD and
3) relatives with further time to dwell on experiences can change their minds.

The results have been filtered by area linked to the feedback and have been divided into positive, negative and mixed comments. The comments have then been analysed for key words and themes. The full comments are available on the DATIX system to staff with investigator access.

3.0 Results

Location/ team	Positive	Negative	Mixed
2b	3 (60%)	1 (20%)	1 (20%)
3a	2 (50%)	2 (50%)	0
4a	6 (75%)	2 (25%)	0
4b	5 (45%)	4 (36%)	2 (19%)
5a	3 (100%)	0	0
5b	5 (100%)	0	0
6a	2 (100%)	0	0
6b	17 (89%)	0	1 (11%)
7a	5 (100%)	0	0
7b	2 (40%)	3 (60%)	0
8a	4 (80%)	1 (20%)	0
8b	12 (75%)	0	4 (25%)
9b	2 (100%)	0	0
ACUA, AMU	15 (83%)	1 (6%)	2 (11%)
ACUC	6 (100%)	0	0
Avening	17 (85%)	3 (15%)	0

Bereavement	5 (100%)	0	0
Cardiology CGH	3 (75%)	0	1 (25%)
Cardiology GRH	2 (100%)	0	0
Chapel	1 (100%)	0	0
COTE team	0	0	1 (100%)
DCCC	13 (100%)	0	0
DCCG	12 (100%)	0	0
Emergency Dept	16 (76%)	5 (24%)	0
Emergency theatres	1 (100%)	0	0
FAU	1 (100%)	0	0
Gallery	2 (50%)	1 (25%)	1 (25%)
Guiting	3 (100%)	0	0
Knightsbridge	6 (75%)	0	2 (25%)
Lilleybrook	7	0	1
Palliative care	4 (80%)	1 (20%)	0
Parking	0	0	1 (100%)
Prescott	3 (100%)	0	0
Rendcomb	8 (89%)	0	1 (11%)
Ryeworth	17 (87.5%)	0	1(12.5%)
Snowshill	5 (100%)	0	0
Woodmancote	10 (83%)	2 (17%)	0

2.1 Positive comments

Good communication was mentioned 9 times:
“taking time to ring family to keep them up to date”, “Staff bothered to check in with the family”
“They were extremely compassionate and kind. At the end of your life this sort of attitude is gold"
“communication was very good. The Nurse who called the family to tell them of death dis so very gently and professionally”

Gratitude for access to a relatives room/ camp bed was mentioned twice

Other individual touches were mentioned that made the experience easier e.g
“enabled patient to listen to classical music”, “offering to make tea”

2.2. Negative comments

Poor communication was mentioned 20 times
On 7 occasions this related to communication about the level of deterioration and imminent death which in some cases resulted in the family not being with the patient when they died
“No information given otherwise would have stayed with wife when she passed away”
“If information had been given re severity of condition would not have gone home”
“never knew what was going on and they were forgotten in relatives room”
“Weren’t warned of deterioration, missed time with him”
“Not told deteriorating and likely to die”, “didn’t try 2nd number to inform us of deterioration”

Communication relating to ward transfers was mentioned twice

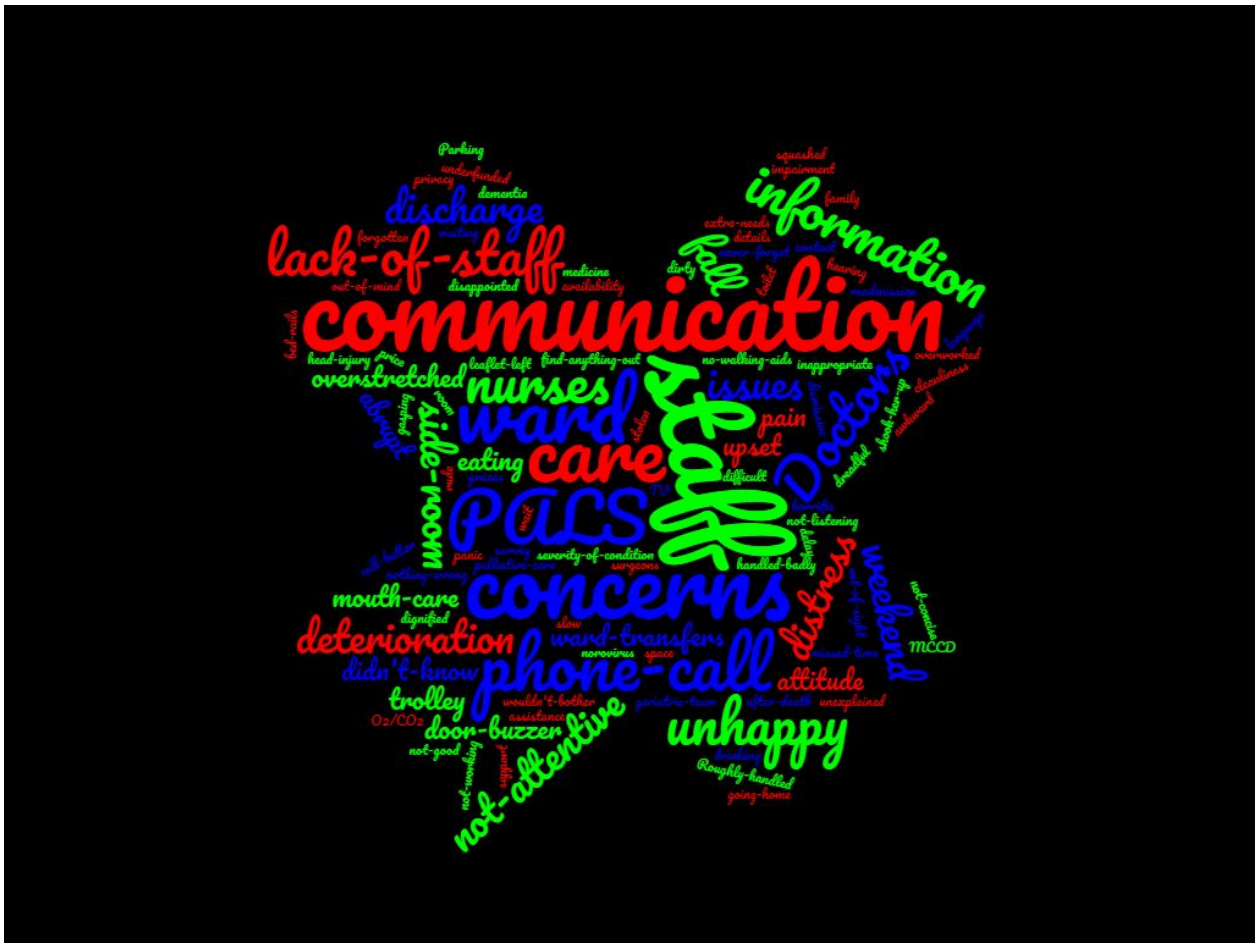
Inability to get answers on the telephone was mentioned twice

One family referred to the “coping with death” leaflet just being left on the bed for them and another complained of distress at receiving a survey within 24hrs of their relatives death.

Poor care was mentioned 13 times. Issues highlighted included assistance with eating and drinking, answering of call bells, mouth care, lack of walking aids and bed rails, falls, pain management, care of patient with dementia, care of patient with hearing impairment, being left on trollies and rough handling.

The lack of a side room and space for family to gather around bed was mentioned twice.

There were 4 comments regarding lack of staff and staff being overstretched



3.0 Conclusion

82% of comments were positive with 16 areas having 100% positive comments.
Positive themes included communication, use of side rooms at time of death and access to relatives rooms.

The remaining 18% of comments were negative or mixed.
Negative themes included communication especially relating to deterioration, lack of staff, pain management, falls, being left on trolley and assistance with eating and drinking.

Wards are encouraged to review the qualitative feedback and themes for learning and reflection. Comments related to individual wards are available to ward investigators on the DATIX system for review.

Dr Foster Summary Report – May 2020

Results Summary

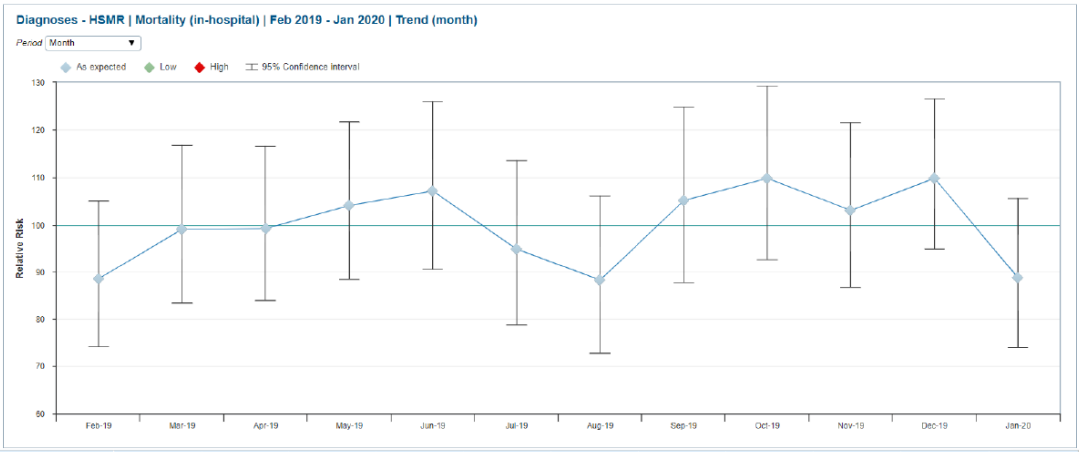
Metric	Result (arrows in brackets indicate change vs. previous reported time period)
HSMR	Trust – 99.9, within the expected range (↓) Cheltenham General – 90.0, statistically significantly lower than expected (↓) Gloucestershire Royal – 106.2, statistically significantly higher than expected (↓)
Emergency Weekend/Weekday HSMR	Weekday – 98.4, within the expected range (↓) Weekend – 104.6, within the expected range (↓)
Trends in Coding for HSMR Basket (19/20 FY to date)	Palliative Care Coding Rate (non-elective spells): 3.34% (↓), national rate is 4.15% Charlson Comorbidity Upper Quartile Rate: 22.8% (↓), this is 91 as an index of national
SMR	Trust – 100.6, within the expected range (↑) Cheltenham General – 91.3, statistically significantly lower than expected (↑) Gloucestershire Royal – 106.3, statistically significantly higher than expected (↑)
New Relative Risk Alerts	Septicaemia (except in labour)
New CUSUM Alerts	Phlebitis, thrombophlebitis and thromboembolism Residual codes, unclassified
Mortality Patient Safety Indicators	Deaths in low risk diagnosis groups has a relative risk that is within the expected range. Deaths after surgery has a relative risk that is statistically significantly lower than expected
SHMI (December 2018 to November 2019)	101.28 within the expected range using NHS Digital's 95% control limits adjusted for over dispersion (↓)
New Early Warning Mortality Relative Risk Alerts	No new data

HSMR

Trend

The Trust's HSMR is 99.9 (95.3 – 104.8), this is within the expected range when compared to hospital trusts nationally. There were 1,699 deaths compared to an expected figure of 1,699.9. The crude mortality rate for the HSMR basket is 2.4%.

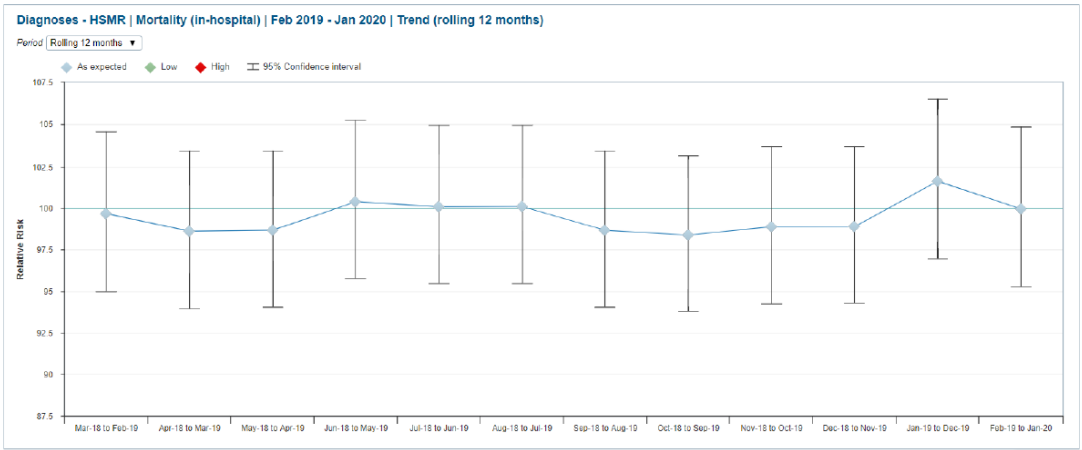
Fig. 1.0 - HSMR Monthly Trend



Trend (month)	Superspells	% of All	Spells	Observed	%	Expected	%	O-E	RR	LO	HI
All	70,954	100.0%	71,127	1,699	2.4%	1699.9	2.4%	-0.9	99.9	95.3	104.8
Feb-19	4,946	7.0%	4,951	131	2.6%	148.0	3.0%	-17.0	88.5	74.0	105.1
Mar-19	5,455	7.7%	5,465	143	2.6%	144.4	2.6%	-1.4	99.1	83.5	116.7
Apr-19	5,985	8.4%	6,005	151	2.5%	152.2	2.5%	-1.2	99.2	84.0	116.3
May-19	6,052	8.5%	6,072	158	2.6%	151.8	2.5%	6.2	104.1	88.5	121.6
Jun-19	5,533	7.8%	5,545	147	2.7%	137.2	2.5%	9.8	107.1	90.5	125.9
Jul-19	6,412	9.0%	6,432	122	1.9%	128.6	2.0%	-6.6	94.9	78.8	113.3
Aug-19	6,021	8.5%	6,036	113	1.9%	128.0	2.1%	-15.0	88.3	72.7	106.1
Sep-19	5,791	8.2%	5,799	130	2.2%	123.7	2.1%	6.3	105.1	87.8	124.8
Oct-19	6,449	9.1%	6,474	144	2.2%	131.2	2.0%	12.8	109.8	92.6	129.3
Nov-19	6,190	8.7%	6,205	141	2.3%	136.9	2.2%	4.1	103.0	86.7	121.5
Dec-19	6,200	8.7%	6,218	192	3.1%	174.8	2.8%	17.2	109.8	94.8	126.5
Jan-20	5,920	8.3%	5,925	127	2.1%	143.1	2.4%	-16.1	88.8	74.0	105.6

To provide a slightly longer term view of performance, Fig. 1.1 shows the rolling 12 month trend in HSMR where each point on the graph represents 12 months of data. The trend is fairly flat from a linear perspective.

Fig. 1.1 – Rolling 12 Month Trend in HSMR



Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 09 JULY 2020
MICROSOFT TEAMS – Commencing at 14:30

Report Title
Actual and Potential Deceased Organ Donation 1 April 2019 – 31 March 2020 GHNHSFT
Sponsor and Author(s)
Author: NHS Blood and Transplant, Dr Mark Haslam (Clinical Lead Organ Donation GHNHSFT) Sponsor: Prof Mark Pietroni (Director for Safety and Medical Director)

Executive Summary

- Annual audit of donation activity in Trust benchmarked against national targets and performance
- National impact of Covid-19 and reduction in donation/transplant activity – March data is excluded from the audit report.
- 2019/2020 – 11 consented donors, facilitating 9 actual donors resulting in 23 patients receiving a transplant.
- Referral rate 100% for period (UK 94%)
- Family approach supported by specialist nurse 77% (UK 92%)
    - Impacts
        - Trainee supervision/education
        - Level of demand on NHSBT services – unable to provide a specialist nurse
- Donation after brain death (DBD) consent 100% (UK target 83%, actual 72%)
- Donation after circulatory death (DCD) consent 38% (UK target 77%, actual 64%)

- DBD results:
    - 5 consecutive years - 100% referral
    - 4 consecutive years - 100% rate for neurological death testing where neurological death suspected
    - 2019/2020 – 100% consent rate for DBD approaches – a marker of high-quality clinical care and trust in the multidisciplinary team

- No approaches made in the Emergency Department for four years, process successfully moved to the Department of Critical Care

Recommendations

- Continued Board support for Organ Donation Committee and Clinical Lead for Organ Donation in promoting best practice as we seek to minimise missed donation opportunities.
- Recognise the success our Trust has had in facilitating donation or transplantation, especially during the COVID-19 pandemic (all Covid-19 positive potential donors were referred)
- Collaborative working with NHSBT and mutual support with adjoining regions to deliver specialist nurse supported family approaches
- Multidisciplinary education and community engagement

Impact Upon Strategic Objectives

Nil

Impact Upon Corporate Risks

Nil

Regulatory and/or Legal Implications

• 20 May 2020 the Organ Donation (Deemed Consent) Act 2019, known as Max and Keira's Law, came into force in England.
• All adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups.
• In the opt out system people still have a choice about whether or not to donate and can record their decision at any time.
• Where donation is a possibility, families are always consulted to ensure we know the views of the person who has died.
• A pragmatic approach has been taken as to when individual regions go live (anticipated July 2020)
  ○ Covid-19 disruption
  ▪ public information
  ▪ staff training
  ▪ family presence/engagement during end of life care

Resource Implications			
Finance	n	Information Management & Technology	n
Human Resources	n	Buildings	**n**

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	Y

Date the paper was presented to previous Committees						
Quality & Performance Committee	**Finance & Digital Committee**	**Audit & Assurance Committee**	**People & OD Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
May 2020						
Outcome of discussion when presented to previous Committees						

Actual and Potential Deceased Organ Donation 1 April 2019 - 31 March 2020

NHS Blood and Transplant

Gloucestershire Hospitals NHS Foundation Trust

Taking Organ Transplantation to 2020, 1 April 2019 - 31 March 2020

In 2019/20, from 11 consented donors the Trust facilitated 9 actual solid organ donors resulting in 23 patients receiving a life-saving or life-changing transplant. Data obtained from the UK Transplant Registry.

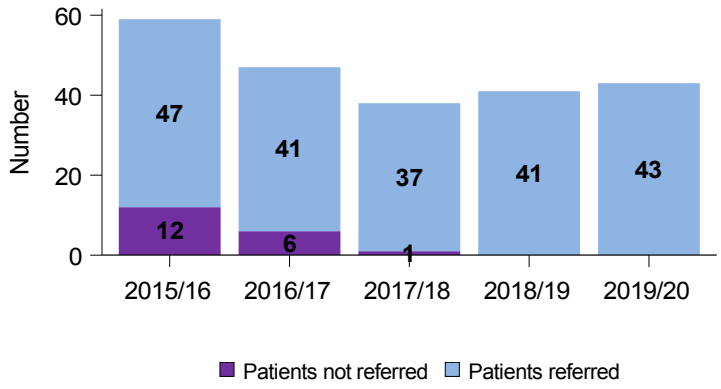
In addition to the 9 proceeding donors there were 2 consented donors that did not proceed.

Best quality of care in organ donation, 1 April 2019 - 29 February 2020*

Referral of potential deceased organ donors

Goal: Every patient who meets the referral criteria should be identified and referred to NHS Blood and Transplant's Organ Donation Service

Aim: There should be no purple on the chart

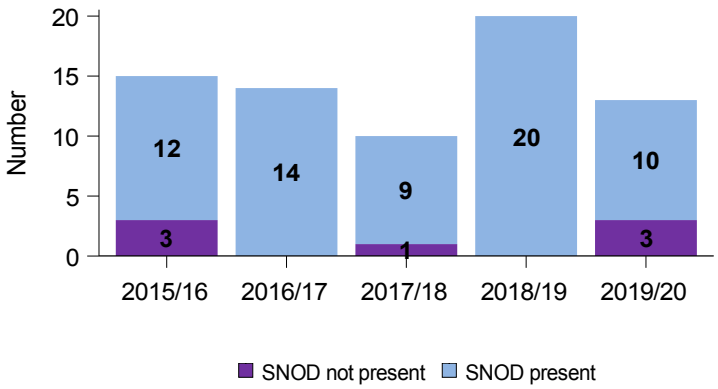


The Trust referred 43 potential organ donors during 2019/20. There were no occasions where potential organ donors were not referred.

Presence of Specialist Nurse for Organ Donation

Goal: A Specialist Nurse for Organ Donation (SNOD) should be present during every organ donation discussion with families

Aim: There should be no purple on the chart



A SNOD was present for 10 organ donation discussions with families during 2019/20. There were 3 occasions where a SNOD was not present.

Why it matters

- If suitable patients are not referred, the patient's decision to be an organ donor is not honoured or the family does not get the chance to support organ donation.
- The consent rate in the UK is much higher when a SNOD is present.
- The number of patients receiving a life-saving or life-changing solid organ transplant in the UK is increasing but patients are still dying while waiting.

Regional donors, transplants, waiting list, and NHS Organ Donor Register (ODR) data

	South West*	UK
1 April 2019 - 31 March 2020		
Deceased donors	119	1,582
Transplants from deceased donors	286	3,749
Deaths on the transplant list	22	394
As at 29 February 2020		
Active transplant list	431	6,138
Number of NHS ODR opt-in registrations (% registered)**	2,637,426 (48%)	25,980,113 (40%)

*Regions have been defined as per former Strategic Health Authorities
** % registered based on population of 5.47 million, based on ONS 2011 census data

Further information

Further information on potential donors after brain death (DBD) and potential donors after circulatory death (DCD) at the Trust are shown below, including a UK comparison. Data obtained from the Potential Donor Audit (PDA).

Key numbers comparison with UK data, 1 April 2019 - 29 February 2020

	DBD		DCD		Deceased donors	
	Trust	UK	Trust	UK	Trust	UK
Patients meeting organ donation referral criteria[1]	6	1845	37	5676	43	7324
Referred to Organ Donation Service	6	1828	37	5235	43	6876
Referral rate %		*99%*		*92%*		*94%*
Neurological death tested	6	1615				
Testing rate %		*88%*				
Eligible donors[2]	5	1542	25	3985	30	5527
Family approached	5	1368	8	1712	13	3080
Family approached and SNOD present	4	1315	6	1528	10	2843
% of approaches where SNOD present		*96%*		*89%*		*92%*
Consent ascertained	5	983	3	1099	8	2082
Consent rate %		*72%*		*64%*		*68%*
Actual donors (PDA data)	5	876	2	598	7	1475
% of consented donors that became actual donors		*89%*		*54%*		*71%*

[1] DBD - A patient with suspected neurological death
DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within 4 hours

[2] DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation
DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation

Note that a patient that meets both the referral criteria for DBD and DCD organ donation is featured in both the DBD and DCD data but will only be counted once in the deceased donors total

For further information, including definitions, see the latest Potential Donor Audit report at www.odt.nhs.uk/statistics-and-reports/potential-donor-audit/

*Quality of care data relating to organ donation has been restricted to exclude the period most significantly impacted by the COVID-19 pandemic. Data presented include activity from 1 April 2019 to 29 February 2020.