Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC BOARD AGENDA

Meeting: **Trust Board meeting held in public***

Date/Time: Thursday 09 April 2020 at 13:00

Location: Microsoft Teams

	Agenda Item	Lead	Purpose	Time	Paper
	Welcome and Apologies	Chair		13:00	
1.	Declarations of Interest	Chair			
2.	Minutes of the Previous Meeting	Chair	Approval		YES
3.	Matters Arising	Chair	Approval		YES
4.	Chief Executive Officer's Report	Deborah Lee	Information	13:05	YES
5.	COVID-19			13:15	
	• Update	Rachael de Caux	Assurance		YES
	• Risk Report	Rachael de Caux	Assurance		YES
	• Revised Board Governance	Emma Wood	Approval		YES
	QUALITY AND PERFORMANCE				
6.	Quality and Performance Report	Steve Hams Mark Pietroni Rachael de Caux	Assurance	13:30	YES
7.	Assurance Report of the Chair of the Quality and Performance Committee	Alison Moon	Assurance		YES
	FINANCE AND DIGITAL				
8.	Finance Report	Karen Johnson	Assurance	13:40	YES
9.	Digital Report	Mark Hutchinson	Assurance		YES
10.	Assurance Report of the Chair of the Finance and Digital Committee	Rob Graves	Assurance		YES
	AUDIT AND ASSURANCE				
11.	Assurance Report of the Chair of the Audit and Assurance Committee	Claire Feehily	Assurance		YES

	ESTATES AND FACILITIES			
12.	Assurance Report of the Chair of the Estates and Facilities Committee	Mike Napier	Assurance	YES
	STANDING ITEMS			
13.	New Risks Identified	Chair	13:55	
14.	Any Other Business	Chair		
CLOSE			14:00	

Date of the next meeting: Thursday 14 May 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 due to COVID-19 there will be no "physical" attendees at 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
Emma Wood, Director of People and Deputy Chief Executive
Rachael de Caux, Chief Operating Officer
Steve Hams, Director of Quality and Chief Nurse
Mark Hutchinson, Chief Digital and Information
Karen Johnson, Director of Finance
Simon Lanceley, Director of Strategy & Transformation
Mark Pietroni, Director of Safety and Medical Director

Gloucestershire Hospitals
NHS Foundation Trust

MINUTES OF THE MEETING OF THE TRUST BOARD HELD IN THE LECTURE HALL, REDWOOD EDUCATION CENTRE, GLOUCESTERSHIRE ROYAL HOSPITAL ON THURSDAY 12 MARCH 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:

Charlie Candish	CC	Consultant Clinical Oncologist and Specialty Director, Oncology (For item 53/20)
James Curtis	JC	General Manager, Cancer Services (For item 53/20)
Sim Foreman	SF	Trust Secretary
Marie-Annick Gournet	MAG	Associate Non-Executive Director
Felicity Taylor-Drewe	FTD	Deputy Chief Operating Officer

MEMBERS OF THE PUBLIC/PRESS/STAFF/GOVERNORS:

Hilary Bowen	HB	Public Governor, Forest of Dean
Craig MacFarlane	CM	Head of Communications

One member of the press attended.

APOLOGIES:

Rachael De Caux	RdC	Chief Operating Officer

The Chair outlined the changes to the running order and the approach to questions and explained this was in order to release Executive time to respond to the COVID-19 outbreak.

ACTION

41/20 DECLARATIONS OF INTEREST

There were none.

42/20 MINUTES OF THE PREVIOUS MEETING

RESOLVED: The minutes of the meeting held on Thursday 9 January 2020 were APPROVED as a true and accurate record for signature by the Chair.

43/20 MATTERS ARISING

RESOLVED: The Board APPROVED all matters arising as CLOSED.

44/20 CHIEF EXECUTIVE OFFICER'S REPORT

DL presented the report and explained that things had moved on significantly since it was written due to the rapidly changing context arising from the COVID-19 outbreak. The Trust continued to progress Business As Usual (BAU) activities in so far as possible, alongside a proportionate and robust response to COVID-19.

She observed that the Electronic Patient Record (EPR) deployment continued to go very well and it was still intended to roll out the electronic observations (e-obs) functionality. DL described this as a “game changer” with respect to its impact on patient safety given it would allow clinicians to see where the sickest patients were, at a glance. The tension of deploying this element of the EPR, at a time of increasing pressure had been acknowledged but the view of the executive team was that there would never be a time when such functionality would add value and improve safety.

The Staff Survey results indicated an improving picture however DL expressed her “impatience” that the improvements were not happening at a faster pace given the focus on staff experience and wellbeing. Although the Trust scored well (9.1/10) for diversity and inclusion, there was a slow declining trend. DL reminded the Board of the work of the Diversity Network and although it had not been established for very long, hoped to see further improvements next time.

There were positive signs with respect to nurse recruitment and retention rates, reflecting the renewed focus on this area; vacancies were currently 50% lower than recent averages. DL reflected the tremendous recognition of now being a member of small group of hospitals across Europe participating in the “Magnet4Europe” research collaborative alongside the “Pathway to Excellence” programme. Both of these achievements were a huge testament to the increasingly progressive reputation of nursing in our Trust.

DL reported that the system response to COVID-19 was robust and that our own workforce was demonstrating the NHS at its best. Due to the number of national calls that executives were participating in, there had been an opportunity to calibrate our preparedness against other Trusts and the Trust appeared to be at least a couple of days ahead of others in its response and nothing in national guidance had caught the Trust out.

RG, as Chair of the Finance and Digital Committee, confirmed e-obs was an exciting opportunity but asked whether the planned rollout on 17 March would be delayed or revised. MH confirmed that the rollout date had been approved the previous day following the “go-live” assessment. A pilot had been undertaken successfully on 2B and planned for Avening Ward with adult inpatient units across both sites going live on 17 March. MH acknowledged the current situation did put pressure on this rollout, but reaffirmed DL’s view of the importance of the opportunity it presented, particularly over the next three months.

AM commented that operational performance improvements at 1.2 of the report were “striking” and commended the grip and attention to detail that had delivered these. AM added that the Quality and Performance Committee (QPC) had majored on this, in particular the impact on patients and reduced waiting times, at their last meeting. However AM highlighted that sustaining this may be challenging in the coming weeks and months.

CF queried the social care dimension of operations and, cognisant of the likely future, what could be done to get delayed discharges to the appropriate level. DL acknowledged there had been an increase in delays including those attributable to social care; the key bottleneck was timeliness of social work assessment. Colleagues in social care were engaged with addressing this. MP cited Gloucestershire County Council (GCC) colleagues as true partners in this work.

CF challenged whether the public messaging on cancellations and changes in response to COVID-19 was being communicated and received appropriately. DL highlighted the importance of consistency and repetition of national messages, but acknowledged the importance of localisation. The Board was advised that each service area was working on their own patient information to advise how services would be delivered differently, as the COVID-19 context intensified. The wider messaging on a need for a change in public behaviour was welcomed but as yet Gloucestershire had not seen any material changes in demand for Minor Injuries Units or Emergency Departments (ED). MP reinforced the point, that whilst there was messaging at multiple levels, the Trust was not waiting for national messages to contact patients about its plans.

MAG enquired as to whether the increased reporting in the Staff Survey from LBGTQ+ staff was a natural increase due to the positive activities which had raised awareness of the issue and left staff feeling “safer” and more able to raise concerns. DL noted this had been seen with respect to incidents as the Trust’s culture had moved away from “blaming” to learning. EW explained that a lot of work had taken place to read across from staff responses to patient feedback; the Stonewall Index (measure of LGBTQ+ culture) had improved considerably on last year. SH advised that patients were not asked to declare their sexuality currently but under the Accessible Care Standards this should be captured alongside other protected characteristics. EW added that Freedom To Speak Up Guardians were not collecting demographic data but this would also change soon but where data was available, the People and OD Group were looking at the experience of different demographic groups.

The Chair asked what specific measures and actions were in place to ensure the physical and psychological wellbeing of staff and colleagues. MP and DL assured that this was being done through a myriad of ways, with the 2020 Hub pivotal to our approach. Given the understandable anxiety in relation to PPE, we were focussing on this; twice daily calls were taking place to assess any shortages and stock levels. SH stated that leaders following and role modelling, the national guidance has been important. Daily emails to staff were being sent and backed up with line manager cascade and a raft of COVID-19 specific HR processes were in place for those needing to self-isolate. Resourcing within the Wellbeing Hub has been increased and all departments have been asked to review

their business continuity plans and identify vulnerable staff who may be at greater risk, in order that adjustments to their workplace or role can be made, if appropriate.

SH reminded the Board on the importance of volunteers and confirmed the Trust was looking after the team and Trust guidance was being developed for volunteers, pending the publication of any national guidance.

In response to a question on executive continuity planning from EWa, EW confirmed arrangements were under review and that work would be shared across the team, social distancing was being observed in so far as practical

MP provided an example from another health system where a whole cancer multi-disciplinary team had had to self-isolate after a colleague was confirmed as COVID-19 positive case; this was in contrast to our Trust where teams were splitting into smaller groups, avoiding being in the same room at once and moving meetings to teleconferences. There was a real sense that staff felt permitted to get on and innovate so that they can continue to care.

RESOLVED: The Board NOTED the report.

45/20 TRUST RISK REGISTER

EW advised there were no changes to the previous Trust Risk Register but one new risk relating to COVID-19 (Risk C3136MD) was proposed for addition, with a score of 4 x 4.

RESOLVED: The Board NOTED the report and APPROVED the addition the scoring of the COVID-19 risk and its addition to the Trust Risk Register, noting this would be a dynamic risk which would be reviewed on a weekly basis.

46/20 QUALITY AND PERFORMANCE REPORT

SH presented the report and highlighted that the Continuity of Carer percentage had dropped to 4.3% (as had been expected following a change to the model of care in one locality) but assured the Board that plan were in place to improve this through additional recruitment of midwifery staff.

SH also advised that pressure ulcers and falls continued to be an issue and updated that research work with colleagues was underway to make improvements.

A norovirus outbreak in January contributed to higher than normal healthcare acquired infections.

MN queried the reference in the cover paper to there being no improvements in Quarter 3 or Quarter 4 when the Trust had seen improvements from EPR. SH explained that different data sets were used and he expected the improvements to show in due course when more contemporary data was looked at but acknowledged it was important to triangulate anecdote, perception and data.

EW questioned the gap in data for patients that appeared to be “stranded” for more than seven days and queried the national position for dementia screening. SH explained that with regard to dementia screening, there had been recording issues and that EPR had helped to reduce these. Further improvements had been achieved thanks to a high degree of focus by the safeguarding and nursing teams. In respect of “stranded” patients, FTD explained the increase was related to a Delayed Transfers Of Care (DTOC) rise but there was an opportunity to take advantage of the system’s mobilisation of resources. DL, however, observed that the number of patients could increase due to clinical reasons as COVID-19 intensified.

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 had action plans to improve this position.

47/20 ASSURANCE REPORT OF THE CHAIR OF THE QUALITY AND PERORMANCE COMMITTEE

The report was taken as read and no questions were raised.

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

48/20 FINANCE REPORT

KJ confirmed that all costs related to COVID-19 were being captured under a dedicated cost centre and a bid would be submitted to recover central funding for these. To date there was no guidance on what would be nationally reimbursed so everything was being recorded at present.

CF questioned the availability of resources for COVID-19 and KJ assured her that funding was not an issue, but there were broader supply chain concerns for certain products for the wider NHS in the coming months. Work was underway with Gloucestershire Managed Services (GMS) and procurement colleagues to mitigate these and manage supplies locally but the issues were largely nationally driven.

RG questioned the latest position on contract agreements for 2019/20 and KJ informed him that most contracts had been finalised but there still some to flow through to year-end process i.e. Herefordshire Payment by Results contract at £11m and the specialised commissioning block contract.

Capital spend was being monitored on daily basis as there was a requirement to spend the allocation by year-end. Spending was happening at pace and the Divisions and IT were bringing forward spending plans. An additional £2.5m capital bid had been successful and these funds were also being spent. The Chair welcomed the ambition shown by the commitment to capital spending.

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

49/20 DIGITAL REPORT

MH presented the report and highlighted e-observations work. MH explained that the amount of testing required in the coming months to replace the system within GP systems, ICE and pathology and the risks to delivery of this project if COVID-19 activity increased.

MP (p136 of pack) highlighted that the EPR had returned time to care / nurse contact time and commented that this was fantastic and ground breaking in his view.

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

50/20 ASSURANCE REPORT OF THE CHAIR OF THE FINANCE AND DIGITAL COMMITTEE

The report was taken as read and no questions were raised.

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

51/20 PEOPLE AND ORGANISATIONAL DEVELOPMENT REPORT

The report was taken as read and no questions were raised.

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

52/20 ASSURANCE REPORT OF THE CHAIR OF THE PEOPLE AND ORGANISATIONAL DEVELOPMENT COMMITTEE

The report was taken as read and no questions were raised.

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

53/20 GLOUCESTERSHIRE CANCER INSTITUTE – ONE YEAR ON

Following on a from presentation in November 2018, JC and CC delivered a presentation on the Gloucestershire Cancer Institute and highlighted that the Trust was now the fourth best cancer services performer in the country, having been one of the worst in October 2017.

CC provided an overview of cancer services and reported the Trust was a regional centre for oncology (with the hub serving a wider population that included Herefordshire, Worcestershire and Powys amongst other areas). Robotic surgery was now happening at scale in a number of specialities and outcomes for patients were amongst the best.

JC updated on screening services with some services being amongst the best in the country and noted that replacement of mammography equipment had now been approved to allow the service to move to “best in class” digital mammography. JD also updated on the radiology and pathology services provided and highlighted their contribution to

the focus on cancer survival rates in the NHS Long Term Plan which was linked to earlier presentation and diagnosis.

JC also updated the Board on work related to genomics and investment in patient experience, including “Living with and beyond cancer”. JC highlighted the need to use IT in a smarter way as more patients choose not to come back to hospital and were monitored by their GP.

The risks and challenges were described as growing activity pressures, capital constraints and workforce constraints. Trust had clear and ambitious plans for cancer services that included continued working even more closely with patients on the design and evaluation of services, developing the *Living With and Beyond Cancer* programme, embedding genomics, more rapid diagnostics and hopefully development and approval of the business case for the Gloucestershire Cancer Institute (GCI).

RG stated the work was impressive and exciting and asked if the Long Term Plan was diagnostic or workforce focused. JC and FTD said it was both but there were now targets relating to the early diagnosis of cancer; the regional diagnostic hubs was one response to this.

SH left the meeting at 13:44

DL advised that the cancer strategy presentation was due to delivered to the HOSC in May and following a suggestion by RG, it was agreed that there would be a further update at Quality and performance Committee in six months.

EW updated from her recent *Journey to Outstanding* visit to Medical Physics and remarked on the commitment and enthusiasm of the staff. JC seconded this and highlighted the importance of the bio-medical scientist and medical engineers in the wider cancer services team.

AM queried whether Gloucestershire was considered an attractive place to work for cancer services and CC advised that five new consultants had been appointed over the past two and half years. CC added that there was a need to skill mix the workforce with consultant radiologists and consultant nurses being a core part of the team. This coupled with research work, university hospital status and a new build would make the GCI the “employer of choice” for many. JC advised that current recruitment was helped by the Trusts clear vision and ambition. MP updated that a new consultant had advised he chose Gloucestershire because of positive feedback from trainees.

CF advised that the governor quality meeting had also seen the presentation and focused on the patient experience. She asked what the major contributors to the improvements were. CC felt that the two main factors were a high quality, caring workforce and making clinical nursing specialist care comprehensively available across all cancer services at all sites. JC also highlighted the importance of communication and listening.

MN referenced previous board discussions on university status and asked why CC felt it was a critical success factor. CC replied that research was key to cancer work and genomics would be the future of cancer treatment both of which would be central to university hospitals status.

In response to a challenge from the Chair on what other things, beyond genomics, would help, JC advised that in his view it would be more staff, increased clinical leadership and succession planning.

CC and JC closed by updating on the recent addition of a new video conference suite and also how the team were planning to ensure continuity of services throughout the pandemic.

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

54/20 GOVERNOR QUESTIONS

There were none.

55/20 STAFF QUESTIONS

There were none.

56/20 PUBLIC QUESTIONS

There were none.

57/20 NEW RISKS IDENTIFIED

There were none.

58/20 ITEMS FOR THE NEXT MEETING

There were none.

59/20 ANY OTHER BUSINESS

RG commended the Chair and board colleagues on their approach to the meeting and suggested this be considered for the next meeting, with greater use of technology to maintain social distancing but allowing the public to be linked in.

[Meeting closed at 15:08]

Date of the next meeting: Thursday 9 April 2020 at 13:00 via Microsoft Teams.

Signed as a true and accurate record:

Chair
9 April 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD - APRIL 2020

REPORT OF THE CHIEF EXECUTIVE

1. The Trust

1.1 As you would expect, operationally the Trust is a very different place. As we prepare for a significant increase in COVID-19 related illness, we have stood down many of our routine services and transformed the way in which we are delivering others. Surgical activity is now limited to emergency surgery and cancer operations; we are managing to maintain good levels of outpatient care through innovations that use digital solutions and feedback from both patients and clinicians is positive. Importantly, we remain in touch with all patients on our waiting lists to keep them informed and to ensure that there are no adverse consequences associated with them waiting longer for their care than originally anticipated.

1.2 Perhaps unsurprisingly, the number of patients presenting to our Emergency Departments and Minor Injury and Illness Units (MIIUs) across the county has reduced considerably (c50%). Whilst this is unlikely to result in harm for those patients with minor injuries and illness, it does present concern in respect of patients who would benefit from medical care in more usual times. We know from anecdote, that many patients “do not want to trouble” the NHS when it is so busy and we also know that for others, presenting to hospital at this time leaves them feeling anxious and concerned about the possible exposure to COVID-19. This week, therefore, we are developing public messaging to ensure that, in appropriate scenarios, we remain “open for business” and that patients do not hold back from contacting their GP and, when necessary, attending the Emergency Department. Of concern, there is some emerging evidence that suggests the underlying health status of some may be at risk of decline during COVID-19, for the reasons stated above and potentially further exacerbated by the psychological impact of the current times

1.3 Given the detailed report on COVID-19, I will limit my commentary to a few highlights. Firstly, our new ways of working at ward level were launched on Wednesday with the start of our “pod system” way of working. Built around 23 multi-disciplinary teams, comprising clinical and non-clinical staff – experts and generalists – caring for our patients on a “geographical footprint”. This was a huge fete of planning but even more so of implementation; however, as we are now getting used to, staff rose to the challenge and, despite some inevitable teething troubles, is now serving patients and colleagues well. This model allows us to make the most of all our staff, whilst ensuring those that are not respiratory care trained are adequately supported by those that are. Our respiratory care e-learning module has been adopted by more than a 100 Trusts across England.

1.4 Secondly, as our community faces this unprecedented challenge, we feel we must talk about things that we might normally not talk about in part to prepare people but in the most part to reassure them about our approach throughour

One Gloucestershire. Sadly, we know with certainty that some local families will lose their loved ones as a result of COVID-19. Across our community, in hospitals and care homes, it may not always be possible for families to share in their relative's last hours because of the restrictions that are designed to protect them. Moreover, for those dying at home, colleagues may not be able to support families in the way we would normally aspire to. In Gloucestershire, we are determined to ensure that any death related to the virus is not a just a statistic that you hear on the news and we pledge to recognise that:

Every name is a person; every person a life lived and every life has a story behind it.

We may have little time to get to know each person but we will learn something that matters to them, to offer them something special which provides them with comfort, to keep their loved ones informed and involved in so far as is possible and to endeavour to ensure that they are not alone in their final moments. Our Every Name A Person (ENAP) pledge will be made on Tuesday 7th April 2020 and continue throughout this pandemic.

1.5 Thirdly, given the scale of the tragedy that we are all facing, it is often hard for us to talk about the positive things that have, and will continue, to flow from the consequences of COVID-19. However, when all this is over, I believe we will all be glad to point to the innovations and improvements for staff and patients that have emerged from the need to do things differently or by happenstance as a direct consequence of COVID-19. In the Trust we call these are *silver linings* and examples of these are described at Appendix 1.

1.6 Fourthly, I would like to pay tribute to our local communities and businesses for the support they have shown us. This has ranged from a simple thank you to acts of huge generosity; again, I hope this new sense of "community" is one of the *silver linings* that transcends this COVID-19 era into whatever the new "normal" becomes.

1.7 Finally, this month's update wouldn't be complete without expressing a huge debt of gratitude to my colleagues throughout the Trust. From front line colleagues coping with the uncomfortable experience of wearing personal protective equipment for hours at a time, often doffing their PPE only to break bad news to a family member or train to undertake a skill or role they have never done before; to back office staff who have stepped up to roles that they were not trained for but have, in days, become highly proficient at and to the often unsung heroes and heroines, many of whom are within our partner organisation, Gloucestershire Managed Services (GMS), who are working similarly long hours doing some of the most important and precious roles in the Trust by keeping us clean, watered, fed and fully stocked.

THANK YOU

Deborah Lee
Chief Executive Officer

7th April 2020

Silver Linings…

The approach staff and partners have taken to preparing and responding to the Covid-19 Pandemic has been hugely impressive. Teams have challenged themselves and each other to adopt new ways of working that will maintain our range of services to patients for as long as possible.

We have started to capture these innovative changes and are calling them our *Silver Linings*. The intention being that where appropriate, they are retained post Covid-19 to become part of business as usual. *Silver Linings* are being captured through a number of routes, including; the twice daily Covid-19 Sitrep call, Incident Management Team actions, Covid-19 Service Change log, Covid-19 staff updates.

Examples captured so far include:

Staff Health & Wellbeing	**Leadership**
1. Sanctuary areas away from clinical areas 2. Extended childcare offer 3. 'Take 5-mins at 11am' to talk to your buddy 4. On-site shops for essential items 5. Subsidised food and drink 6. Emergency accommodation offer 7. Extended on-site catering providing hot food until 8pm 8. Going the Extra Mile (GEM) postcards to say "THANK YOU", quickly 9. Additional shower facilities 10. Cross-site parking permits 11. Faster, targeted training – move to "rapid" design and delivery e.g. the Respiratory eLearning, Rapid Inductions and Increased videos/PODs/webinars as T&D delivery methods 12. Rapid recruitment process (24-48 hours) 13. Deployment hub to coordinate resource requirements 14. 2020 hub service extensions for psychological wellbeing and 7 day cover 15. On line sickness reporting giving RTI on COVID (facilitating staff covid testing) 16. Active charitable efforts to support staff 17. On line Schwartz rounds 18. Wellbeing Apps offering support for staff to access 24/7.	1. Platinum rota providing senior visibility and support 24/7 2. Twice daily, Platinum led full sitrep calls covering all key functions of the hospital – activity, risks, issues for clinical and non-clinical support functions 3. Daily staff updates with key messages and links to key resources 4. Weekly manager newsletter on issues most frequently raised by staff to 2020 hub 5. Senior Nurse cover until 8pm and 24/7 Nurse Director on call 6. PPE Safety Officer role. 7. Genuine partnership working, with HSE/education providers and Trust to maximise trainee and junior resources/new graduates 8. Rapid weekly calls with Staff side to update and agree people policy and practice change.
Ways of Working & Patient Experience	**Operational Processes**
1. All outpatient appointments moved to non face to face - telephone & video conference 2. Initial telephone triage of 2 week wait referrals to identify patients that can go 'straight to test' without a face to face appointment 3. Virtual patient visiting for infectious patients and/or families that can't travel. 70 iPads issued	1. Incident Management Team (IMT) structure and processes 2. Use of Action Cards to define operational processes and update on changes 3. POD structure and MDT approach to zone the hospital 4. Lab results available hourly 5. Community hospital eligibility criteria expanded resulting in reduced DTOC and

4. Clinical home working – using Virtual Desktop (VDI) to access Sunrise EPR and clinical systems, leaders are Oncology & Renal 5. Non-clinical home working – VDI and softphone system, leaders are IT service desk, central booking office 6. Patient observations onto Sunrise EPR 7. Microsoft Teams for meetings – more efficient & effective 8. Videos used to demonstrate how key kit and equipment should be used e.g. PPE 9. Activation of Emergency Accommodation Protocol – reduced homelessness in Gloucestershire 10. Environmental impact of reduced patient and staff travel to and from hospital.	>21d LOS 6. T&O providing 7-day, 10am to 6pm support to minor injury pathway in ED 7. Telephone triage support to ED to reduce wait times e.g. OMF 8. Multiple diagnostics arranged for the same day to support one-stop outpatient appointments Use of Private Provider facilities in extremis 9. Rapid refresher training sessions for nurses 10. Prescriptions (FP10s) e-mailed direct to community Pharmacies 11. Stress testing of key infrastructure as part of contingency planning e.g. max Oxygen capacity at both sites 12. New governance to reduce complexity and allow for virtual decision making with amended quoracy as appropriate.

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PRIVATE AND PUBLIC BOARD – 9th APRIL 2020

Report Title
COVID-19 UPDATE
Sponsor and Author(s)
Author: Dr Rachael de Caux, Chief Operating Officer and AEO EPRR Sponsor: Dr Rachael de Caux, Chief Operating Officer and AEO EPRR
Executive Summary

Purpose
This paper provides the Board with assurance that the Trust is fully prepared to respond to the COVID-19 Pandemic and the wide ranging measures implemented for both COVID and non COVID patients as we strive to deliver high quality, safe, patient care for all.

Key issues to note

- The Trust continues to focus on providing the highest quality of healthcare, for all patients, despite the challenges being faced.
- A range of measures have been put in place to protect staff from the increasing risk posed by COVID-19 including closing the hospitals to visitors; introducing new ways of working that allow for remote working and social distancing.
- Accelerated progress has been made with the Trust Digital Agenda. This has meant that a majority of Outpatient clinics and 2ww referrals are conducted by telephone or video consultation.
- All decisions regarding changes to services or protocols pass through a rigours process of review and challenge.
- The role of the Ethics Committee has been developed to respond to the new context.
- The Trust's Incident Management Team (IMT) provides a single point of contact within the Trust for liaison and coordination of all COVID-19 related activities.
- The outbreak is now in an accelerated phase with the number of confirmed cases of COVID-19 and sadly deaths with COVID-19 increasing at a rapid rate nationally on a daily basis.
- Staff are being supported to remain at work where appropriate and given resources to work remotely if this is possible.
- Staff have been given guidance and training in the use of appropriate PPE and stocks are adequate to maintain safe practice however, this is a dynamic situation attracting significant focus.
- All essential items for use with COVID-19 patients (suspected or confirmed cases) are in stock and supplies are under close control and management.
- The implementation of the latter phases of escalation plans are in progress across the Trust, with this week marking the final preparations for the expected surge week commencing 13th April. Significantly different ways of working have been instigated and all non clinically urgent elective activity has ceased. The Trust remains committed to delivering a streamlined surgical service for urgent elective work, time critical cancer cases and trauma patients.
- A considerable focus has been placed on supporting staff health and wellbeing, which is described more fully in the report.

- Many of the Trust executives are involved in national calls which affords an opportunity to gauge and calibrate the Trust's preparedness for a range of COVID-19 scenarios; the consensus from these calls is that the Trust is better prepared than many organisations and has shared numerous pieces of work and initiative to Trusts in the South West and nationally.

- Significant steps are being taken to ensure the continued availability of the senior leadership team including social distancing measures, buddying and changes to work patterns to ensure adequate rest periods.

Recommendations

The Board is asked to receive this report as a source of assurance that the Trust is well prepared to respond to a range of developing scenarios in respect of COVID-19

Impact Upon Strategic Objectives

A prolonged period of COVID-19, as is expected, can be expected to impact on delivery of some of the Trust's strategic objectives.

Impact Upon Corporate Risks

COVID-19 can be expected to lead to an escalation of some existing risks and this is being carefully monitored and managed through existing routes and within the IMT structure.

Regulatory and/or Legal Implications

The Trust's response to COVID-19 is being guided by regulatory requirements which may in turn result in new statutory and legal requirements being imposed upon the Trust.

Equality & Patient Impact

Access to care for patients will be impacted by the issues covered in this report. Access to care will be guided by clinical priority and a risk based approach.

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 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

Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC & PRIVATE TRUST BOARD – 9th April 2020

Microsoft Teams

COVID-19 ASSURANCE PAPER

1. Executive Summary

1.1 The aim of this paper is to provide updated assurance to the Board that the Trust is prepared and responding appropriately to the dynamic pressures resulting from the spread of COVID-19.

1.2 An Incident Management Team (IMT) is now well embedded and provides a single point of contact within the Trust for liaison and coordination 24/7. This team not only continues to provide the support required to co-ordinate Divisional planning, but also ensures the timely returns of mandated national and regional information and the onward cascade of national and local guidance.

1.3 The outbreak is in an accelerated phase with the number of cases increasing on a daily basis. As of 0900 on 6th April 2020, 51,608 people have been confirmed as positive for Coronavirus (COVID-19) in the UK, with a total of 5,373 deaths as of 5pm 5th April 2020. At 0900 on 7th April, Gloucestershire Hospitals NHS FT had a total of 22 COVID-19 positive patients in critical care, 117 inpatients who have tested positive (with 45 awaiting results) and since the outbreak of the pandemic there has been a total of 52 patients who have sadly died in the Trust.

1.4 The planning and early phase of the Trust response has demonstrated innovation and evidence of a committed workforce. It has also provided an effective platform for the trigger based incremental planning required to move at pace through the escalation phases to meet demand ahead of it presenting. The Trust and staff have embraced a high degree of change. Cross Divisional teams are currently implementing their phased escalation plans in a controlled manner.

1.5 The focus has firmly moved from planning to implementation including simulating a range of potential worse-case scenarios. The Trust is working closely with system partners and within a recognised control and command structure with associated Bronze, Silver and Gold command cells. Additionally, a Platinum COVID-19 rota has been implemented from March involving the Executive Tri and the Chief Executive to provide full 7 day Executive working and support to the Gold rota and front line teams. The Platinum Executive, twice daily, chairs an internal COVID-19 call. This is operationally focussed on the day ahead and provides oversight of areas such as capacity, staffing, and supply chain. It also serves a critical function in that it not only ensures an aligned message to all of our teams, but also encourages open escalation and discussion of any operational concerns.

1.6 A significant focus remains on supporting staff health and wellbeing, recognising the fear, anxiety and disruption caused by these unprecedented times. The recognition and response to staff includes dedicated daily COVID-19 staff communication, revision to the Chief Executive's weekly message via a Vlog and enhanced, but responsible, visibility of senior leaders, at both Executive and Divisional levels.

2. Governance

2.1 The Trust continues to strive to provide the highest quality of healthcare services despite the challenges being faced. It is a priority that the care provided remains safe, effective, caring and responsive for all patients. Assurance has been sought by Executives from Divisions to demonstrate the use of quality and safety frameworks to underpin delivery of high quality safe patient care. Divisional Boards continue to operate, albeit virtually, and exercise appropriate accountability, as per the normal process but with a streamlined Agenda.

2.2 Difficult decisions have had to be made in relation to the changes to the usual models of service provision and this is being carefully balanced against the need to continue to offer essential services to as many patients as possible. The Executive Team ensure governance and robust decision-making is in place, responsible implementation is evident and there is a dynamic assessment of risk.

2.3 The Trust is responding to the pandemic with reference to the clinical and non-clinical procedures that had already been agreed and put in place. It's robust management command and control structure has been supporting staff during the early stages and now rapidly escalating pressure. A sound command structure ensures that the response to the pandemic is effectively managed, decisions taken in a timely way, effectively communicated to wards and departments, and teams are appropriately supported.

2.4 The Board should be assured that a significant number of changes have been instigated to support patients and staff as the pandemic advances. These include the following:

- **Patient visiting** across all hospitals has now ceased. Only exceptional cases including one birth partner, one parent or guardian of patients under the age of 18, carers, relatives collecting patients on discharge and those at the end of life (non-COVID) are permitted. Times for these visits are restricted and pre-arranged. Compassionate care for families of patients during end of life care is actively considered on a case by case basis, and this will be supported wherever possible. Our Palliative Medicine team has produced a guide for compassionate visiting related to COVID-19, which is a useful guide for staff.

- **New ways of working** We've introduced a number of changes to the way we work which includes some specific COVID related advice such as:

- The maintenance of appropriate social distancing between colleagues and increased spacing between desks and seating is being encouraged across the Trust.
- The Executive Team has implemented a buddy system, to ensure there are at least two executives able to carry out key roles and buddies endeavour not to work in close proximity.
- For a more detailed **Digital update** on innovative working changes including **Virtual Visiting** please see **Section 3**

2.5 **The staff restaurant** remains open as it was been deemed that closure would have a detrimental impact on staff wellbeing. Further offers to support staff have included extended provision of hot food into the evening seven days a week, a 50% saving on the first meal, and a free hot drink / bottled water per day. This has been very well received; however there has been a tightening up of the social distancing expectations in recent days.

2.6 In a specific initiative to support our workforce, **staff parking** is currently free for all Trust staff working at any point over a 24/7 period. This has been widely recognised and appreciated.

2.7 Throughout the planning, and implementation of the Trust's COVID-19 response, clinical practices and pathways are currently, and will continuously undergo rapid review and change where required. All decisions and changes in protocol go through a process of rigorous peer review via the **Clinical Reference Group** chaired by Deputy Medical Director. This links into the Clinical Advisory Group through the Medical Director to System partners.

2.8 The Trust's well respected and experienced **Ethics Committee** has been mobilised to address COVID-19 related issues. This group has been long established in the Trust, responding to ethical issues as and when they have presented. We have now developed the remit and membership of this group to address the new context in which we are all operating. The Group will provide independent ethical and legal advice and support to clinical staff, relevant to matters of clinical patient care including in relation to individual cases, organisational policies, guidelines and education & training.

2.9 The Trust's **Business Intelligence** systems continue to provide oversight of routine business, submitting all statutory and mandatory returns as appropriate as well a number of additional COVID-19 returns.

2.10 To ensure the Trust's readiness for responding effectively to COVID-19, an Incident Management Team (**IMT**) provides a crucial role in liaison and coordination across the Trust. The Executive Lead for IM&T and Digital is responsible for establishing and embedding the Team's clear functions, processes and structures. With **Business Intelligence** support, an Executive dashboard has been built to enable the Executive team to have an overview of key metrics related to COVID-19 across the organisation and to understand quickly where there may be early evidence of a problem area that would warrant further escalation. The **key metrics** cover the number of patients

tested for COVID-19 and the outcome of these results, bed occupancy in designated COVID and non COVID wards along with DCC occupancy and capacity, patient flow both within ED and in/out of the bed base, staffing gaps across each of the designated PODs by staff grade and stock (which includes oxygen and PPE equipment). The 2nd page of the report includes the number of deaths, mortuary capacity, staff testing and referrals into the Cinapsis service. All reports have a 'drill down' functionality which enables a view (where applicable) at a ward/department level and down to patient detail. **Please see Appendix 1.**

2.11 Crucial to the Trust's management of the increasing number of patients with COVID-19 is the efficient **supply and replenishment of equipment** and essential items. The Executive Director of Finance is leading the management of procurement and the supply chain within GHFT working closely with the IMT and colleagues within Gloucestershire Managed Services.

2.12 **Staff across the Trust are** having to assimilate a huge amount of change at an unsettling time. The People and OD Team have developed an extensive package of support and guidance for the workforce. This is further detailed in the People and OD component of this paper (see below in Section 3).

2.13 Clear **communication** about the service changes in response to the rapidly moving situation is essential for smooth transition. The Executive Director for Strategy is leading the communications team ensuring that all service changes are communicated to system partners, patients and primary care, as well as updating the information included on the Trust website.

3 Digital response to COVID-19

3.1 A digital project team has been leading twenty different work-streams focussing on delivering in three key areas; ensuring administrative and business staff can work from home as required; ensuring clinicians can access vital patient data whilst off site, or interact with patients remotely; and ensuring patients are given the opportunity to attend clinics from home, using technology that suits them.

3.2 **Highlights include the following;**

- Clinical systems changes: We are delivering daily updates to both TrakCare and Sunrise EPR to reflect the changing profile of our hospitals and outpatients. This has ranged from outpatient support, to pod working and the management of beds at the Winfield and Nuffield.
- On Sunrise EPR we are making changes to support the remote management of patients by clinicians, as well as the introduction of electronic patient observations, providing accurate reporting and tracking of our most unwell patients. We are now exploring options for social care services to access essential discharge information through EPR**.**

- Enabling a remote workforce: More than 1,000 users are now securely accessing trust business and clinical systems remotely, using their own devices. More than 50 systems are now available. A further 10 systems are being added to support GHT and six provisioned for Primary Care. Softphone technology has enabled our IT service desks and central booking office to run remotely, removing the risk to staff working in a close contact call centre environments**.**
- Video conferencing to support MDT decision making in cancer services with additional remote working for clinicians from a range of professions. Video and telephone conferencing through Microsoft teams to remove the need for face to face meetings and help staff stay in touch.
- Supporting families and patients: Providing iPads to all inpatient wards to allow patients and their families to keep in touch during the pandemic. Fully secure devices have been given to each ward manager to use at their discretion, providing a virtual visit when it's needed. Some feedback from the **Virtual Visiting** pilot noted that "everyone involved was very emotional, with a number of people in tears including the nurse, but it was great to be a family in touch with each again other after so long apart". This scheme will now be supported and run by PALS. The same application is being used to run virtual outpatient clinics with video and telephone appointments, as well as by GPs**.**

4 Infection Prevention and Control

4.1 A range of emergency preparedness measures to support the Trust's COVID-19 planning and operational activity have been put in place by the Infection Prevention and Control Team (IPCT) and the Consultant Microbiologists.

4.2 Personal protective equipment (PPE) is required when caring for patients routinely, or with either suspected or confirmed COVID-19. Guidance from Public Health England has been updated a number of times over recent weeks, which though challenging to implement has been well structured by IPC team and well received. A rollout of the latest update is currently being cascaded to wards and departments, supported by an explanatory video and webinar. Assurance is being given through national supply chain escalation that supplies will be secured given the increase in certain requirements.

4.3 To prepare staff and support the roll out of guidance updates, our **Infection Control team** led by Professor Steve Hams has introduced a new role aimed at providing expertise and supporting PPE compliance across our wards. Dedicated training is available and those who complete the training can obtain their PPE Safety Officer high-vis jacket from the Infection Prevention and Control team.

4.4 The **case definition** for inpatients has remained the same for the last 10 days. Swabs are taken from patients who require admission to hospital and also have evidence of pneumonia, acute respiratory distress syndrome or influenza like illness. Inpatients with new or worsening respiratory symptoms may also be tested.

5 Supplies and supply chain

5.1 Currently all items essential for the management of patients with suspected or confirmed COVID-19 are in stock and there are signs that the national procurement and distribution model is improving. With effect from the 25th March 2020, the armed forces are supporting the NHS effort in this regard.

5.2 Nationally a PPE Cell (cabinet office) has been created to source PPE centrally. They will procure the required items which will then flow into a new Procurement Supply Channel via Clipper logistics which has a dedicated 24/7 response process to deal with enquiries /issues or emergency needs.

5.3 Local stock monitoring processes have been transformed in response to requirements, and a daily stock checker for central supplies on the GRH and CGH site is now in place to reflect the information required for COVID related stock and to keep in-line with central PPE/Supplies check. There have also been extra resources deployed to manage this critical component in our response

6 Operational Assurance

A number of significant operational changes are summarised below;

6.1 **PODS**

COVID-19 means that our challenges and staffing needs are very different from usual. Therefore the Divisional teams have looked at how we can appropriately cohort patients into new ward pairings that will be either COVID-19 positive or COVID-19 negative.

The rationale for this change is that the best modelling we have suggests we will need approximately 400-500 oxygen dependent in-patient beds plus 60+ respiratory HDU beds as well extensive critical care capacity of circa 180 beds at our 'peak'. The peak is predicted to be the week commencing 13th April and these patients are likely to have protracted lengths of stay. This will create significant workload and capacity pressures.

The new ward pairings are called 'PODS'. A revised clinical team structure is being implemented (known as POD teams), to support these new ward cohort requirements. These are cross divisional staffing models, which provide appropriate cover by using a mix of appropriate Specialist Consultants to lead PODs, with back up from other non-specialist but experienced consultants, junior doctors, therapists and other clinical and admin support staff.

The principles are to create wards with five differing purposes, as we move to dealing with emergency medical and surgical patients, essential cancer treatments, but mainly COVID-19 positive patients of varying levels of acuity. **Please see Appendix 2.**

6.2 **Outpatients**

With effect from midnight on Wednesday 25 March 2020, all outpatient clinics Trust wide have moved to a default position of telephone or video calls, with the exception of "red" patients who will continue to access face-to-face care. For example, these Red patients will include some patients on a cancer pathway and any patient whom the managing clinician considers, in the balance of risk, that face-to-face care is warranted. Each service has urgently reviewed all of their clinics taking place on 26 March and thereafter, in sequential order, and have RAG rated their patients accordingly.

Elements of the Outpatient transformation Programme have been instantly accelerated and all new Outpatient referrals will now be initially reviewed through implementation of a Clinical Assessment System, and following triage will then, if appropriate, be held on a pending list for new appointment when the system is re-opened.

A dedicated team have supported the rapid upscale of telephone and video based clinic appointments, and there are now 368 clinical users registered with 37 Outpatient rooms enabled with the required equipment.

6.3 **COVID-19 Testing**

Testing for SARS-CoV-2, the virus that causes COVID-19 is now being carried out within the Trust's pathology department as part of the West of England Pathology network. There is capacity for 88 specimens per day (over four runs), 7 days per week. There are plans through the Trust and South West Pathology network to improve this with a maximum capability for 488 test capacity coming on line over the next few weeks, subject to receiving the necessary equipment, staffing and diverting other non-urgent Micro testing to COVID testing. Securing all these components is in progress.

With regard to staff testing, Laboratories are being asked to offer up to 15% of their available capacity to staff testing – for our system (all sectors) this amounts to15 staff per day and thus very limited. With this context, requests for staff testing are currently being triaged by the Medical Director and the priority group are those affected by the 14 day isolation rule whereby the "index" member is tested; this approach is aimed at maximising the work days saved. Staff testing at scale is expected to come on line in the next week through three national non-NHS provided testing centres. These three centres are expected to offer 100,000 tests per day once fully established and are being commissioned by NHSE/I.

6.4 **System Capacity**

The Trust bed base has been expanded (c70 beds) through the use of 2 private sector hospitals. The approach has followed national guidance and we are in the process of implementing a medically stable, therapy led model for both hospitals (Winfield and Nuffield). This model has ensured we have an Integrated Care System

(ICS) aligned approach to supporting our overall system wide bed stock, and fits with ICS discussions through the command and control cells regarding changes to community hospital bed usage and associated changes to patient pathways. Tewksbury Hospital has been identified to support patients from both acute and other community based care who are on an end of life or palliative pathway; there is potential to expand this to two other hospitals if required.

6.5 **Emergency General Surgery**

The move of emergency general surgery to GRH is a response to COVID-19 and has been enacted as an emergency service change under the terms set out in the Memorandum of Understanding between the One Gloucestershire ICS and the Gloucestershire Health Overview and Scrutiny Committee. This was successfully implemented following Trust Board approval on Wednesday 1st April 2020.

6.6 **Surge Capacity/Oxygen Stress Testing**

Plans for escalating response to increasing COVID-19 based demand for clinical services and trigger plans for reduced staffing levels have been completed by all Divisions. Additional worst case surge plans focussing on DCC level care are in the final stages of approval. Regional/Network modelling supports the need for Trust surge, and surge + plans. Rising demand for COVID related services is clearly demonstrated with peaks predicted in mid-April. **Please see Appendix 3.**

Scenario testing of the Trust oxygen supplies has taken place on several occasions with the latest tests based on an initial surge plan involving 500 beds requiring continuous oxygen, 75 beds providing CPAP and 91 fully ventilated beds. There is a further surge plan proposal in progress which the oxygen stress and capacity plans would support.

Included in the Executive dashboard is a daily telemetry reading from the main and backup oxygen tanks on both sites. This gives a reading to provide assurance on current levels of supply based on a percentage, with a conversion to days for further clarity. There are two companies that supply liquid oxygen to the Trust, and they have both increased the reserve amounts that trigger an automatic top up. This is monitored daily by the Pharmacy team as a failsafe.

6.7 **Non COVID Activity**

Non-urgent elective surgery has been stepped down to ensure that bed capacity and staff availability is maximised across the hospitals. It is planned that cessation of routine elective operations will continue for three months. The Trust is continuing to RAG rate, treat and operate on patients who require urgent access, cancer care and those who require urgent surgery. The monitoring and management of all non-COVID care is following clear governance processes with oversight and assurance sitting at Directors Operational Group, and then to Q&P and Trust Board.

6.8 **Bristol Nightingale Hospital**

There is currently a network led approach to the planning for a Nightingale Hospital in Bristol, the requirements for which are based on regional modelling and learning from the Italian experience which showed unpredictable surges in demand. Whilst a network approach allows management at scale, with the principle of equity of access to Critical Care irrespective of where patients live, Gloucestershire Hospitals are at the very north of the network and there is risk that the time/distance and necessary transport infrastructure with associated clinical risks, may be prohibitive, along with additional risk that resources required to support the Trust surge plans may be diverted. The Trust is actively involved in the discussions and planning, and staff communications have included opportunities (sanctioned and agreed by line manager) to volunteer; there is strict oversight of total hours worked per staff member.

6.9 **Mortuary Capacity**

The Trust has longstanding mortuary surge plans in place, which have now been supported by a system wide approach to ensure that all deaths within the ICS can be managed appropriately. This involves the securing of former commercial premises as part of the collective surge planning.

7 People and OD Team

The People and OD response has been prioritised into 6 work-streams. The granular details of the work-streams are included in **Appendix 4**.

7.1 Staff Support and Advice (2020);

The 2020 Staff Advice and Support Hub has extended its opening hours to run a 7-day service. It is the first port of call for all staff queries relating to COVID-19 alongside any general health-wellbeing queries. All queries are responded to as soon as possible and within 24 hours.

The Trust has, in addition, developed a “Psychological Wellbeing offer” which was published w/c 6th April. This presents a wide range of support, above typical hub services which will be available to colleagues and is described at Appendix 4.

7.2 Education support;

All face to face to training apart from the delivery of material which supports the COVID-19 response has been cancelled until 30th June.

Priorities were reset to ensure staff are appropriately up-skilled to manage the main symptoms of COVID-19, manage this safely and new recruits inducted quickly. These included a respiratory skills e learning package, which 66% of clinical staff have completed as at 3rd April and has been shared widely both regionally and nationally.

7.3 Deployment;

The deployment hub acts as a central repository for staff that need to be redeployed and cannot be found alternatives in their host division or across divisions. The divisions continue to prioritise their internal redeployment and manage this locally in a flexible way, contacting the hub with details of available staff to be deployed or when they require essential resource. The hub will match staff skill sets against need and guide conversations between line managers and staff on retraining into priority posts.

The hub prioritises deployment across 3 categories:

• P1 – Frontline Clinical / hands on workers e.g. Registered clinical, HCA, Domestic, Porter, Laboratory;

• P2 – Direct Incident Support e.g. loggists, training, recruitment, mat management, accommodation booking, AGM;

• P3 – Residual Infrastructure e.g. non urgent patient admin, finance.

7.4 Resourcing (Recruitment, Temporary Staffing and E Roster);

The ICS deployment team review escalation of urgent requests for workforce support and the redeployment of returners.

There has been a suspension on restrictions for former members of staff returning to work who are in receipt of pension benefits if they retired from the 1995 NHS Pension Scheme. A key factor is that workers will no longer be limited to working a maximum 16 hours a week in the first four weeks after retirement. To date there have been five Consultants return to the Locum Bank following this change.

Doctors, including other staff groups such as nurses, paramedics and their family members with visas due to expire before 1 October 2020 will have these extended, free of charge, for one year and will not be subject to the immigration health surcharge.

The planned rotation of postgraduate medical trainees on 1 April will not take place. Trainees have been asked to stay in their present working environment, unless local arrangements allow otherwise, or wider clinical circumstances require it. Queries from junior doctors have focussed on the effect this may have on leave requests and payment as a result of the relaxation of contractual Terms and Conditions during this period.

7.5 Childcare;

Childcare is key to ensuring staff are available and not at home due to school closures the People and OD team have coordinated the Trusts response with the County Council.

The People and OD team negotiated with a local nursery to provide 100 places for children up to the age of 16 for staff inclusive of wrap around care. Further activity seeks extended hours to support shift working and the availability of childminders

across the county and whether they can assist with wrap around provision for parents of keyworkers.

Our two Trust nurseries have extended provision for 25 new children and are now open from 7am – 6pm to accommodate staff shift patterns. Both will remain open during the 2 Bank Holidays over Easter to support staff with childcare and our anticipated peak period.

7.6 Infrastructure;

Daily absence reporting for staff unable to work for COVID related reasons, including sickness, self-isolation or the need for shielding, is in place and automated updates are issued daily.

Reported COVID related absence is currently around 5% of Trust headcount. With Trust absence at just under 4% this means 9% of staff are unavailable due to sickness. This benchmarks well against our South West Peers and nationally where some HR Directors report COVID absence to be closer to 20%. Increased COVID cases and related absence will impact significantly on staffing during our peak. The Recruitment teams and Deployment hub are fully focused on increasing temporary staffing resources to support workforce gaps and data is shared to understand key gaps and priorities.

To maintain resilience, colleagues are supported with accommodation.

All requests flow through the newly established Flexible Accommodation Hub. The Hub aims to keep colleagues at work and provide clean, safe and accessible accommodation. The accommodation team are available 7 days a week. Capacity of approximately 220 rooms has been secured.

A national accommodation line has been established which can provide 24/7 support when the accommodation team is unavailable. However it has been unreliable and does not support negotiation of accommodation with universities and colleges.

In addition to offsite support the team have secured 'Too Tired to Sleep' Rooms at both hospitals.

Finally, the Health and Safety Committee continues in a virtual form as does Risk Management Group chaired by the Deputy CEO/Director of People and OD.

8 Summary

8.1 The above information outlines the steps being taken across the Trust in response to the pandemic and its impact on health services.

8.2 The Trust is prepared and ready to respond to the increasing pressures and challenges that lay ahead. As a result of the comprehensive planning and organisation, the Trust is in a positive position to respond and manage the escalating

situation and is equipped to increase the pace and implement further changes as required. This is regularly calibrated through the involvement of a number of Executives in national calls.

8.3 We recognise that these are unprecedented times for our organisation, System and Nation but can give assurance to the Board via the aforementioned briefing that we can rise to that challenge.

Gloucestershire Hospitals
NHS Foundation Trust

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD - April 2020

Report Title
Trust Risk C3169MDCOVID
Sponsor and Author(s)
Author: Lee Troake, Corporate Risk Manager Sponsor: Rachael De Caux, COO
Executive Summary

Purpose

To provide an update on the main COVID-19 pandemic risk.

Key issues to note

- A weekly Executive Review will ensure that there is a robust assessment of the risk
- Risk scores for safety and quality have increased to an overall risk rating of 20
- The Trust has invoked a full emergency planning and resilience plan
- Multi-disciplinary measures are in place to manage the increase demand and loss of staff
- A COVID-19 governance framework is in place

Conclusions

Assurance is provided that the Trust is actively managing this risk as far as is reasonably practicable.

Implications and Future Action Required

Pursue the mitigating actions outlined by the operational and strategic forums.

Recommendations
To note the risk as outlined in the report.
Impact Upon Strategic Objectives
Good risk management supports delivery of a wide range of objectives relating to safety, high quality care and good governance.
Impact Upon Corporate Risks
The COVID Pandemic will impact on a number of risks as identified by this report.
Regulatory and/or Legal Implications
Potential regulatory implications if the Trust is unable to maintain its statutory duties during the pandemic.
Equality & Patient Impact
Impact on patient care, as described within the risk.

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 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							
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Gloucestershire Hospitals
NHS Foundation Trust

Trust COVID-19 Risk C3169MDCOVID

1. Introduction

In March 2020 the Board received a report which provided an overview of the draft organisational risk for the COVID-19 pandemic. This report will provide further detail on the finalised robust assessment of the principal COVID risk and the uncertainties arising from it.

It will also advise how the Trust is effectively planning for, and managing, those uncertainties going forward.

2. Inherent Risk

"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".

The effect of the pandemic is that it will increase staff absence through additional sickness or the requirement to follow "shielding" or self-isolation practices. All systems will be under an unprecedented level of pressure as COVID-19 related admissions rapidly increase.

3. Impact on the Trust

A National Emergency and Major Incident has been declared leading to a full Emergency Planning and Resilience Response within the Trust. The Trust is experiencing a significantly increased demand for respiratory care, critical care and palliative services. Combined with high staff sickness / isolation or anxiety and supply chain issues, the Trust's ability to provide safe, high quality patient experience and care could be seriously compromised during the pandemic.

4. Risk Scoring

On 31 March 2020 the Executives carried out a comprehensive review of all relevant COVID-19 related evidence and agreed an increase of the likelihood score from a 4 (likely) to a 5 (certain) in both the Safety and Quality domains. This gives an overall increased score of 20 for each. The increase in the score reflects the recognised rise in the number of patient deaths as the pandemic moves towards an expected peak locally and nationally. It also reflects the now certain challenges faced by the Trust in relation to maintaining high quality of care during extraordinary levels of demands.

Using a consistent set of criteria for each relevant domain on risk on the register, the following scores have been determined:

- Safety C4 x L5 = 20
- Quality C4 x L5 = 20
- Workforce C5 x L4 = 20
- Statutory C3 x L4 = 12
- Reputation C2 x L3 = 16
- Business C5 x L5 = 25
- Finance C4 x L3 = 12

5. Risk Controls / Mitigations

Safety & Quality

- 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

Statutory

- Continued provision of critical / mandatory training
- Rapid refresher training sessions for nurses
- Revised training programme
- Virtual meetings to support governance framework / statutory requirements
- Minimum quorum for meetings applied (and request to suspend these)
- Seeking to enact and use emergency powers as per standing order 4.2 to expedite decision making when required
- Review of all Board and committee meetings to include frequency and length of meetings and work programmes to prioritise essential items and mandated requirements

Workforce

- Workforce Hub and specialist staff support network including Apps for support and extended provisions for psychological support
- Deployment and fast track recruitment offer (24hr)
- On line and extended education and development to upskills staff in Acute medicine and respiratory practice
- 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
- POD teams

- 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 resources
- Sanctuary areas away from clinical areas
- Extended childcare offer and liaison with the county council and private providers
- '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
- Charity fundraising for items to assist staff health and wellbeing

Business

- 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
- Working closely with Community and Social care partners. ICS Gold, silver and bronze approach to key matters
- Use of Microsoft teams for all staff to connect

Finance

- Dedicated COVID 19 cost centre and coding to ensure capture of lost elective activity (OPA and cancelled operations)
- Use of additional Government funding to support incident response

Reputation

- COVID-19 information available on website
- Charity Fundraising to publicise GFHT efforts
- Virtual ward visiting for infectious patients and/or families that can't travel
- Management of external stakeholders through regular briefings (HSOSC)

6. COVID-19 Pandemic Governance Framework and Assurance

A dedicated COVID-19 Incident Management Team co-ordinates our operational response. This is linked to a system architecture of Bronze, Silver and Gold cells encompassing a broad range of focus e.g. bed modelling and capacity, supply chain, staffing. A SitRep meeting involving key staff from across the Trust takes place twice daily to support and maintain operational preparedness. A report is circulated after each meeting to capture actions. This feeds into the SHREWD system COVID-19 dashboard.

A strategic multi-disciplinary COVID Task & Finish Group convenes every week to forward plan each phase of our response and to coordinate actions across divisions. This group ensures that the Trust's resilience planning is a step ahead of the current situation so that the Trust can move from phase to phase with minimum difficulty and maximum knowledge. The Trust's Clinical Reference Group is involved to support complex decision making in relation to individual clinical cases.

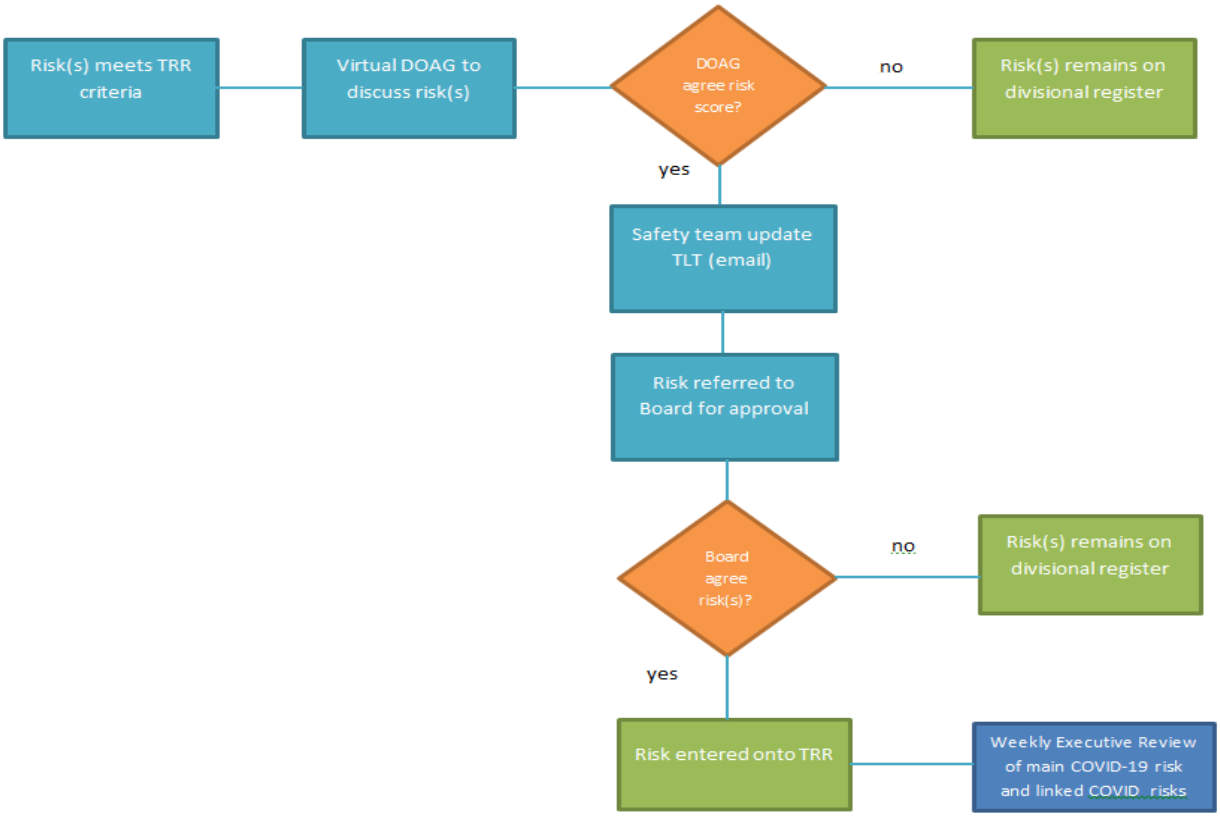
The Executives will also review the COVID-19 risk on a weekly basis.

In addition, global communications are provided daily to all staff Trust-wide to ensure that they remain informed of current circumstances in what is a rapidly changing and challenging situation.

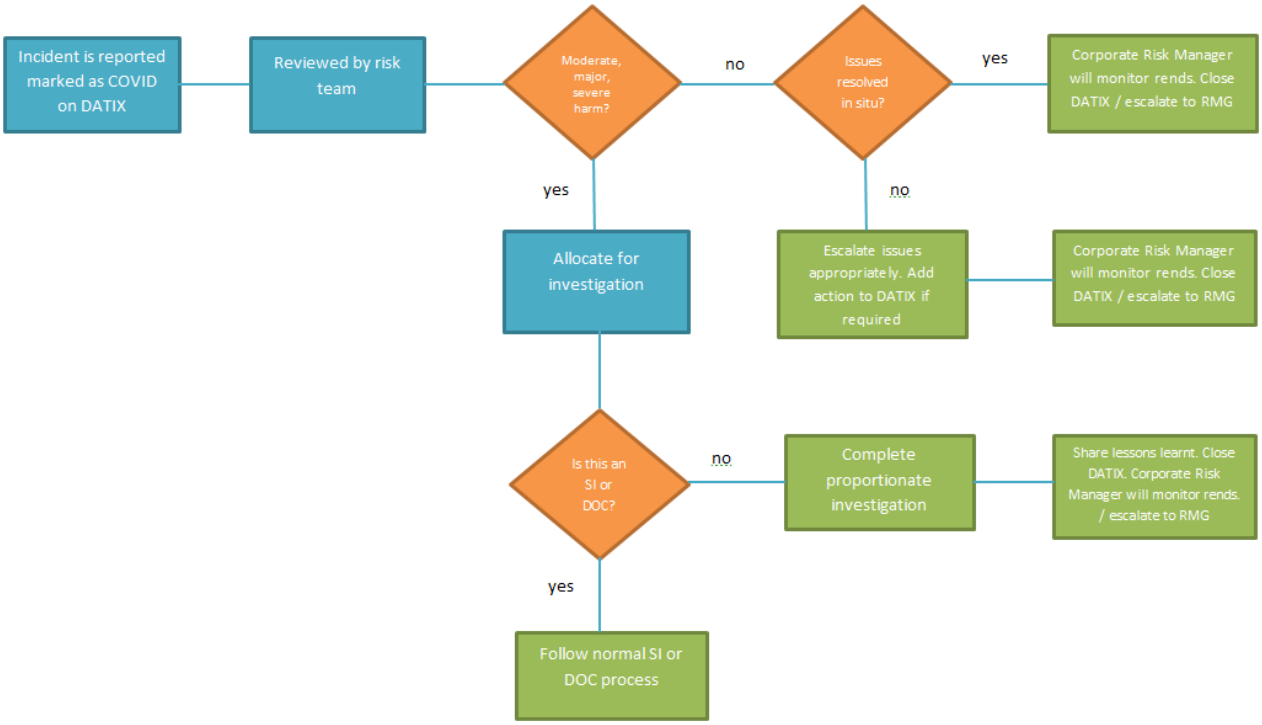
7. Risk Management Processes & Assurance

Whilst our normal business structures are adapted to meet the current circumstance, the Risk Management Group (RMG) will meet every three weeks to ensure that the Trust maintains an appropriate level of governance in relation to both COVID-19 and other organisational risks. The RMG will provide assurance in relation to our risk management and incident reporting systems so that risks are escalated and considered as necessary. The flowcharts below illustrate interim the processes.

Risk Register Process during Pandemic



COVID-19 related Incident Reporting Process during Pandemic



8. Conclusion & Assurance to the Board

This paper outlines the planning and response of the Trust in relation to the COVID-19 and provides the Board with assurance that all reasonably practicable steps have, and will be, taken to manage this unprecedented circumstance.

Gloucestershire Hospitals
NHS Foundation Trust

BOARD – 9 APRIL 2020

Report Title
REVISED BOARD GOVERNANCE IN RESPONSE TO COVID-19
Sponsor and Author(s)
Author: Sim Foreman, Trust Secretary Sponsor: Emma Wood, Director of People and OD & Deputy Chief Executive Officer
Executive Summary
The paper confirms and provides assurance on the corporate governance arrangements implemented within the Trust in response to the COVID-19 pandemic. It also proposes and recommends additional measures to support the Trust's response and provide for timely decision making and appropriate governance and oversight.
Recommendations
The Board is asked to NOTE the current board governance arrangements in place for Gloucestershire Hospitals NHS Foundation Trust and; To APPROVE the suspension of quorums and membership for Board and Committees and the use of Standing Order 4.2 related to emergency powers until the end of June 2020, when a further review will take place to determine if an extension is needed.
Impact Upon Strategic Objectives
A prolonged period of COVID-19 can be expected to impact on delivery of some of the Trust's strategic objectives.
Impact Upon Corporate Risks
COVID-19 can be expected to lead to an escalation of some existing risks and this is being carefully monitored and managed through existing routes and within the Incident Management Team (IMT) structure.
Regulatory and/or Legal Implications
Decisions and actions must still be taken in a manner that is legal and compliant with regulation although it is recognised that there may be changes to statute and regulatory frameworks due to the pandemic. The recommendations provide for a formal review date to ensure emergency powers and changes to governance arrangements remain appropriate.
Equality & Patient Impact
There are no direct implications on equality and patient impact, but the implementation of the recommendations could have an indirect affect through the ability to respond to the impact of the pandemic more quickly.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance	**X**	For Approval	**X**	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 March 2020 Board, Exec Team and NED & CEO meetings
Outcome of discussion when presented to previous Committees/TLT							
Agreed arrangements were implemented.							

Gloucestershire Hospitals
NHS Foundation Trust

BOARD – APRIL 2020

REVISED BOARD GOVERNANCE IN RESPONSE TO COVID-19

1. Purpose

1.1. To outline and provide assurance on the Board governance arrangements enacted in response to the COVID-19 pandemic and to seek APPROVAL for additional measures to support and free up the Executive to respond, whilst ensuring appropriate oversight is retained.

2. Executive Summary

2.1 In response to the global COVID-19 pandemic, it has been necessary to review the Trust's current governance arrangements to ensure that resources are focused on the delivery of clinical and operational matters for the safe delivery of care, whilst ensuring that decision making in the changing environment is robust and provides appropriate assurance to the Board.

2.2 A number of changes have already been agreed and implemented following discussions at a confidential Board meeting on 25 March and subsequent discussions with the Executive Team, Chief Executive and Chair and Non-Executive Directors. These are set out in Section 3.

2.3 Further additional measures are recommended for APPROVAL in Section 5.

2.4 NHS England / NHS Improvement (NHSE/I) issued a letter (Ref:001559) on 28 March 2020 entitled "*Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic"* which included guidance on Board governance arrangements. The Trust Secretary was asked to review the Trust's position and actions against the guidance and a summary of position related to governance and meetings is presented at Appendix 1.

3. Implemented

3.1. The following measures were agreed on 25 March 2020 until at least the end of June 2020;

3.2. Board meetings would continue monthly as conference call or video conference for essential business only and taking a maximum of two hours.

3.3. The Quality and Performance Committee meetings would also continue to be held monthly and would extend its scope to provide assurance on COVID-19 matters. The meetings would, like Board, be held via remote access technology with the agenda focused on essential items.

3.4. All other Board committees will be managed as per agreement with lead executive and committee chair, who will determine necessity for meeting and agenda. The Trust Secretary facilitated a review to determine essential items.

3.5. The Trust has suspended or significantly reduced the other means by which NEDs

triangulate assurance e.g. Patient Safety/J2O visits, interaction with Executive groups and teams on NED 'special interest' topics, informal catch-ups around face to face committee and Board meetings and instead a weekly assurance call between the Chief Executive, Chair and NEDs will take place.

3.6. A log for COVID-19 queries from Non-Executive Directors has been established, with the Chief Executive Officer identified the lead for providing responses. All responses will be shared with all NEDs and discussed as part of the weekly call at 3.5 above.

3.7. Recoginising pressures on Executive Director time, it was agreed that meetings would take place based on the quorum being met, and that there may be a requirement for Executives to cross-cover for colleagues.

3.8. Under Standing Order 4.3 (E-Governance), the Trust is able to make decisions by way of written resolution through the use of emails.

3.9. The Trust has undertaken a review of governor related meetings until the end of June. A number of meetings have been cancelled or changed to free up Executive time whilst retaining the ability for governors to fulfill their duties.

3.10. Executive governance arrangements have been reviewed and arrangements confirmed as follows:

- Divisional Reviews continue – one hour, essential business, minimal papers; focus for support to Divisions on non-COVID business
- Trust Leadership Team (TLT) has been stood down; any TLT decisions required will be executed through one off virtual meetings as required with the primary purpose being to serve Board decision making
- The new Delivery Group structure was implemented as planned on 1 April 2020, but current chairs retained and to determine how business is executed with the primary purpose of generating assurance for Board Committees. The Risk Management Group (RMG) will continue to operate although not part if the new structure (see 3.11 below).
- Weekly COVID-19 Task & Finish Group operating focused on week to week planning and beyond
- Twice Daily COVID-19 Operational Calls focused for day to day issues.

3.11 As referenced above and although not part of the new Delivery Structure, the Risk Management Group (RMG) will continue to operate in a virtual model until the end of June 2020. Emma Wood as lead executive for corporate governance and risk will chair this meeting and be supported by Lee Troake, Trust Risk Manager. The RMG escalate and report new risks to the Trust Board and also provide updates on the management of the overall COVID-19 risk.

4. Additional measures for approval

4.1. The Board is asked to APPROVE that the Quorum and Membership for Board and Committee meetings be suspended until the end of June 2020.

4.2. The Board is asked to APPROVE the use of Standing Order 4.2 related to Emergency Powers until the end of June 2020.

Emergency Powers *- The powers which the Board has retained to itself within these*

Standing Orders (SO 2.2) may in emergency be exercised by the Chief Executive and the Chair after having consulted at least two Non-Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.

4.3. It is proposed that the both the suspension of quorum and membership at 5.1 and use of emergency powers at 5.2 are approved until the end of June 2020 and that a review take place at this time to determine whether a further extension is needed.

4.4. The Board is asked to NOTE the changes to activities and work as set out in the Appendix 1 such as the Quality Account and Annual Report.

5. Recommendation

5.1. The Board is asked NOTE the current board governance arrangements in place for Gloucestershire Hospitals NHS Foundation Trust and;

5.2. To APPROVE the suspension of quorums and membership for Board and Committees and the use of Standing Order 4.2 related to emergency powers until the end of June 2020, when a further review will take place to determine if an extension is needed.

Author: Sim Foreman, Trust Secretary
Presenter: Emma Wood, Director of People & OD and Deputy Chief Executive Officer

Appendix 1 – Assessment of GHFT actions against the guidance from NHSE/I on “Reducing the burden” related to Governance and Meetings

Appendix 1 - Assessment of GHFT actions against the guidance from NHSE/I on "Reducing the burden" related to Governance and Meetings

No.	Areas of activity	Detail	Actions	GHFT position and actions
1.	Board and sub-board meetings	Trusts and CCGs should continue to hold board meetings but streamline papers, focus agendas and hold virtually not face-to-face. No sanctions for technical quorum breaches (e.g. because of self-isolation)	Organisations to inform audit firms where necessary	GHFT agreed to hold streamlined Board meetings (max. two hours) for period April to June 2020 via video conference. Minimum quorum identified for all meetings. Following discussion with Chair, the Board will be asked to formally suspend quorum at the 9 April 2020 Board meeting.
		For board committee meetings, trusts should continue quality committees, but consider streamlining other committees (e.g. Audit and Risk and Remuneration committees) and where possible delay meetings till later in the year.		Quality and Performance Committee (QPC) will continue to meet on monthly basis and also act as the COVID-19 assurance function. Trust Secretary has produced summary of all scheduled committee activity for review by Lead Exec and NED to consider any "essential" items to be addressed or items to be deferred. This will also cross reference to the purpose and responsibilities of the Committees as set in their Terms of Reference with a standard assurance report template developed to ensure these are fulfilled and met if no meeting takes place.
		While under normal circumstances the public can attend at least part of provider board meetings, Government social isolation requirements constitute 'special reasons' to avoid face to face gatherings as permitted by legislation		Meetings to be held virtually with no public in physical attendance. Arrangements can put in place for public/staff/governors to join remotely or the meeting can be recorded and made available on the website. Standing orders provide for no questions from attendees at meetings so these have been removed from board agenda. A general question and response system can be implemented by the Corporate Governance team (as per the process followed during purdah period).

		All system meetings to be virtual by default		Gloucestershire system meetings being held remotely.
2.	FT Governor meetings	Face-to-face meetings should be stopped at the current time1 but ensure that governors are; (i) informed of the reasons for stopping meetings and (ii) included in regular communications on response to COVID-19 e.g. via webinars/emails	FTs to inform lead governor	Chair held 121 with Lead Governor on Thursday 26 March. Council of Governors in April 2020 to be held as virtual Q&A session with CEO. Corporate Governance facilitating virtual governor only pre-meet. Chair's Video message to Governors to be released Governors receive daily COVID-19 emails and have been provided with specific update on Operational Plan item and copies of all press statements, including those related to patient deaths. Governance and Nominations Committee stood down governor development session and quality meeting in April and May with a review of June meetings scheduled to take place at end of April to determine whether to hold meetings and if so, the format i.e. MS Teams or physical meeting that it would take.
3.	FT governor and membership processes	FTs free to stop/delay governor elections where necessary. Annual members' meetings should be deferred. Membership engagement should be limited to COVID-19 purposes.	FTs to inform lead governor	Elections discussed at Governance and Nominations Committee on 31 March 2020 and contingency plan to be worked up by Corporate Governance team in the event of a need for a later Annual Member Meeting (AMM), which is currently scheduled for 11 September (and may be impacted by revisions to annual report and accounts timeline). Currently election preparations due to commence June but could be held until July. To be reviewed at end of April. Plans for "public" events to encourage participation would need to be reviewed and cancelled as required. Propose single planned update to membership to update where they can find the latest information on COVID-19

				i.e. Trust website, Facebook, Twitter etc.
4.	Annual accounts and audit	Deadlines for preparation and audit of accounts in 2019/20 are being extended. Detail was issued on 23 March 2020.	Organisations to inform external auditors where necessary	Guidance received. Director of Finance is lead and linking with Trust Secretary on revised timeline and decision making process.
5.	Quality accounts - preparation	The deadline for quality accounts preparation of 30 June is specified in Regulations. We intend it will be deferred	NHSE/I to inform DHSC	Director of Quality and Chief Nurse is lead with work undertaken by Suzie Cro and Katie Parker-Roberts. Work to be paused in accordance with guidance.
6.	Quality accounts and quality reports - assurance	This work can be stopped.	Organisations to inform external auditors where necessary	Director of Quality and Chief Nurse is lead with work undertaken by Suzie Cro and Katie Parker-Roberts. Work to be paused in accordance with guidance.
7.	Annual Report	We are working with DHSC and HM Treasury on streamlining the annual report requirements – further guidance forthcoming	NHSE/I and DHSC to prepare guidance in due course	Await guidance. Corporate Governance team will lead to ensure revised timeline is met.
8.	Decision making processes	While having regard to their constitutions and agreed internal processes, organisations need to be capable of timely and effective decision making. This will include using specific emergency decision-making arrangements.		Trust Secretary setting out formal note for Board to agree decision making process and following discussion with Chair this will include formal activation of "SO 4.2 Emergency Powers" with a future review date set to stand down as required. SO 4.3 provides for written resolution (Admin Control supports this function and provides audit trail) Three quarters of board members support needed. Weekly assurance calls are in place between the CEO, Chair and NEDs.

Gloucestershire Hospitals
NHS Foundation Trust

BOARD – 9 APRIL 2020
MICROSOFT TEAMS

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 February 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 Delivery Groups support the areas of performance concerns.

Quality Delivery Report
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 this forum.

Red indicators

Friends and family Test results ED
This indicator is stable as there has been no real change over the year.

Delayed Discharge Summaries

The overall performance remains poor; however the SPC chart showed there had been some improvement during the latter part of 2019. The electronic patient record (EPR) will make recording easier. Following discussion the Group agreed that Divisions would discuss further with their Tri's and review through Executive Reviews to provide a level of scrutiny.

Quality Summits

Preventing Harm

Hospital Acquired Pressure Ulcers (HAPU) and Falls (with injurious harm)

- We are about to submit our Q4 CQUIN falls data but initial audits are not showing an improvement and the data continues to demonstrate that more focused work is required in this area.
- The Electronic Patient Record (EPR) digital system has now been launched at CGH as well as GRH. This gives us the ability to review HAPU and falls risk assessments in real time and on every ward. We are working with BI to improve our reporting so that wards have more visibility of their data through the usage reports.
- The Harm Hub continues to review all pressure ulcer and falls incidents with ward managers and at the meeting they confirm their 3 improvement actions.
- The Specialist Tissue Viability Team had a conference React To Red to promote our prevention work.
- The QI plan has been delayed because of Covid 19 but the actions are being implemented.

- Falls prevention education has continued around the reasons and the importance of recording a lying/standing BP and there is beginning to be a slight increase in recording or a rationale if not being recorded.

Performance

During February the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard and the 62 day cancer standard. There remains significant focus and effort from operational teams to support performance recovery.

In February 2020, the trust performance against the 4hr A&E standard was 72.41% including system performance was 82.33%.

In respect of RTT, we are reporting 81.14% for February 2020, whilst this is below the national standard, this is above the trajectory set with NHS I. Operational teams continue to monitor and manage the long waiting patients on the Referral to Treatment pathways. As reported previously to the Board we will continue to see 52 week breaches, the teams are working to meet the trajectory of 0 breaches by the end of the financial year. Further information is provided within the exception report for specific speciality actions. The Trust is currently achieving the trajectory agreed with NHS Improvement to reduce our long waiting patient breaches.

Our performance against the cancer standard saw delivery in delivery for the 2 week standard at 95.9% (un-validated) for February.

The existing Cancer Delivery Plan which identifies specific actions by tumour site to deliver recovery is monitored monthly. As las month, one tumour site (urology) continues to demonstrably impact the aggregate position with significant number of 62 day breaches. A Task and Finish group to support the prostate pathway in particular diagnostic support has been convened, with COO intervention. The Trust have secured support from NHS I to review tumour site pathways, this continues to support our preparedness for future delivery of 28 day next year.

Cancer 62 day Referral to Treatment (GP referral) performance for February was 72.3% (un-validated).

As last month, we are addressing our longest waiting patients and reviewing the opportunities for how we can support a reduction in the 104 patient cohort.

<u>Key issues to note</u>

The focus of operational teams is on delivery against the constitutional targets with particular regard to our longest waiting patients in RTT & Cancer pathways. The focus is also to deliver sustainably against the 62 day trajectory and A&E performance.

RTT performance has been sustained above the agreed trajectory and additionally has remained stable since re-reporting in March; likewise the number of 52 week waiting patients, albeit unacceptable has maintained a downward trajectory and is within the locally agreed trajectory. In addition the waiting list size is in line with agreed trajectory and less than the start of the year.

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.

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							
Non delivery of 52 week waiting patients subject to National fining regime.							
Resource Implications							
Finance		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						
Quality & Performance Committee	**Finance & Digital Committee**	**Audit & Assurance Committee**	**People & OD Committee**	**Remuneration Committee**	**Trust Leadership Team**	**Other (specify)**
25 March 2020						
Outcome of discussion when presented to previous Committees						
For presentation to Board.						

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period February 2020

Presented at March 2020 Q&P and April 2020 Trust Board

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Gloucestershire Hospitals NHS Foundation Trust

Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During February the Trust did not meet the national standards for 62 day cancer standard and the 4 hour standard.

The Trust performance (type 1) for the 4 hour standard in February was 72.41% against the STP trajectory at 85.36% against a backdrop of significant attendances. The system did not meet the delivery of 90% for the system in February, at 82.33%.

The Trust did not meet the diagnostics standard for February at 1.16%.

The Trust has met the standard for 2 week wait cancer at 95.90% in February, this is as yet un-validated performance at the time of the report.

The key areas of focus remain for delivery of Cancer quality and performance against speciality level trajectories. The Cancer Delivery plan is reviewed monthly and each tumour site has specific identified actions with an associated allocation in breach improvement numbers. The Cancer Patient List for every patient over day 28 is reviewed weekly by the Director of Planned Care & Trust Cancer Manager.

For elective care, the RTT performance (81.41% in February) is above trajectory agreed with NHS I, work continues to ensure that the performance is stabilised. Significant work is underway to reduce our longest waiting patients of over 52 weeks, to date we have met the trajectory agreed with NHS I to reduce our breaches (14 in February).

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
Count of handover delays 30-60 minutes	Trajectory	52	50	48	46	43	40	40	40	40	40	40	40
	Actual	57	53	42	50	77	96	145	159	127	161	105	
Count of handover delays 60+ minutes	Trajectory	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	1	3	3	11	10	5	
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%
	Actual	90.39%	91.70%	91.05%	92.20%	92.01%	89.13%	86.36%	83.41%	81.18%	81.02%	82.33%	
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%
	Actual	86.01%	87.99%	86.80%	88.53%	88.16%	84.03%	80.58%	76.24%	72.91%	72.45%	72.41%	
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%
	Actual	79.46%	80.63%	81.11%	81.80%	81.41%	81.38%	81.33%	80.29%	80.57%	81.06%	81.41%	
Referral to treatment ongoing pathways over 52 weeks (number)	Trajectory	95	93	90	86	83	80	74	67	60	40	20	0
	Actual	93	91	90	78	77	78	62	45	39	28	14	
% 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%
	Actual	0.54%	0.67%	1.08%	0.76%	0.84%	0.72%	0.66%	1.06%	0.94%	1.50%	1.16%	
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%
	Actual	87.50%	86.70%	89.50%	92.70%	86.00%	96.50%	94.60%	94.60%	97.00%	95.60%	95.90%	
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%
	Actual	96.90%	97.30%	99.00%	96.30%	98.40%	99.30%	98.10%	96.00%	97.20%	96.80%	98.40%	
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%
	Actual	92.10%	92.00%	93.80%	92.60%	92.30%	91.00%	98.00%	92.20%	92.20%	96.20%	97.30%	
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%
	Actual	100.00%	97.50%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	96.40%	
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%
	Actual	96.40%	97.90%	98.80%	100.00%	84.80%	80.80%	98.80%	93.80%	96.20%	96.30%	97.00%	
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%
	Actual	91.10%	89.10%	96.20%	89.60%	89.80%	97.60%	100.00%	100.00%	92.10%	98.30%	91.20%	
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%
	Actual	100.00%	96.60%	85.20%	85.20%	100.00%	100.00%	96.30%	96.70%	95.10%	97.70%	96.70%	
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%
	Actual	36.40%	44.40%	63.20%	91.70%	75.00%	66.70%	61.50%	83.30%	86.70%	100.00%	69.20%	
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%
	Actual	80.10%	71.80%	68.20%	72.70%	75.40%	71.00%	78.00%	63.80%	73.90%	66.90%	72.30%	

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	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	% change from previous year Monthly (Feb)	YTD
GP referrals	13,202	14,044	13,094	13,415	12,709	12,061	10,302	10,429	11,836	13,356	11,169	10,191	9,595	-27.32%	-15.54%
OP attendances	12,474	13,525	12,663	13,025	13,063	13,856	11,850	13,534	14,545	13,661	10,823	13,634	12,167	-2.46%	-1.9%
Day cases	5,995	6,318	5,815	6,520	6,198	6,955	6,348	6,276	7,142	6,578	6,228	7,067	5,304	-11.53%	5.7%
All electives	6,955	7,465	7,255	7,556	7,213	8,096	7,378	7,238	8,275	7,690	7,155	8,039	6,294	-9.5%	5.0%
ED attendances	11,701	13,245	12,949	13,618	13,072	14,066	13,267	13,240	13,329	13,066	13,287	12,624	11,695	-0.05%	4.93%
Non electives	3,085	4,900	4,696	4,861	4,586	4,802	4,698	4,833	5,083	4,837	5,052	4,664	4,353	41.1%	1.94%

Trust Scorecard – Safe (1)

OVERALL SCORE

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

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Infection Control																		
Number of trust apportioned MRSA bacteraemia	1	0	1	0	1	0	0	0	1	0	0	0	0	0	0	2	Zero	
MRSA bacteraemia – infection rate per 100,000 bed days					3.5				3.6							0.6	Zero	
Number of trust apportioned Clostridium difficile cases per month	56	5	4	7	6	7	10	9	9	11	12	7	8	6	30	93	2019/20: 114	
Number of hospital-onset healthcare-associated Clostridioides difficile cases per month							7	6	1	10	3	5	4	6	18	45	<=5	
Number of community-onset healthcare-associated Clostridioides difficile cases per month							3	4	8	1	9	2	4	0	12	42	<=5	
Clostridium difficile – infection rate per 100,000 bed days				24.7	20.8	25.5	35.7	32.5	32.8	37.9	42.4	24.4	29.7	21.5	34.9	29.8	<30.2	
Number of MSSA bacteraemia cases		0	1	0	1	1	4	1	2	2	1	2	1	1	5	16	<=8	
MSSA – infection rate per 100,000 bed days			31		3.5	3.6	14.3	3.6	7.3	6.9	3.5	7	3.3	3.6	5.8	5.1	<=12.7	
Number of ecoli cases		2	3	5	4	5	1	4	3	2	5	9	3	3	16	44	No target	
Number of pseudomona cases		1	0	1	0	0	2	1	0	1	0	0	3	0	1	8	No target	
Number of klebsiella cases		3	3	1	3	1	1	3	4	1	1	1	1	2	3	17	No target	
Number of bed days lost due to infection control outbreaks				40	66	83	70	136	0	0	240	276	100	13	516	1,024	<10	>30
Patient Safety Incidents																		
Number of patient safety alerts outstanding	5			5	1	0	0	0	0	0	0	0	0	0	0	5	Zero	
Number of falls per 1,000 bed days		7.1	6	6.6	6	5.3	6.6	5.5	6.2	6.6	6.4	6.7	7.1	7			<=6	
Number of falls resulting in harm (moderate/severe)	8	2	7	3	4	2	7	1	5	7	1	4	5	5			<=3	
Number of patient safety incidents – severe harm (major/death)	1	3	7	13	7	9	4	12	4	7	3	3	6	5			No target	
Medication error resulting in severe harm			0	0	0	0	0	0	0	0	0	0	0	1			No target	
Medication error resulting in moderate harm			1	1	3	0	2	3	1	2	1	1	5	2			No target	
Medication error resulting in low harm			12	10	15	10	11	11	10	21	23	7	10	8			No target	
Number of category 2 pressure ulcers acquired as in-patient				43	36	28	38	36	30	24	31	29	27	12			<=30	
Number of category 3 pressure ulcers acquired as in-patient				10	7	7	6	6	4	4	4	2	2	3			<=5	

Trust Scorecard – Safe (2)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Number of category 4 pressure ulcers acquired as in-patient				0	0	0	0	0	0	0	0	0	0	0			Zero	
Number of unstagable pressure ulcers acquired as in-patient				3		3	14	12	5	6	5	2	4	6			<=3	
Number of deep tissue injury pressure ulcers acquired as in-patient			6	10	14	2	8	7	2	3	8	3	5	3			<=5	
RIDDOR																		
Number of RIDDOR		3	3	2	2	1	3	2	1	2	1	2	4	2	8	39	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					TBC	
Total number of maternity social concerns forms completed										55	44	53					TBC	
Safety Thermometer																		
Safety thermometer – % of new harms		97.70%	97.20%	96.20%	97.20%	98.10%	97.40%	97.90%	96.30%	97.30%	95.80%	97.90%	96.50%	98.10%			>96%	<93%
Sepsis Identification and Treatment																		
Proportion of emergency patients with severe sepsis who were given IV antibiotics within 1 hour of diagnosis		81.00%	82.00%			64.00%			64.70%			71.00%					>=90%	<50%
Serious Incidents																		
Number of never events reported	1	0	1	1	0	0	1	0	0	1	0	1	1	1			Zero	
Number of serious incidents reported		0	3	2	3	4	2	1	5	4	3	1	2	3			No target	
Serious incidents – 72 hour report completed within contract timescale		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.00%	100.0%	100.0%			>90%	
Percentage of serious incident investigations completed within contract timescale		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%	94.20%	94.80%	95.40%	88.60%	95.80%	96.70%	92.90%	91.60%	95.90%	91.80%	92.60%	90.10%	94.20%	93.50%	93.20%	>95%	

Trust Scorecard – Effective (1)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Dementia Screening																		
% of patients who have been screened for dementia (within 72 hours)	1.90%	0.80%	0.60%	0.40%	0.30%	67.00%	66.00%	85.00%	63.00%	62.00%	50.00%	37.00%	37.00%				>=90%	<70%
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours)	27.90%	0.00%	33.30%	100%	50.00%	0.00%	0.00%	N/A	50.00%	0.00%	0.00%	18.00%	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)	2.80%	0.00%	0.00%	0.00%	0.00%	N/A	N/A	N/A	50.00%	N/A	N/A	0.00%	N/A				>=90%	<70%
Maternity																		
% of women on a Continuity of Carer pathway													4.30%	5.00%			No target	
% C-section rate (planned and emergency)	26.78%		29.71%	28.93%	30.20%	29.19%	32.49%	25.61%	27.99%	25.97%	26.57%	31.30%	28.66%	30.23%	27.82%	28.39%	<=27%	>=30%
% emergency C-section rate	14.13%		16.11%	16.31%	16.73%	15.78%	17.42%	14.02%	16.04%	13.70%	15.77%	13.48%	13.60%	16.36%	14.27%	15.74%	No target	
% of women booked by 12 weeks gestation	89.80%	90.50%	91.50%	89.70%	88.00%	87.90%	89.00%	85.30%	89.60%	91.80%	92.20%	91.90%	90.30%	89.50%	92.00%	88.90%	>90%	
% of women that have an induced labour	29.19%		31.17%	29.13%	27.96%	28.99%	28.38%	26.83%	29.66%	29.04%	29.59%	30.00%	27.20%	28.42%	29.45%	28.65%	<=30%	>33%
% of women smoking at delivery	11.21%	13.05%	10.46%	12.06%	11.22%	11.83%	9.78%	10.16%	9.14%	10.22%	13.63%	11.52%	13.18%	8.64%	11.72%	10.95%	<=14.5%	
% stillbirths as percentage of all pregnancies > 24 weeks	0.26%		0.21%	0.39%	0.00%	0.00%	0.38%	0.20%	0.19%	0.20%	0.43%	0.43%	0.21%	0.00%	0.35%	0.22%	<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)	94.5	95.2	94.5	96.5	96.8	100.1	98.6	98	97.6	99.7	99.8					99.8	Dr Foster	
Hospital standardised mortality ratio (HSMR) – weekend	96.8	97.2	96.8	96.9	96.4	97.6	97.9	100.5	101.6	102.7	102.1					102.1	Dr Foster	
Number of inpatient deaths			168	165	159	166	125	124	143	144	152	211	214	165	507	1,768	No target	
Number of deaths of patients with a learning disability			2	4	1	1	2	2	0	0	0	1	4	0	1	15	No target	
Readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	6.60%	6.60%	6.40%	7.30%	7.10%	6.50%	6.40%	7.50%	7.20%	6.70%	7.10%	6.40%	6.50%		6.70%	6.90%	<8.25%	>8.75%
Research																		
Research accruals	1,621	81	91	115	119	134	123	103	76	121	101	73	110	98	288		No target	

Trust Scorecard – Effective (2)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Stroke Care																		
Stroke care: percentage of patients receiving brain imaging within 1 hour	36.90%	32.70%	22.40%	52.10%	55.30%	43.80%	53.50%	50.60%	48.60%	52.50%	39.40%	48.70%	45.20%	56.40%	47.10%	51.00%	>=50%	<45%
Stroke care: percentage of patients spending 90%+ time on stroke unit	90.80%	84.10%	87.70%	85.70%	96.30%	87.10%	80.90%	98.80%	87.90%	84.50%	81.10%	87.30%	88.50%		84.40%	87.70%	>=80%	<70%
% of patients admitted directly to the stroke unit in 4 hours			51.70%	68.10%	62.70%	62.00%	67.90%	68.40%	62.00%	64.90%	41.40%	40.00%	38.40%	30.80%	49.10%	55.30%	>=80%	<72%
% patients receiving a swallow screen within 4 hours of arrival			70.70%	52.10%	59.20%	63.80%	66.30%	64.90%	69.40%	70.00%	66.20%	56.60%	61.60%	62.80%	64.30%	63.10%	>=90%	<80%
Trauma & Orthopaedics																		
% of fracture neck of femur patients treated within 36 hours	76.00%	85.60%	77.80%	77.00%	81.80%	82.20%	67.10%	46.60%	66.70%	39.60%	56.10%	58.30%	73.10%	58.60%	52.00%	64.20%	>=90%	<80%
% fractured neck of femur patients meeting best practice criteria			77.78%	77.78%	81.82%	80.49%	65.70%	45.21%	66.70%	37.90%	56.06%	58.30%	73.10%	55.20%	51.50%	63.10%	>=65%	<55%

Trust Scorecard – Caring (1)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Friends & Family Test																		
Inpatients % positive	91.20%	89.20%	91.50%	89.10%	90.80%	91.60%	90.70%	91.10%	91.50%	90.60%	91.80%	90.20%	90.20%	90.50%	90.80%	90.70%	>=96%	<93%
ED % positive	83.10%	82.80%	82.70%	82.70%	81.90%	85.30%	79.80%	83.30%	82.30%	82.90%	87.90%	78.90%	79.90%	79.20%	82.50%	82.10%	>=84%	<81%
Maternity % positive	96.70%	93.50%	97.50%	96.60%	97.00%	87.10%	96.20%	100%	96.90%	100%	0.00%	100%	100%	100%	100%	97.40%	>=97%	<94%
Outpatients % positive	92.60%	92.50%	93.10%	92.80%	93.20%	92.50%	92.80%	93.20%	92.70%	92.80%	93.80%	93.20%	93.10%	93.00%	93.20%	93.00%	>=94%	<91%
Total % positive	91.20%	90.70%	91.40%	90.60%	91.10%	91.40%	90.70%	91.30%	91.00%	91.10%	92.80%	91.30%	91.40%	91.10%	91.50%	91.20%	>=93%	<90%
Inpatient Questions (Real time)																		
How much information about your condition or treatment or care has been given to you?				71.57%	77.35%	79.55%	79.67%	83.69%	77.40%	83.00%	83.00%	74.00%	81.00%	84.00%	80.00%	79.00%	>=90%	
Are you involved as much as you want to be in decisions about your care and treatment?			89.66%	94.06%	89.44%	89.65%	90.61%	95.03%	89.66%	93.00%	91.00%	88.00%	93.00%	95.00%	91.00%	92.00%	>=90%	
Do you feel that you are treated with respect and dignity?			99.32%	93.07%	97.16%	94.26%	96.09%	98.58%	99.32%	98.00%	100%	97.00%	99.00%	99.00%	99.00%	98.00%	>=90%	
Do you feel well looked after by staff treating or caring for you?				96.97%	97.71%	95.37%	98.33%	97.16%	99.31%	99.00%	98.00%	98.00%	100%	100%	98.00%	99.00%	>=90%	
Do you get enough help from staff to eat your meals?				95.96%	98.86%	95.93%	97.20%	97.17%	100%	100%	90.00%	63.00%	80.00%	96.00%	81.00%	89.00%	>=90%	
In your opinion, how clean is your room or the area that you receive treatment in?				96.88%	95.93%	95.81%	96.45%	96.40%	90.97%	100%	98.00%	99.00%	98.00%	98.00%	99.00%	99.00%	>=90%	
Do you get enough help from staff to wash or keep yourself clean?				96.97%	98.29%	94.74%	98.87%	97.86%	99.32%	100%	85.00%	96.00%	97.00%	93.00%	90.00%	96.00%	>=90%	
MSA																		
Number of breaches of mixed sex accommodation	68	1	3	4	11	18	16	11	9	0	0	2	2	1	2	74	<=10	>=20

Trust Scorecard – Responsive (1)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Cancer																		
Cancer – urgent referrals seen in under 2 weeks from GP	90.00%	93.90%	95.20%	87.50%	86.70%	89.50%	92.70%	86.00%	96.50%	94.60%	94.60%	97.00%	95.60%	95.90%	95.20%	92.50%	>=93%	<90%
2 week wait breast symptomatic referrals	95.80%	97.00%	95.60%	96.90%	97.30%	99.00%	96.30%	98.40%	99.30%	98.10%	96.00%	97.20%	96.80%	98.40%	97.10%	97.50%	>=93%	<90%
Cancer – 31 day diagnosis to treatment (first treatments)	94.60%	91.60%	92.10%	92.10%	92.00%	93.80%	92.60%	92.30%	91.00%	98.00%	92.20%	92.20%	96.20%	97.30%	94.00%	93.40%	>=96%	<94%
Cancer – 31 day diagnosis to treatment (subsequent – drug)	99.90%	100%	100%	100%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%	96.40%	100%	99.40%	>=98%	<96%
Cancer – 31 day diagnosis to treatment (subsequent – surgery)	95.30%	96.60%	96.60%	91.10%	89.10%	96.20%	89.60%	89.80%	97.60%	100%	100%	92.10%	98.30%	91.20%	94.50%	93.60%	>=94%	<92%
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	99.30%	98.90%	98.70%	96.40%	97.90%	98.80%	100%	84.80%	80.80%	98.80%	93.80%	96.20%	96.30%	97.00%	97.60%	94.90%	>=94%	<92%
Cancer 62 day referral to treatment (urgent GP referral)	74.80%	66.20%	77.40%	80.10%	71.80%	68.20%	72.70%	75.40%	71.00%	78.00%	63.80%	73.90%	66.90%	72.30%	72.60%	73.10%	>=85%	<80%
Cancer 62 day referral to treatment (screenings)	96.50%	96.40%	100%	100%	96.60%	85.20%	85.20%	100%	100%	96.30%	96.70%	95.10%	97.70%	96.70%	74.00%	95.40%	>=90%	<85%
Cancer 62 day referral to treatment (upgrades)	68.90%	60.00%	77.30%	36.40%	44.40%	63.20%	91.70%	75.00%	66.70%	61.50%	83.30%	86.70%	100%	69.20%	83.30%	72.20%	>=90%	<85%
Number of patients waiting over 104 days with a TCI date	141	8	14	20	15	20	18	13	9	15	12	6	5	4	33	167	Zero	
Number of patients waiting over 104 days without a TCI date	347	37	25	19	30	21	37	32	28	36	22	25	19	14	83	387	<=24	
Diagnostics																		
% waiting for diagnostics 6 week wait and over (15 key tests)	0.45%	0.21%	0.45%	0.54%	0.67%	1.08%	0.76%	0.84%	0.72%	0.66%	1.06%	0.94%	1.50%	1.16%	0.94%	1.16%	<=1%	>2%
The number of planned / surveillance endoscopy patients waiting at month end	726	600	726	835	872	966	770	714	756	756	763	835	853	803	835	803	<=600	
Discharge																		
Number of patients delayed at the end of each month	37	24	43	45	39	18	43	41	35	44	32	22	55	54	22	54	<=38	
Patient discharge summaries sent to GP within 24 hours	50.60%	49.60%	51.00%	56.60%	54.60%	53.20%	57.90%	55.70%	56.50%	58.00%	56.40%	56.30%	59.60%		56.90%	56.50%	>=88%	<75%

Trust Scorecard – Responsive (2)

OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Emergency Department																		
ED: % total time in department – under 4 hours (type 1)	89.60%	86.08%	87.13%	86.01%	87.99%	86.80%	88.53%	88.16%	84.03%	80.58%	76.24%	72.91%	72.45%	72.41%	76.58%	81.79%	>=95%	<90%
ED: % total time in department – under 4 hours (types 1 & 3)	92.78%	90.21%	91.00%	90.39%	91.70%	91.05%	92.20%	92.01%	89.13%	86.36%	83.41%	81.18%	81.02%	82.33%	83.65%	87.35%	>=95%	<90%
ED: % total time in department – under 4 hours CGH	96.40%	95.50%	96.10%	94.66%	96.04%	96.40%	95.44%	96.20%	92.68%	95.54%	90.92%	88.74%	91.50%	93.02%	91.73%	93.70%	>=95%	<90%
ED: % total time in department – under 4 hours GRH	86.20%	81.60%	82.80%	81.89%	84.16%	82.77%	85.09%	84.25%	79.90%	73.72%	69.25%	65.20%	63.30%	64.91%	69.39%	76.10%	>=95%	<90%
ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	Zero	
ED: % of time to initial assessment – under 15 minutes	87.40%	83.60%	78.40%	75.80%	78.30%	77.30%	71.30%	75.70%	71.40%	68.40%	66.50%	64.30%	68.00%	65.80%	66.40%	71.20%	>=95%	<92%
ED: % of time to start of treatment – under 60 minutes	33.50%	32.40%	32.60%	32.00%	35.90%	37.20%	30.30%	31.20%	29.90%	28.30%	26.60%	26.00%	31.90%	29.00%	27.00%	30.60%	>=90%	<87%
% of ambulance handovers that are over 30 minutes			7.90%	1.66%	1.28%	1.01%	1.25%	1.93%	2.48%	3.48%	3.71%	2.81%	3.76%	2.76%	3.33%	2.36%	<=2.96%	
% of ambulance handovers that are over 60 minutes			0.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.07%	0.07%	0.24%	0.23%	0.13%	0.13%	0.07%	<=1%	>2%
Operational Efficiency																		
Cancelled operations re-admitted within 28 days				72.09%	64.29%	41.67%	96.30%	90.48%	95.12%	91.18%	64.71%	80.00%	88.89%	74.07%	80.99%	72.18%	>=95%	
Urgent cancelled operations				0	0	0	0	0	2	3	0	1	1	1	4	8	No target	
Number of patients stable for discharge	73	72	77	86	77	63	79	88	88	90	87	81	112	101	86	87	<=70	
% of bed days lost due to delays				4.74%	3.78%	2.24%	3.42%	4.26%	4.51%	3.71%	3.28%	2.77%	4.49%	4.34%	2.77%	4.34%	<=3.5%	>4%
Number of stranded patients with a length of stay of greater than 7 days	384	412	397	389	391	370	371	360	371	380	406	403	431	427	396	391	<=380	
Average length of stay (spell)	5.03	5.36	4.97	5.03	5.31	4.82	4.85	4.75	4.85	4.82	4.92	5.21	5.64	5.33	4.98	5.04	<=5.06	
Length of stay for general and acute non-elective (occupied bed days) spells	5.66	6.04	5.62	5.53	5.94	5.38	5.45	5.25	5.38	5.35	5.56	5.77	6.43	6.07	5.56	5.64	<=5.65	
Length of stay for general and acute elective spells (occupied bed days)	2.63	2.8	2.64	2.77	2.68	2.55	2.58	2.69	2.53	2.74	2.57	2.77	2.34	2.52	2.69	2.61	<=3.4	>4.5
% day cases of all electives			84.60%	80.00%	86.28%	85.92%	85.91%	86.04%	86.71%	86.31%	85.54%	87.04%	87.91%	84.27%	86.30%	85.65%	>80%	<70%
Intra-session theatre utilisation rate			84.70%	87.80%	88.49%	85.50%	87.40%	87.60%	87.70%	88.20%	88.00%	87.40%	86.40%	87.50%	87.90%	87.80%	>85%	<70%

Trust Scorecard – Responsive (3)

OVERALL SCORE

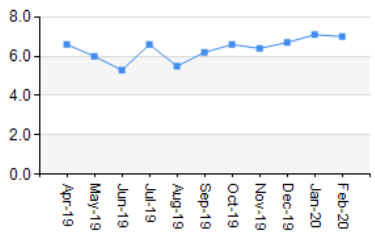
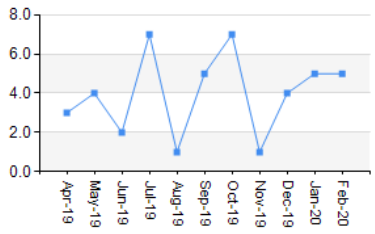
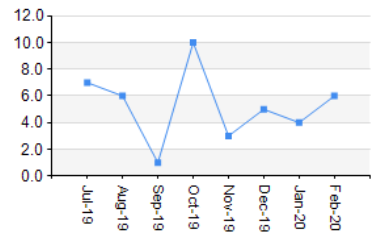
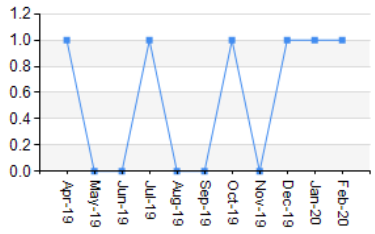
	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Outpatient																		
Outpatient new to follow up ratio's			1.93	1.92	1.91	1.91	1.88	1.92	1.8	1.75	1.81	1.88	1.85	1.89	1.81	1.86	<=1.9	
Did not attend (DNA) rates			6.40%	6.80%	6.80%	6.80%	7.00%	6.90%	7.20%	6.80%	6.80%	7.00%	6.90%	6.50%	6.80%	6.90%	<=7.6%	>10%
RTT																		
Referral to treatment ongoing pathways under 18 weeks (%)			79.75%	79.46%	80.63%	81.11%	81.80%	81.41%	81.38%	81.33%	80.29%	80.57%	81.06%	81.41%	80.57%	81.41%	>=92%	
Referral to treatment ongoing pathways 35+ Weeks (number)			2,352	2,163	2,149	1,953	1,772	1,703	1,699	1,650	1,792	1,790	1,658	1,653	1,790	1,653	No target	
Referral to treatment ongoing pathways 40+ Weeks (number)			1,860	1,699	1,748	1,626	1,437	1,378	1,390	1,312	824	1,263	1,298	1,203	1,263	1,203	No target	
Referral to treatment ongoing pathways over 52 weeks (number)	95	97	95	93	91	90	78	77	78	62	45	39	28	14	39	14	Zero	
SUS																		
Percentage of records submitted nationally with valid GP code	100%	100%	100%	100%	99.90%	100%	100%	100%	99.80%	99.80%	99.80%	99.90%				99.90%	>=99%	
Percentage of records submitted nationally with valid NHS number	99.80%	99.80%	99.80%	99.90%	99.40%	99.80%	99.80%	99.80%	99.80%	99.80%	99.90%	99.80%				99.80%	>=99%	

Trust Scorecard – Well Led (1)

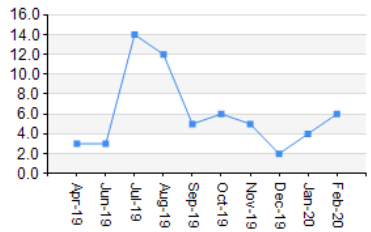
OVERALL SCORE

	18/19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	19/20 Q3	19/20	Standard	Threshold
Appraisal and Mandatory Training																		
Trust total % overall appraisal completion	79.00%	79.00%	81.00%	80.00%	81.00%	82.00%	83.00%	81.00%	79.00%	80.00%	82.00%	82.00%	83.00%	85.00%	82.00%	82.00%	>=90%	<70%
Trust total % mandatory training compliance	89%	89%	91%	91%	91%	92%	92%	92%	91%	91%	92%	92%	90%	90%	92%	92%	>=90%	<70%
Finance																		
Total PayBill Spend		29.9	33.3	31.8	30.8	30.9	30.7	31.7	30.9	31.5	31.3	31.4	30.1	31.6				
YTD Performance against Financial Recovery Plan		-6.6	-14.1	0.2	0.3	0.6	0.5	0.5	0.6	0.7	0.6	0.4	0.3	0.1				
Cost Improvement Year to Date Variance		-1,784	-3,378	0	1	1	2	2	2	1	1	-2	-2	-4				
NHSI Financial Risk Rating		4	4	4	3	3	3	3	3	3	3	3	3	3				
Capital service		4	4	4	4	4	4	4	4	4	4	4	4	4				
Liquidity		4	4	4	4	4	4	4	4	4	4	4	4	4				
Agency – Performance Against NHSI Set Agency Ceiling		3	3	3	3	4	3	3	3	3	3	3	3	3				
Safe Nurse Staffing																		
Overall % of nursing shifts filled with substantive staff				96.55%	96.40%	95.10%	97.40%	95.40%	96.40%	98.40%	99.40%	98.30%	99.30%	98.30%	98.69%	97.40%	>=75%	<70%
% registered nurse day				97.90%	97.90%	96.60%	98.70%	96.50%	97.40%	99.40%	100.7%	98.70%	98.50%	98.10%	99.58%	98.20%	>=90%	<80%
% unregistered care staff day				97.00%	99.20%	99.40%	101.0%	99.40%	98.60%	101.4%	104.2%	98.60%	102.1%	100.2%	101.3%	100.2%	>=90%	<80%
% registered nurse night				94.10%	93.50%	92.40%	94.80%	93.30%	94.50%	96.40%	97.10%	97.50%	100.8%	98.60%	97.03%	95.70%	>=90%	<80%
% unregistered care staff night				100.3%	99.40%	104.8%	105.7%	105.3%	106.7%	108.6%	115.5%	105.4%	107.8%	109.7%	109.6%	106.2%	>=90%	<80%
Care hours per patient day RN			6.2	4.61	4.6	4.7	4.8	4.7	4.7	4.7	4.8	4.9	4.6	4.7	4.8	4.7	>=5	
Care hours per patient day HCA			3.2	2.8	2.9	3	3	3	2.9	3	3	3	2.9	3	3	3	>=3	
Care hours per patient day total	7.1	7.2	8.1	7.4	7.5	7.7	7.8	7.6	7.6	7.7	7.8	7.9	7.6	7.7	7.8	7.7	>=8	
Vacancy and WTE																		
% total vacancy rate				9.03%	10.02%	9.54%	8.65%	8.60%	7.20%	7.00%	6.95%	7.00%	6.70%	6.70%			<=11.5%	>13%
% vacancy rate for doctors				8.07%	8.86%	8.53%	8.20%	0.53%	2.70%	2.25%	2.80%	2.80%	3.62%	3.60%			<=5%	>5.5%
% vacancy rate for registered nurses				12.09%	9.52%	9.42%	8.65%	8.65%	8.07%	8.22%	8.30%	8.30%	9.92%	9.90%			<=5%	>5.5%
Staff in post FTE				6181.16	6150.11	6148.56	6171.97	6226.64	6350.1	6358.09	6354.32	6355	6351.41	6387.05			No target	
Vacancy FTE				610	683	650	652.42	500	492.55	478.95	474.24	475	457.45	450			No target	
Starters FTE				65.5	52.8	45.2	66.66	60.55	147.7	72.72	51.61	69.42	55.75	66.54			No target	
Leavers FTE				55.14	37.5	57.4	44.69	46.75	84.63	40.81	47.02	49.37	52.49	42.67			No target	
Workforce Expenditure and Efficiency																		
% turnover	11.80%	11.90%	12.20%	11.80%	11.60%	11.60%	11.80%	11.10%	11.90%	11.60%	11.70%	11.50%	11.50%	11.50%			<=11%	>15%
% turnover rate for nursing	10.99%			1.09%	10.93%	10.87%	10.99%	10.77%	11.40%	11.09%	10.75%	10.93%	11.12%	10.86%			<=11%	>15%
% sickness rate	3.90%	3.90%	3.90%	3.90%	3.40%	3.80%	3.80%	3.90%	3.90%	3.90%	3.90%	4.00%	3.90%	3.90%			<=3.5%	>4%

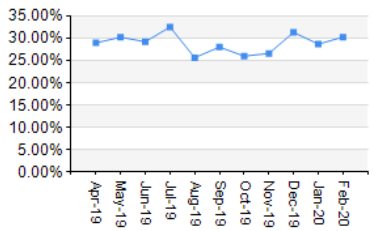
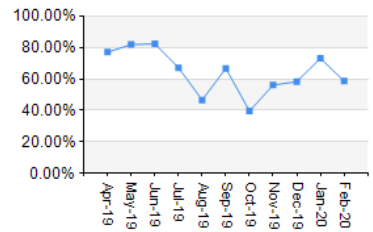
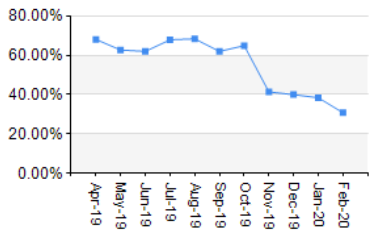
Exception Reports – Safe (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of falls per 1,000 bed days **Standard: <=6**		Further narrative will be provided by verbal updates.	**Director of Safety**
Number of falls resulting in harm (moderate/severe) **Standard: <=3**		Further narrative will be provided by verbal updates.	**Director of Safety**
Number of hospital-onset healthcare-associated Clostridioides difficile cases per month **Standard: <=5**		Further narrative will be provided by verbal updates.	**Associate Chief Nurse and Deputy Director of Infection Prevention and Control**
Number of never events reported **Standard: Zero**		Further narrative will be provided by verbal updates.	**Director of Safety**

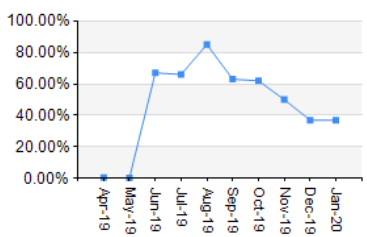
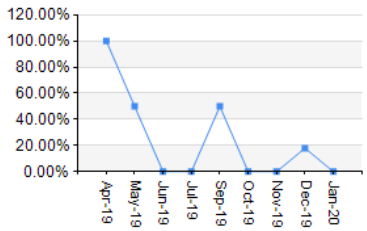
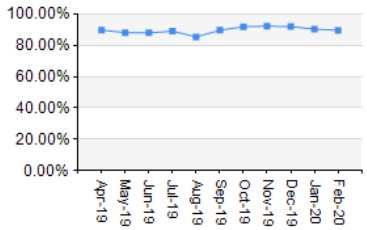
Exception Reports – Safe (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of unstagable pressure ulcers acquired as in-patient **Standard: <=3**		Further narrative will be provided by verbal updates.	**Deputy Nursing Director & Divisional Nursing Director - Surgery**

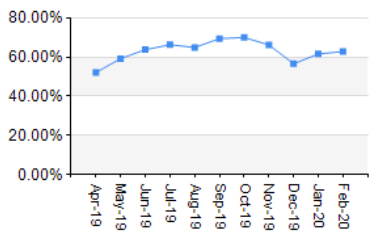
Exception Reports – Effective (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% C-section rate (planned and emergency) **Standard: <=27%**		Further narrative will be provided by verbal updates.	**Divisional Chief Nurse and Director of Midwifery**
% of fracture neck of femur patients treated within 36 hours **Standard: >=90%**		Action plan in place but increase in trauma have resulted in cancellations of elective list provision. Escalation policy from T&O service line in place. Trauma Task and Finish group now chaired by Deputy COO. Plan, Do, Study, Act (PDSA) cycles. For example extended theatre lists for 2 weeks. Issues with radiology capacity remain and the team are looking to review lists to support this. In addition we are supporting through site management the ring-fencing of a #NOF bed daily. The team are reviewing the placement of patients with the site management team to see if any further cohorting or pull back to the trauma wards can be undertaken.	**Director of Operations - Surgery**
% of patients admitted directly to the stroke unit in 4 hours **Standard: >=80%**		Deterioration of 8% on January performance (38.40%). 54 patients breached the target in the month of February. Of these 54: 2 patients were an inpatient already / presented at CGH where they were admitted when the stroke presented and experienced a delayed transfer. 41 patients were delayed due to lack of beds - non-Strokes on the Stroke ward due to increased demand for medical beds at GRH during this period. 11 patients were delayed due to an unclear diagnosis which led to them initially being admitted to AMU for further tests.	**Director of Unscheduled Care and Deputy Chief Operating Officer**

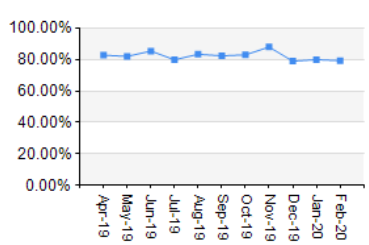
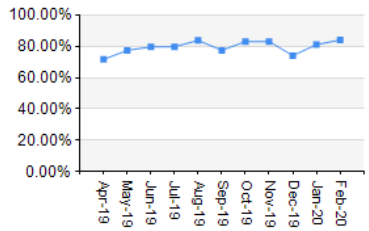
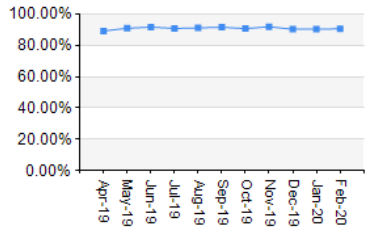
Exception Reports – Effective (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of patients who have been screened for dementia (within 72 hours) Standard: >=90%		Further narrative will be provided by verbal updates.	**Deputy Chief Nurse**
% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic assessment (within 72 hours) Standard: >=90%		Further narrative will be provided by verbal updates.	**Deputy Chief Nurse**
% of women booked by 12 weeks gestation Standard: >90%		Further narrative will be provided by verbal updates.	**Divisional Chief Nurse and Director of Midwifery**

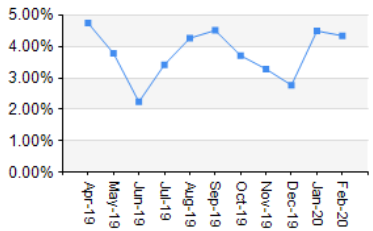
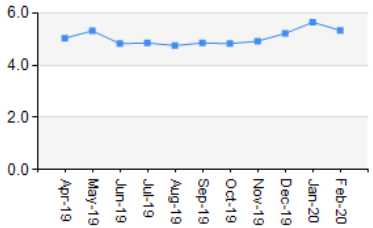
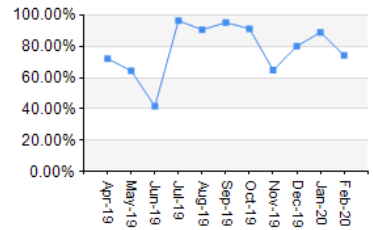
Exception Reports – Effective (3)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% patients receiving a swallow screen within 4 hours of arrival **Standard: >=90%**		Improvement of 1.2% on January performance (61.60%). 29 patients breached the target in the month of February. Of those 29: 2 patients were an inpatient when stroke presented and were delayed in transfer to stroke unit due to lack of bed capacity. 13 patients were delayed in receiving a bed on the Stroke Unit and therefore had a delayed swallow screening. 5 patients had an unclear diagnosis on initial presentation and therefore were a late diagnosis. Knock on impact were delays to each of the onward pathway elements as a result. 9 patients were too unwell to receive a swallow screen within the four hour target.	**Director of Unscheduled Care and Deputy Chief Operating Officer**

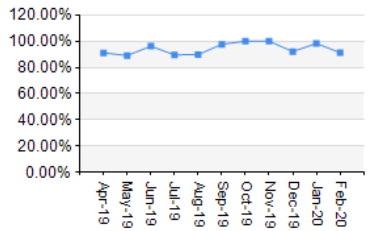
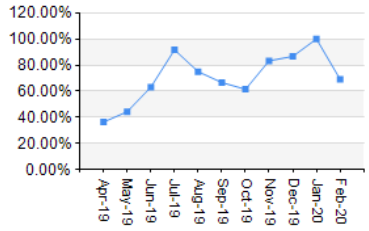
Exception Reports – Caring (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED % positive **Standard: >=84%**		FFT data is shared with divisions and services each month, as part of experience monitoring alongside other data sources.	**Deputy Director of Quality**
How much information about your condition or treatment or care has been given to you? **Standard: >=90%**		This is an improving figure, and the highest this score has been since we began the realtime survey in April 2019. Data is shared with relevant leads each month, and will continue to be monitored.	**Head of Patient Experience Improvement**
Inpatients % positive **Standard: >=96%**		Data is shared with divisional leads each month for sharing and use in improvement plans where applicable. This score is fairly consistent with scores over the last 12 months.	**Deputy Director of Quality**

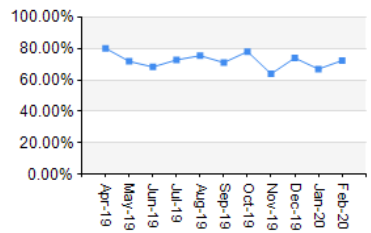
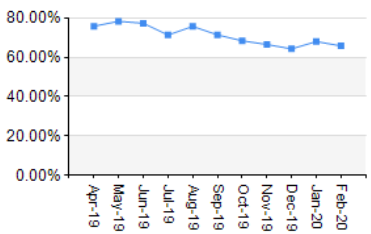
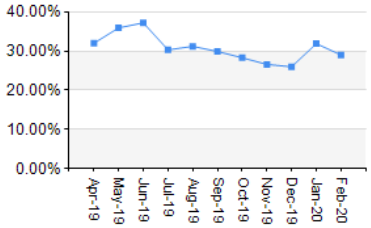
Exception Reports – Responsive (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of bed days lost due to delays **Standard: <=3.5%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Average length of stay (spell) **Standard: <=5.06**		Capacity and Flow meeting attended by all Divisions with actions/outcomes including Criteria Led discharge and Ward tool kit which provides information on LOS Led by Matt Little and Sandra Attwood EDD and ADD, SORT criteria and Red to Green reinforced. All wards review 21 day LOS and now 14 days ERAS programme - underway	**Deputy Chief Operating Officer**
Cancelled operations re-admitted within 28 days **Standard: >=95%**		Further narrative will be provided by verbal updates.	**Deputy Chief Operating Officer**

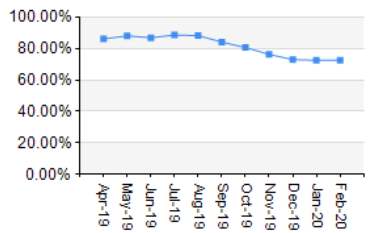
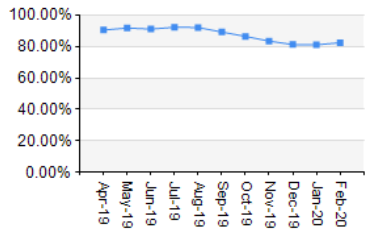
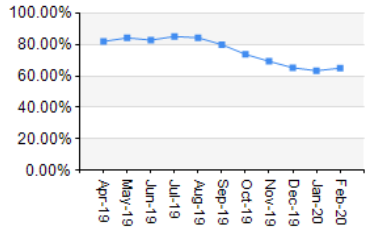
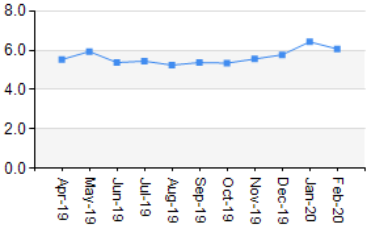
Exception Reports – Responsive (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer – 31 day diagnosis to treatment (subsequent – surgery) **Standard: >=94%**		31 day subs surgery performance (unvalidated) = 91.2% target = 94% National performance = 89.2% 34 treatments 3 breaches H&N 1 Other 1 Lower GI 1 Breaches yet to be validated and still number of treatments to be recorded.	**Director of Planned Care and Deputy Chief Operating Officer**
Cancer 62 day referral to treatment (upgrades) **Standard: >=90%**		Upgrade performance - 69.2% Target - n/a National performance - 80.8% 6 treatments 2 breaches (2 x prostate cancer)	**Director of Planned Care and Deputy Chief Operating Officer**

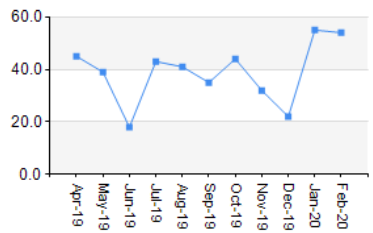
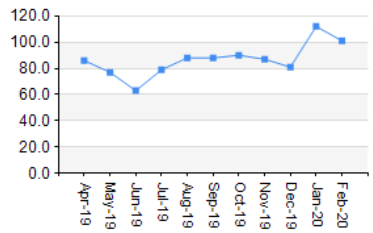
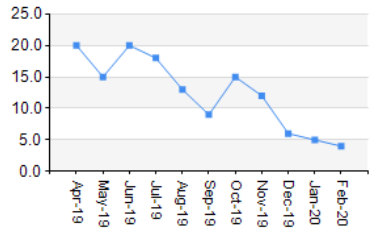
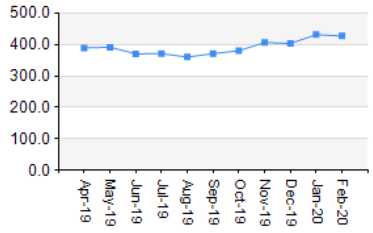
Exception Reports – Responsive (3)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer 62 day referral to treatment (urgent GP referral) **Standard: >=85%**		62 day GP performance (unvalidated) = 72.3% target = 85% National performance = 73.6% 119 treatments 33 breaches Urology 16.5 Upper GI 4 Skin 4 LGI 3 H&N 2 An improved month with still a number of treatments to be uploaded. Performance still impacted by CT scan time to request.	**Director of Planned Care and Deputy Chief Operating Officer**
ED: % of time to initial assessment – under 15 minutes **Standard: >=95%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % of time to start of treatment – under 60 minutes **Standard: >=90%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**

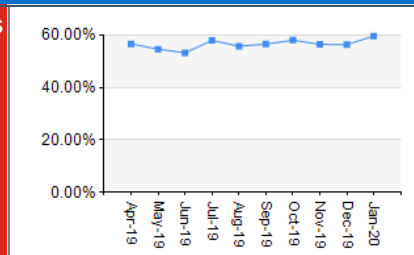
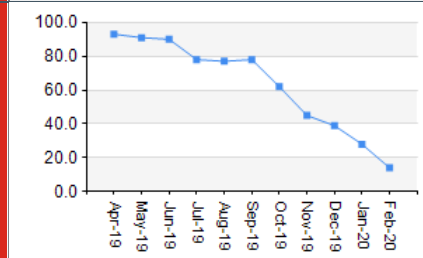
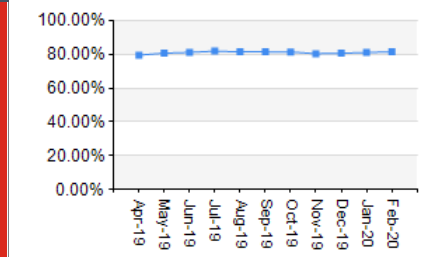
Exception Reports – Responsive (4)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % total time in department – under 4 hours (type 1) **Standard: >=95%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours (types 1 & 3) **Standard: >=95%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours GRH **Standard: >=95%**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Length of stay for general and acute non-elective (occupied bed days) spells **Standard: <=5.65**		Capacity and Flow meeting attended by all Divisions with actions/outcomes including Criteria Led discharge and Ward tool kit which provides information on LOS Led by Matt Little and Sandra Attwood EDD and ADD, SORT criteria and Red to Green reinforced. All wards review 21 day LOS and now 14 days ERAS programme - underway	**Deputy Chief Operating Officer**

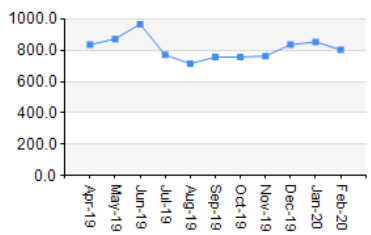
Exception Reports – Responsive (5)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of patients delayed at the end of each month **Standard: <=38**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Number of patients stable for discharge **Standard: <=70**		Further narrative will be provided by verbal updates.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Number of patients waiting over 104 days with a TCI date **Standard: Zero**		data as of 08/03/20 Specialties Count of patients Breast 1 Urological 3 Lower GI 2 Gynaecological 1 Grand Total 7	**Director of Planned Care and Deputy Chief Operating Officer**
Number of stranded patients with a length of stay of greater than 7 days **Standard: <=380**		System partners review underway as numbers worsening.	**Deputy Chief Operating Officer**

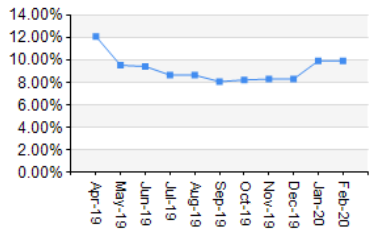
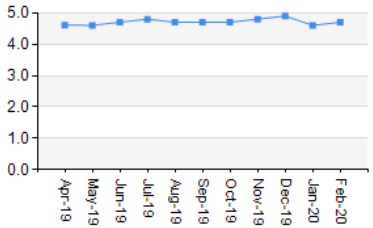
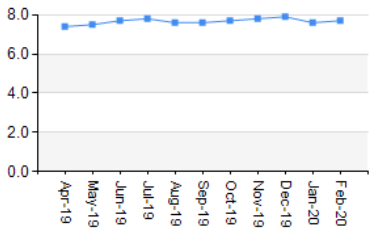
Exception Reports – Responsive (6)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Patient discharge summaries sent to GP within 24 hours **Standard: >=88%**		Further narrative will be provided by verbal updates.	**Medical Director**
Referral to treatment ongoing pathways over 52 weeks (number) **Standard: Zero**		The Trust continues to see a reduction in the longest waiting patients, whilst not acceptable February was within the trajectory agreed with NHS I.	**Deputy Chief Operating Officer**
Referral to treatment ongoing pathways under 18 weeks (%) **Standard: >=92%**		Performance is in line with agreed trajectory. As is the reduction in the waiting list since April 2019 to January 2020, from 58,374 to 55,994	**Deputy Chief Operating Officer**

Exception Reports – Responsive (7)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
The number of planned / surveillance endoscopy patients waiting at month end **Standard: <=600**		There has been a decrease of 50 in the number of patients waiting past recall due to increased pressures in month on the 2ww colorectal straight to test pathway and 6ww diagnostic pathway. Patients are being prioritised in order of clinical urgency and then longest waiting. The specialty are still in the process of clinically validating the waiting list and it is anticipated this will further reduce the backlog through discharging back to GP. Further capacity has been organised January - March 2020 to clear the longest waiting patients (278) via GLANSO and 18 Weeks Support insourcing.	**Medical Director**

Exception Reports – Well Led (1)

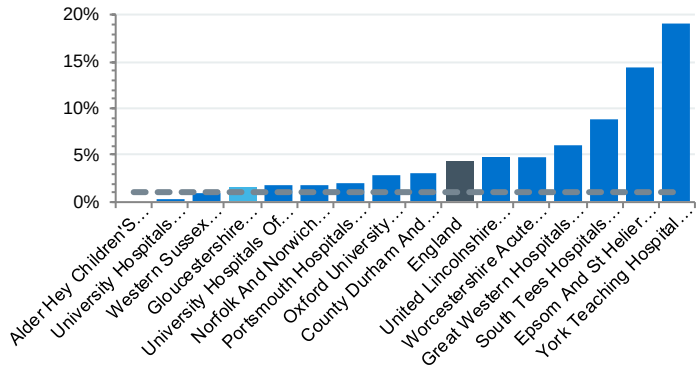
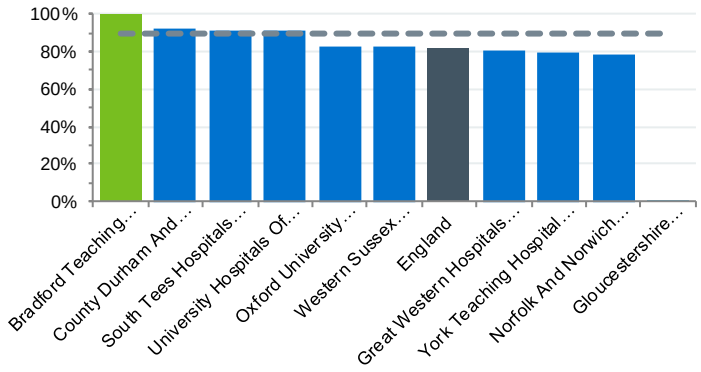
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% vacancy rate for registered nurses **Standard: <=5%**		Further narrative will be provided by verbal updates.	**Director of Human Resources and Operational Development**
Care hours per patient day RN **Standard: >=5**		overall activity remains high with multiple internal incidents declared throughout February and escalation beds open. OSN skype interviews have taken place with 16 new starters planning to join the Trust in April. A successful careers fair and recruitment event took place with approx. 130 attendees and 26 NQN/RN's offered conditional positions. The guidelines for internal transfers/ itchy feet have been revised and will be circulated once approved by the R+R subgroup.	**Director of Nursing and Midwifery**
Care hours per patient day total **Standard: >=8**		overall activity remains high with multiple internal incidents declared throughout February and escalation beds open. Recruitment has continued with the Feb generic HCA interviews appointing 14 new candidates . OSN skype interviews have taken place with 16 new starters planning to join the Trust in April. A successful careers fair and recruitment event took place with approx. 130 attendees and 26 NQN/RN's offered conditional positions. The guidelines for internal transfers/ itchy feet have been revised and will be circulated once approved by the R+R subgroup	**Director of Nursing and Midwifery**

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

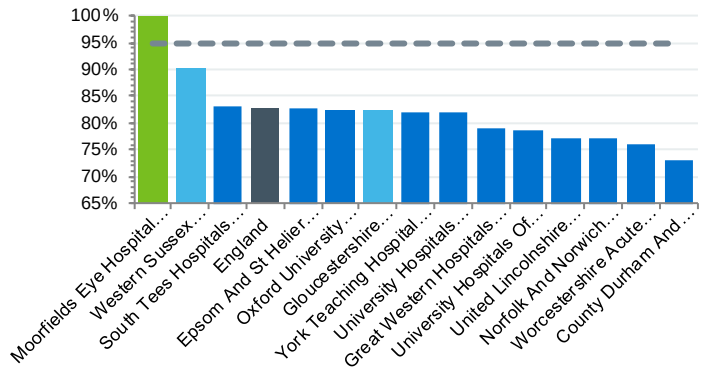
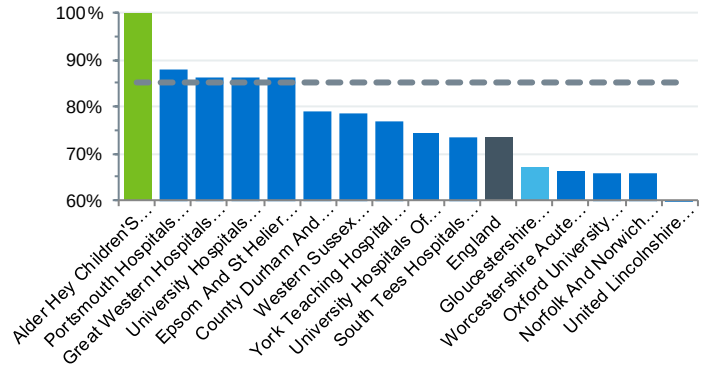
Metric	Period	Peer Group	Rank	Quartile
Diagnostics	January-20		82 / 166	2nd
Dementia	December-19		84 / 84	4th

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

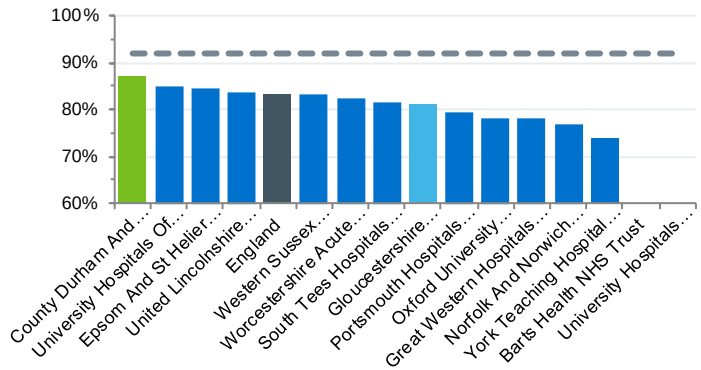
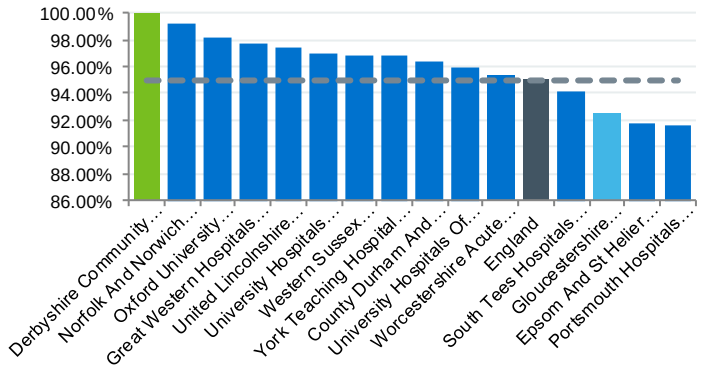
Metric	Period	Peer Group	Rank	Quartile
ED 4 Hour (Type 1 & Type 3)	February-20		61 / 119	3rd
Cancer 62 Days GP Referrals	January-20		108 / 142	4th

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

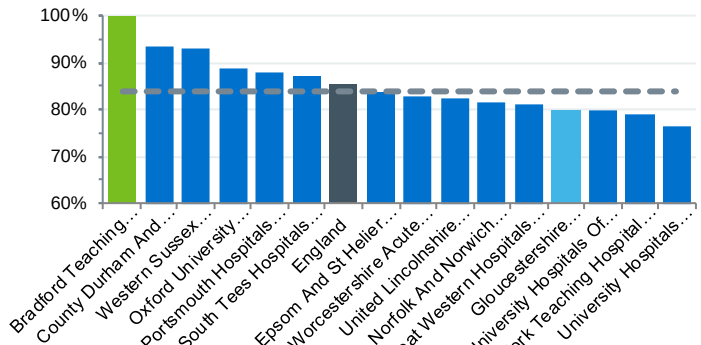
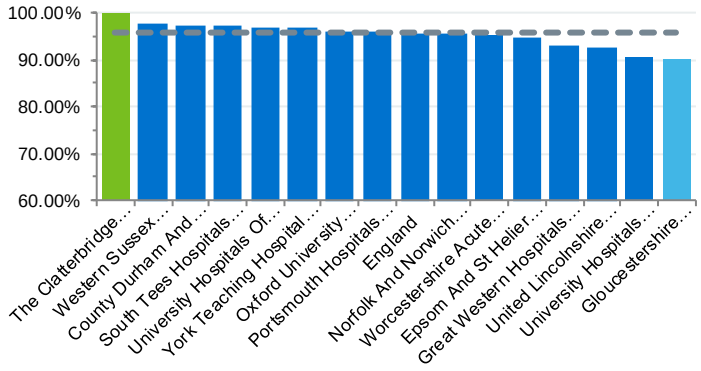
Metric	Period	Peer Group	Rank	Quartile
RTT	January-20		118 / 163	3rd
VTE (published quarterly)	December-19		124 / 149	4th

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

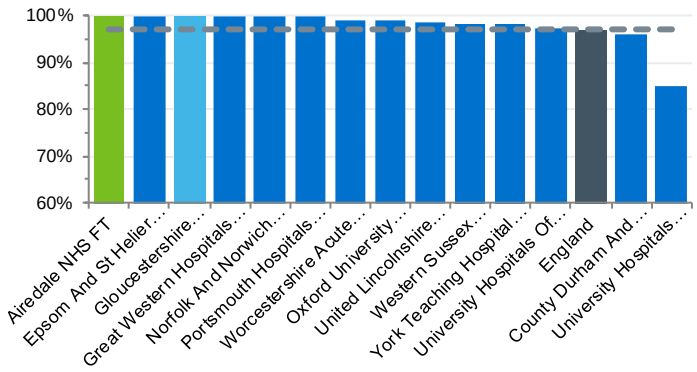
Metric	Period	Peer Group	Rank	Quartile
FFT - ED	January-20		108 / 130	4th
FFT - Inpatient	January-20		135 / 145	4th

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	January-20		11 / 122	1st

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report Statistical Process Control Reporting

Reporting period February 2020

Presented at March 2020 Q&P and April 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

Delivery of agreed action plans remains critical to restore operational performance to the expected levels. During February the Trust did not meet the national standards for 62 day cancer standard and the 4 hour standard.

The Trust performance (type 1) for the 4 hour standard in February was 72.41% against the STP trajectory at 85.36% against a backdrop of significant attendances. The system did not meet the delivery of 90% for the system in February, at 82.33%.

The Trust did not meet the diagnostics standard for February at 1.16%.

The Trust has met the standard for 2 week wait cancer at 95.90% in February, this is as yet un-validated performance at the time of the report.

The key areas of focus remain for delivery of Cancer quality and performance against speciality level trajectories. The Cancer Delivery plan is reviewed monthly and each tumour site has specific identified actions with an associated allocation in breach improvement numbers. The Cancer Patient List for every patient over day 28 is reviewed weekly by the Director of Planned Care & Trust Cancer Manager.

For elective care, the RTT performance (81.41% in February) is above trajectory agreed with NHS I, work continues to ensure that the performance is stabilised. Significant work is underway to reduce our longest waiting patients of over 52 weeks, to date we have met the trajectory agreed with NHS I to reduce our breaches (14 in February).

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 – urgent referrals seen in under 2 weeks from GP	>=93%		Feb-20	95.9%	
Cancer	2 week wait breast symptomatic referrals	>=93%		Feb-20	98.4%	
Cancer	Cancer – 31 day diagnosis to treatment (first treatments)	>=96%		Feb-20	97.3%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – drug)	>=98%		Feb-20	96.4%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – surgery)	>=94%		Feb-20	91.2%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	>=94%		Feb-20	97.0%	
Cancer	Cancer 62 day referral to treatment (urgent GP referral)	>=85%		Feb-20	72.3%	
Cancer	Cancer 62 day referral to treatment (screenings)	>=90%		Feb-20	96.7%	
Cancer	Cancer 62 day referral to treatment (upgrades)	>=90%		Feb-20	69.2%	
Cancer	Number of patients waiting over 104 days with a TCI date	Zero		Feb-20	4	
Cancer	Number of patients waiting over 104 days without a TCI date	<=24		Feb-20	14	
Diagnostics	% waiting for diagnostics 6 week wait and over (15 key tests)	<=1%		Feb-20	1.20%	
Diagnostics	The number of planned / surveillance endoscopy patients waiting at month end	<=600		Feb-20	803	
Discharge	Number of patients delayed at the end of each month	<=38		Feb-20	54	
Discharge	Patient discharge summaries sent to GP within 24 hours	>=88%		Jan-20	59.6%	
Emergency Department	ED: % total time in department – under 4 hours (type 1)	>=95%		Feb-20	72.41%	
Emergency Department	ED: % total time in department – under 4 hours (types 1 & 3)	>=95%		Feb-20	82.33%	
Emergency Department	ED: % total time in department – under 4 hours CGH	>=95%		Feb-20	93.02%	
Emergency Department	ED: % total time in department – under 4 hours GRH	>=95%		Feb-20	64.91%	
Emergency Department	ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission)	Zero		Feb-20	0	
Emergency Department	ED: % of time to initial assessment – under 15 minutes	>=95%		Feb-20	65.8%	
Emergency Department	ED: % of time to start of treatment – under 60 minutes	>=90%		Feb-20	29.0%	

MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
Emergency Department	% of ambulance handovers that are over 30 minutes	<=2.96%		Feb-20	2.76%	
Emergency Department	% of ambulance handovers that are over 60 minutes	<=1%		Feb-20	0.13%	
Maternity	% of women booked by 12 weeks gestation	>90%		Feb-20	89.5%	
Operational Efficiency	Number of patients stable for discharge	<=70		Feb-20	101	
Operational Efficiency	% of bed days lost due to delays	<=3.5%		Feb-20	4.34%	
Operational Efficiency	Number of stranded patients with a length of stay of greater than 7 days	<=380		Feb-20	427	
Operational Efficiency	Average length of stay (spell)	<=5.06		Feb-20	5.33	
Operational Efficiency	Length of stay for general and acute non-elective (occupied bed days) spells	<=5.65		Feb-20	6.07	
Operational Efficiency	Length of stay for general and acute elective spells (occupied bed days)	<=3.4		Feb-20	2.52	
Operational Efficiency	% day cases of all electives	>80%		Feb-20	84.27%	
Operational Efficiency	Intra-session theatre utilisation rate	>85%		Feb-20	87.5%	
Operational Efficiency	Cancelled operations re-admitted within 28 days	>=95%		Feb-20	74.07%	
Operational Efficiency	Urgent cancelled operations	No target		Feb-20	1	
Outpatient	Outpatient new to follow up ratio's	<=1.9		Feb-20	1.89	
Outpatient	Did not attend (DNA) rates	<=7.6%		Feb-20	6.50%	
Readmissions	Emergency re-admissions within 30 days following an elective or emergency spell	<8.25%		Jan-20	6.5%	
Research	Research accruals	No target		Feb-20	98	
RTT	Referral to treatment ongoing pathways under 18 weeks (%)	>=92%		Feb-20	81.41%	
RTT	Referral to treatment ongoing pathways 35+ Weeks (number)	No target		Feb-20	1653	
RTT	Referral to treatment ongoing pathways 40+ Weeks (number)	No target		Feb-20	1203	
RTT	Referral to treatment ongoing pathways over 52 weeks (number)	Zero		Feb-20	14	

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

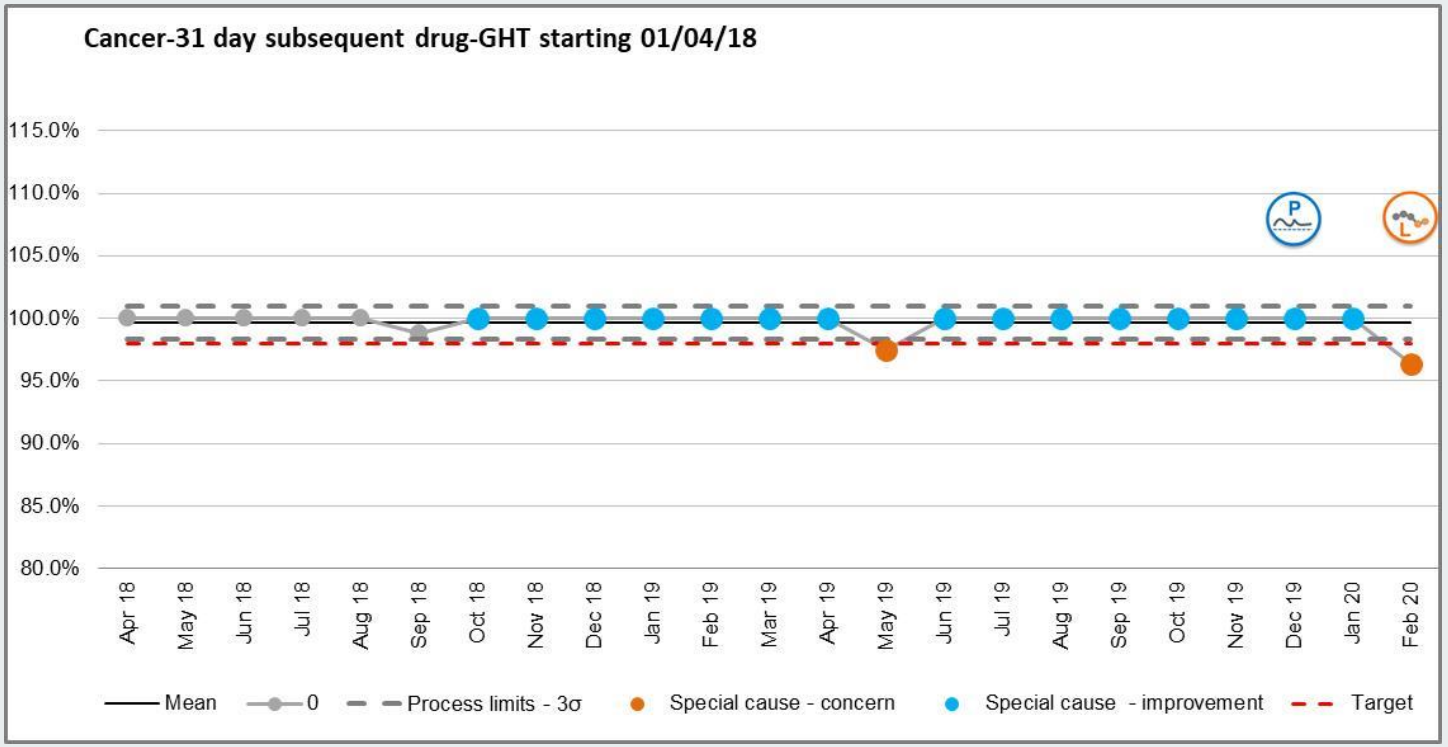
Variation

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

MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
Stroke Care	Stroke care: percentage of patients receiving brain imaging within 1 hour	>=50%		Feb-20	56.4%	
Stroke Care	Stroke care: percentage of patients spending 90%+ time on stroke unit	>=80%		Jan-20	88.5%	
Stroke Care	% of patients admitted directly to the stroke unit in 4 hours	>=80%		Feb-20	30.8%	
Stroke Care	% patients receiving a swallow screen within 4 hours of arrival	>=90%		Feb-20	62.8%	
SUS	Percentage of records submitted nationally with valid GP code	>=99%		Dec-19	99.9%	
SUS	Percentage of records submitted nationally with valid NHS number	>=99%		Dec-19	99.8%	
Trauma & Orthopaedics	% of fracture neck of femur patients treated within 36 hours	>=90%		Feb-20	58.6%	
Trauma & Orthopaedics	% fractured neck of femur patients meeting best practice criteria	>=65%		Feb-20	55.2%	

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

31 day subs chemotherapy performance (unvalidated)= 96.8%, target = 98%, National performance = 97.9%
56 treatments
2 breaches: H&N 1,Urological 1
Data yet to be validated and still a number of treatments to be recorded for this month. High likelihood of compliance.

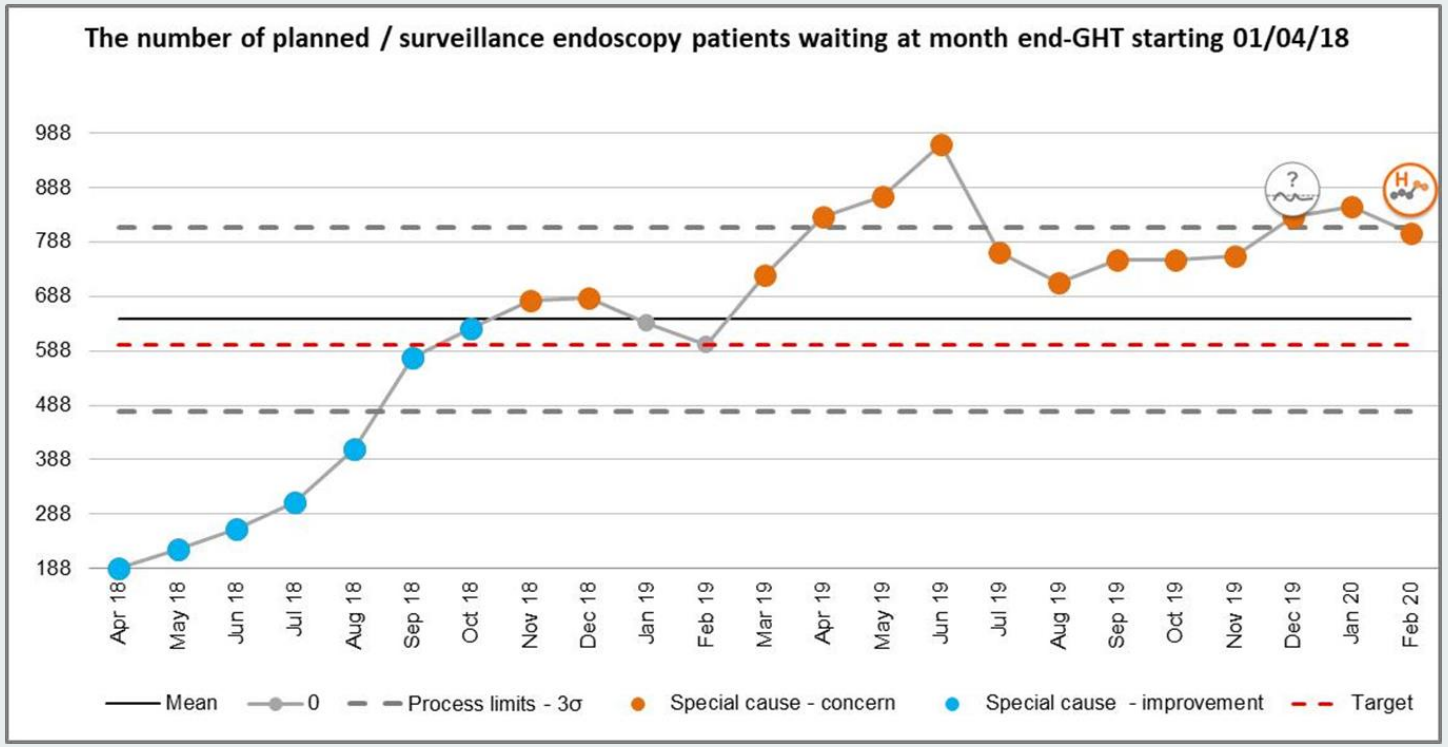
- Director of Planned Care and Deputy Chief Operating Officer

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 above the mean.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

There has been a decrease of 50 in the number of patients waiting past recall due to increased pressures in month on the 2ww colorectal straight to test pathway and 6ww diagnostic pathway.
Patients are being prioritised in order of clinical urgency and then longest waiting. The specialty are still in the process of clinically validating the waiting list and it is anticipated this will further reduce the backlog through discharging back to GP.
Further capacity has been organised January - March 2020 to clear the longest waiting patients (278) via GLANSO and 18 Weeks Support insourcing.

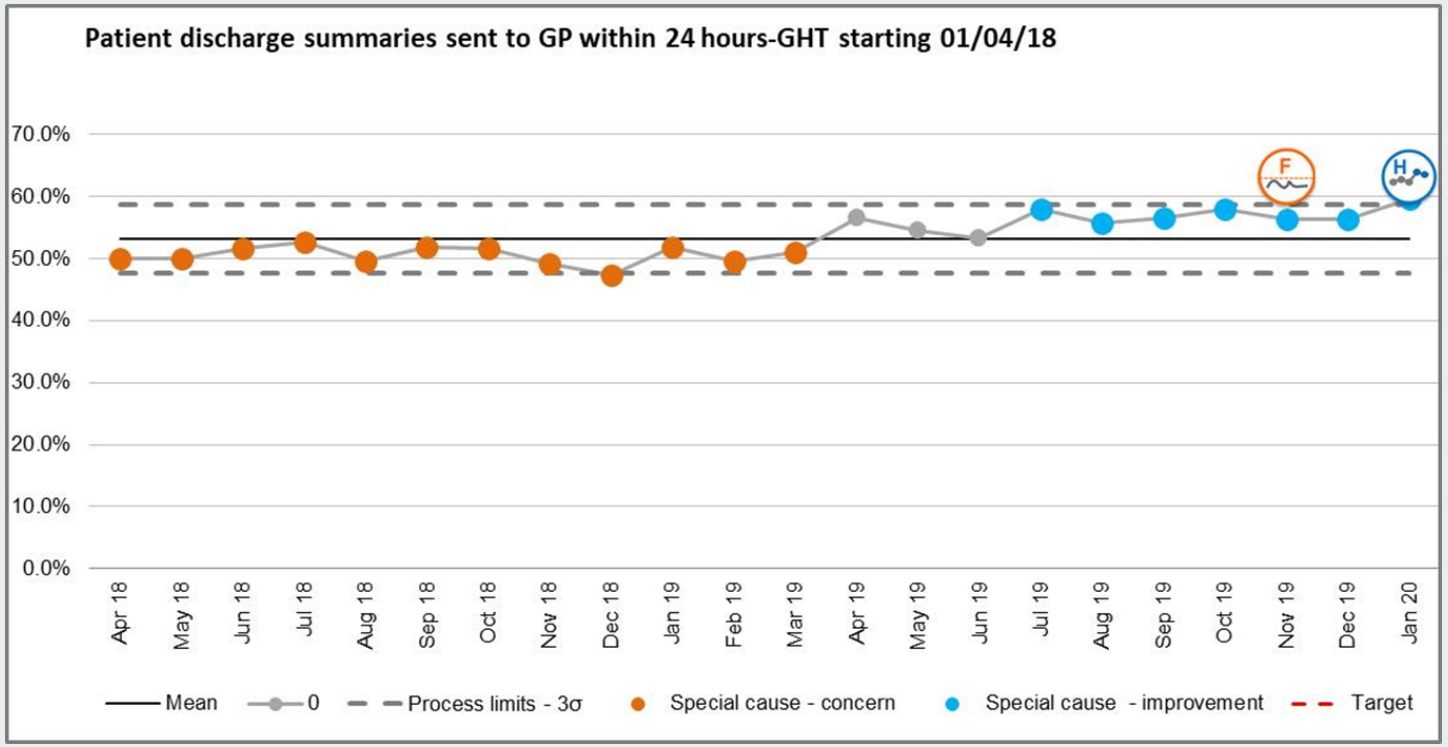
Medical Director

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 5 data points which are above the line. There are 5 data point(s) below the line
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
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.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

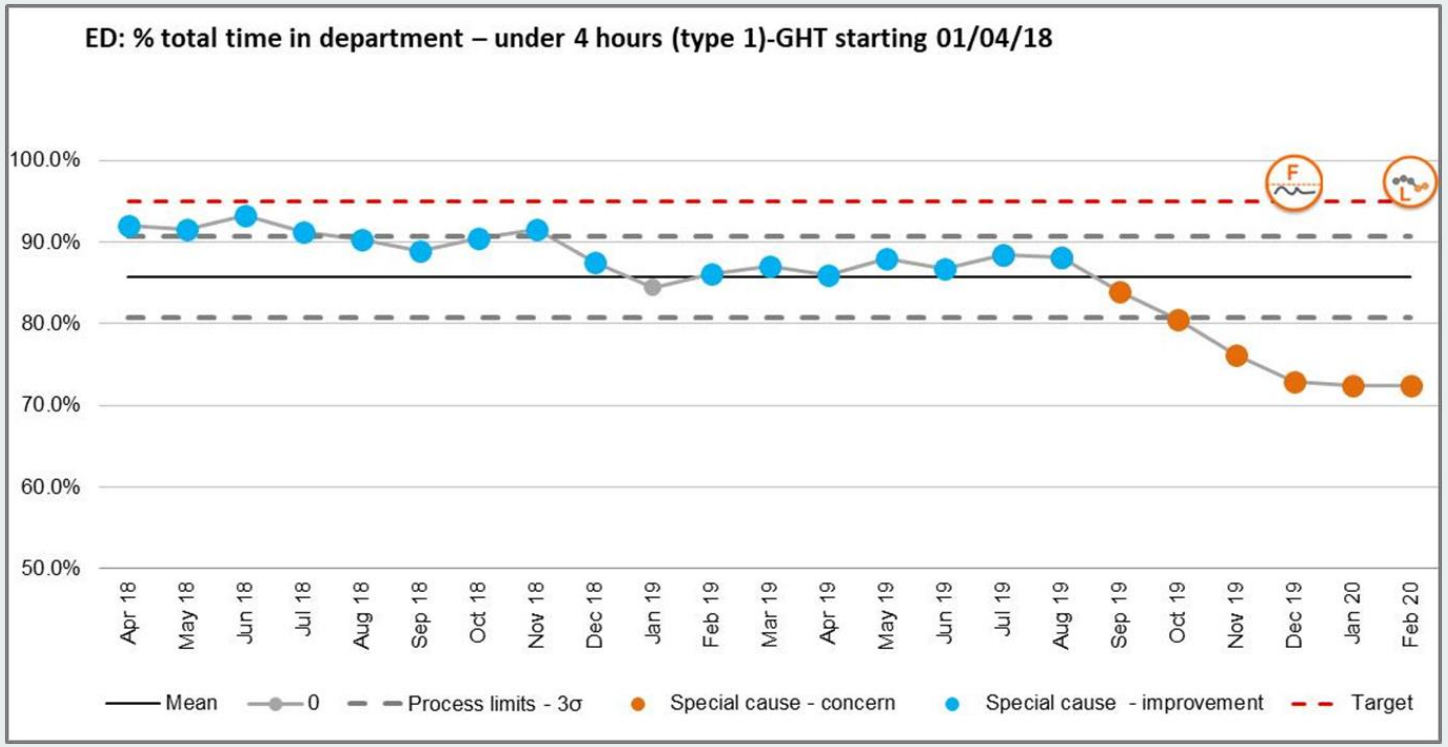
- Medical Director

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 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 LPL this is a warning that the process may be changing
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.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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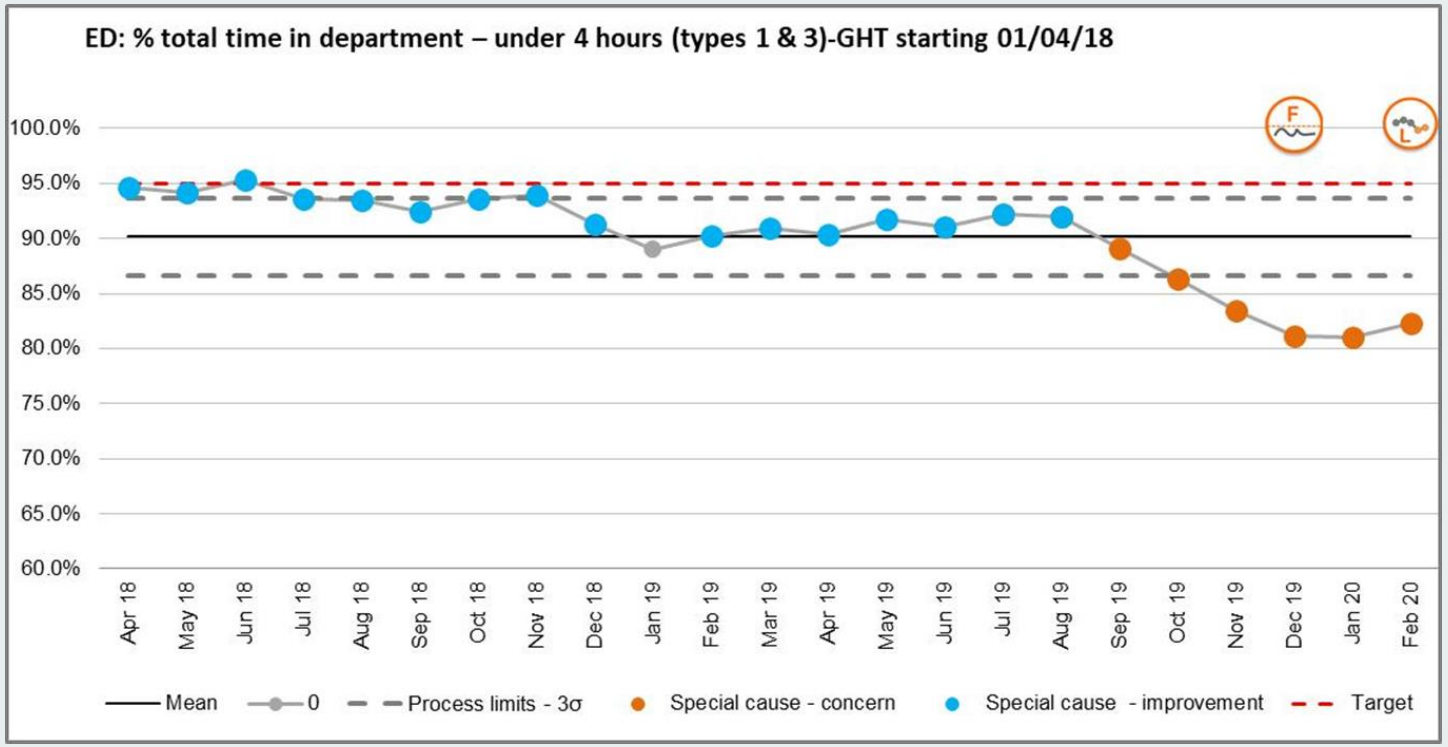
Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



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 4 data points which are above the line. There are 5 data point(s) below the line
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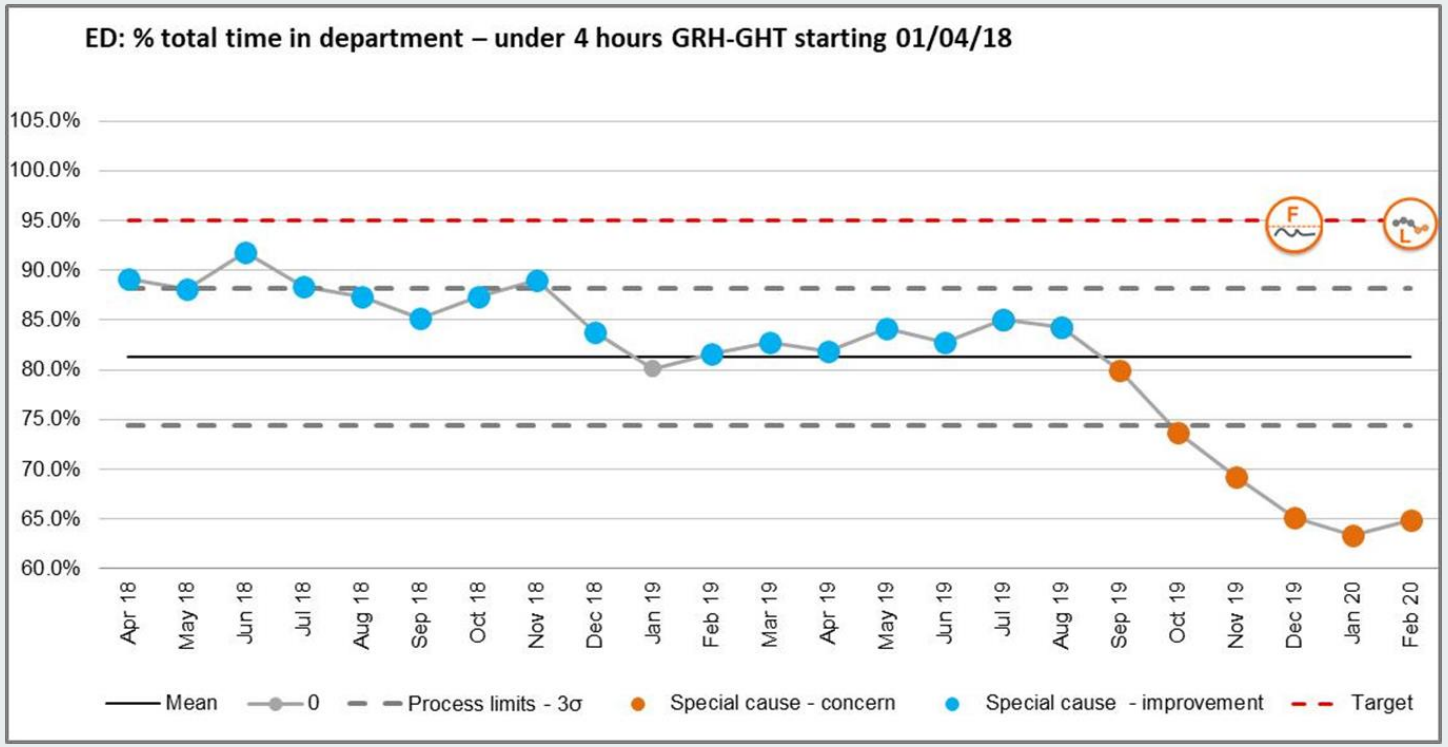
Gloucestershire Hospitals NHS Foundation Trust



Commentary

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- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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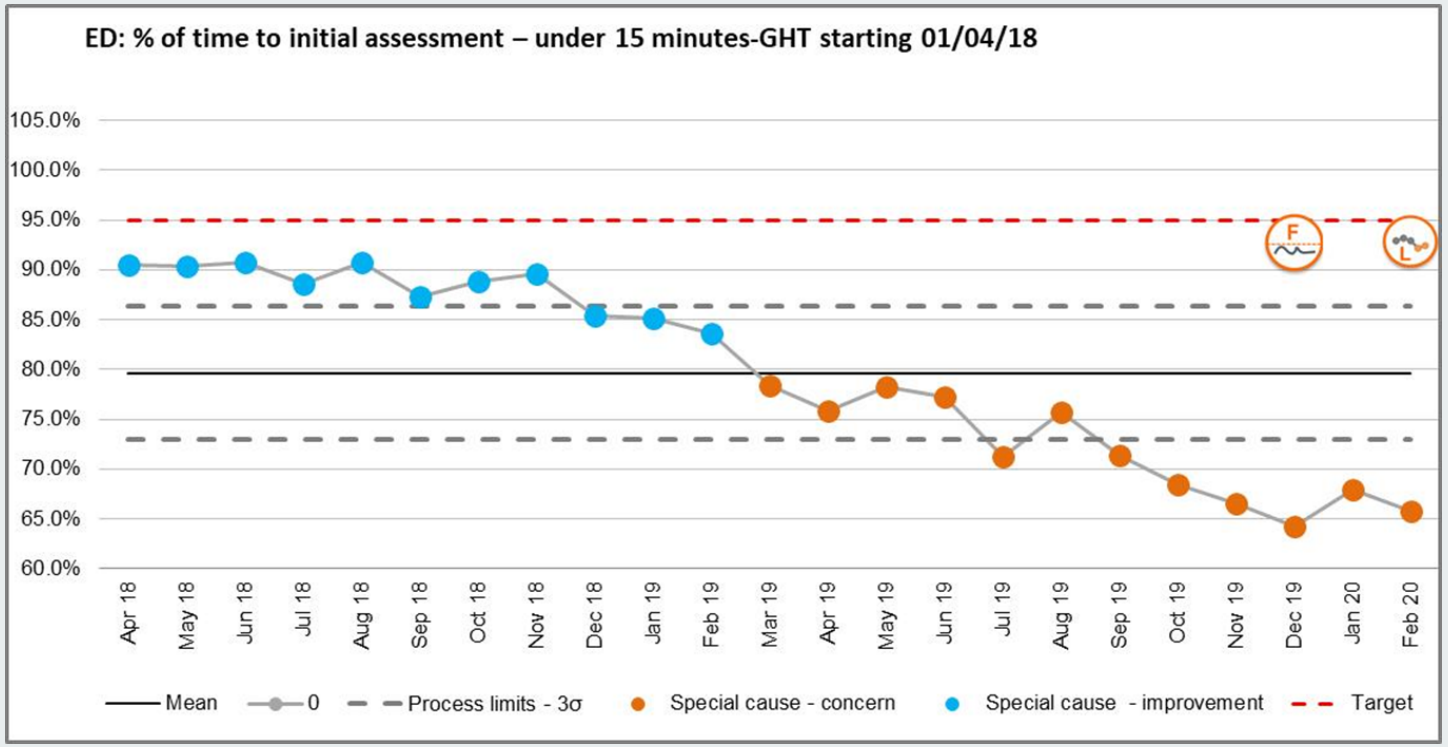
Gloucestershire Hospitals NHS Foundation Trust



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 8 data points which are above the line. There are 7 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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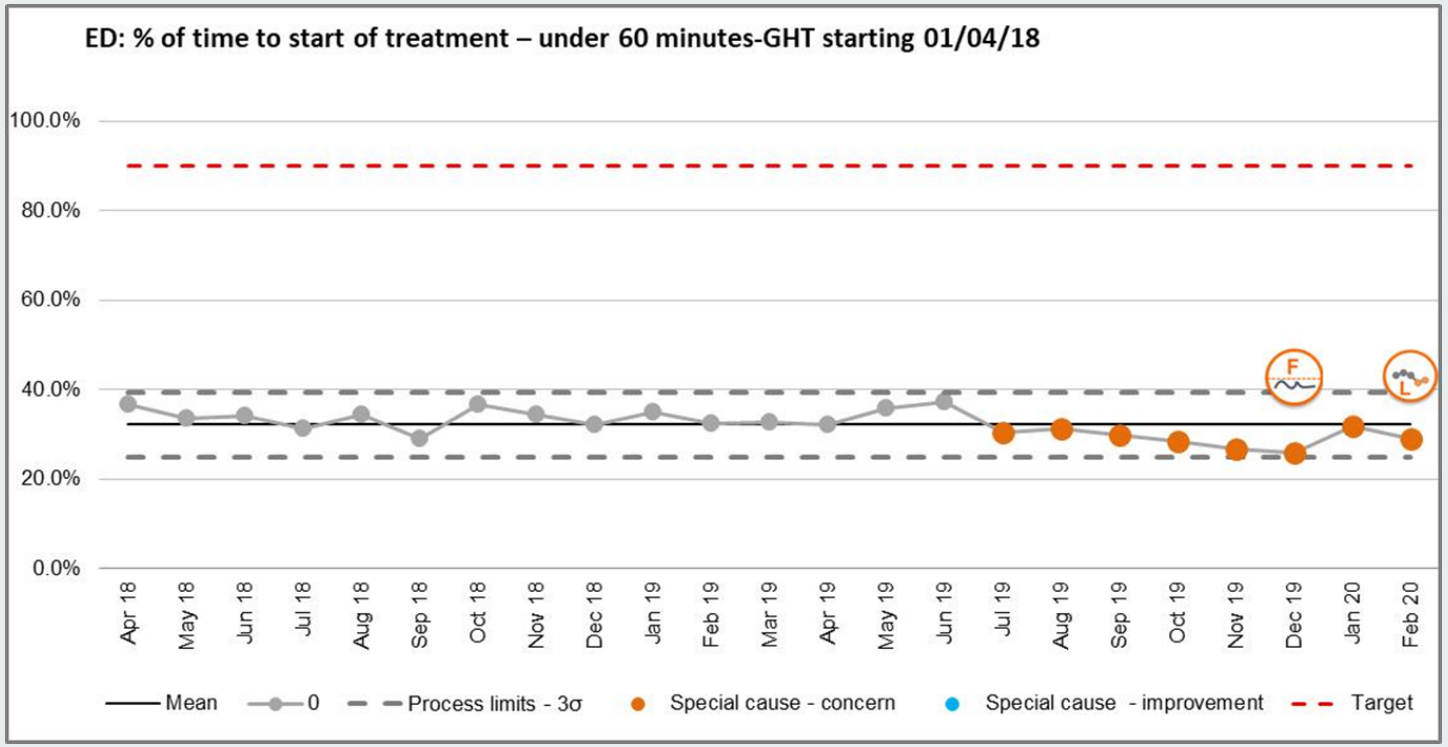
Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Director of Unscheduled Care and Deputy Chief Operating Officer

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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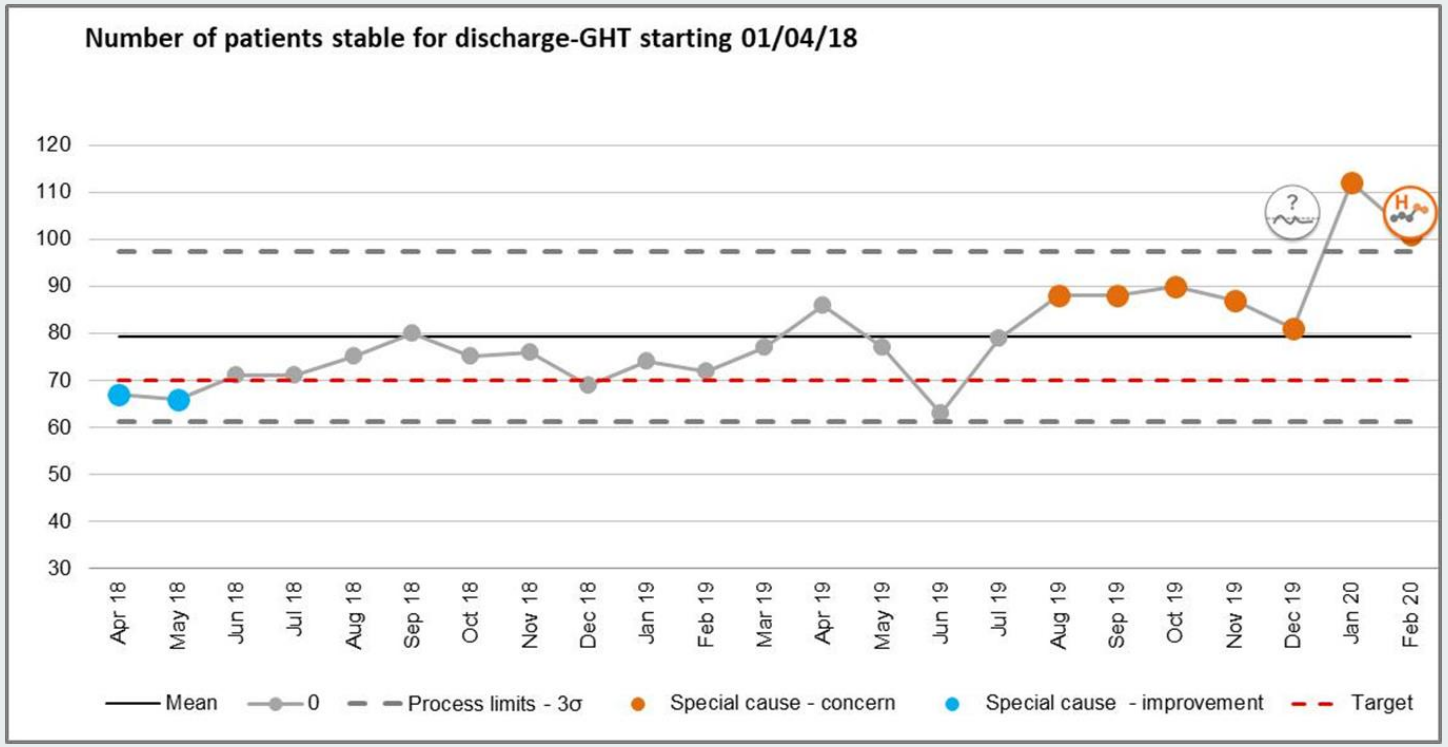
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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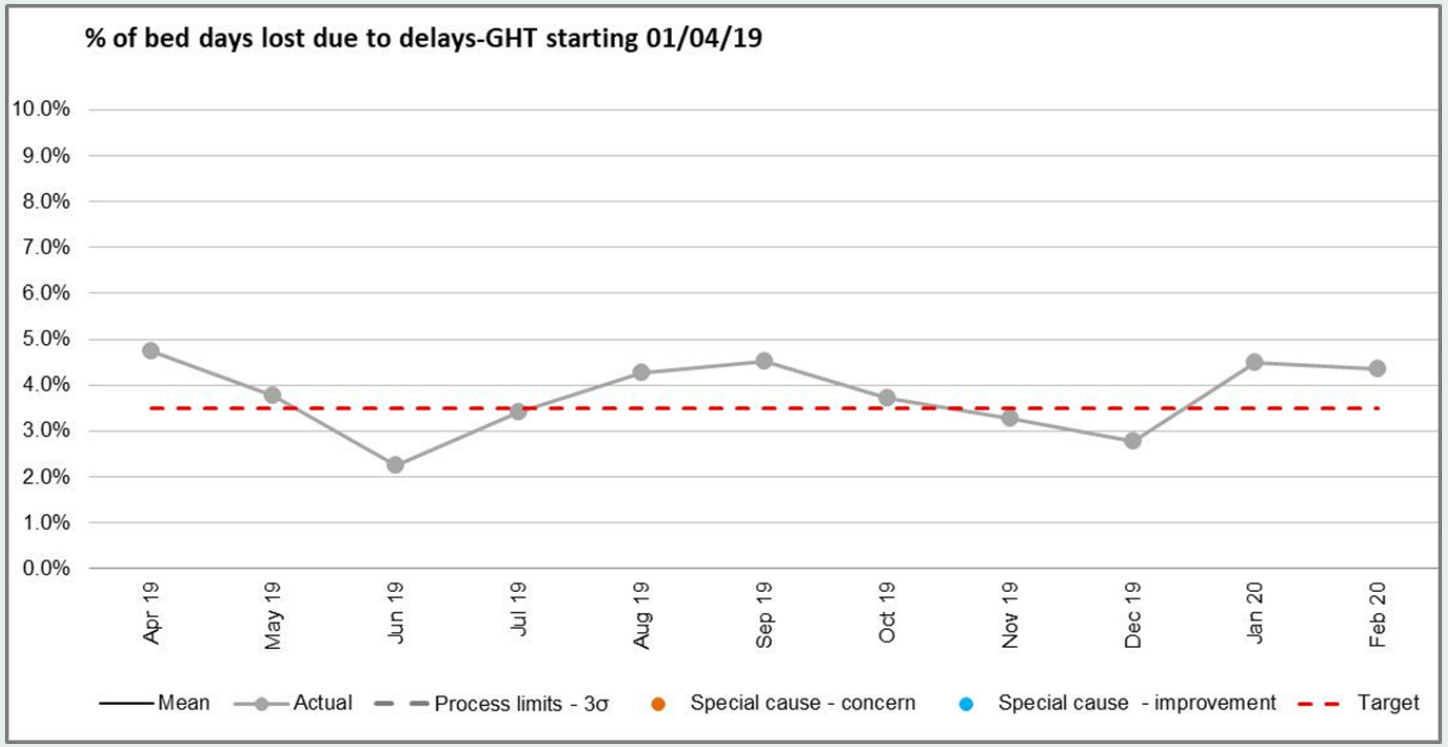
Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

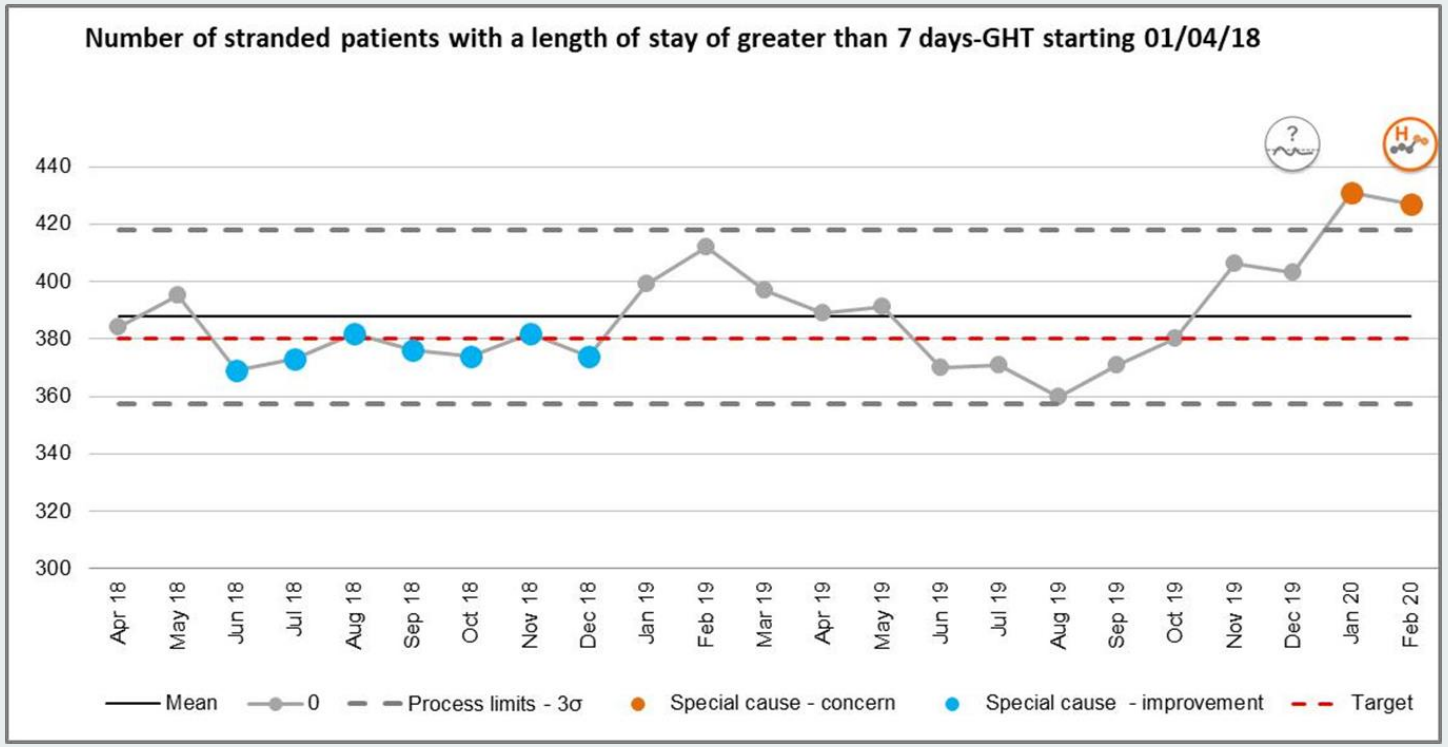
- Director of Unscheduled Care and Deputy Chief Operating Officer

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.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

System partners review underway as numbers worsening.

- 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.
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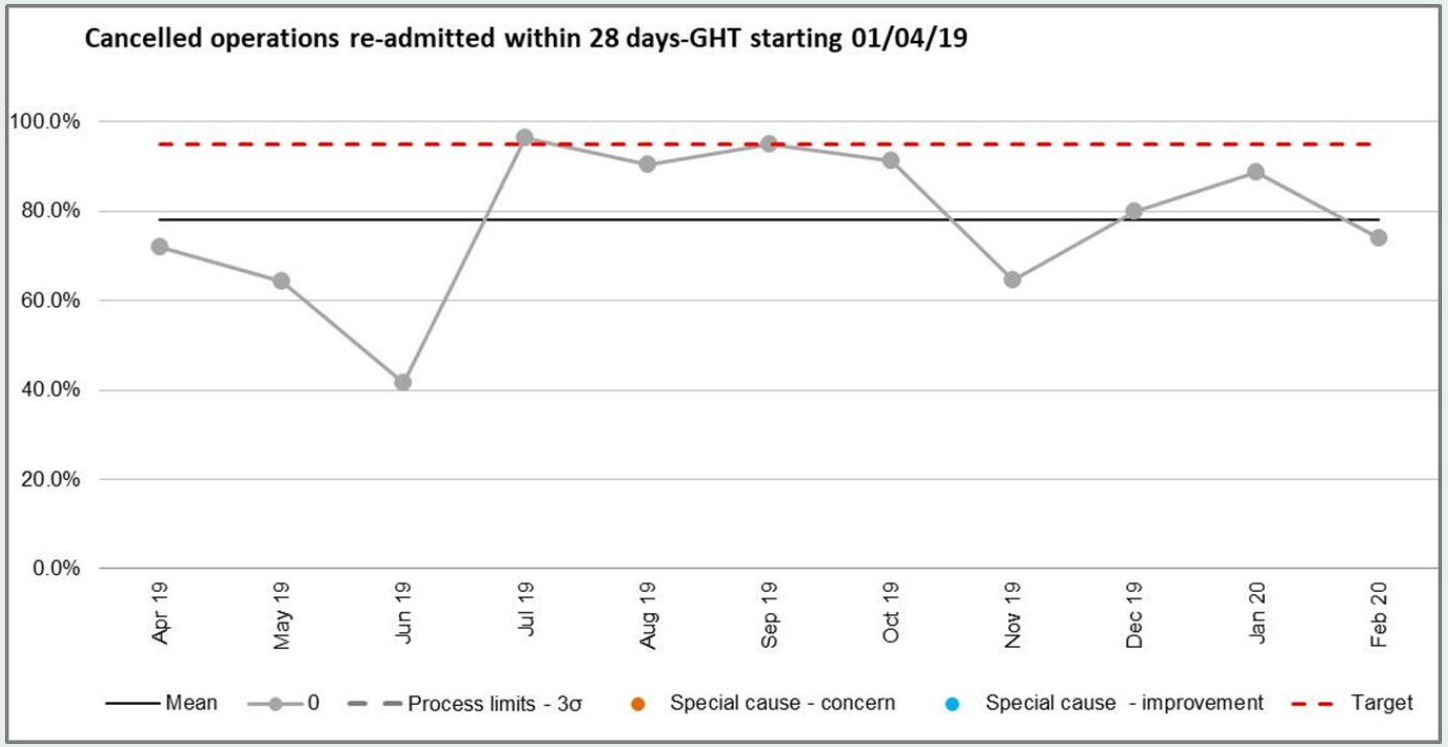
Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Deputy Chief Operating Officer

Data Observations

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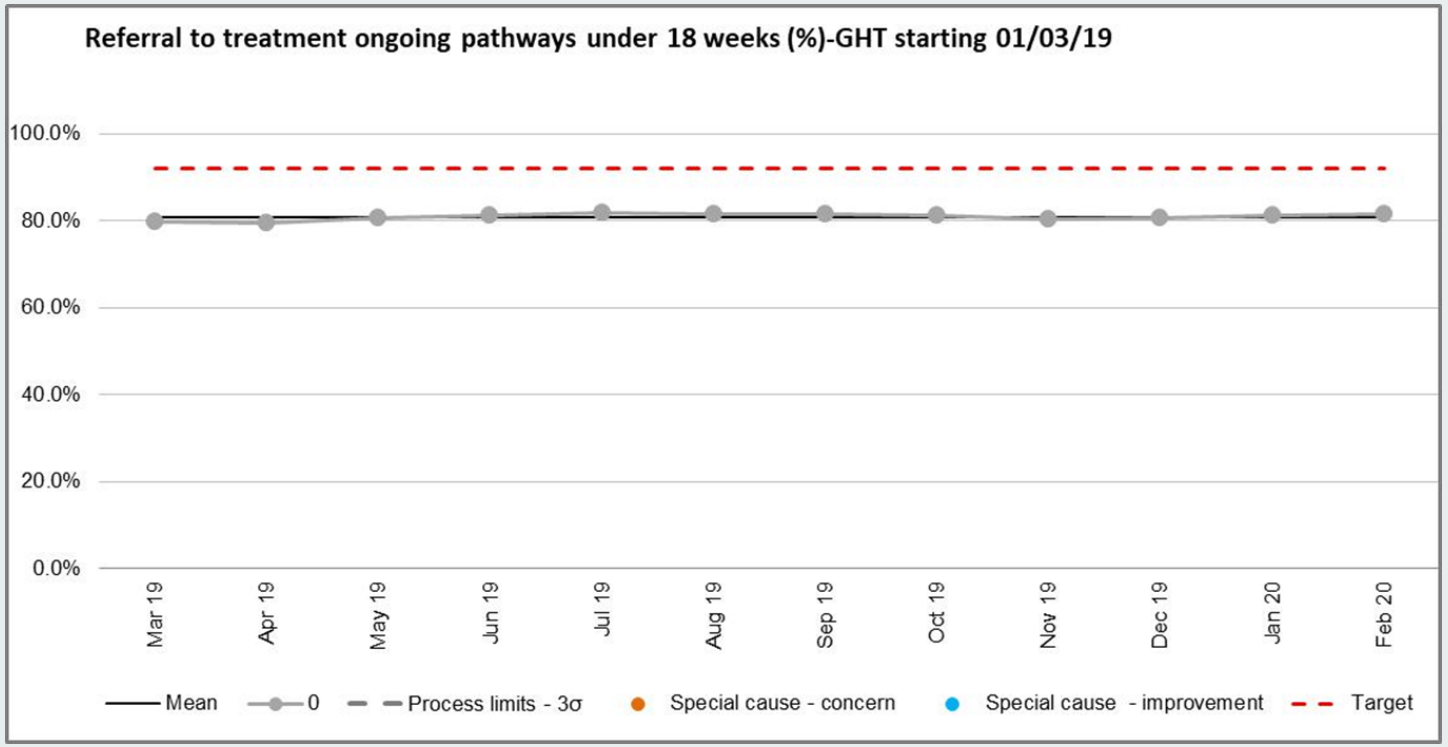
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Performance is in line with agreed trajectory. As is the reduction in the waiting list since April 2019 to February 2020, from 58,374 to 55,994

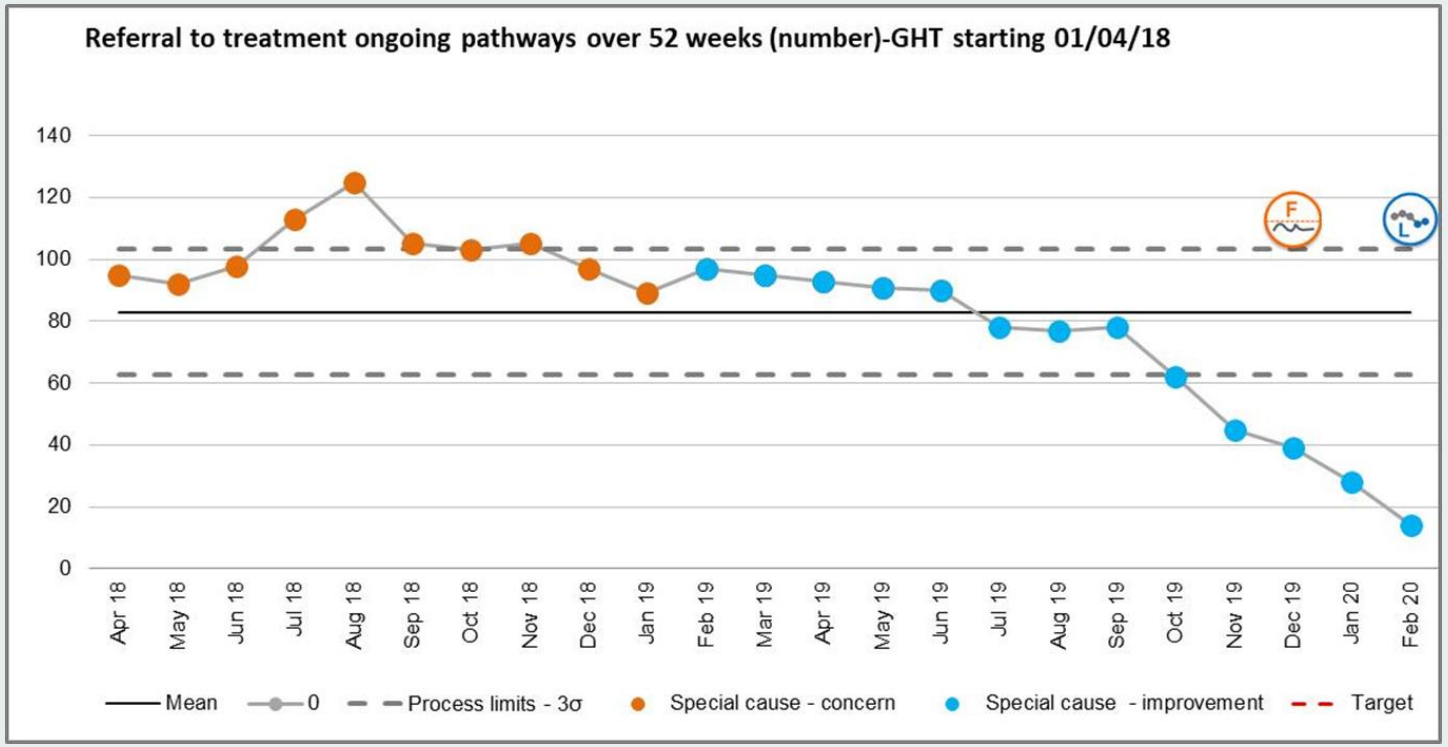
- Deputy Chief Operating Officer

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.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

The Trust continues to see a reduction in the longest waiting patients, whilst not acceptable February was within the trajectory agreed with NHS I.

- 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 4 data points which are above the line. There are 5 data point(s) below the line.
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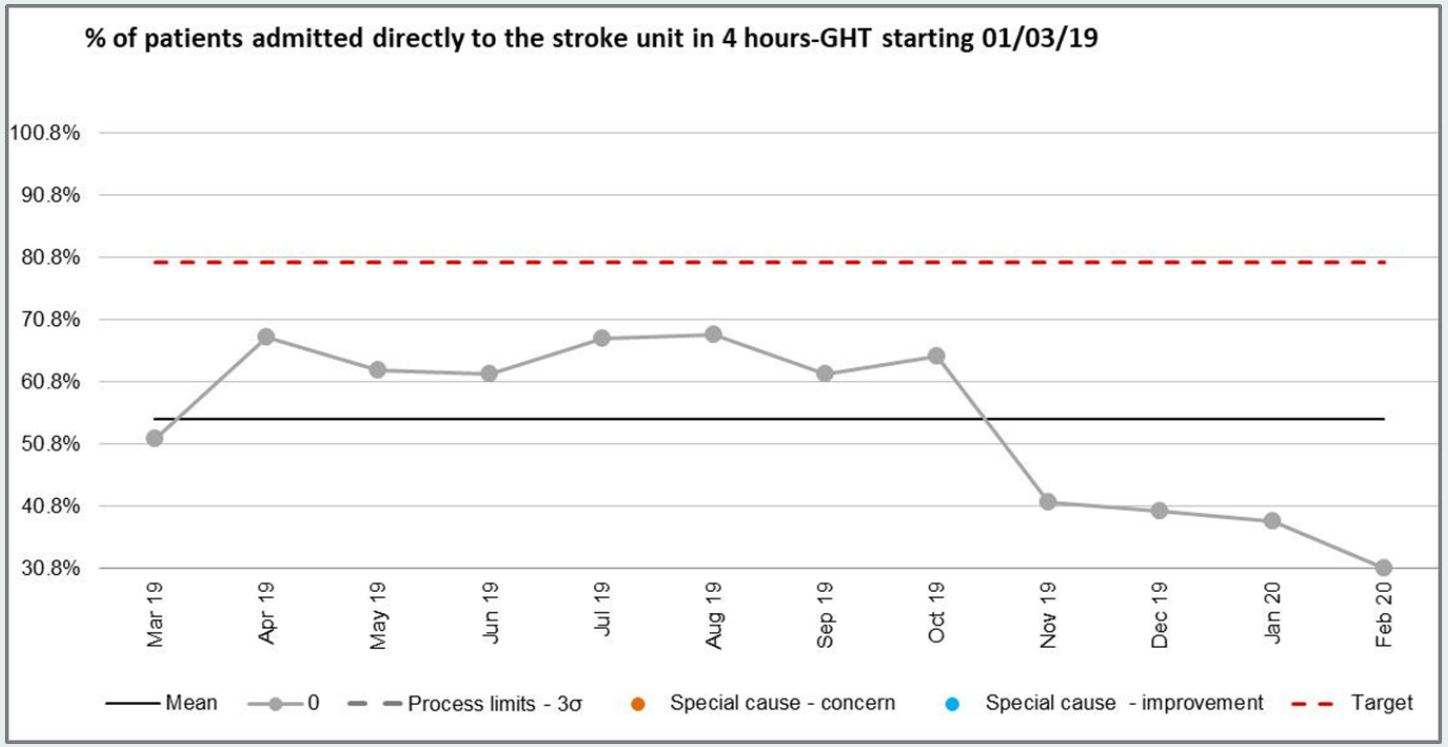
Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Deterioration of 8% on January performance (38.40%). 54 patients breached the target in the month of February. Of these 54:
2 patients were an inpatient already / presented at CGH where they were admitted when the stroke presented and experienced a delayed transfer.
41 patients were delayed due to lack of beds - non-Strokes on the Stroke ward due to increased demand for medical beds at GRH during this period.
11 patients were delayed due to an unclear diagnosis which led to them initially being admitted to AMU for further tests.

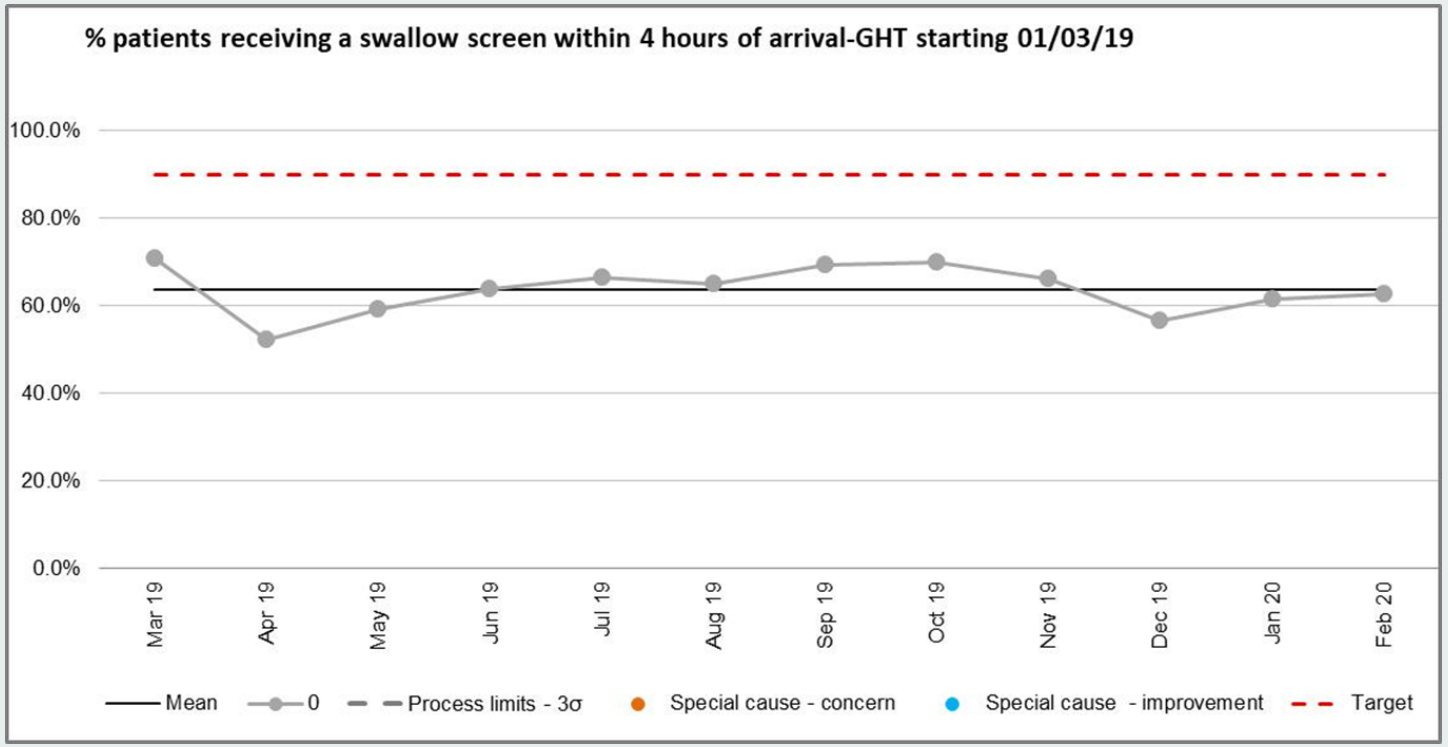
- Director of Unscheduled Care and Deputy Chief Operating Officer

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.

Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Improvement of 1.2% on January performance (61.60%). 29 patients breached the target in the month of February. Of those 29:
2 patients were an inpatient when stroke presented and were delayed in transfer to stroke unit due to lack of bed capacity.
13 patients were delayed in receiving a bed on the Stroke Unit and therefore had a delayed swallow screening.
5 patients had an unclear diagnosis on initial presentation and therefore were a late diagnosis. Knock on impact were delays to each of the onward pathway elements as a result.
9 patients were too unwell to receive a swallow screen within the four hour target.

- Director of Unscheduled Care and Deputy Chief Operating Officer

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.

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			Variation		
Consistently hit target	Hit and miss target subject to random	Consistently fail target	Special Cause Concerning variation	Common Cause	Special Cause Improving variation

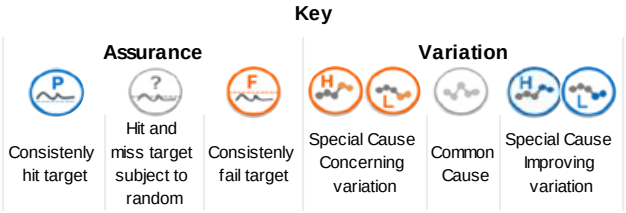
MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Dementia Screening	% of patients who have been screened for dementia (within 72 hours)	>=90%	Jan-20	37%
Dementia Screening	% of patients who have scored positively on dementia screening tool that then received a dementia diagnostic	>=90%	Jan-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%	Feb-20	90.5%
Friends & Family Test	ED % positive	>=84%	Feb-20	79.2%
Friends & Family Test	Maternity % positive	>=97%	Feb-20	100.0%
Friends & Family Test	Outpatients % positive	>=94%	Feb-20	93.0%
Friends & Family Test	Total % positive	>=93%	Feb-20	91.1%
Infection Control	Number of trust apportioned MRSA bacteraemia	Zero	Feb-20	0
Infection Control	MRSA bacteraemia – infection rate per 100,000 bed days	Zero	Feb-20	0
Infection Control	Number of trust apportioned Clostridium difficile cases per month	2019/20: 114	Feb-20	6
Infection Control	Number of community-onset healthcare-associated Clostridioides difficile cases per month	<=5	Feb-20	0
Infection Control	Number of hospital-onset healthcare-associated Clostridioides difficile cases per month	<=5	Feb-20	6
Infection Control	Clostridium difficile – infection rate per 100,000 bed days	<30.2	Feb-20	21.5
Infection Control	Number of MSSA bacteraemia cases	<=8	Feb-20	1
Infection Control	MSSA – infection rate per 100,000 bed days	<=12.7	Feb-20	3.6
Infection Control	Number of ecoli cases	No target	Feb-20	3
Infection Control	Number of pseudomona cases	No target	Feb-20	0
Infection Control	Number of klebsiella cases	No target	Feb-20	2
Infection Control	Number of bed days lost due to infection control outbreaks	<10	Feb-20	13

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Inpatient Questions	How much information about your condition or treatment or care has been given to you?	>=90%	Feb-20	84%
Inpatient Questions	Are you involved as much as you want to be in decisions about your care and treatment?	>=90%	Feb-20	95%
Inpatient Questions	Do you feel that you are treated with respect and dignity?	>=90%	Feb-20	99%
Inpatient Questions	Do you feel well looked after by staff treating or caring for you?	>=90%	Feb-20	100%
Inpatient Questions	Do you get enough help from staff to eat your meals?	>=90%	Feb-20	96%
Inpatient Questions	In your opinion, how clean is your room or the area that you receive treatment in?	>=90%	Feb-20	98%
Inpatient Questions	Do you get enough help from staff to wash or keep yourself clean?	>=90%	Feb-20	93%
Maternity	% C-section rate (planned and emergency)	<=27%	Feb-20	30.23%
Maternity	% emergency C-section rate	No target	Feb-20	16.4%
Maternity	% of women smoking at delivery	<=14.5%	Feb-20	8.64%
Maternity	% of women that have an induced labour	<=30%	Feb-20	28.4%
Maternity	% stillbirths as percentage of all pregnancies > 24 weeks	<0.52%	Feb-20	0.00%
Maternity	% of women on a Continuity of Carer pathway	No target	Feb-20	5.0%
Mortality	Summary hospital mortality indicator (SHMI) – national data	NHS Digital	Sep-19	1.1
Mortality	Hospital standardised mortality ratio (HSMR)	Dr Foster	Nov-19	99.8
Mortality	Hospital standardised mortality ratio (HSMR) – weekend	Dr Foster	Nov-19	102.1
Mortality	Number of inpatient deaths	No target	Feb-20	165
Mortality	Number of deaths of patients with a learning disability	No target	Feb-20	0
MSA	Number of breaches of mixed sex accommodation	<=10	Feb-20	1
Patient Safety Incidents	Number of patient safety alerts outstanding	Zero	Feb-20	0
Patient Safety Incidents	Number of falls per 1,000 bed days	<=6	Feb-20	7

Quality Dashboard

Gloucestershire Hospitals NHS Foundation Trust

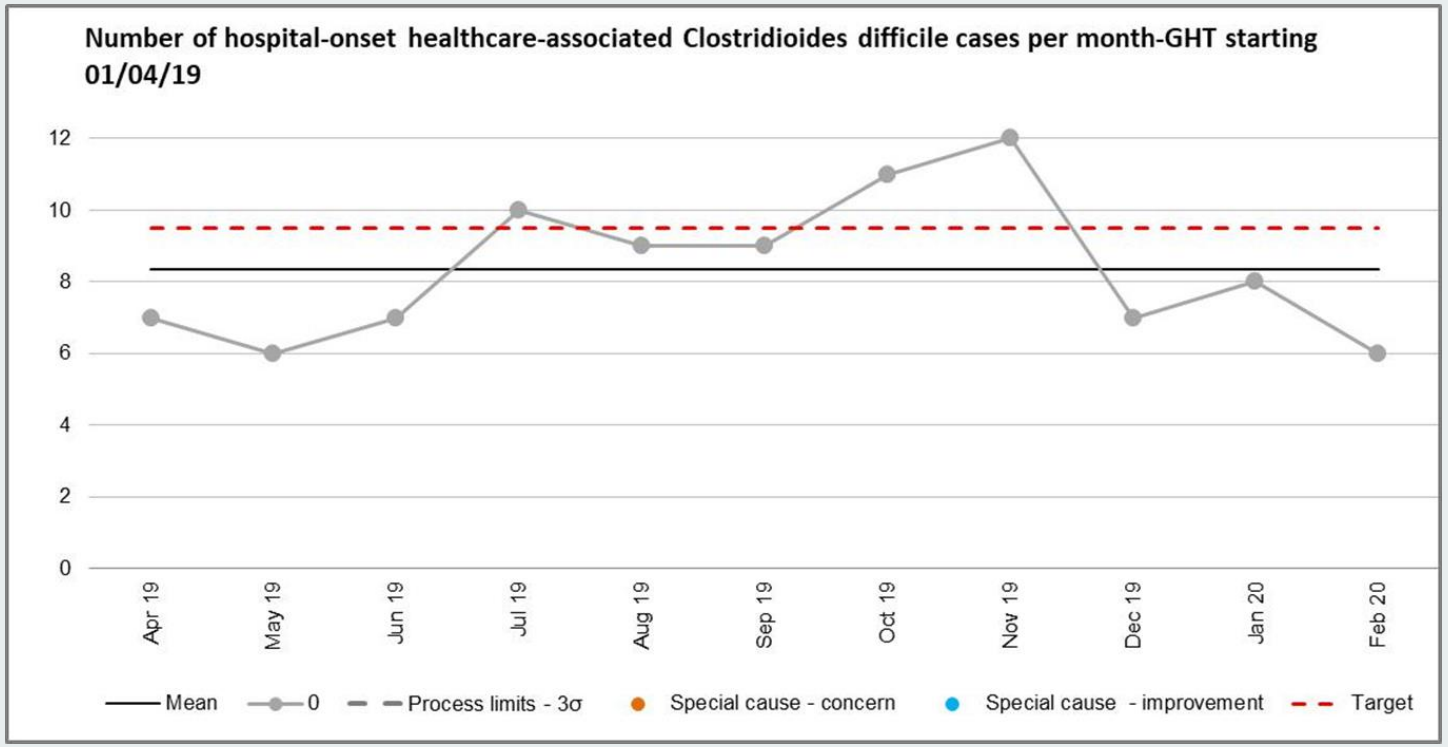
This dashboard shows the most recent performance of metrics in the Quality category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.



MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
Patient Safety Incidents	Number of falls resulting in harm (moderate/severe)	<=3		Feb-20	5	
Patient Safety Incidents	Number of patient safety incidents – severe harm (major/death)	No target		Feb-20	5	
Patient Safety Incidents	Medication error resulting in severe harm	No target		Feb-20	1	
Patient Safety Incidents	Medication error resulting in moderate harm	No target		Feb-20	2	
Patient Safety Incidents	Medication error resulting in low harm	No target		Feb-20	8	
Patient Safety Incidents	Number of category 2 pressure ulcers acquired as in-patient	<=30		Feb-20	12	
Patient Safety Incidents	Number of category 3 pressure ulcers acquired as in-patient	<=5		Feb-20	3	
Patient Safety Incidents	Number of category 4 pressure ulcers acquired as in-patient	Zero		Feb-20	0	
Patient Safety Incidents	Number of unstagable pressure ulcers acquired as in-patient	<=3		Feb-20	6	
Patient Safety Incidents	Number of deep tissue injury pressure ulcers acquired as in-patient	<=5		Feb-20	3	
RIDDOR	Number of RIDDOR	SPC		Feb-20	2	
Safety Thermometer	Safety thermometer – % of new harms	>96%		Feb-20	98.1%	
Serious Incidents	Number of never events reported	Zero		Feb-20	1	
Serious Incidents	Number of serious incidents reported	No target		Feb-20	3	
Serious Incidents	Serious incidents – 72 hour report completed within contract timescale	>90%		Feb-20	100.0%	
Serious Incidents	Percentage of serious incident investigations completed within contract timescale	>80%		Feb-20	100%	
VTE Prevention	% of adult inpatients who have received a VTE risk assessment	>95%		Feb-20	94.2%	

Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

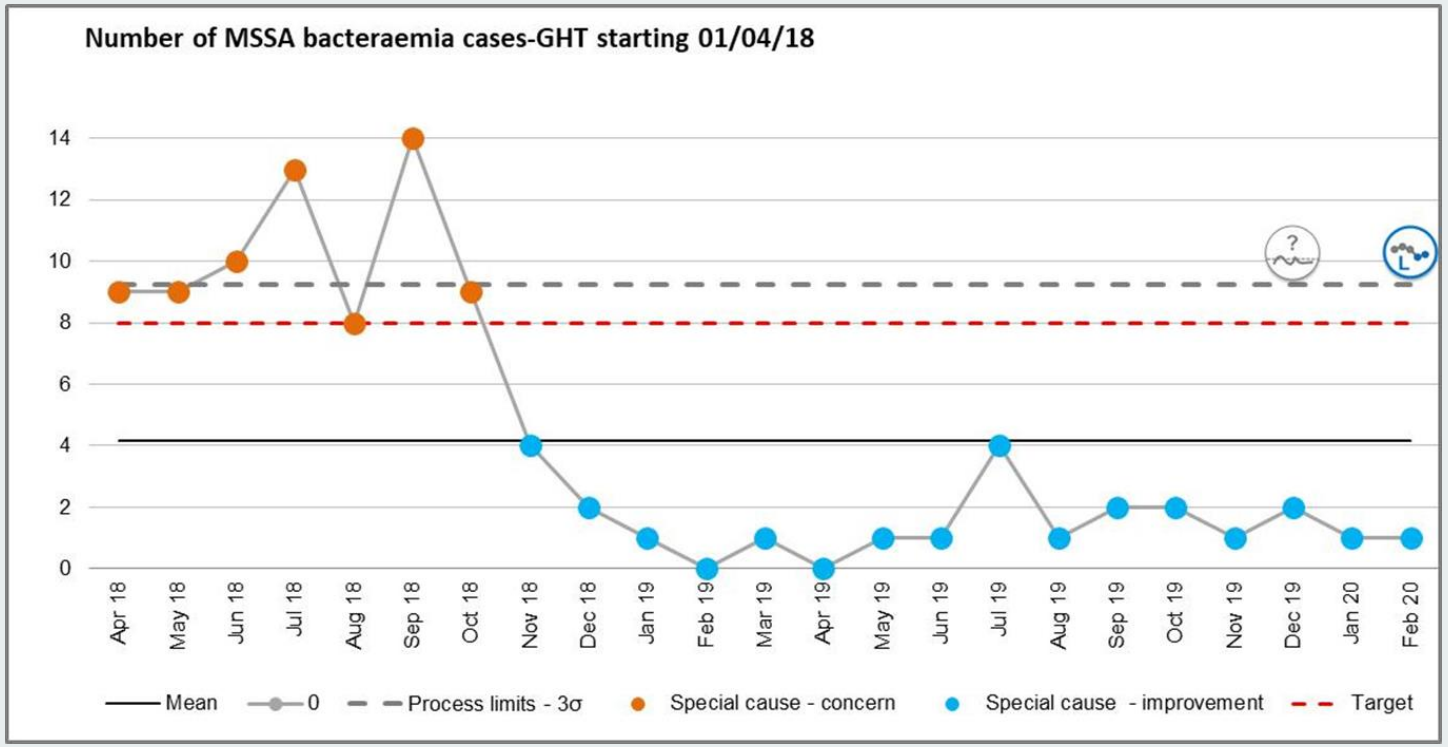
- Associate Chief Nurse and Deputy Director of Infection Prevention and Control

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.

Quality:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

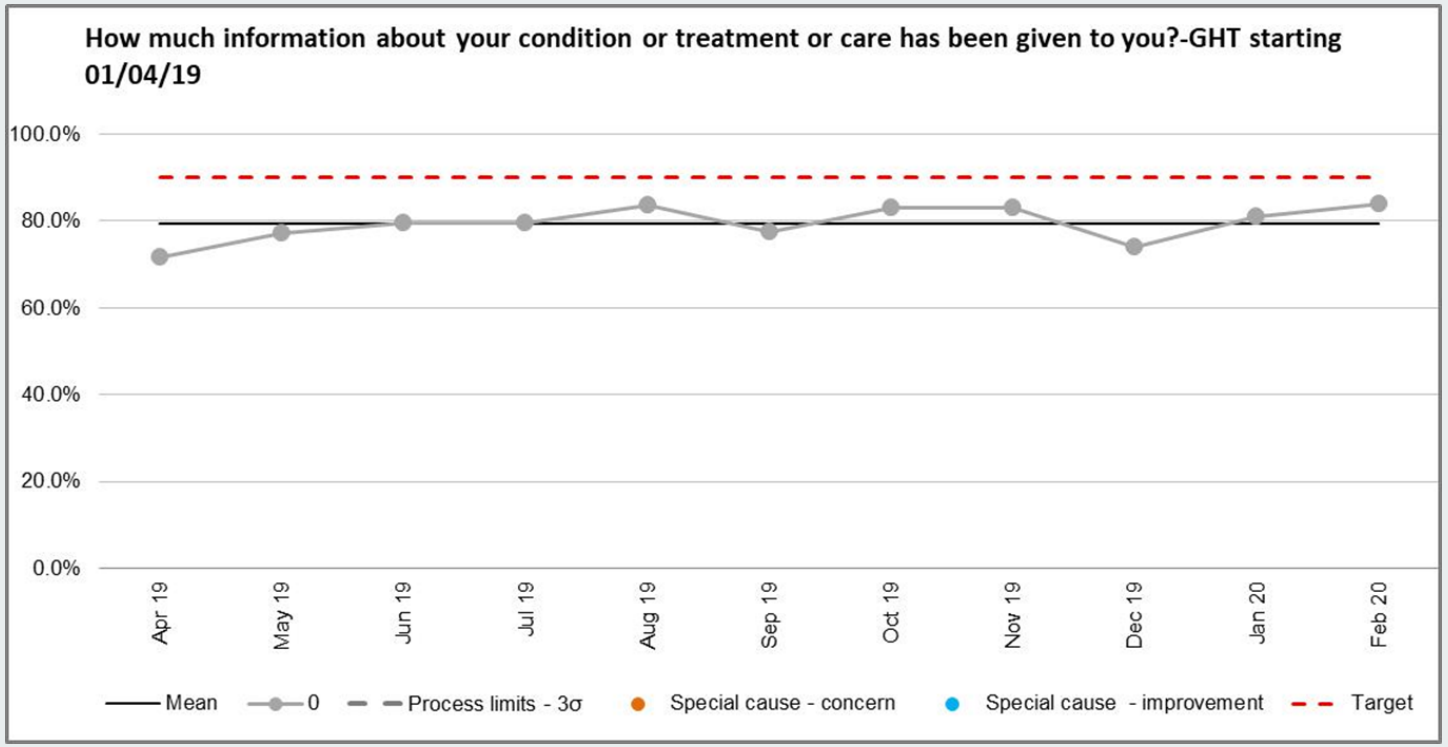
- Associate Chief Nurse and Deputy Director of Infection Prevention and Control

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

Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

This is an improving figure, and the highest this score has been since we began the realtime survey in April 2019. Data is shared with relevant leads each month, and will continue to be monitored.

- Head of Patient Experience Improvement

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
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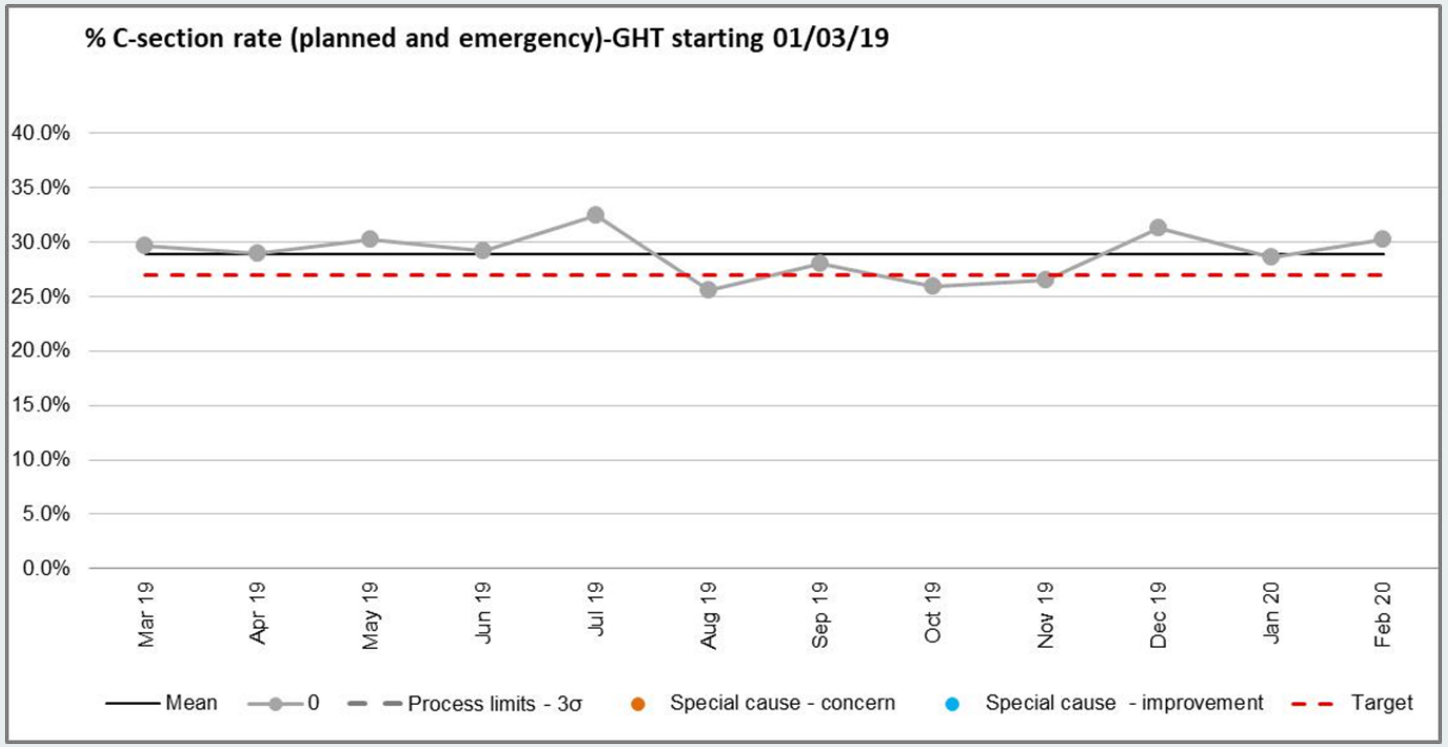
Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

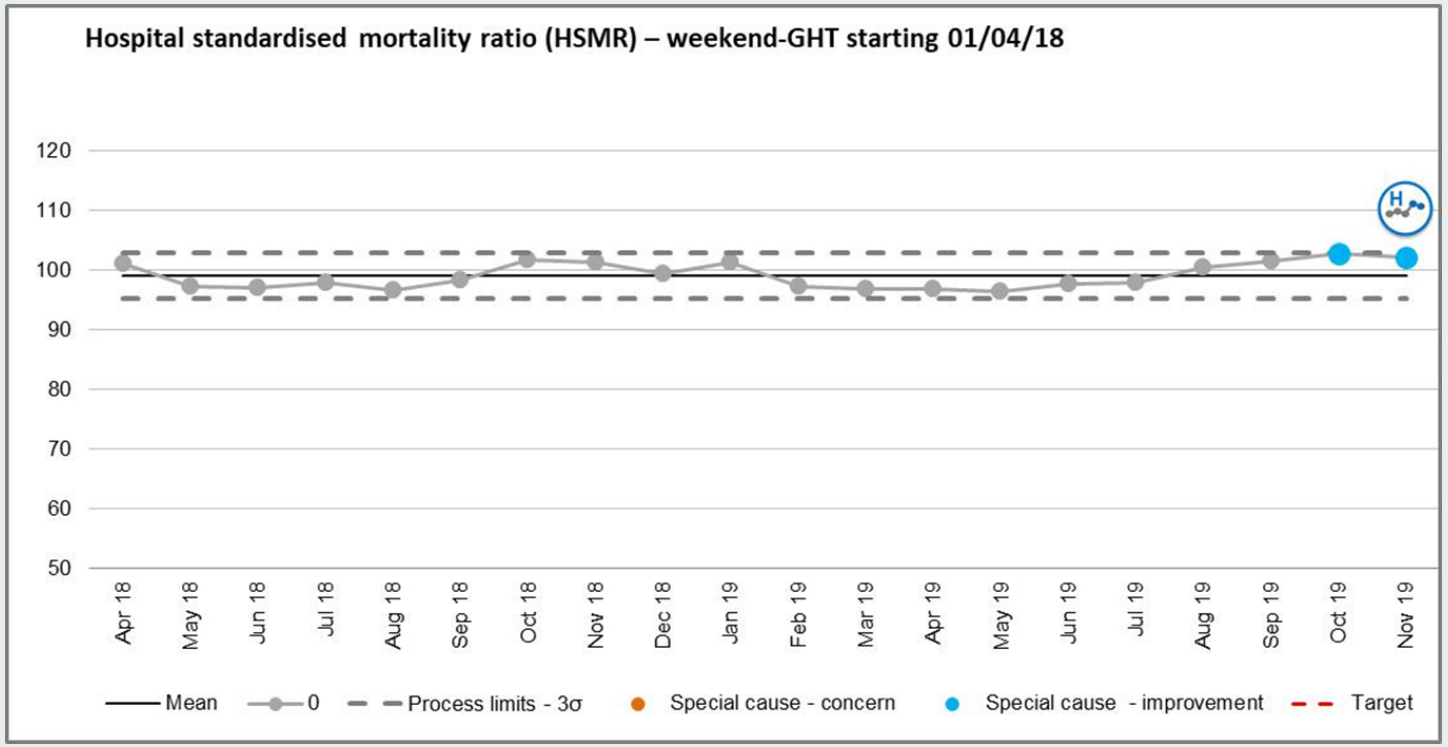
- Divisional Chief Nurse and Director of Midwifery

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.

Quality:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

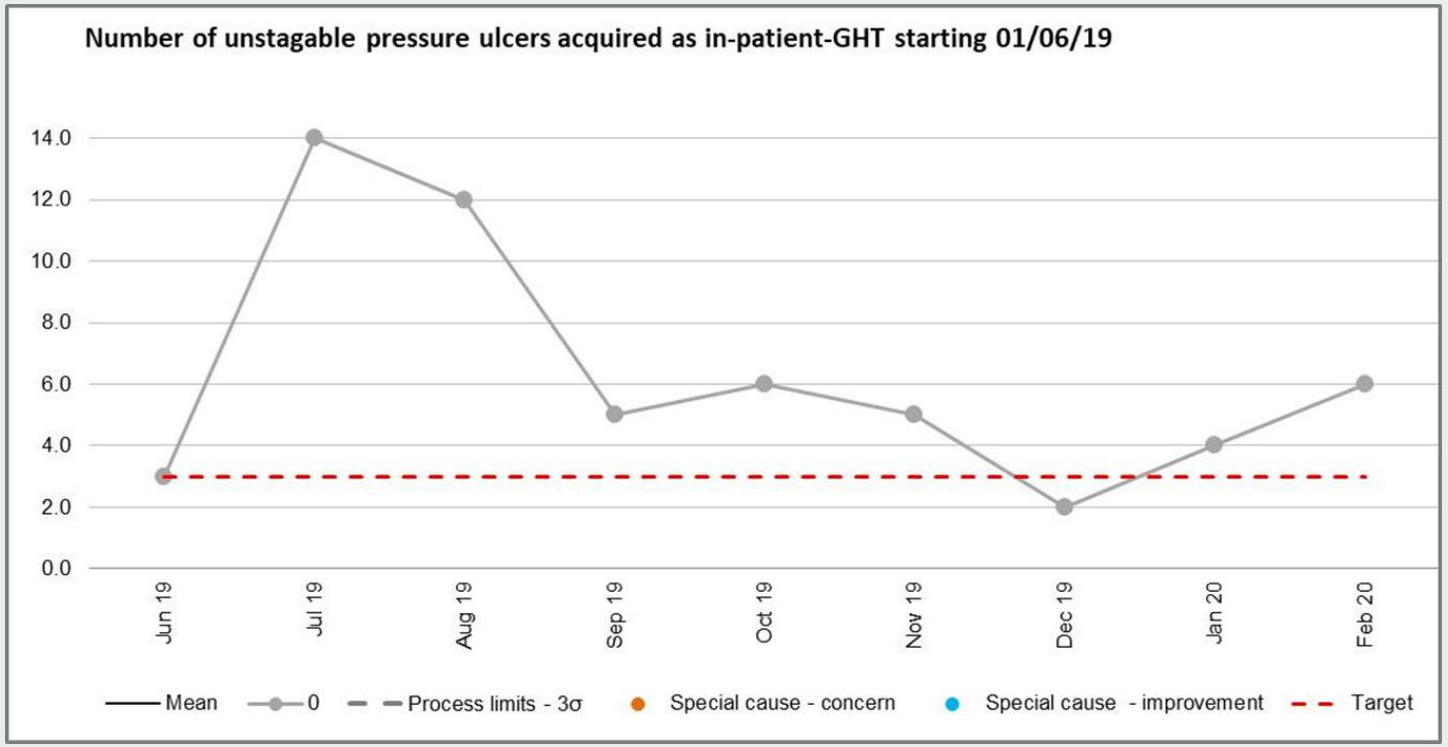
- Medical Director

Data Observations

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

Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

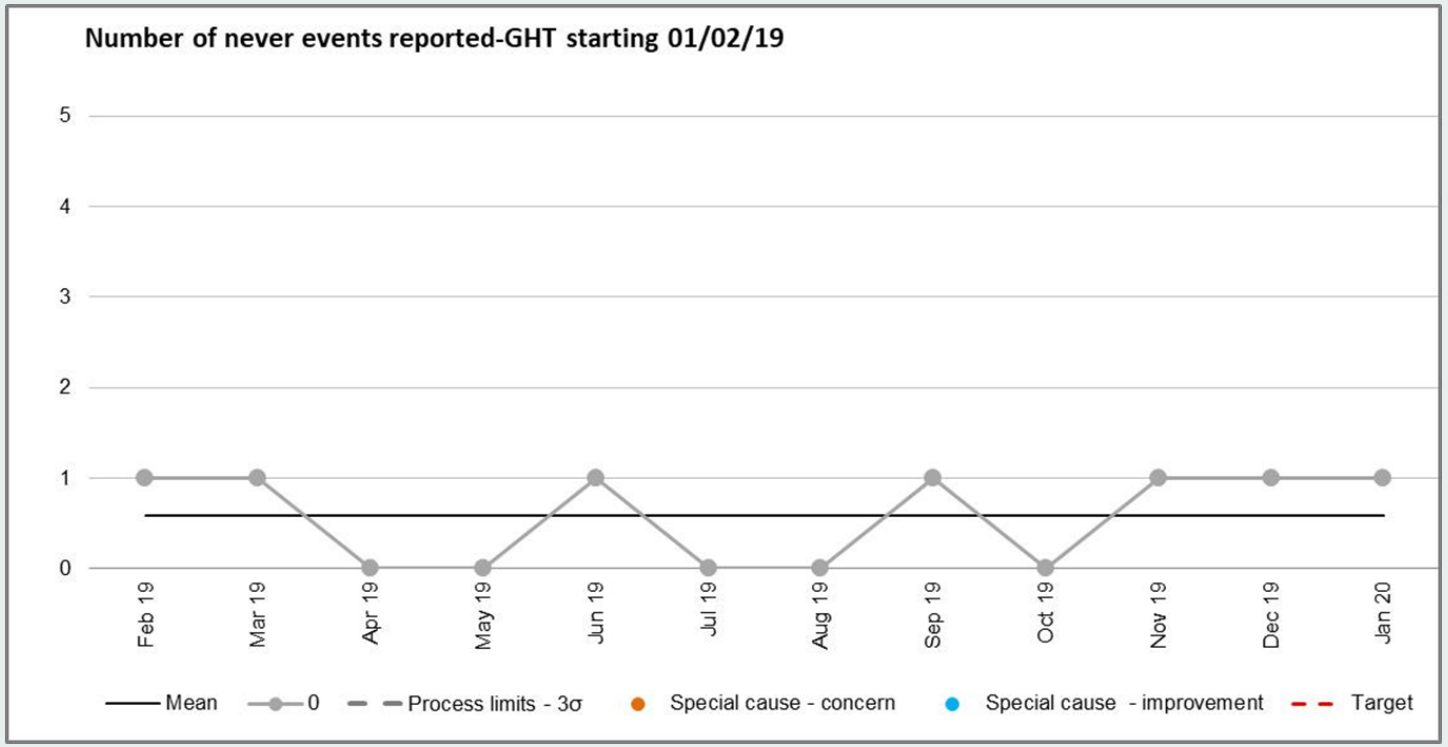
- Deputy Nursing Director & Divisional Nursing Director - Surgery

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.

Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Director of Safety

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.

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
- Consistently fail target

Variation

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

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance	
Finance	Total PayBill Spend		Feb-20	31.6
Finance	YTD Performance against Financial Recovery Plan		Feb-20	0.1
Finance	Cost Improvement Year to Date Variance		Feb-20	-3.7
Finance	NHSI Financial Risk Rating		Feb-20	3
Finance	Capital service		Feb-20	4
Finance	Liquidity		Feb-20	4
Finance	Agency – Performance Against NHSI Set Agency Ceiling		Feb-20	3

People & OD Dashboard

Gloucestershire Hospitals NHS Foundation Trust

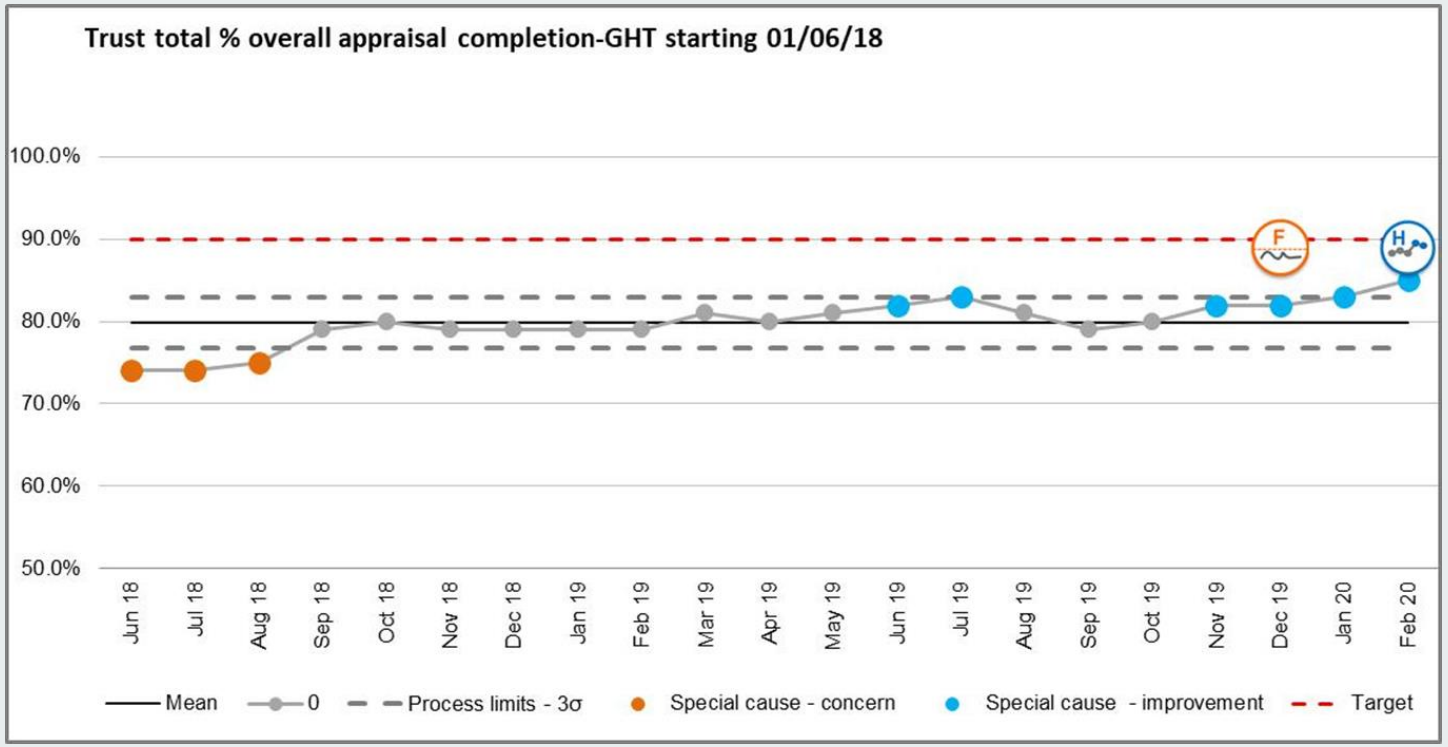
This dashboard shows the most recent performance of metrics in the People & Organisational Development category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Appraisal and Mandatory	Trust total % overall appraisal completion	>=90%	Feb-20	85.0%	
Appraisal and Mandatory	Trust total % mandatory training compliance	>=90%	Feb-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	Feb-20	6387.05	
Vacancy and WTE	Vacancy FTE	No target	Feb-20	450	
Vacancy and WTE	Starters FTE	No target	Feb-20	66.54	
Vacancy and WTE	Leavers FTE	No target	Feb-20	42.67	
Vacancy and WTE	% total vacancy rate	<=11.5%	Feb-20	0.067	
Vacancy and WTE	% vacancy rate for doctors	<=5%	Feb-20	0.036	
Vacancy and WTE	% vacancy rate for registered nurses	<=5%	Feb-20	0.099	
Workforce Expenditure	% turnover	<=11%	Feb-20	11.5%	
Workforce Expenditure	% turnover rate for nursing	<=11%	Feb-20	10.9%	
Workforce Expenditure	% sickness rate	<=3.5%	Feb-20	3.9%	

People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- **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 3 data points which are above the line. There are 3 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
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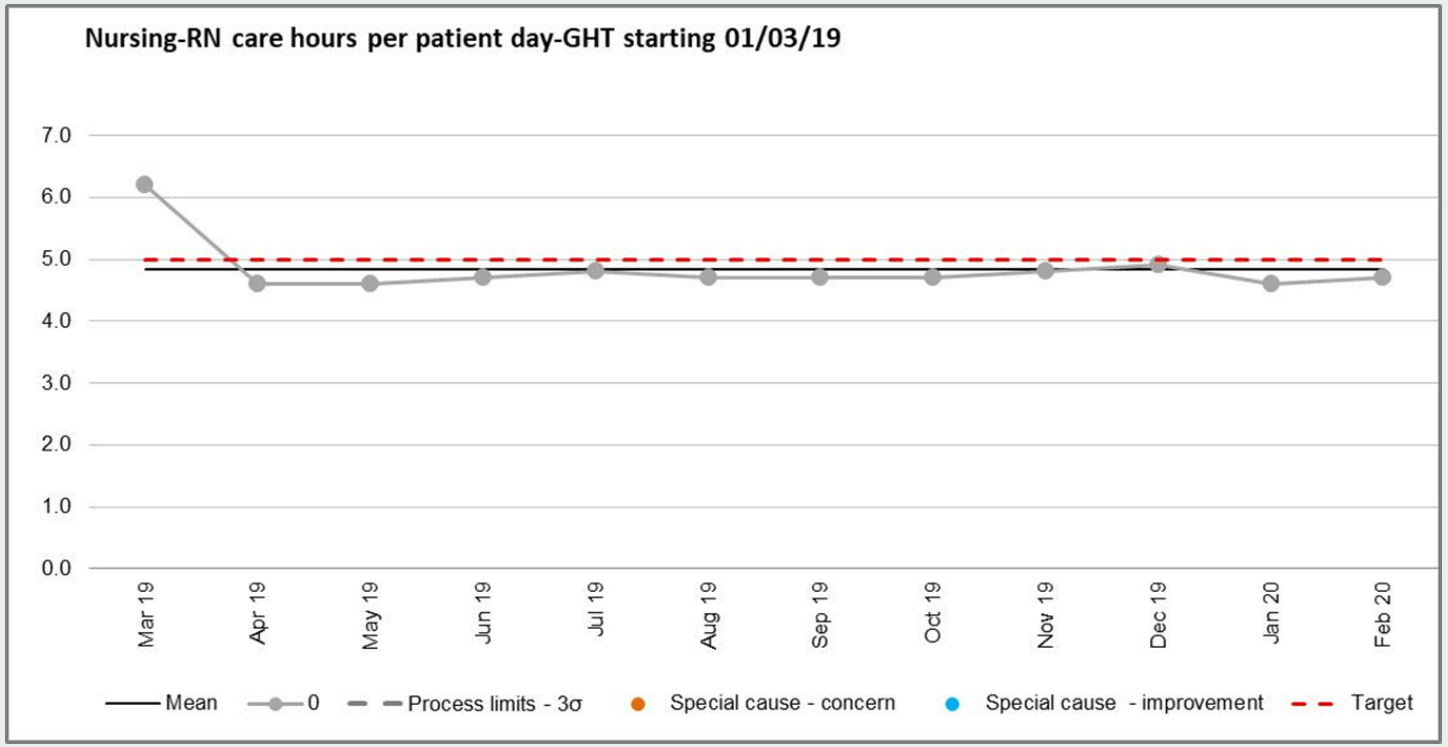
People & OD:
Run Chart – Target Not Achieved

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Overall activity remains high with multiple internal incidents declared throughout February and escalation beds open. OSN skype interviews have taken place with 16 new starters planning to join the Trust in April. A successful careers fair and recruitment event took place with approx. 130 attendees and 26 NQN/RN's offered conditional positions. The guidelines for internal transfers/ itchy feet have been revised and will be circulated once approved by the R+R subgroup.

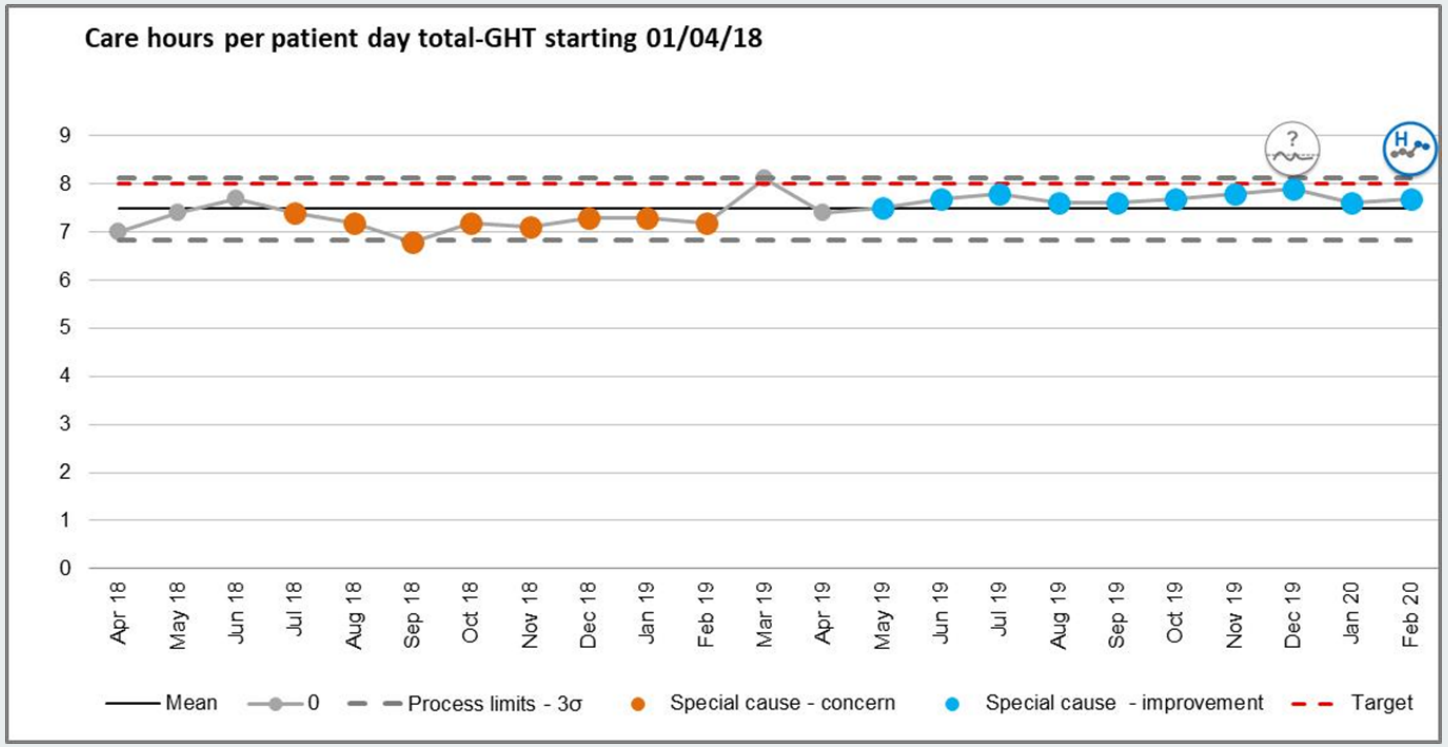
- Director of Nursing and Midwifery

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.

People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Overall activity remains high with multiple internal incidents declared throughout February and escalation beds open. Recruitment has continued with the Feb generic HCA interviews appointing 14 new candidates . OSN skype interviews have taken place with 16 new starters planning to join the Trust in April. A successful careers fair and recruitment event took place with approx. 130 attendees and 26 NQN/RN's offered conditional positions. The guidelines for internal transfers/ itchy feet have been revised and will be circulated once approved by the R+R subgroup.

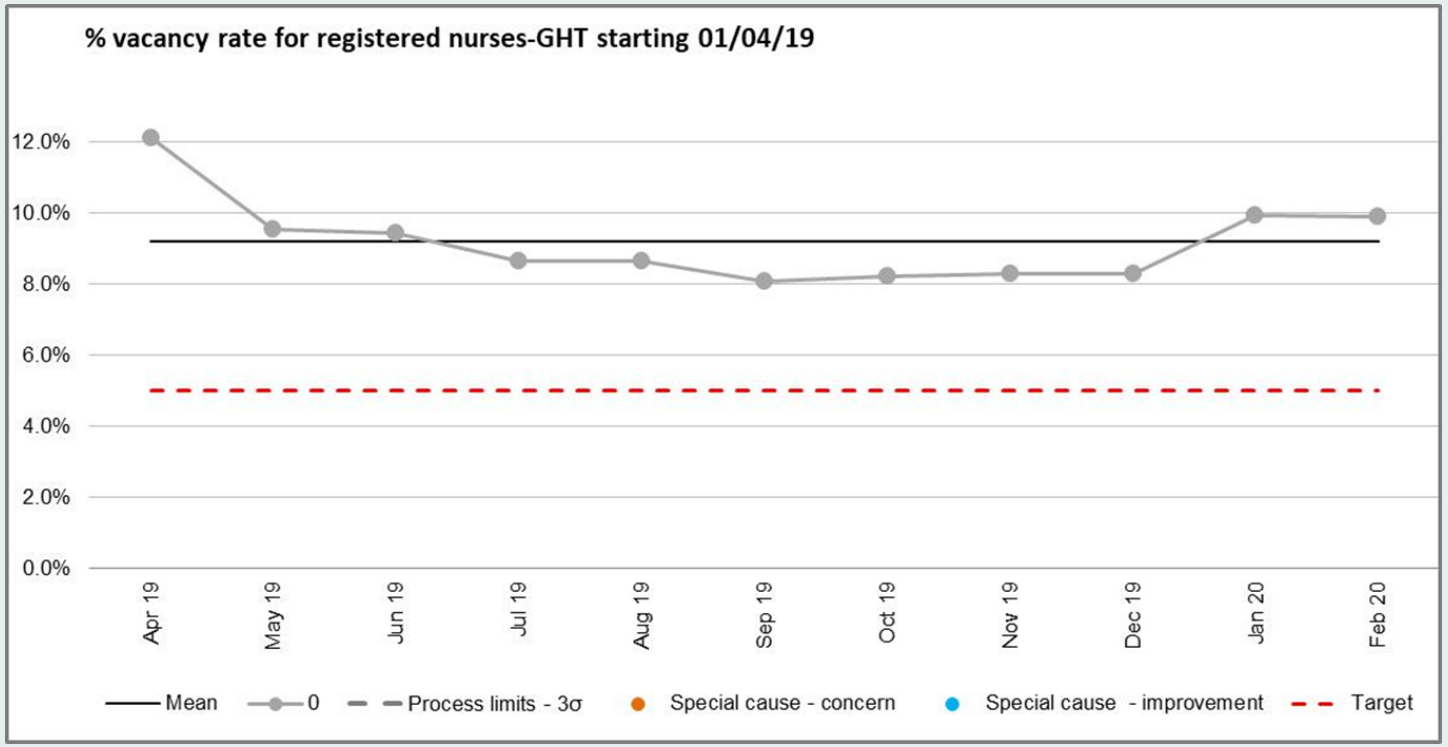
- Director of Nursing and Midwifery

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
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.

People & OD:
Run Chart – Target Not Achieved

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- Director of Nursing and Midwifery

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
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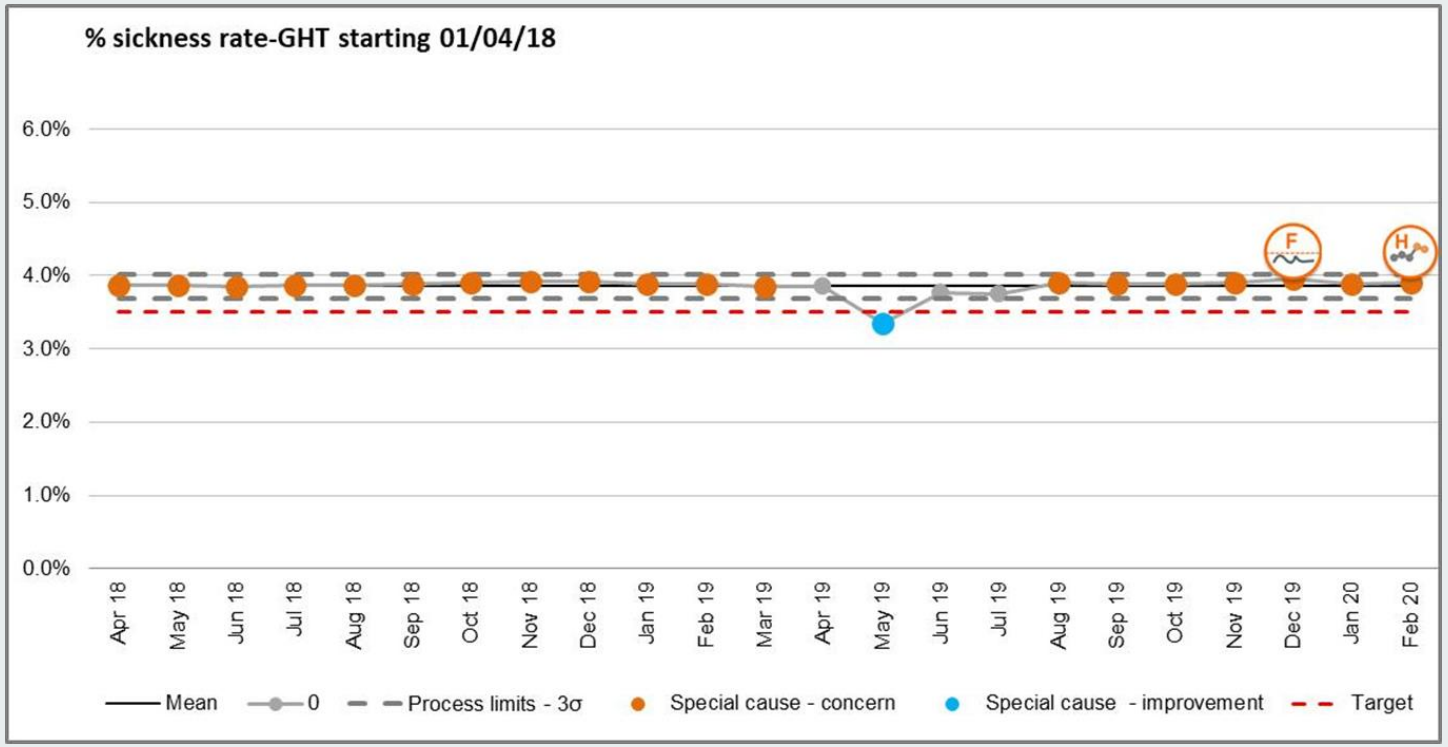
SPC – Special Cause Variation

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Further narrative will be provided by verbal updates.

- **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.
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.

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD – April 2020

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

This report describes the business conducted at the Quality and Performance Committee held 25 March 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
COVID-19 organisational	Comprehensive briefing of current situation, noted that changing rapidly. Significant numbers of patients discharge through partnership working.	Where do you see the most challenge and risk to the existing systems? What is your view of the quality of discharges given high numbers and speed?	Can and does change although staffing levels and supply chain for personal protective equipment crucial. Rapid accelerated discharge already in place across the system, positive input from community providers.	
	Strong system in place with aim of being proactive wherever possible. Local guidelines being established with Multi-disciplinary team approach. Existing processes running well may need to change as the position changes. Clinical Reference Group twice weekly, replicated now across		Protocols being agreed with GPs regarding threshold for referrals, COVID-19 hotline set up for community partners to discuss issues and receive advice. Assurance received of breadth and depth of internal planning for and preparation in response to COVID-19. Strong executive leadership from the Tri of Chief Nurse, Medical Director and Chief Operating Officer with visible support from Chief Executive Officer.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	the ICS. Strong partnership working noted, including private providers. Ethics and Law Committee support.			
Corporate Risk Register	Review of Risk Register and addition of new risk re COVID-19 added.	How is the scoring of other risks on the Register affected by COVID-19?	The COVID-19 risk encompasses some other consequences, current plan to keep the cancer/emergency and planned care delivery groups functioning to review risks on a regular basis	Noted that the Risk Register is a snapshot only and much work ongoing daily to identify and mitigate existing and new risks as they arise.
	Never event noted, 4th to include wrong site surgery, although in different Trust settings		Medical Director review and is treating the never events as a cluster to review and identify any wider systematic learning	
	Never event x 1 noted. Two x serious incidents (SI) declared, one action plan closed in month	Review of one 72 hour report indicates no immediate action needed but report highlights a missed opportunity?	Issue not immediately identified at date of incident, once identified actions taken. Discussed detail in previous Board meeting.	
	Changes in complaints and SI team function during COVID-19 period to ensure focus on priorities. Key areas include resolution of existing complaints, planned delays in responses to new complaints received.	Is there any criteria where you would investigate a complaint and not delay? Is there any national guidance to support this?	Yes and try to resolve if anything significant seen, consistency of review being undertaken. PHSO adopting similar stance so following their lead in absence of national guidance.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Single oversight of all new complaints received to review and assess whether immediate action needed. SI panel to continue, Datix monitored daily. Safety and Experience Group currently retains oversight of all SIs.	What is the intention for those whose complaint is current?	To resolve if possible. Importance of communications to complainants known.	
Quality and Performance Report (QPR)	Quality Delivery Group comprehensive update including 2019 inpatient survey headlines.	Of the outstanding policies (circa 48) are there any which will be needed to support staff during next 3-4 months?	Review in place to prioritise any policies needed	
		In general is the governance mechanism set up for purpose for the period we are going into?	Recent governance review and streamlining of groups very helpful at this time. Further review will be considered. SI process and 72 hour review crucial and apparatus fit for purpose QPR important to continue using at this point.	
	Cancer Delivery Group, 2ww 96%, standard achieved 6 months in a row. Shadow 28 day performance positive, although noted all new national standards have		Very positive improvement noted to date. Robust systems and process in place to review those awaiting treatment for cancer, potential impact of COVID-19 noted.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	been delayed in their introduction. 62 day 75% unvalidated and reduction of 104 day patients.			
	Planned Care Delivery Group, RTT recorded at 84.1%, 52 week waiters down to 14 patients. Reduction of total numbers of patients waiting for planned care.	Can we protect the Do Not Breach category of patients?	Good and improving performance noted. Potential impact of COVID-19 noted, all patients currently with appointments reviewed in a RAG system for face to face/video/phone/postponed/discharged. Those patients viewed in a different manner and would fall into face to face or video appointments.	
	Emergency Care Delivery Group, small signs of improved position in February, current activity shows a 30% decrease in attendances in the last week (non-reporting period)	Post COVID-19, how can we capture positive changes, improvements and transformations in care pathways and delivery?	Being captured currently to return to at the right time.	
Quality Account	Early draft seen actions on track. No guidance currently from NHSE/I or CCG on potential delay to submit.		Good draft noted, may need review in light of current situation. Ensure targets clear for each objective in future version.	Plan currently for review at April Quality and Performance Committee.

Alison Moon
Chair of Quality and Performance Committee
25 March 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – 9 APRIL 2020
Lecture Hall, Sandford Education Centre, Cheltenham General Hospital

Report Title
Financial Performance Report - Month Ended 29 February 2020
Sponsor and Author(s)
Author: Tony Brown, Senior Finance Advisor Sponsor: Karen Johnson, Director of Finance
Executive Summary
Purpose This report provides the Board with details of the financial performance for the period ended 29 February 2020. Key issues to note • At Month 11 the Trust is reporting a cumulative deficit of £5.4m, which is £0.1m favourable to plan. • Commissioner income is £7.5m favourable against plan. • Other NHS patient related income is £1.1m favourable against plan. • Private and paying patients' income is £1.0m favourable to plan. • Other operating income (including Hosted Services) is £3.0m favourable to plan. • Pay expenditure is showing an adverse variance of £6.0m. • Non-pay expenditure is showing an adverse variance of £6.8m. • Non-operating costs are £4.7m adverse to plan (reflecting the impairment of TrakCare) – this is reversed out from a control total point of view leaving a favourable variance to the planned position. Conclusions The Board is asked to note the contents of the report. Implications and Future Action Required The Board is asked to note the contents of the report.
Recommendations
The Board is asked to note the report.
Impact Upon Strategic Objectives
Supports Trust to deliver Strategic Objectives around financial position and sustainability
Impact Upon Corporate Risks
Risks around CIP delivery and budget management
Regulatory and/or Legal Implications
Potential for regulatory action if the financial position is not delivered as planned
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)**
	26 March 2020						
Outcome of discussion when presented to previous Committees/TLT							
Recommended for presentation to Board.							

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 29th February 2020

Director of Finance Summary

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Month 11

In February Divisional performance after adjusting for passthrough variances was generally in line with or better than forecast, evidence that Divisional actions to hold run rates are having a positive effect. Pay was in line with forecast across **all** Divisons notably in Medicine where the actual Pay spend was £0.1m below forecast. Against the backdrop of continued and ongoing operational pressures it is encouraging that Pay spend in particular is being held. These positive performances have meant that the Trust continues to forecast delivery of the Control Total.

Forecast Outturn

The position at month 10 and a continued stability in month 11 has provided a level of confidence around the ability to achieve the control total by the end of the financial year, subject to the risks highlighted later in this report.

The non-delivery of CIP in the last quarter has been partially mitigated by improvements in Divisional forecasts and continued re-prioritisation of the contingency. The Trust continues to show delivery of the control total although there are still some risks to this, mainly the assumption around penalties on 52 week waits however, no charge has been raised to date so this risk is considered to be low.

Capital

As at month 11 the capital programme has spent £24.1m which is 72% of the total original budget. There is a requirement this year that all capital money should be spent otherwise it will be lost. The Capital Control Group met on 18th Feb and agreed a plan to ensure all the capital budget is spent this financial year. The Trust has been awarded £2.5m of emergency capital funding. This funding is being spent on a combination of Estates and IT schemes brought forward from the draft 20/21 capital plan. The schemes were chosen and authorised by the Executive team.

Balance Sheet

There are no balance sheet issues to bring to the Committee's attention

Introduction and Overview

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Trust submitted a revised budget for the 2019/20 financial year to NHSI on 15th May 2019 reflecting a deficit of £1.5m on a control total basis (after removing the impact of donated asset income and depreciation). This plan forms the basis for reporting in month 11.

The financial position as at the end of February 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 February the Group's consolidated position shows a year to date deficit of £5.4m. This is £0.1m favourable against plan. The position includes an impairment of £4.9m for the writing down of TrakCare expenditure incurred in previous financial years, which has no impact on the control total position. This favourable position continues to reduce and will need to be monitored closely over the next month to ensure delivery of the Control Total, this in line with forecast.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 11 Cumulative Financial Position	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s
SLA & Commissioning Income	441,465	448,981	7,515	0	0	0	441,465	448,981	7,515
PP, Overseas and RTA Income	4,402	5,392	990	0	0	0	4,402	5,392	990
Other Income from Patient Activities	823	1,947	1,125	0	0	0	823	1,947	1,125
Operating Income	74,589	77,108	2,519	42,166	42,494	328	78,158	81,158	3,000
Total Income	**521,279**	**533,428**	**12,149**	**42,166**	**42,494**	**328**	**524,848**	**537,478**	**12,630**
Pay	321,559	326,839	(5,281)	16,720	17,525	(805)	337,971	343,941	(5,969)
Non-Pay	184,454	191,524	(7,070)	23,229	22,670	559	169,394	176,174	(6,780)
Total Expenditure	**506,013**	**518,364**	**(12,350)**	**39,949**	**40,194**	**(245)**	**507,365**	**520,114**	**(12,749)**
EBITDA	**15,266**	**15,065**	**(201)**	**2,217**	**2,300**	**82**	**17,483**	**17,364**	**(119)**
EBITDA %age	**2.9%**	**2.8%**	**(0.1%)**	**5.3%**	**5.4%**	**0.2%**	**3.3%**	**3.2%**	**(0.1%)**
Non-Operating Costs	21,181	25,750	(4,569)	2,217	2,300	(82)	23,398	28,050	(4,651)
Surplus/(Deficit) with Impairments	**(5,915)**	**(10,685)**	**(4,770)**	**0**	**0**	**0**	**(5,915)**	**(10,685)**	**(4,770)**
Less Fixed Asset Impairments	0	4,918	4,918	0	0	0	0	4,918	4,918
Surplus/(Deficit) excluding Impairments	**(5,915)**	**(5,768)**	**147**	**0**	**0**	**0**	**(5,915)**	**(5,768)**	**147**
Excluding Donated Assets	405	402	(3)	0	0	0	405	402	(3)
Control Total Surplus/(Deficit)	**(5,510)**	**(5,366)**	**144**	**0**	**0**	**0**	**(5,510)**	**(5,366)**	**144**

* Group Position excludes £40.3m of intergroup transactions including dividends

Group Statement of Comprehensive Income

Gloucestershire Hospitals NHS
NHS Foundation Trust

The table below shows both the in-month position and the cumulative position for the Group.

In February the Group's consolidated position shows an in month surplus of £0.26m on a control total basis, an adverse variance to plan of £0.14m.

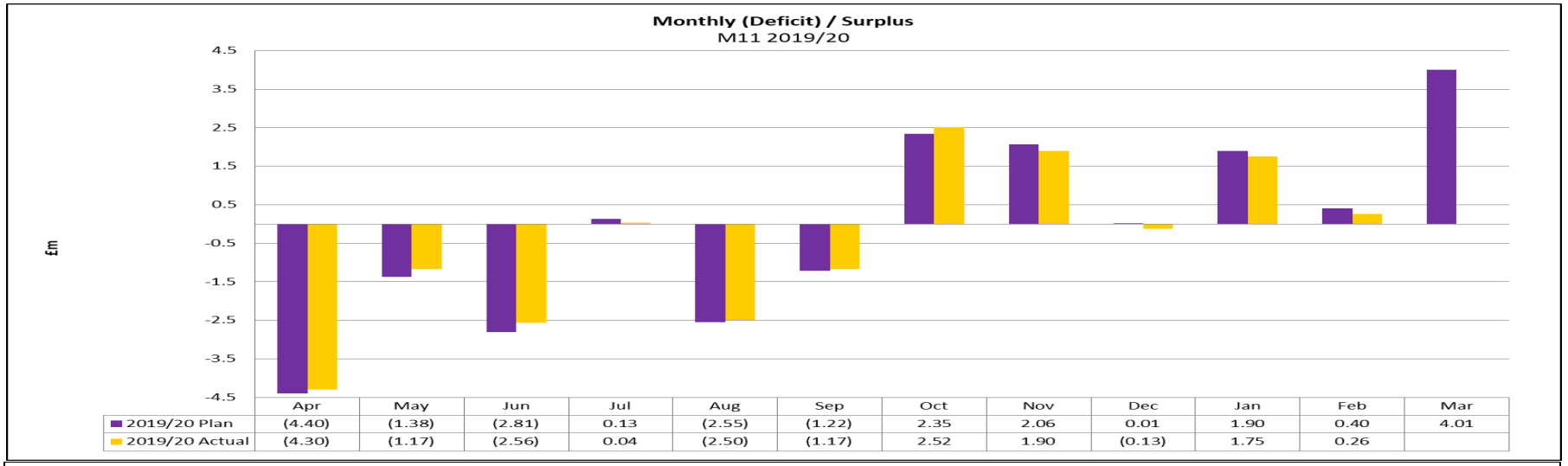
The Trust is forecasting a deficit of £1.5m at 31st March, this means that the Month 12 run rate forecast is for a surplus of £3.9m. This improvement includes release of accruals from the Balance Sheet (£2.0m) and release of the provision for 52 week wait fines and penalties (£1.7m) the balance is due to marginal improvements in Divisional forecasts.

Month 11 Financial Position	Annual Budget £000s	M11 Budget £000s	M11 Actuals £000s	M11 Variance £000s	M11 Cumulative Budget £000s	M11 Cumulative Actuals £000s	M11 Cumulative Variance £000s
SLA & Commissioning Income	482,404	39,394	40,607	1,214	441,465	448,981	7,515
PP, Overseas and RTA Income	4,802	400	469	69	4,402	5,392	990
Other Income from Patient Activities	898	75	236	161	823	1,947	1,125
Operating Income	86,896	7,738	7,860	122	78,158	81,158	3,000
Total Income	**574,999**	**47,607**	**49,172**	**1,566**	**524,848**	**537,478**	**12,630**
Pay	367,900	29,940	31,581	(1,641)	337,971	343,941	(5,969)
Non-Pay	182,515	15,176	15,077	99	169,394	176,174	(6,780)
Total Expenditure	**550,415**	**45,116**	**46,658**	**(1,542)**	**507,365**	**520,114**	**(12,749)**
EBITDA	**24,584**	**2,491**	**2,515**	**24**	**17,483**	**17,364**	**(119)**
EBITDA %age	**4.3%**	**5.2%**	**5.1%**	**(0.1%)**	**3.3%**	**3.2%**	**(0.1%)**
Non-Operating Costs	25,526	2,128	2,294	(167)	23,398	28,050	(4,651)
Surplus/(Deficit) with Impairments	**(942)**	**363**	**220**	**(143)**	**(5,915)**	**(10,685)**	**(4,770)**
Less Fixed Asset Impairments	0	0	0	0	0	4,918	4,918
Surplus/(Deficit) excluding Impairments	**(942)**	**363**	**220**	**(143)**	**(5,915)**	**(5,768)**	**147**
Excluding Donated Assets	(558)	37	37	(0)	405	402	(3)
Control Total Surplus/(Deficit)	**(1,500)**	**400**	**257**	**(143)**	**(5,510)**	**(5,366)**	**144**

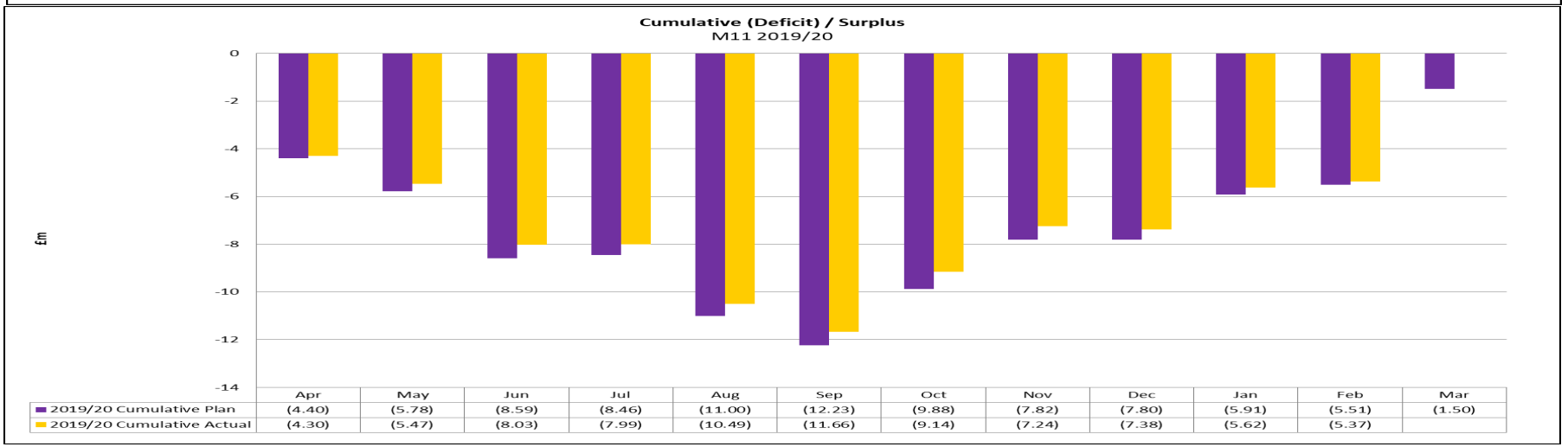
2019/20 Position Trend

Gloucestershire Hospitals NHS
NHS Foundation Trust

The tables below show the trend of plan and actual position, both by month and cumulatively at a control total level. The plan values from October show a significant improvement in run rate which is predicated on the delivery of increased CIP performance.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Plan	(4.40)	(1.38)	(2.81)	0.13	(2.55)	(1.22)	2.35	2.06	0.01	1.90	0.40	4.01
2019/20 Actual	(4.30)	(1.17)	(2.56)	0.04	(2.50)	(1.17)	2.52	1.90	(0.13)	1.75	0.26	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20 Cumulative Plan	(4.40)	(5.78)	(8.59)	(8.46)	(11.00)	(12.23)	(9.88)	(7.82)	(7.80)	(5.91)	(5.51)	(1.50)
2019/20 Cumulative Actual	(4.30)	(5.47)	(8.03)	(7.99)	(10.49)	(11.66)	(9.14)	(7.24)	(7.38)	(5.62)	(5.37)	

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 11 Financial Position	M11 Budget £000s	M11 Actuals £000s	M11 Variance £000s	M11 Cumulative Budget £000s	M11 Cumulative Actuals £000s	M11 Cumulative Variance £000s	Passthrough Variance £000s	Net Variance £000s
SLA & Commissioning Income	39,394	40,607	1,214	441,465	448,981	7,515	(5,736)	1,779
PP, Overseas and RTA Income	400	469	69	4,402	5,392	990		990
Other Income from Patient Activities	75	236	161	823	1,947	1,125		1,125
Operating Income	7,738	7,860	122	78,158	81,158	3,000		3,000
Total Income	**47,607**	**49,172**	**1,566**	**524,848**	**537,478**	**12,630**	**(5,736)**	**6,894**
Pay								
Substantive	27,885	28,815	(929)	315,536	314,925	611		611
Bank	976	1,557	(581)	10,739	14,266	(3,527)		(3,527)
Agency	1,079	1,209	(130)	11,697	14,750	(3,053)		(3,053)
Total Pay	**29,940**	**31,581**	**(1,641)**	**337,971**	**343,941**	**(5,969)**	**0**	**(5,969)**
Non Pay								
Drugs	5,514	6,625	(1,111)	62,133	68,267	(6,134)	6,123	(11)
Clinical Supplies	3,218	3,341	(123)	35,609	37,477	(1,868)	(250)	(2,117)
Other Non-Pay	6,444	5,111	1,333	71,651	70,430	1,222		1,222
Total Non Pay	**15,176**	**15,077**	**99**	**169,394**	**176,174**	**(6,780)**	**5,873**	**(907)**
Total Expenditure	**45,116**	**46,658**	**(1,542)**	**507,365**	**520,114**	**(12,749)**	**5,873**	**(6,876)**
EBITDA	**2,491**	**2,515**	**24**	**17,483**	**17,364**	**(119)**	**137**	**18**
EBITDA %age	**5.2%**	**5.1%**	**(0.1%)**	**3.3%**	**3.2%**	**(0.1%)**	**(2.4%)**	**0.3%**
Non-Operating Costs	2,128	2,294	(167)	23,398	28,050	(4,651)		
Surplus/(Deficit)	**363**	**220**	**(143)**	**(5,915)**	**(10,685)**	**(4,770)**	**137**	**(4,633)**
Fixed Asset Impairments	0	0	0	0	4,918	4,918		4,918
Surplus/(Deficit) after Impairments	**363**	**220**	**(143)**	**(5,915)**	**(5,768)**	**147**	**137**	**284**
Excluding Donated Assets	37	37	(0)	405	402	(3)		(3)
Surplus/(Deficit)	**400**	**257**	**(143)**	**(5,510)**	**(5,366)**	**144**	**137**	**281**

Non-Pay – expenditure is showing a year to date £6.8m overspend, reflecting overspends on pass through drugs and clinical supplies which are offset within income (£5.9m). The clinical supplies overspend of £1.9m includes the hire from Cobalt of MRI and CT Scanners (£0.5m) to meet demand and cover equipment downtime; tube repairs (£0.1m); Cardiology implants (£0.1m); Theatres clinical supplies (£0.2m); Critical Care (£0.2m).

SLA & Commissioning Income – is reporting an over performance of £7.5m year to date, reflecting over performance on Gloucestershire CCG and Specialised Commissioning, offset by under performance on other commissioners.

PP / Overseas / RTA Income – is reporting a year to date over performance of £1m, reflecting private Oncology patients activity in D&S £0.5m, overseas and private patients in Medicine £0.2m and Surgery and W&C Fertility Service PP income £0.1m each.

Other Operating income – Includes additional non-commissioned income in Pathology, Therapies and Pharmacy £0.6m; training income of £0.8m; car parking £0.2m; energy and utilities £0.5m and hosted services of £0.4m and R&D £0.2m; the final two being offset by expenditure.

Pay – Cumulatively there is an overspend of £6m, reflecting an underspend on substantive budgets (£0.6m), offset by overspends on bank (£3.5m) and agency budgets (£3m). The in month overspend reflects the increased CIP requirement in pay budgets.

Cost Improvement Programme

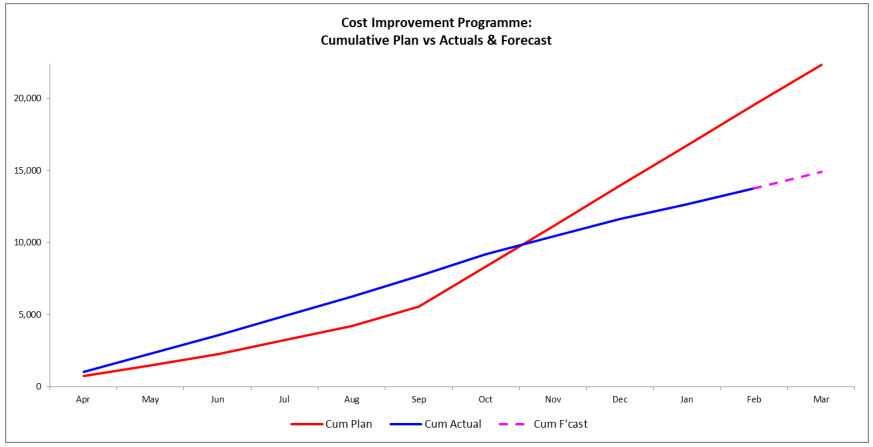
Gloucestershire Hospitals NHS
NHS Foundation Trust

1. At Month 11 the trust has delivered £13.78m of CIP against the Year to date NHS Improvement target of £19.55m, this is an under performance of £5.77m. Within the month, the Trust has delivered £1.1m of CIP against an in-month NHSI target of £2.8m. Within the month, this is a negative variance of £1.7m which is largely due to the profiling of 'unidentified' schemes. However, we are reporting full achievement externally due to contractual over performance.

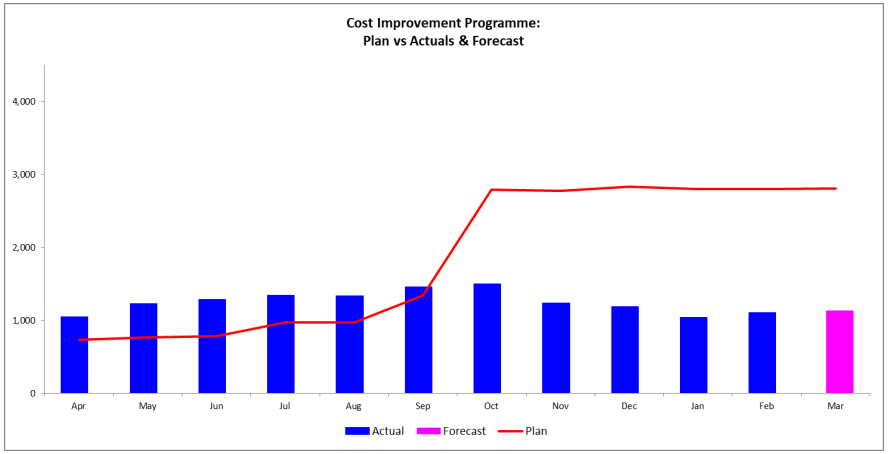
2. At Month 11, the divisional year end forecast figures indicate delivery of £14.9m against the Trust's target of £22.4m. This has improved by £109k from M10 due to additional vacancies which leaves a negative variance against target of £7.50m. The FOT splits into £9.5m (64%) of recurrent schemes and £5.3m (36%) of non-recurrent schemes not including the gap against target which is counted as non-recurrent.

3. The schemes for 2020/21 remain high risk with some progress made since Month 10. £5.1m of schemes have been identified (in various forms of completeness), £4.2m of opportunity from Model Hospital has been allocated, £3.7m of unpalatable actions have begun to be identified leaving a gap of £2.7m.

The graph below highlights the cumulative actuals versus the cumulative NHSI cost improvement plan



The graph below highlights the in-month actuals versus the in-month NHSI cost improvement plan



Balance Sheet (1)

Gloucestershire Hospitals NHS
NHS Foundation Trust

Trust Financial Position	Opening Balance 31st March 2019 £000	GROUP Balance as at M11 £000	B/S movements from 31st March 2019 £000
Non-Current Assests			
Intangible Assets	10,412	5,873	(4,539)
Property, Plant and Equipment	231,216	241,521	10,305
Trade and Other Receivables	5,185	4,680	(505)
Investment in GMS		0	
Total Non-Current Assets	**246,813**	**252,074**	**5,261**
Current Assets			
Inventories	7,571	8,518	947
Trade and Other Receivables	25,419	31,777	6,358
Cash and Cash Equivalents	7,317	33,461	26,144
Total Current Assets	**40,307**	**73,756**	**33,449**
Current Liabilities			
Trade and Other Payables	(54,315)	(78,501)	(24,186)
Other Liabilities	(5,837)	(2,733)	3,104
Borrowings	(12,527)	(34,960)	(22,433)
Provisions	(160)	(160)	0
Total Current Liabilities	**(72,839)**	**(116,354)**	**(43,515)**
Net Current Assets	**(32,532)**	**(42,598)**	**(10,066)**
Non-Current Liabilities			
Other Liabilities	(6,860)	(6,516)	344
Borrowings	(135,294)	(137,602)	(2,308)
Provisions	(1,434)	(1,434)	0
Total Non-Current Liabilities	**(143,588)**	**(145,552)**	**(1,964)**
Total Assets Employed	**70,693**	**63,924**	**(6,769)**
Financed by Taxpayers Equity			
Public Dividend Capital	172,676	176,593	3,917
Equity		0	
Reserves	23,915	23,915	0
Retained Earnings	(125,898)	(136,584)	(10,686)
Total Taxpayers' Equity	**70,693**	**63,924**	**(6,769)**

The table shows the M11 balance sheet and movements from the 2018/19 closing balance sheet, supporting narrative is on the following page.

Balance Sheet (2)

Gloucestershire Hospitals NHS
NHS Foundation Trust

The commentary below reflects the Month 11 balance sheet position against the 2018/19 outturn

Current Assets

- Inventories have increased in year by £947k reflecting an increase in pharmacy stock.
- Cash has increased by £26.1m since the year-end, reflecting the deficit income and expenditure position, offset by borrowing, the movement in working balances and the timing of capital expenditure.

Retained Earnings

- The retained earnings reduction of £10.7m reflects the impact of the in year deficit.

Better Payment Practice Code (BPPC)

Gloucestershire Hospitals NHS
NHS Foundation Trust

	Cumulative for Financial Year		Current Month February	
	Number	£'000	Number	£'000
Total Bills Paid Within period	96,015	212,185	7,765	18,022
Total Bill paid within Target	82,950	182,025	6,819	15,338
Percentage of Bills paid within target	86%	86%	88%	85%

BPPC performance is shown opposite and 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 29th February 2020 £000
<12 months	
Loans from ITFF	3,092
Capital Loan	1,155
Distress Funding	28,547
Obligations under finance leases	1,598
Obligations under PFI contracts	568
Balance Outstanding	**34,960**
>12 months	
Loans from ITFF	19,955
Capital Loan	18,067
Distress Funding	78,752
Obligations under finance leases	3,385
Obligations under PFI contracts	17,443
Balance Outstanding	**137,602**
Total Balance Outstanding	**172,562**

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 position reflects £27.4m of additional in-year borrowing from the DoH, £12.5m deficit support and £14.9m of capital loans.

Cash flow: February

Gloucestershire Hospitals NHS
NHS Foundation Trust

Cashflow Analysis	Apr-19 £000s	May-19 £000s	Jun-19 £000s	Jul-19 £000s	Aug-19 £000s	Sep-19 £000s	Oct-19 £000s	Nov-19 £000s	Dec-19 £000s	Jan-20 £000s	Feb-20 £000s	Forecast Movement March £000s	Forecast Outturn £000s
Surplus (Deficit) from Operations	**(3,464)**	**(5,470)**	**(1,626)**	**835**	**(1,700)**	**(305)**	**3,037**	**2,668**	**5,496**	**(2,364)**	**1,196**	**5,866**	**4,169**
Adjust for non-cash items:													
Depreciation	1,229	1,229	1,229	1,229	1,229	1,229	1,229	1,229	1,229	1,229	1,229	1,229	**14,745**
Other operating non-cash	0	4,918	0	0	0	0	0	0	0	0	0	(1,000)	**3,918**
Operating Cash flows before working capital	**(2,235)**	**677**	**(397)**	**2,063**	**(471)**	**924**	**4,266**	**3,897**	**6,725**	**(1,135)**	**2,425**	**6,095**	**22,832**
Working capital movements:													
(Inc.)/dec. in inventories	113	0	298	(202)	(28)	0	(825)	0	(726)	381	42	345	**(602)**
(Inc.)/dec. in trade and other receivables	1,430	2,796	78	(4,472)	(2,526)	(1,033)	(1,296)	(1,182)	(999)	4,637	(3,765)	(9,911)	**(16,243)**
Inc./(dec.) in current provisions	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Inc./(dec.) in trade and other payables	(2,349)	916	154	16,467	(6,712)	(161)	7,732	(1,528)	(3,664)	(2,216)	10,167	(6,010)	**12,796**
Inc./(dec.) in other financial liabilities	0	(1,055)	0	0	0	0	(1,761)	(131)	(698)	44	4	4,129	**532**
Net cash in/(out) from working capital	**(806)**	**2,657**	**530**	**11,793**	**(9,266)**	**(1,194)**	**3,850**	**(2,841)**	**(6,087)**	**2,846**	**6,448**	**(11,447)**	**(3,517)**
Capital investment:													
Capital expenditure	(1,129)	(1,629)	(1,729)	(3,125)	(1,129)	(500)	(1,807)	(4,208)	(807)	(360)	(2,102)	(15,487)	**(34,012)**
Capital receipts	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Net cash in/(out) from investment	**(1,129)**	**(1,629)**	**(1,729)**	**(3,125)**	**(1,129)**	**(500)**	**(1,807)**	**(4,208)**	**(807)**	**(360)**	**(2,102)**	**(15,487)**	**(34,012)**
Funding and debt:													
PDC Received	0	0	0	0	0	0	0	0	0	2,177	1,741	2,465	**6,383**
Interest Received	17	17	17	17	17	17	16	16	16	16	30	18	**214**
Interest Paid	(124)	(294)	(114)	(259)	(196)	(1,327)	0	(291)	(114)	(181)	(318)	(1,286)	**(4,504)**
DH loans - received	2,442	3,368	2,887	0	10,049	3,842	0	0	0	4,950	0	2,499	**30,037**
DH loans - repaid	0	0	0	0	(167)	(1,317)	0	0	0	0	0	(1,486)	**(2,970)**
Finance lease capital	(488)	(488)	(488)	(488)	(488)	(488)	(488)	(488)	(488)	(488)	(488)	(488)	**(5,856)**
Interest element of Finance Leases	(12)	(12)	(12)	(12)	(12)	(12)	(13)	(13)	(13)	(13)	(13)	(13)	**(150)**
PFI capital element	(68)	(68)	(68)	(68)	(68)	(68)	(68)	(68)	(68)	(68)	(68)	(77)	**(825)**
Interest element of PFI	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	**(456)**
PDC Dividend paid						(277)						(764)	**(1,041)**
Net cash in/(out) from financing	**1,729**	**2,485**	**2,184**	**(848)**	**9,097**	**332**	**(591)**	**(882)**	**(705)**	**6,355**	**846**	**830**	**20,832**
Net cash in/(out)	**(2,441)**	**4,190**	**588**	**9,883**	**(1,769)**	**(438)**	**5,718**	**(4,034)**	**(874)**	**7,706**	**7,617**	**(20,009)**	**6,135**
Cash at Bank - Opening	**7,317**	**4,876**	**9,065**	**9,653**	**19,537**	**17,768**	**17,330**	**23,047**	**19,013**	**18,139**	**25,845**	**33,461**	**7,317**
Closing	**4,876**	**9,065**	**9,653**	**19,537**	**17,768**	**17,330**	**23,047**	**19,013**	**18,139**	**25,845**	**33,461**	**13,452**	**13,452**

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

Cashflow Key movements:

The Cash Position – reflects the Group position. The Trust has drawn down loan support of £12.5m and a capital loan of £14.9m in 2019/20, and the position also reflects the receipt of Incentive PSF funds from 2018/19 of £3.3m.

The closing cash position includes £9.8m of committed cash:

Committed cash from 2018/19 £2.9m

The remaining cash balance of £20.7m represents Group working capital.

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

Capital Cash and Working Capital

The Trusts financial plan (balance sheet and cash flow) reflects the borrowing of working capital to meet operational commitments, revenue borrowings to repay previous revenue debt due for repayment, and capital borrowing to fund the capital programme (after allowing for internally generated funds and repayment of previous borrowings that are due for repayment).

The borrowing is approved via the annual Operational Plan submission and Capital Financing applications, and the Trust is able to draw down borrowing in year from the Department of Health in line with the approved monthly profile.

Recognising that capital cash is utilised to fund capital expenditure commitments this can not be considered when the Trust reviews the draw down requirement of revenue borrowing on a monthly basis.

Capital Summary	19/20 Full Year Plan £k	Internal YTD Plan £k	YTD Spend £k	YTD Var £k	Mar 20 £k	FOT 19/20 Spend £k	Forecast Variance £k
Health & Safety Projects	4,145	3,105	3,566	461	1,798	5,364	1,219
Environmental Works	350	313	274	(38)	121	396	46
Non Health & Safety Projects	827	136	532	396	377	909	82
Committed Schemes	460	415	417	2	45	462	2
Service Reconfiguration	578	208	234	25	124	357	(221)
Medical Equipment	2,589	2,539	1,994	(546)	2,925	4,919	2,329
IM&T	9,883	8,733	9,089	356	2,388	11,477	1,594
Contingency/Leases Capitalisation	4,961	2,261	2,259	(2)	296	2,555	(2,406)
Divisional Schemes	1,925	1,547	1,273	(274)	1,182	2,455	529
PDC Funded Diagnostics	3,965	400	3,376	2,976	(0)	3,376	(589)
Emergency Capital funding	2,499	0	0	0	0	0	(2,499)
Strategic Development	1,500	1,300	1,093	(207)	371	1,464	(36)
Overspend/(Underspend)	**33,682**	**20,957**	**24,105**	**3,148**	**9,627**	**33,732**	**50**

The Trust has recently been awarded £2.5m of emergency capital funding which is reflected in the table opposite. This funding is being spent on a combination of Estates and IT schemes brought forward from the draft 20/21 capital plan.

These schemes were chosen and authorised by the Executive team.

Year End Income and Expenditure Forecast

Gloucestershire Hospitals NHS
NHS Foundation Trust

M11 Forecast Outturn	FY PLAN £000s	M11 FoT £000s	FoT VARIANCE £000s
Total Income	**574,658**	**590,456**	**15,798**
Pay	**(367,559)**	**(374,467)**	**(6,908)**
Non Pay	**(182,515)**	**(191,515)**	**(9,000)**
EBITDA	**24,584**	**24,474**	**(110)**
Non Operating Costs	**(25,526)**	**(30,331)**	**(4,804)**
Surplus/(Deficit)	**(942)**	**(5,856)**	**(4,914)**
Fixed Asset Impairments	0	4,918	4,918
Surplus/(Deficit) after Impairments	**(942)**	**(939)**	**3**
Excluding Donated Assets	(558)	(562)	(4)
Surplus/(Deficit)	**(1,500)**	**(1,500)**	**(0)**

The table opposite summarises the forecast year end income and expenditure position for the Trust.

Following completion of the month 11 forecast review the Trust continues to forecast a deficit of £1.5m, this is in line with the Control Total.

Forecast Movement M10 to M11	£m
Reported Forecast M10	**(7,031)**
Divisional Operational Forecast Movements	(97)
Passthrough Movements	97
Initial M11 Forecast	**(7,031)**
Q4 PSF/FRF	5,531
Initial M11 Forecast	**(1,500)**

In Month 11 Divisions, allowing for Passthrough items which are offset by Income, have held run rates in line with or better than forecast. When these outturns have been factored into the detailed forecasts along with the expected outcomes of grip and control and other measures the FOT **before** Q4 PSF/FRF remains at £7.0m. PSF/FRF counts towards the reported outturn for control total purposes and so with the £5.5m Q4 PSF/FRF assumed to be received the Trust continues to forecast delivery of the £1.5m deficit control total. The month on month movement is shown opposite.

It must be noted that this forecast includes the following key assumptions:

- No 52 week wait fines are levied by NHSE&I (current estimated value is c£1.7m)
- Winter capacity measures are delivered within the Month 11 revised Divisional forecast expenditure
- The revised forecast run rates are achieved by Divisions
- Additional expenditure incurred to address the Covid-19 emergency is separately reimbursed by NHS England and will have no impact on the forecast position

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Board is asked to:

- Note the Trust is reporting a year to date actual income and expenditure deficit on a control total basis of £5.4m at February 2020. This is £0.1m favourable to plan.
- Note the forecast outturn in line with control total, risks to delivery, and endorse the submission of control total delivery to NHSE&I in the month 11 provider return.

Author: **Tony Brown, Senior Finance Advisor**

Presenting Director: **Karen Johnson, Director of Finance**

Date: **March 2020**

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – 9 APRIL 2020
MICROSOFT TEAMS

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

Purpose
This report provides assurance to the Committee with regard to the performance on key programmes of work within the Digital team.

Key Issues to Note

- Despite an immense increase in operation activity as a result of the COVID-19 pandemic, the decision was taken to continue with the go live of E-Observations on 17 March
- Successful go live of E-Observations was noted, improving the ability to have an overview of patent information across the Trust
- Progress is being made towards the go live of Requests and Results during the winter of 2020, there are a number of dependant projects which have been brought together to ensure delivery. However there are a number of risks reported in the paper from two of those dependant projects.
- The continued roll out of clinical documents is continuing in a step to striving towards HIMMS level 6, which requires 80% of documentation to be electronic.
- All capital for 19/20 has now been spend and the majority of those identified projects are now complete
- Work continues to reassess Docman and plan a way forward, this continues to report as red

Conclusions

- The Committee is asked to note the contents of this report and acknowledge that despite the increased workload around COVID-19 preparedness the team are continuing to deliver as much pre-planned activity as possible.

Implications and Future Action Required

- Failure to continue to implement these key programmes will have an impact progress through the HIMMS and Digital journey

Recommendations
The Committee is asked to NOTE the report.
Impact Upon Strategic Objectives
There are no current impact on the strategic objectives, however failure to deliver will impact the digital journey
Impact Upon Corporate Risks
Risk around gaining sufficient patient information

Regulatory and/or Legal Implications
Not Applicable

Equality & Patient Impact
Smoother patient flow will be impacted

Resource Implications			
Finance		Information Management & Technology	**X**
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)**
	26 March 2020						Digital Care Board 2 March 2020

Outcome of discussion when presented to previous Committees/TLT
Approved

1.0 Sunrise EPR Update

1.1 Roll Out 2: E-Observations Go Live

Whilst the organisation acknowledged that, we are under an immense amount of operational stress at present. Following a trial on both 2b (a surgical ward) and Avening (a medical, respiratory ward) a very careful and informed decision was made by the digital care board and the Executive Tri to go live. It was agreed that the benefits of going live with E-Observations and the readiness of the organisation was adequate to go live on the 17 March and that this was a tool that the organisation would absolutely need in the coming months. The Digital and EPR team increased their on the ground support for colleagues in response, on the premise that even though minimal issues were expected, people would appreciate assurance and reassurance in these times.

Following the decision to go live we successfully went live across both Cheltenham General Hospital and Gloucester Royal Hospital on the 17 March.

Providing the following benefits to the organisation:

- Able to now view the NEWS2 score of patients across the trust. Meaning that we have instant oversight of the most poorly patients within the trust.
- NEWS2 scores will now be calculated correctly and does not rely on individuals remembering how to do a difficult sum.
- Staff will be alerted when they should escalate care consistently.

1.2 Roll Out 3: Order Communications- “Requests and Resulting”

The EPR Programme Delivery Group (PDG) is ensuring that the interdependent ICE upgrade, Trakcare upgrades and TCLE projects are managed together, to ensure a successful go live of Order Communications in winter 2020. Individual project updates are below.

Order comms (requests and results)

With Drs now beginning to use Sunrise more, one of the most common bits of feedback received is “when can we order bloods through Sunrise.”

The work we are doing will provide electronic ordering and results viewing of Pathology and Radiology investigations and tests, available through Sunrise EPR. One log in, one place for clinicians to access all of the patient information they need.

The order comms project is currently at risk due to the two dependent workstreams:

- TCLE- Pathology Operational capacity in light of the COVID-19 NHS response
- TCLE- InterSystems delivery of MR9 (next maintenance release). This release has a number of system fixes that will enable TCLE.
- ICE Upgrade - The CCG do not currently wish to support the end of March date previously agreed due to current pressures. Conversations are ongoing with the CCG

and GHFT as there are limited resources required from the CCG, and the risk of delaying is significant.

TCLE Pathology System Replacement)

The IPS LIMS has been in place for over 25 years and whilst stable has received little recent development. InterSystems *TrakCare Labs Enterprise* (TCLE) is being implemented in its place.

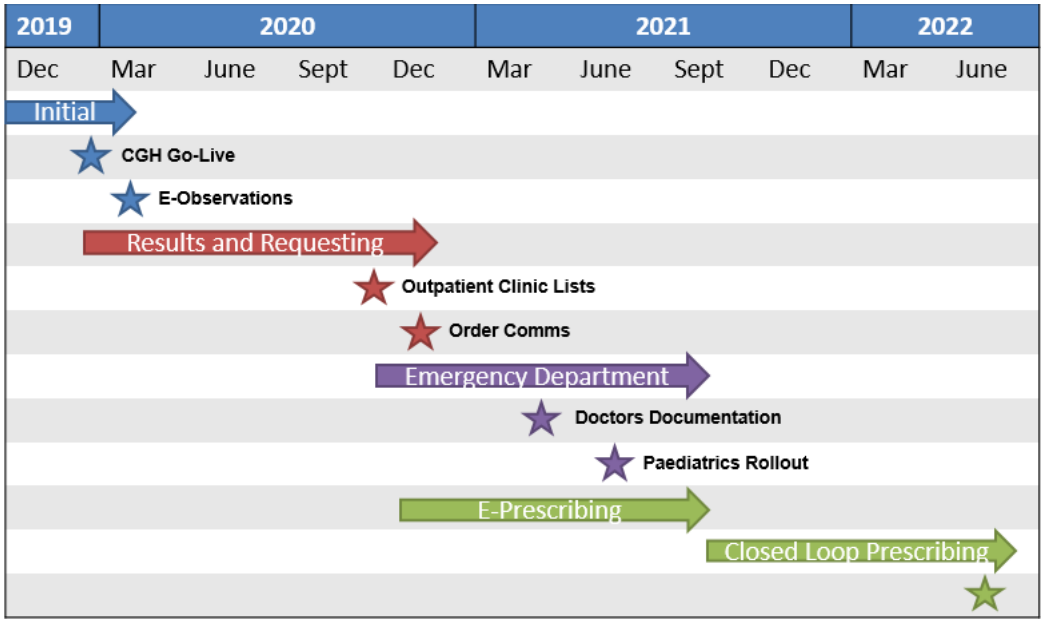
- The Pathology implementation team resumed work on the implementation project in January 2019, with the build recommencing in March 2019. The build phase for most disciplines was due for delivery at the end of March ready to commence testing in April. However this is at risk due to Covid Response.

Ice Upgrade

The Trust uses Clinisys ICE (formerly Anglia/Sunquest ICE), to provide an order communications platform for Pathology and Radiology requesting and resulting. The solution is used across the One Gloucestershire partnership. The application, whilst stable has not been upgraded since 2017.

TCLE also requires enhancements to ICE in order to support order communications and results reporting. The project was on target to go live by the end of March 2020. However Gloucestershire CCG do not feel that they can support this date now in light of current pressures. Discussions are ongoing between GHT and the CCG.

1.3 EPR Road Map

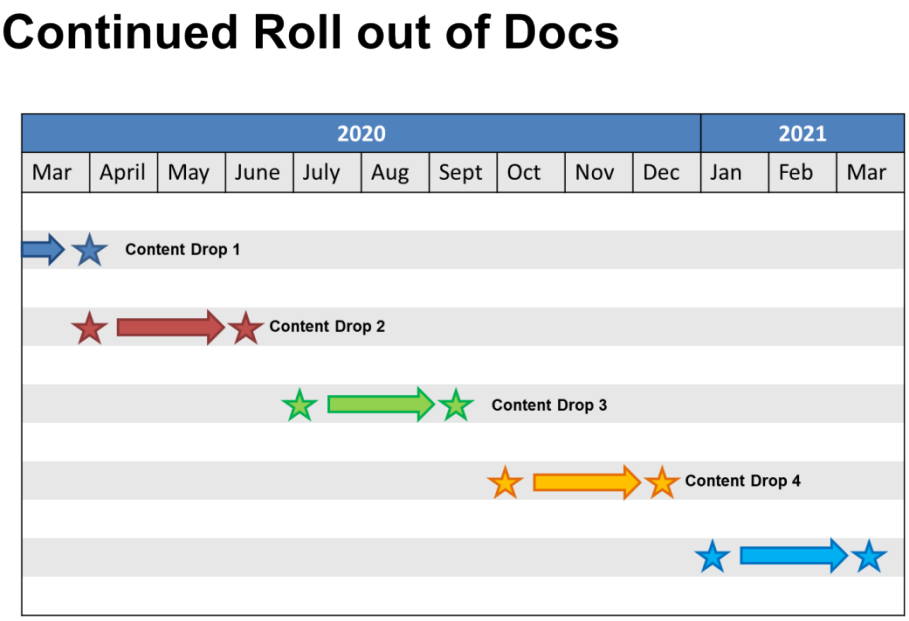


Emergency Department

The only large building block of functionality that has recently been added to the Sunrise EPR Roadmap is the Emergency Department. Given the increasing pressure on the organisation to comply with the reporting standards within the Emergency Care Data Set conversations have begun to discuss the potential opportunity of rolling out Sunrise EPR to ED in the summer of 2021. This roll out of functionality will require the full work up and provision of resource to ensure the continued ability to deliver against E-Prescribing and the business as usual requirements of managing Sunrise EPR. It may be that the delivery of Sunrise EPR in ED has an impact on other programmes of work.

Roll out Of Clinical Documentation

Now that we are live with Sunrise EPR from a clinical documentation perspective the roll out of new documentation does not require a major plan with associated roll out behaviour. The EPR configuration team will work in quarterly blocks to release new functionality. This will be an essential step in increasing the functionality within our EPR and striving towards HIMSS level 6, which requires 80% of nursing and AHP documentation to be electronic. However it must be noted that resource is limited due to the focus on large functionality changes.



A number of factors will drive the plan for new documentation or the editing / evolution of existing documentation:

- Documentation that is most likely to improve the safety and reliability of care
- Documentation that is most likely to facilitate patient flow
- Review of most commonly used paper documents across inpatients
- User requests

2.0 Digital Projects Update

This paper provides the Board with updates on projects which report to the IM&T Programme Board. This is a small subset of the projects currently underway based on those with capital spend allocation.

The current status of those projects which report to this Board are as follows:

Total Number of Projects: 29	Total Change since last report: - 1	Number of Red Projects: 1	Number of Amber Projects: 3	Number of Green Projects: 24	Number of Projects Closed since last Board: 1

Red	Significant issues with the project – scope, time or budget is beyond tolerance level
Amber	Issue/s having negative impact on the project performance, project is close to tolerance level
Green	Project is on track

	Progress since last Board: • No new projects have been added to this report • All capital allocation has now been spent, with the exception of resources which will be spent by the end of March.		
	New key risks / escalation to Board: • One project to note is the Docman project, continues to be re-scoped		
	2018/19 Capital Programme		**Status**
Implementation	**Desktop Imaging – Windows 10**	Over half of Trust devices have now been migrated to Windows 10 with just over 2000 devices remaining. Around 500 of those remaining devices are used to access applications not compliant with Windows 10, therefore will not be able to be upgraded at this time. This is the reason for this project to be reporting as Amber. The project has been upgrading ED over the last reporting period. As this is a high impact area, all the computers here have been upgraded by hand. This slows the process a little but prevents any issues in such a critical area. Work will continue to deploy and fix any issues.	**March 2020**

	2019/20 Capital/Improvements Programme		
Implementation	**Imprivata**	Rollout of original scope now complete – project closed	**Complete**
Implementation	**Next Generation Telephony**	Procurement and legal teams are looking into contractual elements of this project and whether Daisy are in breach of the tender exercise. A letter has been sent to Daisy requesting a meeting to discuss further, no response has been received as yet. The Datix risk relating to telephony has been reviewed and rescored based on the findings from the independent review. In the meantime deployment of handsets is almost complete with a last few remaining outstanding. Decommissioning of old handsets and lines is in the final stages also. Four new Mitel servers have now been installed by CITS in readiness for number porting to take place.	**June 2020**
Implementation	**Windows 2003 Upgrade**	This project has been downgraded this month to Amber. This is due to mitigating action being in place for all remaining servers, which will maintain a safe protected environment even though the servers have not been migrated over. The project will continue on the micro-segmenting of the remaining servers and working with suppliers to either decommission or move to other environments when able.	**March 2020**
Implementation	**Fax Replacement**	Despite discussions at the outset it has now been stated by Daisy that the analogue cards purchased for the MITEL system do not support fax machines. Therefore a dependency has been introduced between this project and the NGT project. The removal of fax machines will need to proceed in tandem with the work on analogue services within NGT. The result of this discovery has led to the solution being non-SIP rather than SIP, discussions with Process Flows and new design are being finalised.	**March 2020**
Scoping	**Firewall Replacement/ HSCN Migration – Fibre replacement.**	Order for Sophos upgrade has now been placed. HSCN network design is being finalised. Meeting to take place week commencing 17 Feb to sign this off, project continues to plan an April completion.	**April 2020**

Implementation	**Back Up Solution**	Progress this period continues as: • Archival Tape storage procured • Software environment prepped for installation and configuration • Network changes made to accommodate the new environment. Over the coming weeks, the new environment will be switched on and configured before bringing services into live. The project still aims to complete by the end of March 2020	**April 2020**
Implementation	**Email Archiving**	Remote install of Software being planned for 19th Feb. There is a meeting planned with Trust comms to talk through a communications strategy before rolling out any further. In essence the project is good for completion, user buy in is what is required now.	**March 2020**
Implementation	**NEW - Network Remediation – Phase 3**	Project in flight, plan in place and progressing as expected. Some milestones require dates	**September 2020**
Scoping	**Wi-Fi Review**	A design workshop has taken place to agree the low level design and placement of APs. 2 virtual servers for the PRIME controllers have been built; this will enable monitoring and reporting across the Wi-Fi estate. Next steps are to select a pilot area and plan the AP replacement which is due to start 1st March.	**May 2020**
Implementation	**MDT Video Conferencing**	Devices have been installed in all identified rooms with the solution up and running in Sandford and oncology seminar room. Dial in can be achieved in 3 ways, one of which is specifically for Hereford and Worcester and requires work from Hoople to enable N3 connectivity. This is currently outstanding as waiting for Hoople to complete their element. The other two dial in options have been tested and are up and running. Closure to be complete.	**March 2020**
Other Key Projects			
Implementation	**DOCMAN10 Transfers of Care**	This project continues reporting as red despite acceptance that the solution will continue to be rolled out there is ongoing discussions in relation to how Docman will link into GP systems. A solutions approach paper is being developed by Andy Atherton, and has been reviewed in draft form. In the meantime ongoing discussions are taking place with TPP to look at community options for Rio and arrangements are being put in place for the management of	**TBC**

		rejections.	
Scoping	**Multi-Functional Devices (printer replacement)**	A print policy has been developed and a PID and Business Case is being drafted.	**TBC**
Scoping	**Pharmacy Stock Control**	Order for core functionality placed and processed. Awaiting quote from Allscripts to enable interface to Sunrise. Project governance and timescales being worked through.	**TBC**

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO MAIN BOARD – April 2020

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

This report describes the business conducted at the Finance and Digital Committee held on 26 March 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
Introduction	The first meeting of the committee under the new restrictions arising from the Covid 19 pandemic. Entirely conducted via video links with agenda streamlined to address only the highest priority governance matters.		Meeting process worked well with appropriate mix of addressing current issues and future planning implications.	Meeting agenda and format will evolve as the situation develops. Lead executives and committee chair will liaise in conjunction with Corporate Governance team to adjust approach as needed.
COVID 19 preparedness	IT Director provided an update on the work that had been undertaken in the preceding 3 weeks to support staff digitally. The Director of Finance explained the process that is being followed to capture and report all Covid 19 costs.	What are the contractual arrangements for the vastly increased use of "Microsoft Teams"? What is the current cost attributable to the pandemic? Are the cost recording systems and processes in place and robust? Has the Covid 19 digital work delayed any significant projects? What is being done to maintain the resilience of the team?	A national arrangement is in place for the next few months. Expect future review. Latest return (to 15 March) has recorded c. £400k Yes – the importance of correct coding has been emphasized. Yes – many IM & T day to day tasks have been put on hold. Video conference "socials' were	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
			cited as an example of the approaches being deployed to maintain resilience. Overall significant assurance was received and the team was congratulated on its robust and effective accomplishments in exceptionally challenging circumstances.	
Digital Programme Report	Project by project update presented to the Committee including the following key points: - The Sunrise Electronic Patient Record (EPR) E-observations module had been rolled out across both sites successfully - The planned roll out of an Order Communications module was at risk and would likely be delayed past 2020. This delay would affect the IM&T roadmap and therefore a re-ordering of plans was underway Conversations were underway regarding whether the DOCMAN10 Transfers of Care project could be bought forward to support the current COVID-19 pandemic	Will the contractor costs for the Order Communication and Pathology System replacement be factored in to 2020/21 budgets?	Under review – will be discussed with Director of Finance.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Integrated Care System (Digital)	Update provided covering: - Offer of support to the CCG and Gloucestershire Health and Care in implementing VDI remote desktop - Ensuring interconnectivity and capacity of the shared network - Investigation work aimed at addressing the most effective way of reporting radiology images remotely			
Finance Performance Report	Financial Performance Report presented highlighting: - At Month 11 the Trust was reporting a cumulative deficit of £5.4m: £0.1m favourable to plan - Commissioner income was £7.5m favourable against plan - Other NHS patient related income was £1.1m favourable against plan - Private and paying patients' income was £1.0m favourable to plan - Other operating income (including Hosted Services) was £3.0m favourable to	Will the year end balance sheet provisions be at appropriate levels and consistent with audit standards?	Yes – work underway to ensure provisions correctly reflect the liabilities and risks of the organisation.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	plan - Pay expenditure was showing an adverse variance of £6.0m. - Non-pay expenditure was showing an adverse variance of £6.8m - Non-operating costs were £4.7m adverse to plan (reflecting the impairment of TrakCare). This was reversed out from a control total point of view leaving a favourable variance to the planned position - The Trust was forecasting delivery of the 2019/20 control total deficit (£1.5m) - Contracts with all commissioners were noted to be blocked and divisional in-month positions were improving. However, a number of year end agreements were still to be signed with certain commissioners - The Trust had received a notification that the increase in pension contributions to 6.3% would be funded nationally however this			

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	would not include GMS. The Trust was noted to be in further conversations with the pension agency to either negotiate or establish whether the Trust or GMS would have to absorb this as a cost pressure - The Trust was forecasting a surplus of £4m for Month 12: this was noted to be as a result of the Trust using balance sheet provision to support year end and the funds accrued due to a risk around 52 week penalties The Trust was successful in its bid for £2.5m emergency capital			
Cost Improvement Programme Update	Summary report presented highlighting: - At Month 11 the Trust had delivered £13.78m of CIP against the Year to date NHS Improvement (NHSI) target of £19.55m: an under performance of £5.77m. Within the month, the Trust had delivered £1.1m of CIP against an in-month NHSI target of £2.8m. Within the month, this was a negative	What is the potential impact of the extensive and necessary move to block contracts on CIP value?	Helpful historical analysis showing the relativity of performance by division.	To be determined

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	variance of £1.7m which was largely due to the profiling of 'unidentified' schemes. - At Month 11, the divisional year end forecast figures indicated delivery of £14.9m against the Trust's target of £22.4m. This had improved by £109k from M10 due to additional vacancies which left a negative variance against target of £7.50m. The forecast outturn split into £9.5m (64%) of recurrent schemes and £5.3m (36%) of non-recurrent schemes not including the gap against target which was counted as non-recurrent. - The schemes for 2020/21 remained high risk with some progress made since Month 10. £5.1m of schemes had been identified (in various forms of completeness), £4.2m of opportunity from Model Hospital had been allocated, £3.7m of unpalatable actions had begun to be			

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	identified leaving a gap of £2.7m. The Trust was reporting full achievement externally due to contractual over performance due to non-recurrent benefit from balance sheet contingency.			
Costing Update	Update on the progress of work underway to comply with national reporting requirements. Acknowledgment that improvement is required to meet the national standards and realise the benefits that can accrue from an effective costing system.		NHSE/I are aware of and accept the work that is in progress to enhance the Trust's compliance and reporting.	
2020/21 Budget Update	Report presented covering the 2020/21 Budget Update highlighting: - The draft plan was submitted 5 March - Initial feedback had been received, mainly on CIP delivery - The final plan would be presented next at the next Committee prior to submission on 29 April - Contracting was progressing well and in line with national deadline of 27	How will budget sign-off be managed considering the pandemic?	Divisional sign off was largely complete before the pandemic escalation. Individual budget sign off will be impacted by availability of clinical resource. Electronic sign off will continue and good governance will be maintained. Overall a sound approach is being taken and the Committee acknowledges the planning challenges arising in the current circumstances.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	March - c£3.6m had been approved for intolerable risks, cost pressures and service developments - Budget sign was off progressing - CIP remained a risk			
Operational Plan Update	An update on the status of the operational plan – key points: - Operational planning has been suspended until at least July 2020 - NHSE/I had provided significant flexibility and assurances to enable the Trust's response to the COVID-19 outbreak not to be constrained or compromised by finances - Trust income would be guaranteed through block contracts with all commissioners, and all resource implications of the COVID-19 response would be funded or reimbursed		The Trust is complying with national guidance on income and expenditure and will engage with ICS partners on part year operational planning at the appropriate time.	

Rob Graves
Finance & Digital Committee

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO MAIN BOARD – APRIL 2020

From Audit and Assurance Committee Chair – Claire Feehily, Non-Executive Director

This report describes the business conducted at the Audit and Assurance Committee on 10 March 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
COVID-19 Preparedness	Each assurance committee is to receive a briefing about COVID-19, to the extent that the issue falls within the committee's remit. The extent of any financial risk associated with COVID-19 was discussed and the Director of Finance advised the Committee about processes for identifying and reclaiming all relevant expenditure.			
Counter-Fraud Progress Report	Committee commended a detailed update on Counter-Fraud progress, including: - Recruitment to the team - Training delivered within the Trust - Good results from an awareness survey	Should the IT / digital capability of the team be extended? Are there any emerging concerns yet from the Trust's self-review	In hand within recruitment and wider system cooperation No major concerns but areas requiring further strengthening will be evident when the self-review is considered at next Audit Committee.	

Counter Fraud and risk management	Specific work has been undertaken to improve connection between Counter-Fraud activities and the Trust's risk management arrangements.			
Internal Audit (IA) Progress Report	Good progress has been maintained against 2019/20 Audit Plan. **<u>Internal Audit Plan 2020/21</u>** The Exec Team has reviewed the draft plan and planned changes were presented and agreed.	Why had plans changed for the review of Medical Device Management and delayed treatment due to the lack of availability of equipment? Why had a review of doctors' rostering fallen in priority?	There is to be a review of Device Management and an IT tracking system developed and the IA review should follow that work. This is not now so urgent as when the review was first intended and an interim solution is now in place.	
IA Report: Data Protection and Security (DPS) Too	A substantial level of assurance was received. Where requirements of DPS toolkit were not met, there was evidence of an action plan.	Committee felt the action plan needed to be clearer in terms of planned dates for completion of activities.		
GMS Internal Audit Plan 2020/21	The plan that had been approved by the GMS Board was presented.	Has the plan received the same level of scrutiny and engagement as the Trust's plan? Is there sufficient contingency in the plan to respond to new developments?	The approach to preparing the plan is improving and is more risk focussed this year. It is felt to be appropriate at this stage.	GMS has appointed a new Director of Operations who will give the plan further focus and scrutiny.

Follow up of IA recommendations	Good progress was reported.	The arrangements for executive oversight of any changes to implementation dates were described.		
External Audit plans for review of 2019/20 accounts.	The Committee was advised of the planned work. Significant and other risks were identified, together with work planned to address them. IFRS 16 leases are a new area for the audit and require disclosure within the accounts. PPE Valuation: Land and Buildings have significant balance sheet values. District Valuer's are currently undertaking their work on this.	Does progress feel satisfactory to all parties?	Yes, respective teams are working well and the interim audit is progressing well.	
GMS Update	A report was received from GMS to provide assurance to the Group's Audit Committee about progress, including: - Approval of Annual IA plan - Increased focus on Counter-Fraud within new GMS risk management strategy	The Committee was satisfied that this style of reporting provided a greater level of assurance concerning GMS's audit- related activities than previously, and was pleased with evidence of the effective dialogue that was in place between respective FDs.		
The GMS Annual Report and Financial Statements to 31 March 2019 were presented for				

information.				
Risk Assurance Report	Report received to provide assurance that the Trust's risk management arrangements were working effectively. Evidence for: - Performance improving across a range of KPIs - Successful programme for review of Trust policies - DATIX IT functionality still the subject of further review as funding for improvement has not yet been secured.		DATIX IT	

Claire Feehily
Chair of Audit and Assurance Committee
April 2020.

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD – APRIL 2020

From Estates and Facilities Committee Chair – Mike Napier, Non-Executive Director

This report describes the business conducted at the Estates and Facilities Committee held 9 March 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
GMS Chair's Report	The Unions representing GMS staff have balloted their membership for a mandate to take industrial action. GMS are awaiting the result. The next step would be to ballot for a strike, the result of which would not be known until about end April.	Is GMS prepared? Have the Trust got contingency plans?	Both the Trust and GMS have contingency plans in place in the event of a strike. Given the current fast-developing Covid-19 situation, it was felt that a strike was very unlikely to be called in the next few months.	Regular reports to be provided to the Trust and this Committee.
	GMS launched it refreshed mission, vison and values last week. GMS has also undergone a brand refresh to provide a new look and feel that represents its service offering and launched a dedicated web page. Mission: Excellence in service delivery. Vision: Together, exceptional every day. Values: **excellence**: we are proactive,			

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	enthusiastic and put the customer first in everything we do **inclusive**: we work as a team and value everyone's contribution **integrity**: we are honest, principled and reliable **listening**: we are welcoming and are interested in other people's thoughts and feelings.			
Covid-19	This is a new standard agenda item for all Trust Committees and Board.	What plans do GMS have in place to manage the impact on the virus, in terms of both increased demand on workload, and possible staff sickness?	GMS have contingency plans in place, based on staff absences up to 20%. The biggest concerns at present are in the supply chain, especially for food – GMS are working closely with suppliers to ensure continuity.	
GMS Contract Management Group (CMG) Report	Cleaning standards CL01 or CL02 were not met for Very High Risk Functional areas (92.75% against target of 95%) or High Risk Functional areas (83.64% against target of 90%). This was a significant deterioration on December data. CL03 Significant Risk Functional areas had remained above tolerance levels but had also declined (86.6% against a	When will cleaning standards be achieved?	Extensive discussions between GHFT and GMS have been ongoing to resolve the current cleaning concerns. Excerpts from the External Independent Cleaning Audit review were presented by GMS and highlighted three recommendations for GMS. These included a review of cleaning hours for each ward, a programme of refurbishment where cleaning is difficult and a programme	This will be monitored at CMG and reported at the next Committee.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	target of 85%).		of joint audits. These are being progressed with the infection control team as part of the cleaning improvement programme and through capital investment in ward environmental areas. It was reported that cleaning standards were met for the month of February and additional resources had been deployed to ensure that standards will be met going forward. Standards are currently the Trust standards. We are awaiting for publication of the updated National Standards before making any further changes.	
GMS Business Plan 2020/21	This was presented by GMS as a document that has been reviewed by the Trust's DOG, TLT and the CMG. There is an increase to the Unitary Charge (to the Trust) of some £800k which covers identified cost pressures, including cleaning improvements, while the dividend is maintained at the current level. The Plan includes a number of initiatives for service improvement, which will be	Are the Trust ready to endorse the Plan? Has been reviewed and accepted by Finance? The Plan does not include or address the backlog maintenance issue.	The Trust has reviewed multiple versions of the Plan, with changes and improvements made through the process. The Finance team have built the cost increase into the Group's financial plans for the next financial year. This needs to be discussed separately with the Trust as it is a capital item.	Separate assurance will be sought by this Committee that the risks are fully identified and being addressed.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	progressed with the Trust.			
Strategic Site Development Programme	A verbal update confirmed that the Outline Business Case had been approved by the Board in January and had subsequently been submitted to NHSE/I. Work to develop the FBC has been split into phases and Kier instructed to start on phase 1 which includes a range of design workshops in February and March 2020. It was also discussed that until now, rightly, this committee has focussed on the £39.5M project and now needs to extend its remit to gain assurance on other site development projects e.g. stage 2 of the operationalising the estates strategy and the Gloucestershire Cancer Institute project.	What are the next steps?	The team are confident that they will be able to drawdown funds from NHSE to progress the Full Business Case, which should be submitted by year-end.	
Medical Equipment tracking	A report was presented on a new project being undertaken as an ICS initiative to establish how medical equipment is loaned externally from the Trust, which typically occurs via the patient discharge process. The current work and future	This addresses a previous challenge on how medical equipment was being tracked. The Committee welcomes this development a looks		

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	actions being undertaken by the Trust include software development of the iFIT inventory management system and an interface/loan form with Sunrise EPR for electronic recording.	forward to seeing the report-out in due course.		

Mike Napier
Chair, Estates and Facilities Committee
10 March 2020