Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC BOARD AGENDA

Meeting: **Trust Board meeting**

Date/Time: Thursday 14 May 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		
4.	Chief Executive Officer's Report	Deborah Lee	Information	13:05	YES
5.	COVID-19 • Preparedness in Secondary Care COVID-19 response • POD COVID-19 Response	 Rachel de Caux Emma Wood	Assurance		 YES YES
6.	Infection, Prevention & Control Board Assurance Framework	Steve Hams	Assurance		YES
7.	Trust Risk Register	Emma Wood	Approval		YES
	QUALITY AND PERFORMANCE				
8.	Quality and Performance Report	Steve Hams Mark Pietroni Rachael de Caux	Assurance	13:30	YES
9.	Assurance Report of the Chair of the Quality and Performance Committee	Alison Moon	Assurance		YES
	FINANCE AND DIGITAL				
10.	Finance Report	Karen Johnson	Assurance	13:40	YES
11.	Digital Report	Mark Hutchinson	Assurance		YES
12.	Assurance Report of the Chair of the Finance and Digital Committee	Rob Graves	Assurance		YES
	PEOPLE AND ORGANISATIONAL DEVELOPMENT				

13.	Assurance Report of the Chair of the People and Organisational Development Committee	Balvinder Heran	Assurance	YES
	STANDING ITEMS			
14.	New Risks Identified	Chair	13:55	
15.	Any Other Business	Chair		
CLOSE			14:00	

Date of the next meeting: Thursday 11 June 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 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 Officer
Emma Wood, Director of People and Deputy Chief Executive Officer
Rachael de Caux, Chief Operating Officer
Steve Hams, Director of Quality and Chief Nurse
Mark Hutchinson, Chief Digital and Information Officer
Karen Johnson, Director of Finance
Simon Lanceley, Director of Strategy & Transformation
Mark Pietroni, Director of Safety and Medical Director

Gloucestershire Hospitals
NHS Foundation Trust

MINUTES OF THE MEETING OF THE TRUST BOARD HELD VIA VIDEOCONFERENCE ON THURSDAY 9 APRIL 2020 AT 13:00

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
Rachael De Caux	RdC	Chief Operating 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
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director
Mark Pietroni	MP	Director of Safety and Medical Director
Elaine Warwicker	EWa	Non-Executive Director
Emma Wood	EW	Director of People and Organisational Development & Deputy Chief Executive Officer

IN ATTENDANCE:

Sim Foreman	SF	Trust Secretary
Marie-Annick Gournet	MAG	Associate Non-Executive Director

APOLOGIES:

Simon Lanceley	SL	Director of Strategy and Transformation

MEMBERS OF THE PUBLIC/PRESS/STAFF/GOVERNORS:
There were two members of staff and five governor observers.

The Chair thanked participants and observers for joining remotely and explained the approach to questions and papers to be adopted for the meeting.to shorten the length of the meeting in order to release Executive time to respond to the COVID-19 outbreak.

ACTION

60/20 DECLARATIONS OF INTEREST

There were none.

61/20 MINUTES OF THE PREVIOUS MEETING

RESOLVED: The minutes of the meeting held on Thursday 12 March 2020 were APPROVED as a true and accurate record for signature by the Chair.

62/20 MATTERS ARISING

There were no matters arising.

63/20 COVID-19

Update

RdC updated on the extraordinary work and phenomenal efforts from staff in response to the COVID-19 pandemic. The assurance paper provided an update as at 09:00 on 7 April when there were 22 COVID-19 positive patients in critical care, 117 inpatients who had tested positive (with 45 awaiting results) and the cumulative total of patients who had died of the disease was 52.

A recognised command and control structure (for internal and external parties) is in place and a significant focus is being placed on staff health and well-being. A "buddying" system was in place across the Executive team to ensure business continuity and it was confirmed that Divisional Boards were still holding virtual meetings to maintain governance arrangements and monthly virtual Executive Reviews continue.

Pod working based on a robust staffing model had gone live the previous week and COVID related daily staff absence levels were about 4%. The Trust was also being asked to identify volunteers to work in the Bristol Nightingale Hospital.

Patient visiting had been stopped (with some exceptions on compassionate grounds) although virtual digital solutions were being offered and take up was good and being positively received. All but a very few outpatient appointments were also taking place remotely. Clinical pathways were being reviewed by a Clinical Reference Group (CRG) and the Legal and Ethics Group (LEG) was operating and linked to the wider system. The Infection Prevention and Control (IPC) Team had been proactive and visible in their response to changes in guidance in recent weeks.

Emergency General Surgery successfully moved to Gloucestershire Royal Hospital on 1 April 2020 in response to the current pandemic situation. In relation to non-COVID activities, the Board heard that all routine operations had stopped but urgent and some cancer operations continued. The Trust was compliant with the national cancer guidance with respect to those patients who should have their surgery within one month of the decision to operate.

The Business Intelligence (BI) team had produced an executive dashboard that included occupancy levels, patient flow, stock levels, ventilator capacity etc. RdC reported that military logistics volunteers were supporting the national supply chain operation. There was currently good oversight of the Trust's own supplies and an ability to escalate if needed. The Trust was able to participate in mutual aid arrangements across the Integrated Care System (ICS) and wider region when required. Stress testing of oxygen (flow and supply) based on surge capacity levels had taken place with no issues identified.

The Digital Team had enabled the Patient Administration Service (PAS) and Electronic Patient Record (EPR) to be accessed by staff at the Winfield and Nuffield (independent sector) hospitals for patients in their care, following a hospital admission.

RdC summarised that the steps taken meant the Trust felt prepared and ready to respond to an increase in the number of cases, and that there was a continuous process of learning and adjusting in place as the response continued.

RG commended the assurance report, both in its scope and approach, and proposed that it be used as a framework for future updates to simplify the production and reporting processes that go into producing it. RdC advised that the report had provided a “line in the sand” and would consider RG’s suggestion for next time.

CF echoed RG’s comments on the report and added it provided clear insight, especially on the communications to keep staff updated. CF asked whether there was anything in the data that fell outside of the Trust’s risk appetite or whether it was tolerable in an intolerable situation. RdC responded that the Trust had taken a robust position, mitigating and balancing risk with partner organisations within the system and Critical Care Network. MP agreed and added, to provide context, that whilst a much higher risk than usual existed, it was being managed well i.e. the Trust was able respond quickly (same or next day) to changes in guidance related to Personal Protective Equipment (PPE). DL referred to risk appetite and confirmed that staffing levels were currently outside risk appetite and this would continue to get worse during the pandemic, but this was being recorded and managed. DL also flagged that the number of cases could also result in breaches of statutory guidance in future. SH advised pods did create stability but that there was movement away from usual staff to patient ratios especially for critical care, respiratory care and high dependency patients.

In relation to public understanding, CF welcomed system-wide communications related to end of life (EoL) care and the Every Name A Person initiative. She asked whether there had been consideration to use of simple terms to help patients understand where pathways to hospital and/or community services had been redesigned. DL added that service by service, work had taken place to communicate changes or closures to patients and this had included writing to a number of patient groups and there was also information on the website about service changes. It was also confirmed that the Legal and Ethics Group discussions on the nuanced communications to patients on a complex pathway entering the hospital had highlighted the difficulties faced with “blanket” communication. The key focus had been to address messages related to EoL care and continue to communicate general changes such as Emergency General Surgery and Accident and Emergency and targeted communications to other patient groups. DL advised that she participated in national network calls and the Trust appeared to be doing more than most in this area. This point was backed by RdC, MP and SH, who added his view that the Trust had not only been innovative and creative in its approach, it had also demonstrated kindness. AM supported this and advised others were very keen to follow the Trust’s lead.

AM asked whether the system was prepared for the advanced planning that needs to happen outside the hospital setting to support EoL care? MP assured the Board there was lots of support for patients in the community, with Dr Emma Husbands, Consultant in Palliative Care and Dr Hein Le Roux, GP and Vice-Chair of Gloucestershire Clinical Commissioning Group leading the work on community EoL pathway which included protocols for alternative drug delivery. Significant modelling had been conducted for best and worst case scenarios, with aim of achieving a mid-point with personalised guidance in all cases.
RdC explained that prior to admission, planning for patients on discharge was underway and clear discussions were taking place on what patients want. DL added that thought was being given to "designating" one of more community hospitals for End of Life care to ensure staff with right skills and knowledge were caring for this patient group.

MN stated the report was very comprehensive and professional and endorsed RG's suggestion of only seeing updates and pressures in future. MH asked whether there was sufficient capacity (beds and ventilators) within the Trust if a surge meant 500 beds were needed. It was explained that current occupancy was 43.3% so there was lots of capacity across critical care, high dependency and "normal" beds. The Trust can expect to manage 500 patients with basic oxygen with 60 extra respiratory support within extended critical surge or super surge capacity. RdC added COVID-19 was a new disease and its impact on length of stay was unknown, but flagged that patients coming off oxygen therapy and coming out of critical care were taking longer to recover. This posed the biggest risk to ward beds and the community. The worst case scenario appeared to be becoming less stark as data from London and UK became available. MP was confident, but not complacent, that there was sufficient bed base and he was more concerned about discharges impacting on the bed availability for new patients due to the patients staying longer.

MAG asked about community communications and how language and other issues were being addressed, especially for marginalised groups. DL advised that this was an area where the NHS did not traditionally do as well and the modest ethnic profile of the Gloucestershire population meant that potentially there was less expertise than in more diverse communities however the spiritual team's work, particularly with the Muslim community on the EoL experience, showed the Trust's ability to provide culturally sensitive care. There were pocketed examples where things were being done very well and these were being used to develop and strengthen the approach taken overall.

RESOLVED: The Board RECEIVED the report as a source of assurance of the Trust's preparedness to respond to a range of developing scenarios in respect of COVID-19.

Risk Report

RdC confirmed the COVID risk was formally reviewed on a weekly basis and that the safety and quality scores remained unchanged.

RESOLVED: The Board NOTED the risk as outlined in the report.

Revised Board Governance

The paper was taken as read and the Chair confirmed that approval was being sought to confirm the changes to governance arrangements in response to the pandemic.

RESOLVED: The Board NOTED the current board governance arrangements in place for Gloucestershire Hospitals NHS Foundation Trust and APPROVED 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 would take place to determine the need for an extension.

64/20 CHIEF EXECUTIVE OFFICER'S REPORT

DL presented the report and highlighted the work on “Silver Linings” where the Trust was working to ensure that the positives arising from the pandemic were captured and that awareness of these components is raised and shared so changes can be embedded as new ways of working. The Chair added that the activities undertaken by staff and their ability to cope with the change and camaraderie shown throughout were massive silver linings in themselves.

RESOLVED: The Board NOTED the report.

65/20 QUALITY AND PERFORMANCE REPORT

The report was taken as read and it was confirmed that it had undergone full scrutiny as usual at the Quality and Performance Committee.

However RdC wished to highlight the progress that had been made in planned care to reduce Two Week Waits (2WW), deliver on Referral To Treatment and audiology.

In relation to cancer care, it was noted that the 2WW performance at 95.9% was fourth best nationally. The Board recognised and praised the excellent progress that had been made.

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.

66/20 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.

67/20 FINANCE REPORT

KJ presented the report and confirmed that at Month 11 the Trust's financial performance was in line with plan. KJ added that the Trust had submitted some detailed returns on spending related to COVID-19 earlier in the week. COVID activity was being coded so all costs could be captured and spend to date was £352k for capital and £817k for revenue. The Trust was expected to hear in the coming days if this will be centrally funded and KJ would provide board members with details if requested.

The Finance team were also in the middle of the year-end processes and hitting deadlines related to this. Although there were some pressures i.e. external auditors' ability to conduct stock validation (due to being unable to be onsite) were being managed, KJ could still foresee the control total being delivered.

AM asked what impact the removal of NHS debt referred to in the daily government briefings would have on the Trust. KJ confirmed this had been raised in the initial planning and guidance and could create a revenue pressure on the Trust due to higher interest arising from the debt being written off and replaced with Public Dividend Capital (PDC). This was likely to result in a change to either control total or allocation to offset this extra cost but that there would be no requirement for capital repayment which was very good news in the long term.

In response to a query from RG on whether the 2019/20 year-end will include numbers that include the final COVID costs, KJ confirmed they would but they would be matched with income from central funding to provide zero impact on the Trust.

CF queried the timings related to statutory reporting and what was the best sense of assurance that external parties i.e. auditors could support these. KJ stated that revised guidance had provided some flexibility on key data returns and year-end work continued to be progressed on the original timeline, with a draft close of the accounts happening that day. National work was underway with external auditing firms to develop and agree a common approach to stock and weekly conference calls were being held to update Directors of Finance.

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

68/20 DIGITAL REPORT

MH presented the report and updated that there continued to be strategic focus on delivering the electronic observations (e-obs) and results programme on time and that the Trust was taking every opportunity to deliver improvements that could benefit capacity creation both short-term and hopefully over the longer term. He confirmed that his team were supporting the wider system with the roll-out of Virtual Digital Interface (VDI) to GPs over the coming weekend.

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

69/20 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.

70/20 ASSURANCE REPORT OF THE CHAIR OF THE AUDIT AND ASSURANCE COMMITTEE

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

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

71/20 ASSURANCE REPORT OF THE CHAIR OF THE ESTATES AND FACILITES 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.

72/20 NEW RISKS IDENTIFIED

There were none.

73/20 ANY OTHER BUSINESS

There were no items of any other business.

The Board wished to formally recognise the herculean efforts of all staff and the compassion, bravery and hard work that had gone into this.

The Chair thanked board members and attendees for enabling the meeting approach to be so successful.

[Meeting closed at 14:00]

Date of the next meeting: Thursday 14 May 2020 at 13:00 via Microsoft Teams.

Signed as a true and accurate record:

Chair
14 May 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD - MAY 2020

REPORT OF THE CHIEF EXECUTIVE

1. Introduction

1.1 As reported last month, operationally the Trust remains a very different place although a natural "drum beat" has been established in our current context of significantly reduced levels of COVID-19 activity. NHS Improvement has now issued Trusts with guidance to inform what it describes as "the second phase of the NHS Response to COVID-19" which sets out clear expectations for the resumption of all non-COVID urgent services over the month of May; for Gloucestershire Hospitals, very few of these services were paused in any event. In addition, we are being asked to consider what additional routine non-urgent elective care activities can be safely resumed without jeopardising the ability of the NHS to respond to a second surge of COVID-19 activity should it present in the weeks to come as the County eases itself out of the current lock-down arrangements.

1.2 The Trust has established a Task & Finish Group to oversee planning for the resumption of non-COVID activities which includes the redesign of a number of pathways to enable patients and staff to remain safe and ensure that increases in activity does not result in increased transmission of COVID-19 between staff and patients. A framework to provide Trust Boards with assurance in respect of infection prevention and control has been developed nationally and will be presented to this month's Board.

1.3 As well as planning for the reintroduction of services the Executive team has been giving thought to some of the more significant themes that have emerged through the necessity of COVID-19 with the aim of considering how we want to take these "inadvertent" innovations forward into the future. The following four themes have been chosen as the initial priorities

- Home working – designing the best of home working into the future whilst recognising some of the risks and downsides that will need to be addressed in any future model

- Remote care – through digital solutions and good old telephony, many patients have been able to receive care that has been both convenient and comprehensive without having to visit the hospital

- Health and wellbeing – there has been a huge amount of wrap around support for staff throughout the organisation and gaining an understanding of what has added most value and should be designed into our future health and wellbeing offer is an early priority

- Seven day services – out of necessity, our hospitals and to a large extent the health and care system which supports us has operated seven days a week. There has been huge benefit to this for patients and colleagues but it has come at a considerable price with respect to its impact on staff. Careful thought is required as to what has made the biggest difference and how we can build this into our "new normal". This will be a key conversation for the Integrated Care System Board.

1.4 Since the last report, the capacity for patient and staff testing has been significantly increased. On the 23-24 April, the Trust was one of ten acute trusts who participated in a national study to understand the proportion of front line staff who are asymptomatic but test positive for COVID-19. Whilst results from the national pilot are still awaited, the rate amongst our own staff was very low with just 12 of 580 staff swabbed, testing positive. This is hugely reassuring for patients and colleagues and also a testament to the success of the Trust's infection prevention and control strategies, plans and leadership. Guidance has also been published on the testing of asymptomatic patients who require admission to hospital, either as an emergency or on a planned basis. Whilst there is sufficient testing capacity, the turnaround time from swabbing to a confirmed result is resulting in a number of operational bottlenecks, particularly overnight when testing is stood down. In the short term, the situation is being managed but by the end of May we aim to have Point Of Care Testing available to us which will provide access to results within two hours of swabbing.

1.5 The Government is watching closely the impact of a relaxation of lock down and social distancing in other parts of Europe which will no doubt influence and inform that UK's own approach. Technology to assist in the tracking and tracing of suspected COVID-19 cases is currently being piloted and is likely to form part of any national response. However, of crucial importance, is the NHS's preparedness to respond to any surge in COVID-19 related activity.

1.6 Last month I reported on considerable reductions in the number of patients presenting to our A&E departments, to GP practices and the numbers of suspected cancer patients being referred into the hospital. There are signs of some restoration of activity levels in the last two weeks with A&E attendances up from around half usual levels to two thirds and a doubling of 2 week wait cancer referrals at the end of April over the beginning although the latter still only reflects c45% of usual levels. A national campaign, supported by local media, is also underway to communicate the key message that the "NHS is open for business" and this will run over the coming weeks. Analysis is underway to better understand if particular groups of patients or communities are likely to have been more adversely impacted than others and to ensure this knowledge influences the pattern of service recovery.

1.7 Following the relaxation of some of the national restrictions on working with local media, the Trust received considerable positive media attention last week including a focus on the Trust's "One Minute Silence" to remember colleagues who have lost their lives to COVID-19. We also enjoyed a feature on our Patient Services Support Hub and later in the week insights into the work of our laboratory team who undertake the analysis of swabs to detect the COVID-19 virus in our own Edward Jenner Laboratory, Gloucestershire Royal Hospital. The Trust continues to enjoy considerable positive social media attention from grateful patients, family members and colleagues which is a huge boost to staff.

1.8 The highlight of the month for many, however, was the illumination of The Pillars at Cheltenham General and even more strikingly the Tower Block at Gloucestershire Royal to celebrate International Midwives Day on the 5 May and International Nurses Day on the 12 May 2020. Thousands of local residents joined in the spectacle through social media and it was an incredibly moving and poignant event for the many who engaged in this special moment, during such extraordinary times.

1.9 Finally, no CEO update in current times would be complete without expressing a huge debt of gratitude to my colleagues throughout the Trust. At the outset of this pandemic, we coined the phrase that this would be a "marathon and not a sprint" and the toll of the long distance run is starting to be felt throughout the organisation as staff begin to feel the fatigue. We remain committed to maintaining support for staff health and wellbeing, in all its current guises and are immeasurably grateful for the contribution of

local communities and colleagues throughout the organisation, including colleagues in Gloucestershire Managed Services, and the wider health and care system.

THANK YOU.

Deborah Lee
Chief Executive Officer

6 May 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PRIVATE AND PUBLIC BOARD – 14th May 2020

Report Title
COVID-19 BOARD ASSURANCE REPORT SECONDARY CARE PREPAREDNESS
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 has fully prepared and is compliant with the suggested Secondary Care response as described by NHSI / E Framework document dated 11th April 2020.

Key issues to note

- All components of the framework document have been reviewed by the relevant Executive Lead and an internal assurance process conducted to assess if compliant against latest advice and guidance.
- Areas of particular focus include workforce, infrastructure, service reconfiguration, equipment, data information and management, communications and escalation procedure.
- There are no gaps in assurance identified when scrutinised by the relevant Executive Lead. The document remains dynamic and links within constantly updated as we move through this incident.
- A further document relating to Restoration of Services was received 29th April 2020 and will be reviewed ahead of Quality and Performance Committee and June Board with the intention that the Board will be sighted on our next Phase in the Trust COVID-19 response.
- From 4th May the CQC will commence a roll out of their new approach to regulation during COVID-19 and their Emergency Support Framework (ESF). This will provide a structure for the regular conversations and include safe care and treatment, staffing arrangements, protection from abuse and assurance processes / monitoring and risk management. The information that is gathered through this route is a further source of intelligence that the CQC will use to monitor risk, identify where providers may need extra support to respond to emerging issues, and ensure they are delivering safe care which protects people's human rights. It aids the understanding of the impact of COVID-19 on staff and people using services, and where the CQC may need to follow up directly with an inspection, or escalate concerns to regional, and national system partners where they are best placed to address. This will be discussed through Quality and Performance Committee in May 2020.

Recommendations
The Board is asked to receive this report as a source of assurance that the Trust is well prepared across a range of domains to continue the response to COVID-19.
Impact Upon Strategic Objectives
COVID-19 is highly likely to remain a prominent feature in operational working for several months and the UK remains in Level 4 Incident. Therefore it is expected that there will be some impact on the delivery 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 Command structure. There is also a distinct COVID-19 risk on the Trust Risk Register. The impact on certain aspects of compliance with Constitutional standards, for example Referral to Treat (RTT) is not to be underestimated and is reflected in the risk profile.

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. In addition, robust clinical harm review processes are embedded to identify clinical harm at the earliest opportunity. This will be reported through to Trust Board via relevant Committees.

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
Not presented to Committee prior to Board to due fast moving nature of Incident.

Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC & PRIVATE TRUST BOARD – 14th MAY 2020

Microsoft Teams

COVID-19 ASSURANCE PAPER: Preparedness of Secondary Care

Section 1: Executive Summary

This Board paper is prepared to assure the Board against the Document of Preparedness Framework for Secondary Care: issued by NHSI /E 11th April 2020 and distributed to the Chief Executive's Accountable Emergency Officer. It is designed to be used as a checklist to review surge and escalation plans in the COVID-19 response (see Appendix 1 attached hyperlink https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0280-secondary-care-preparedness.pdf)

The portfolio areas covered include Workforce, Infrastructure, Service reconfiguration, Equipment, Data and Information Management, Internal / External Communications and the Escalation Procedure. For completeness, we have not only included our internal procedure but also an Organogram of COVID19 System Escalation architecture. The Board is asked to take this report as assurance that the Trust is fully compliant against all components of the current checklist.

Section 2: Workforce

The overwhelming premise is that decisions around workforce should be locally determined, supported by national guidance and shared learning from other organisations and regions.

The People and OD function can assure the Board that it has provided a response to the COVID-19 pandemic beyond recommendations in the published NHSEI document.

The areas of advice pertain to redeployment, staff wellbeing and protecting vulnerable staff.

2.1 Redeployment, returners, students, volunteers, induction, indemnities

The Trust reviews all guidance on redeployment and ensures compliance and additional advice is sought from professional leads. Colleagues who are asked to work in unfamiliar areas are supported with a mentor.

The Trust ensures that the appropriate induction and training is delivered for new starters and current staff where upskilling is required. Education has been agreed with subject matter experts and signed off

by these to ensure provision meets the needs of the service and colleague. Basic requirements set by NHSEI such as Health and Safety and Fire training have been provided to all new staff and PPE Don and Doffing and Fit Testing facilitated.

A central deployment hub supports the POD teams who manage all resources within and across divisions initially. Resources are allocated to POD teams daily depending on ward status and absence rates and requests for assistance or to place staff who are no longer fully employed in their current role directed to the deployment hub.

Resources are allocated against skill set and competency and matched with an appropriate role 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.

The deployment hub liaises with the ICS deployment team to review escalated urgent requests for workforce support and the redeployment of returners through the national Bring Back staff scheme.

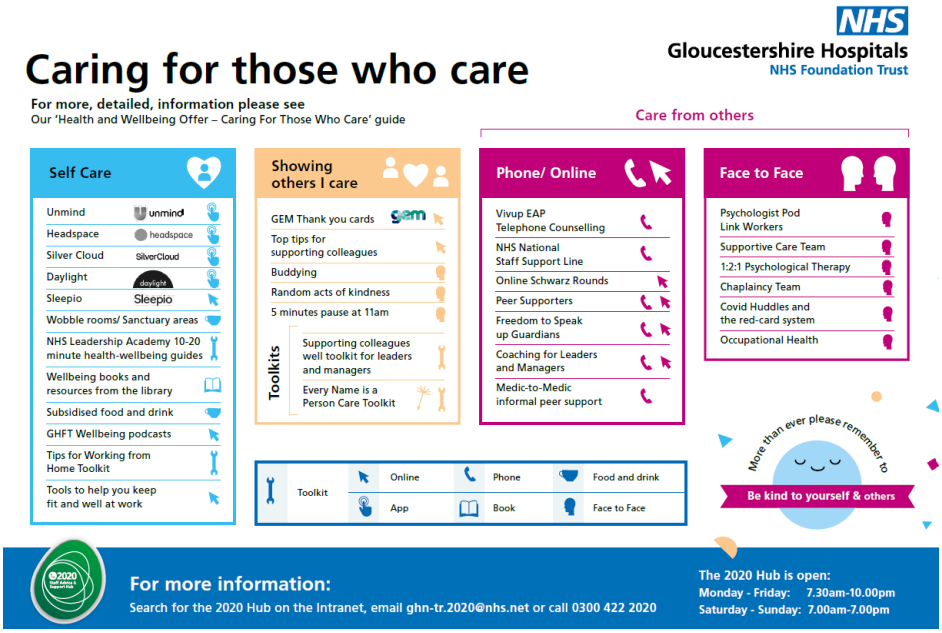
Rapid recruitment has built a large bank of qualified and unqualified staff to assist divisions.

The Trust have recruited 70 student nurse volunteers and 21Foundation Interim Doctors (FiY1), 5th year student Doctors who have volunteered to commence working with provisional GMC registration prior to their expected qualification in August 2020. We have also maintained our apprenticeship programmes and colleagues.

There are robust processes in place to ensure vulnerable staff are redeployed from front line duties (such as pregnant women over 28 weeks, or their partners and those with underlying health conditions). Staff Shielding (approximately 200) have been encouraged to work from home. Regular contact is made to this vulnerable and isolated group through the 2020Hub and the Shielded Hero programme.

2.2 Staff Wellbeing

The Trust has supplemented national wellbeing programmes with a selection of offers all coordinated through the 2020Hub.



The Trust has also developed other offers to colleagues to ensure their health and well-being is prioritised, many of which have been funded through the charity.

Section 3: Infrastructure

3.1 Waste Management

Clear protocols for the management of waste were established at the early stages of the Trust's response to COVID-19 by following guidance issued by the Environment Agency. The current guidance

issued by NHSEI and Environment Agency has been received and adopted by the Trust and GMS to form the Standard Operating Procedure for the management of COVID-19 waste. The following action cards have been developed, disseminated and embedded into the operations of clinical teams as part of the Trust's response to COVID-19. The action cards are:

- COVID-19 Action Card - Management of COVID-19 Waste;
- COVID-19 Action Card - Disposal of Waste

3.2 Building Services Engineering Systems

As of 09:00 on 30th April 2020, the building services engineering systems installed to the retained estate & PFI domain have been confirmed to largely be operating without undue cause for concern. This is as confirmed to the Trust via review at Contract Management Group for GMS on 07/04/2020 and PFI FM Meeting on 28/04/2020 (inclusive of subsequent discussions with GMS).

Planned preventative maintenance (PPMs) activities are continuing as far as reasonably practicable within the clinical and non-clinical environments, with minimal disruption to the Trust's clinical activity anticipated from scheduled maintenance activities able to proceed at this time. In response to the Covid-19 pandemic, some wards have been temporarily closed or placed on standby ready to open at any time as additional wards; all PPMs are being undertaken to these areas as per normal. Other wards have become restricted zones such as DCC and therefore some non-essential critical PPMs have been temporarily suspended to these areas for Fire Safety, Water Services and other general E&F activities. However, the Domestics Team continue to support water safety by undertaking routine flushing to all open & closed wards and the GMS Estates Teams continue to undertake essential PPMs and support the Trust in avenues such as Fire Risk Assessments and Fire Safety improvements to the infrastructure. An outstanding item is due to be resolved to Lift No.10 (Prescott Ward, CGH site) in early/mid May 2020; replacement parts have been ordered and current advised timescales for delivery is w/e 27/04/2020with planned rectification thereafter.

The electrical infrastructure on the two acute hospital sites comprise of incoming power supplies from the local Distribution Network Operator (DNO) with a series of substations situated within the estate serving specific areas of the site. Secondary power generation is provided to the infrastructure in the form of on-site generators, expected to operate in the event that the DNO supply is lost. Furthermore, Uninterruptible Power Supply (UPS) systems are provided to a limited number of areas & equipment; this is generally limited to certain Theatres & DCC areas and a list of these areas has been circulated to the operations team of Surgery Division. Power outlets supplied with UPSs and/or essential supplies from the substations are identifiable via a red faceplate on the outlets. All other areas should be assumed to have no UPS capacity unless otherwise identified or within the medical equipment itself.

Periodic tests of the secondary power generators were undertaken on 21/03/2020 for Cheltenham General Hospital (CGH) and 11/04/2020 for Gloucestershire Royal Hospital (GRH); both system performed in line with expectations. An existing issue is due to be fully resolved to one Generator on the GRH site; anticipated completion in mid-May 2020 and subject to availability of new parts. In the meantime & to maintain functionality of the generator and reduce risk, proactive steps have been taken by GMS and an external contractor by resourcing new & secondary parts to undertake a temporary solution/workaround; the temporary repair was completed on 30/05/2020 inclusive of a satisfactory non-simulation test (i.e. the generator was tested offload). Another monthly generator test is scheduled for the GRH site on 02/05/2020 and during this test, this generator will be synchronised with the remaining three generator units on the GRH on-site generator system.

3.3 Medical Gases

The Trust's bulk liquid oxygen systems (VIE) comprises of the following, which deliver piped medical oxygen to the clinical areas undertaking patient care. The systems are:

- Cheltenham General Hospital – 1No. VIE compound containing a primary (main) and secondary (backup) supply vessels;
- Gloucestershire Royal Hospital – 2No. VIE compounds, each containing a primary (main) and secondary (backup) supply vessels.

Medical grade air is also supplied in the clinical environment from central duty & standby plant with additional backup via central manifold connections in the event of need or plant failure.

The management of medical gases is primarily under the remit of the Trust's Pharmacy Services with the Chief Pharmacist providing oversight. To confirm, there are two providers for the supply of liquid oxygen to the Trust; Air Products Ltd and BOC Healthcare. In agreement with the Trust and NHSEI, all national suppliers have taken proactive steps to ensure oxygen levels are maintained; the systems are already remotely monitored and the trigger points to initiate a resupply delivery has been increased, which increases the frequency of delivery and ensures system levels are adequately maintained to manage any sudden increases in demand. Pharmacy Services are also undertaking proactive measures to maintain oxygen supplies and ensure the timely provision of the top-up process by also undertaking daily monitoring on the VIE systems as a failsafe. The daily telemetry reads from all tank is included in the Executive dashboard for assurance purposes.

Scenario testing of the Trust oxygen supplies has also taken place on several occasions in late March 2020 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. Further calculations have also undertaken by the Coronavirus Preparedness Task & Finish Group to further confirm the oxygen capacity, which is

sufficient for 150 fully ventilated beds but on the provision that these are in the *right area of the hospital*.

The following action cards have been developed, disseminated and embedded into the operations of clinical teams as part of the Trust's response to COVID-19. Action cards are:

- COVID-19 Action Card - Oxygen Management on Wards;
- COVID-19 Action Card - Oxygen Low Pressure Alarm (Site).

3.4 Car Parking & Transport

In a specific initiative to support our workforce, staff parking is currently free within the allocated staff car parks for all Trust staff working at any point over a 24/7 period on the two acute hospital sites. In addition, the Trust 99 Bus Service continues to operate as per normal with an additional stop at Cheltenham Spa Railway Station and Pulhams Coaches providing increased sanitation of their buses. All of the aforementioned measures have been widely recognised and appreciated.

3.5 Catering Services

The practice of appropriate social distancing between colleagues is being actively promoted and facilitated by the removal of seating & tables with increased spacing in the staff restaurants. Further offers by GMS to support staff have included, extending opening times in restaurant outlets Mon-Sun (until 20:00), offering a 50% off saving on all meal items for Staff at the outlets, a free hot hot/bottled water per day and supplying ice & water to staff working on wards in full PPE. All of the above has been very well received by staff as part of the response to COVID-19.

Section 4: Service Reconfiguration

This section summarises how GHFT incorporated learning from other centres in its COVID-19 preparedness planning, business continuity plans and incident management processes.

4.1 Learning from other centres

#	Area	Learning from other centres	How GHFT responded
1	Surge planning	*Can be rapid (48-72hr), geographical variation*	• National & regional modelling used to inform COVID bed capacity planning (Pods), to max 504 COVID +'ve (red beds) & 297 COVID –'ive (green beds) across CGH & GRH • Pods enable Trust to focus on managing COVID positive patients while continuing to treat emergency medical & surgical patients and cancer patients • Each Specialty and Service has a phased service reduction/ reconfiguration plan linked to workforce availability. Phase 1 = <10% workforce reduction, up to phase 5 = >50% workforce reduction • GHFT Incident Management Team provides daily report of key decisions taken by divisions and any planned service changes within coming 5-days • Key decisions and service changes reported through Silver and Gold Health Command Structure and into Local Resilience Forum (LRF) as required • Following national guidance, non-urgent planned care operations were reduced from mid-March • The Paediatric Assessment Unit (PAU) at GRH is being used for children and young people (16 and under) instead of the Emergency Department at GRH
2	Expansion of ITU capacity	*Not only ventilator & beds, but also staffing, training, ancillary equipment*	• Phased ITU expansion plan designed to deliver a total of 78 ITU beds at GRH and 64 at CGH. • Simulation training run in early March • Daily equipment, consumable and drug stock-checks with any issues escalated to twice daily COVID Sitreps
3	CPAP	*In early patient management may prevent intubation*	• Combined response (respiratory and DCC) to early evidence of CPAP use • Oxygen supplies tested for increased demand

#	Area	Learning from other centres	How GHFT responded
			• >70 CPAP devices repurposed from home ventilation service with filtered circuits analysed in lung function laboratory and confirmed to deliver required pressures and FiO2 of 60-70% • Established 'respiratory floor' with high care and HDU facilities in close proximity • Daily combined respiratory and DCC COVID MDT
4	Unexpected shortages limit capacity	*Pre-empting shortages in drugs & consumables*	• Clinical areas submit any equipment, consumable and drug requests by 10am each day. • Daily equipment, consumable and drug stock-checks with any issues escalated to twice daily COVID Sitreps
5	Extensive training in COVID procedures	*Needed before surge*	Range of on-line and classroom training programmes, including: • e-learning Respiratory Care & Assessment training package • Simulation training in critical care, respiratory HDU and COVID +'ve ward areas • PPE Safety Officer Role • Rapid refresher training sessions • Pod Vlog to explain ways of working plus supporting Q&A • On-line Action Cards for key processes
6	Regional Emergency Preparedness Response and Resilience (EPRR)	*Clinicians & managers should understand how and when to communicate & escalate*	• Gloucestershire ICS Covid-19 Response Programme Established in w/c 16th March • Gloucestershire Local Resilience Forum (LRF) linked to Regional and Local Strategic Health Gold Command structure. • Gold Command supported Clinical Advisory Group, Silver and Bronze structure – daily calls across 7-days
7	Early warning triggers	*Should be used to anticipate the consequences of surge*	• Twice daily Covid-19 Sitrep call includes reporting of activity and capacity including: critical care, newly diagnosed in last 24hrs, admissions, possible cases awaiting results, ventilated patients, deaths, mortuary capacity, empty beds • Workforce & capacity triggers used to inform timing of service changes e.g. Emergency General Surgery centralised to GRH when workforce availability dropped below agreed minimum level

#	Area	Learning from other centres	How GHFT responded
8	Early dialogue in the face of surge	*Gives time for tailored responses*	• Surge planning led through weekly Covid-19 Task & Finish Groups jointly Chaired by Director of Safety & Medical Director and Chief Operating Officer • Twice daily Covid-19 Sitrep tracks activity and capacity
9	Begin dialogue with regional EPRR	*Before consequences of surge limit capacity*	• Surge plans shared early with Health & Social Care Partners and LRF through Silver and Gold Command structure • Daily communication of upcoming service changes across system • GHFT Incident Management Team provides daily report of key decisions taken by divisions and any planned service changes within coming 5-days • Key decisions and service changes reported through Silver and Gold Health Command Structure and into Local Resilience Forum (LRF) as required
10	Inter-hospital transfers	*To hospitals in same critical care network can reduce impact of surge*	• GHFT linked into modelling, design and workforce planning of Bristol Nightingale Hospital including designated network critical care transport service • Clinical criteria for transferring COVID and non-COVID patients across SW Critical Care network maintained based on capacity constraints, patient acuity and specialist services of each hospital
11	Retrieval of COVID19 patients	*Should be performed by staff from receiving – rather than originating hospital*	• Involved in formation of network critical care transfer service • Staff (doctors) provided to support initial transfers • Ongoing input into transport clinical reference group
12	In-reach system	*Temporary assistance from anaesthetic & intensive care staff from neighbouring hospitals*	• GHFT linked into modelling, design and workforce planning of Bristol Nightingale Hospital
13	Patterns of work & staff absences	*Rotas need substantial revision*	• Platinum rota providing senior visibility and support 24/7 • Twice daily, Platinum led full sitrep calls covering all key functions of the hospital – activity, risks, issues

#	Area	Learning from other centres	How GHFT responded
			for clinical and non-clinical support functions • Senior Nurse cover until 8pm and 24/7 Nurse Director on call • Pod structure established for COVID and non-COVID patients. Each Pod is supported by a medical team, a nursing team and an operational team each providing 7-day on-site cover. Medical teams work in 3-day blocks on 12 hour shifts followed by 3-days off on rolling basis (11.5PAs over 6-weeks). No change to nursing rotas. Operational teams have moved to 7-day working. • Gloucestershire Managed Service (GMS) is integrated into the Pod MDT staffing model • A Pod Staffing Hub tracks shift MDT staffing numbers against plan and redeploys staff as required to ensure each Pad is staffed safely. • Key corporate support functions have moved to 7-day working, usually 4 days on with 2-days off on a rolling basis (HR, OD, Communications, Estates, Procurement)

4.2 Workforce re-organisation

See response to Section 2.

4.3 Clinical Process and Equipment

Principles: Spread burden of work, efficient use of resource, drawing on prior expertise of staff and reduction of exposure to contamination. **Processes must be adapted and practiced locally.**

#	Area	Learning from other centres	How GHFT responded
1	Team based approaches	• *Designated emergency intubation teams* • *Designated proning teams*	• Multidisciplinary team structure supporting Pods • Twice daily respiratory/critical care meetings • Twice daily resus team safety huddles
2	Communication	• *Regular phone updates to*	• Virtual visiting introduced

#	Area	Learning from other centres	How GHFT responded
	with relatives	*named relative who disseminates information to the rest of the family.* • *Staff allocated to the conversation depending on complexity and appropriateness*	with specially protected I-Pads using the Attend Anywhere Application with secure video software to enable relatives to speak to patients who are all areas including COVID positive areas. • Family teams established. • All calls that come into the organisation from families have been triaged by the Patient Support Service Hub so that people waiting for news have spoken to a member of staff whilst the Hub supports gaining information. • The Hub is also printing letters and photos that have been sent and hand delivering them to the wards and are providing a listening service. • A communication toolkit has been produced for staff to assist with supporting their communications with relatives.
3	Locations	*Some teams have decided to use the theatre environment as a place to perform procedures and store equipment before deciding where further care is to be delivered*	• Phased ITU expansion plan designed to deliver a total of 78 ITU beds at GRH and 64 at CGH, includes use of HDU areas and theatres
4	Intubation Teams	• *All necessary equipment in single grab bags/kits* • *Use of disposable grab bags* • *Pre-loading an endotracheal tube onto a bougie to reduce apnoea time*	• Consultant led MERIT team 24/7 established and trained • Designated MERIT negative pressure rooms • Intubation boxes
5	Ventilation	*Maximise existing capacity:*	• 91 Ventilators sourced from

#	Area	Learning from other centres	How GHFT responded
		• *Play to the existing strengths of staff* • *Considering what theatre and critical care staff are used to doing* *Innovative use of resource:* • *Using CPAP where appropriate, to reduce number of intubations.* • *Sedating patients with volatile agents if using an anaesthetic machine.* • *Using anaesthetic theatre machines for ventilating patients* • *To circumvent limited numbers of pumps/syringe drivers- mixing anaesthetic medications (propofol and fentanyl) into single syringe using protocols created in collaboration with pharmacy.* • *To circumvent limited CPAP capacity- can utilise BiPAP machines with supplemental oxygen in non-acute phase*	Trust, community and private provider operating theatres • Upgrade anaesthetic software for more complex ventilation modes

4.4 Personal Protective Equipment

See response to Section 5.

4.5 Training

Principles: Training takes time and therefore should commence as long as possible before clinical need increases; efficient use of time

#	Area	Learning from other centres	How GHFT responded
1	Simulation Training	• *Preserve equipment during training due to limited resource* • *Be flexible during simulation in roles to reflect real world environment*	• Simulation training carried out in critical care, respiratory HDU and COVID +'ve ward areas
2	Staff redeployed	• *Streamlined induction*	• e-learning Respiratory Care

#	Area	Learning from other centres	How GHFT responded
	into unfamiliar roles	*processes* • *Buddy system at the start and pastoral support system* • *Refresher sessions and bespoke guidelines produced by critical care staff for those adapting to work in critical care environment*	& Assessment training package • Rapid refresher training sessions • Buddy structure established • Significant staff psychological wellbeing support in place • Staff health and wellbeing offer extended through 2020 hub

4.6 Communication/ Information Dissemination

See response in Section 7

4.7 Wellbeing

See response to Section 2.

4.8 Specialty specific guidance

A number of specialty specific guides have been produced by NHS England to help departments continue essential care for patients whilst supporting the wider hospital and community in providing care for patients with coronavirus.

The specialties covered are: Coronavirus treatment, Adult Critical Care, A&E (Emergency Dept.), Medicine, Cancer, Surgery, Children, Obstetrics & Gynaecology, Radiology, Palliative Care, and Musculoskeletal. The guides are available here: https://www.england.nhs.uk/coronavirus/secondary-care/other-resources/specialty-guides/

Public Health England (PHE) has also produced guidance for health professionals on the diagnosis, management and testing of COVID-19 patients, available here: https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance#guidance-for-health-professionals

NHSE and PHE guides have been disseminated through our Divisional structure with recommendations adopted as required.

Section 5: Equipment

5.1 Procurement, PPE and Materials Management

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 has been leading the management of procurement and the supply chain within GHFT and working closely with Gloucestershire Shared Services, the Incident Management Team (IMT) and colleagues within

Gloucestershire Managed Services (GMS). NB. 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.

To ensure the Trust's readiness for responding effectively to COVID-19, the introduction of a secured centrally managed stock within GRH and CGH for COVID-19 related PPE has been implemented. This has allowed for the introduction of daily stock takes, covering all COVID-19 related PPE, which feeds directly into the Executive dashboard. The IMT also continues to develop a process for tracking stock levels at a local ward/speciality level, to gain a more detailed understanding of run rates and days of supply remaining. At the moment, a pull mechanism exists for wards to request top-ups of COVID-19 PPE from Materials Management, with the twice daily SitRep calls an additional point of escalation outside of normal routes.

The Procurement Team are able to stay up to date with the latest national updates, by linking into in to the national and regional communications for NHS Supply Chain. This is predominately via the bi-weekly NHS Supply Chain webinars, daily account manager calls and regional updates from the South West EPRR team. Additional access to information and escalation routes has been provided to the Trust via the South West Pathology Network.

Materials Management continue to provide the Procurement Team with the required information to enable them to secure a local pipeline of PPE. This is covering the national shortages via the central PPE channel. Business As Usual (BAU) supplies continues to be secured and operated to ensure items required outside of the new Push delivery system, continue to flow into the Trust and are available for clinical colleagues, with stock buffer levels reviewed with the service areas regularly. The following action card has been developed, disseminated and embedded into the operations of clinical teams as part of the Trust's response to COVID-19. The action card is:

- COVID-19 Action Card - Process for Obtaining COVID-19 PPE Supplies

5.2 Medical Engineering & Medical Equipment

The management of medical devices and equipment is undertaken by Gloucestershire Managed Services (GMS) on the two acute hospital sites; this service is provided via *Medical Engineering* and involves the management, maintenance and repair of medical devices and equipment.

Proactive steps have been undertaken by the Trust and GMS during March & April 2020 to support clinical teams in the response to the COVID-19 pandemic and the expected increase in demand for medical devices & equipment required for patient care. The availability of oxygen delivery systems, across both sites, has been established by *Medical Engineering* with 79 CPAP machines and 91 fully ventilated beds substantiated. This equipment has undergone all necessary safety and functional checks to ensure that they are ready for the clinical environment.

To also ensure that support is centred on current activity, the team are focusing efforts on planned preventative maintenance to high risk and life supporting devices & equipment. *Medical Engineering* also continues to manage the distribution of devices & equipment from the libraries with logistics and distribution to ward areas primarily undertaken by Portering staff.

The following policies and action cards are relevant to the management of medical devices under the remit of *Medical Engineering*. All documents continue to be made available to staff for guidance. The *policies* and action cards are as follows:

- Medical Devices Management Policy;
- Product Trial and Evaluation Policy;
- MDM1 – Procurement of Medical Devices which will be managed by Medical Engineering;
- MDM2 – Users' Responsibilities For Medical Devices;
- MDM3 – Reporting a Medical Device to Medical Engineering for Maintenance which will be managed by Medical Engineering;
- MDM4 – Sending Medical Devices for Deep Cleaning where managed by Medical Engineering;
- MDM5 – Decommissioning of Medical Devices which are managed by Medical Engineering.

5.3 Intra-site Support Services

A Transport service for the movement of goods between the two acute hospital sites continues to be provided by Gloucestershire Managed Services (GMS) in support of the Trust's COVID-19 response and in support of other clinical & non-clinical activities.

The service caters for operation of scheduled duties as the collection and distribution of linen & laundry and also included emergency and ad-hoc transport requests which also covers the aforementioned items including items ranging from materials to PPE.
In support of the Trust's current extended bed base, via the use of the two private hospitals at Winfield and Nuffield, the remit of the Transport service has been temporarily extended to service these locations for the duration of the Trust's response to COVID-19.

6. Digital

The Incident Management Team is responsible for information flow links between the IMT and operational cells in the Trust. It is also responsible for co-ordinating, logging and providing assurance for the submission of data nationally, regionally and internally.

6.1 Data collection

NHS England and NHS Improvement are only capturing data required to inform national decision-making by the NHS and government and communications to the general public.

The following data is being collected by GHFT and submitted to meet national, regional and county reporting requirements. More detail on reporting responsibilities and assurance is contained in Appendix 1. Staff testing returns are not submitted by GHFT but are completed by GHC.

SUBMISSION	FREQUENCY
Daily COVID SitRep (National submission)	Daily (Incl. Weekends)
Daily PHE Aggregate Return	Daily (Incl. Weekends)
Daily PHE Individual Patient	Daily (Incl. Weekends)
Renal Association COVID Return	Weekly (Thursday by 5pm)
Daily Critical Care Return (AM)	Daily (Incl. Weekends)
Daily Critical Care Return (PM)	Daily (Incl. Weekends)
Re-agent stock	As available
Oxygen supplies	Daily (Incl. Weekends)
Daily sitrep action notes (0830 call)	Daily (Incl. Weekends)
Daily sitrep action notes (1630 call)	Daily (Incl. Weekends)
Covid-19 positive deaths	As required
Covid-19 staff death	As required
Mortuary capacity	Daily (Incl. Weekends)

6.2 COVID-19 Dashboard

The COVID-19 Data Dashboard is a web based secure dashboard, providing the executive team and senior operational staff with real time information on COVID-19 activity. Managed by the IMT, the dashboard provides a snapshot of essential data for national reporting, as well as tracking staff and stock resource levels. Data is drawn from existing sources (which match the sources for the national daily returns) as well as manual returns inputted by operational teams.

Data is updated at least daily for data being input manually by teams, but most data (including occupancy, flow information, testing status and death) is refreshed every 15 minutes – 1 hour to provide accurate reporting on the 8.30am and 4:30pm SitReps. A daily dashboard meeting provides assurance

on the accuracy of the data, and by working closely with the site team and operational managers responsible for inputting any discrepancies in data are identified and corrected swiftly. The online platform's security settings ensure that only named staff members have access to the data and a full audit trail of access is held by the information team and is shared with information governance colleagues. Information provided in the dashboard includes:

- Stock levels (PPE and supplies)
- Bed status (COVID and non-COVID) by area and ward
- COVID admissions and discharges
- COVID inpatients and deaths
- Flow data
- Treatment status
- Mortuary capacity
- Ventilation information

A high level dashboard is available for ICS partners, which includes national reporting information only.

6.3 National Reporting (see Appendix 2)

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Section 7: Communications

This section summarises how GHFT has incorporated recommendations from NHSE and NHS Employers on internal and external communication.

#	Area	Learning from other centres	How GHFT responded
1	Communication strategy	• Optimise communication strategies to disseminate information to staff and patients • The organisation should be viewed as the most trusted and reliable source of information • COVID-19 developments and latest guidance should be communicated to all staff in the hospital • Communication should be timely, consistent, open and honest communications. • Leaders should be visible to staff, whether face to face or virtually and actively listen and respond to staff concerns, questions and rumours	A range of communication methods are in use to disseminate key messages, including: • Dedicated Covid-19 area on staff intranet • Regularly updated FAQ in response to issues raised and national briefings • Use of existing staff social media groups • Visible and accessible leadership presence • Use of MS Teams to maintain key meetings and communication channels • Posters and signage • A daily COVID Staff update e-mail is issued to all staff, containing the latest information on COVID activity, service changes, new action cards and processes, PPE, staff health & wellbeing support, research • Specialty and Service team leads ensure this information is disseminated to those staff not regularly on e-mail • The Trust has established a 7-day Patient Support Hub offering information to basic queries and supporting patients staying with us • Twice daily Covid-19 Sitrep calls used to report activity and performance but also capture issues and risks and disseminate key messages • Weekly Covid-19 Task and Finish group with clinical and operational leads to review contingency plans and phases and escalate risks and issues.

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#	Area	Learning from other centres	How GHFT responded
2	Role of Communication Team	• Communications team should be involved in planning & delivering surge capacity • Communications team should be supported regionally and nationally to ensure communications are consistent and aligned.	• GHFT Communications team have moved to 7-day working which includes a communication rep being part of the Incident Management Team to ensure key decisions and planned changes are captured and communicated internally and externally. • As part of the Gloucestershire ICS Covid-19 Response Programme, a Bronze Communication group has been established that meet virtually twice a week and report into Silver and Gold Command. • The Bronze Communication group is in regular contact with NHSE Communication colleagues • Standardised statements and media responses are used.
3	Communication to the local community and stakeholders	• Must be consistent with public health and national messaging	• A dedicated Covid-19 area has been developed on the Trust internet site linking to national messaging • Social Media is used to alert people to any key changes and developments • Stakeholder briefing process established for key decisions and changes included local MPs, HOSC, Healthwatch, local interest groups and public • Local media also actively reporting COVID activity and key changes.

Section 8: Escalation Procedure:

This section of the document of preparedness by NHS England and Improvement focuses on the escalation procedures that should be in place in a Trust. Gloucestershire Hospitals has all of the recommended procedures in place as outlined below.

The changes put in place by divisions to respond to COVID-19

The Executive Team tasked divisions to design step up plans in response to the COVID-19 pandemic with the aim to identify how the Trust will respond to the predicted growth in COVID-19 positive patients. Led by the medical division, the response, which was designed, shaped and refined by all divisions, supports a phased approach in response to the change in demand.

8.1 Infrastructure

The design principles were to create wards with four differing purposes, is in response to emergency medical and surgical patient demand, cancer patients, and COVID-19 positive patients of varying levels of acuity;

1) COVID Positive – Respiratory High Care / Ventilated Areas
2) COVID Positive – General Wards for patients requiring close monitoring who are for full escalation of treatment
3) COVID Positive – General Wards for patients who have either a ceiling of treatment or for end of life care
4) Non COVID - Specialist Areas e.g. Surgery, Neuro, Stroke, Gastro (although some specialist work for COVID positive cases will have to be done within COVID wards isolated within a side room).

In addition the following objectives were agreed for designing the response;

1. To separate COVID-19 positive patients (Red) and COVID-19 negative patients (Green)
2. To create PODS of 50-60 beds each (i.e. approx. 2 wards) and designate each POD as either Red or Green
3. To implement admission pathways that triage and route patients to the appropriate POD
4. To establish multi-disciplinary teams to support each POD. Each team includes a Lead Consultant from the relevant ward speciality as well as other consultant/Middle Grade/Foundation doctors from all specialties. Nurses, HCAs, pharmacists, therapists, admin and portering are also within the POD accompanied by actions cards which outline each of their primary roles and responsibilities, All PODS have identified Lead Clinician and Lead Nurse.
5. To enable an increased and more resilient staffing model 24/7 by utilising all available clinical staff.
6. The aim is for staff to work in the same POD where possible to minimise cross infection risk, and improve team working.
7. Specialist opinions between POD teams are performed by telephone/video wherever possible.

The cohorting of wards resulted in ward pairings which took into account infection control advice, the proximity to specialist areas, the existing equipment within the wards and the flow through the hospital.

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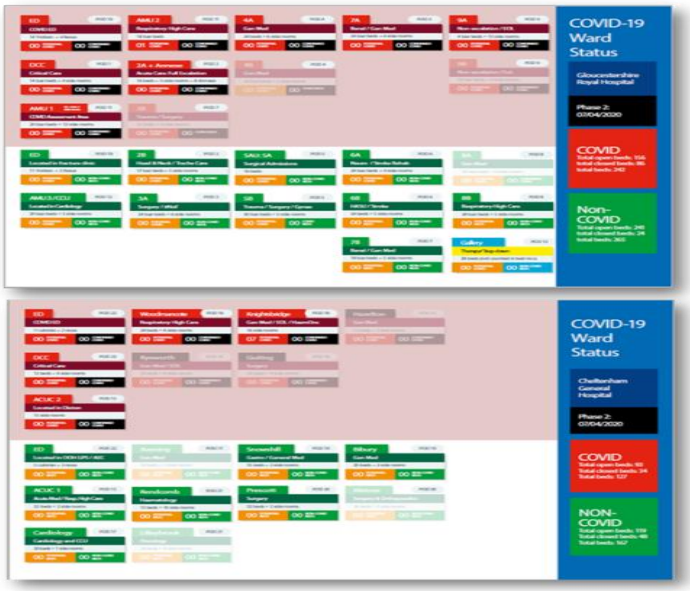
Using the modelling available, which indicated the Trust will need approximately 500 in-patient beds plus 75+ Respiratory High Care beds as well extensive Critical Care capacity at the 'Surge', three phases were designed which gradually increase the number of beds available for COVID-19 positive patients.

The configuration of the new ward pairings, called PODs, is captured in the table on the next page, for both sites. The configuration of PODs took into account various teams clinical preferences to enable them to deliver the most effective responses to patient's needs.



Designed by the medical division team

Site	POD Number	Wards
GRH	1	DCC
GRH	2	2A + 2B
GRH	3	3A & 3B
GRH	4	4A & 4B
GRH	5	5A & 5B
GRH	6	6A & 6B
GRH	7	7A & 7B
GRH	8	8A & 8B
GRH	9	9A & 9B
GRH	10	ED
GRH	11	AMU1 & Respiratory High Care (Located on AMU 2)
GRH	12	AMU 3 / CCU (Located in Cardiology)
GRH	13	Gallery, DWA, MDU + Winfield + Nuffield
GRH	14	Paeds and neonates
CGH	15	ACUC 1 / AEC / ACUC 2 (Located in Dixton)
CGH	16	Woodmancote & Guiting
CGH	17	Cardiology & Avening
CGH	18	Ryeworth & Knightsbridge
CGH	19	Snowshill & Bibury
CGH	20	Prescott +/- Alstone
CGH	21	Lilleybrooke & Rendcomb
CGH	22	ED
CGH	23	DCC

GRH dashboard

CGH dashboard

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8.2 Staffing

A revised clinical team structure has been implemented into each POD. These are cross divisional staffing models, that provide adequate cover by using a mix of appropriate Specialist Consultants to lead PODs along with a nurse in charge (RN1), with back up from other non-specialist but experienced consultants, junior doctors, nurses, therapists and other clinical and admin support staff.

The principles are generic, but the POD membership and particularly the core leadership is bespoke to the POD with speciality beds being ward specific.

To compliment the core staffing of each POD, running alongside the POD but not internally to the POD is the following;

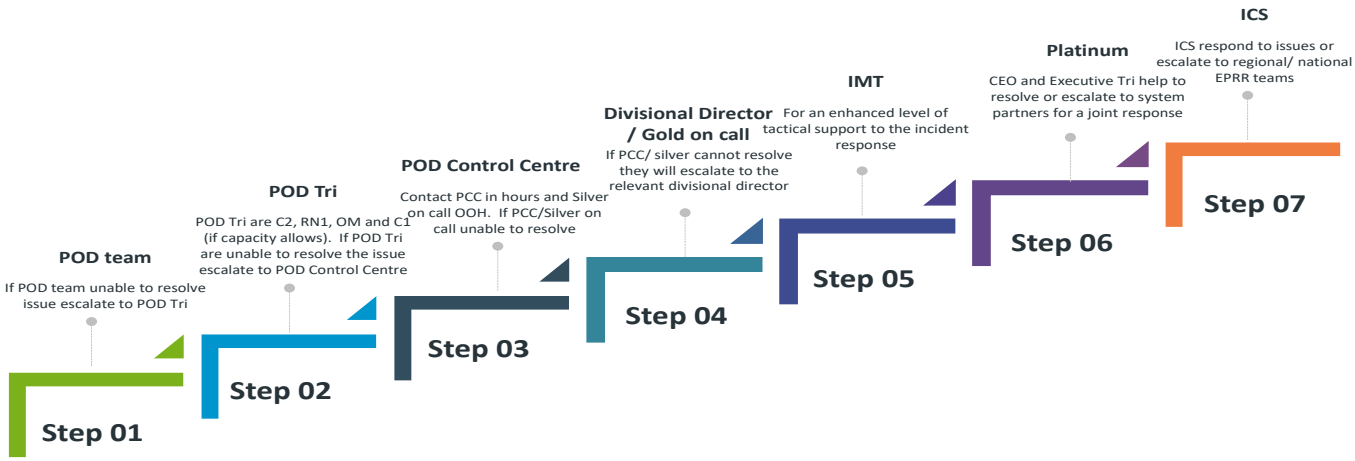
- Yellow lanyard respiratory responders; on a separate rota of a minimum of 2 RNs 24/7 per sites as well as a number of therapy and respiratory skilled Drs complimenting this
- Pastoral support to patients, relatives and staff across the PODs. This has both clinical and OD input. 24/7 support from Porters / Runners
- Extended in hours (08:00-22:00) by the Chest Physiotherapists with an on-call rota out of hours.

8.3 POD Control Centre

A POD Control Centre (PCC) has been implemented to support the escalation of medical nursing and administrative staffing sickness and backfill and any operational issues such as equipment, PPE and general materials management stock requirements as well as quality and safety issues that cannot be resolved locally. . All calls are all logged responded to and addressed in real time.

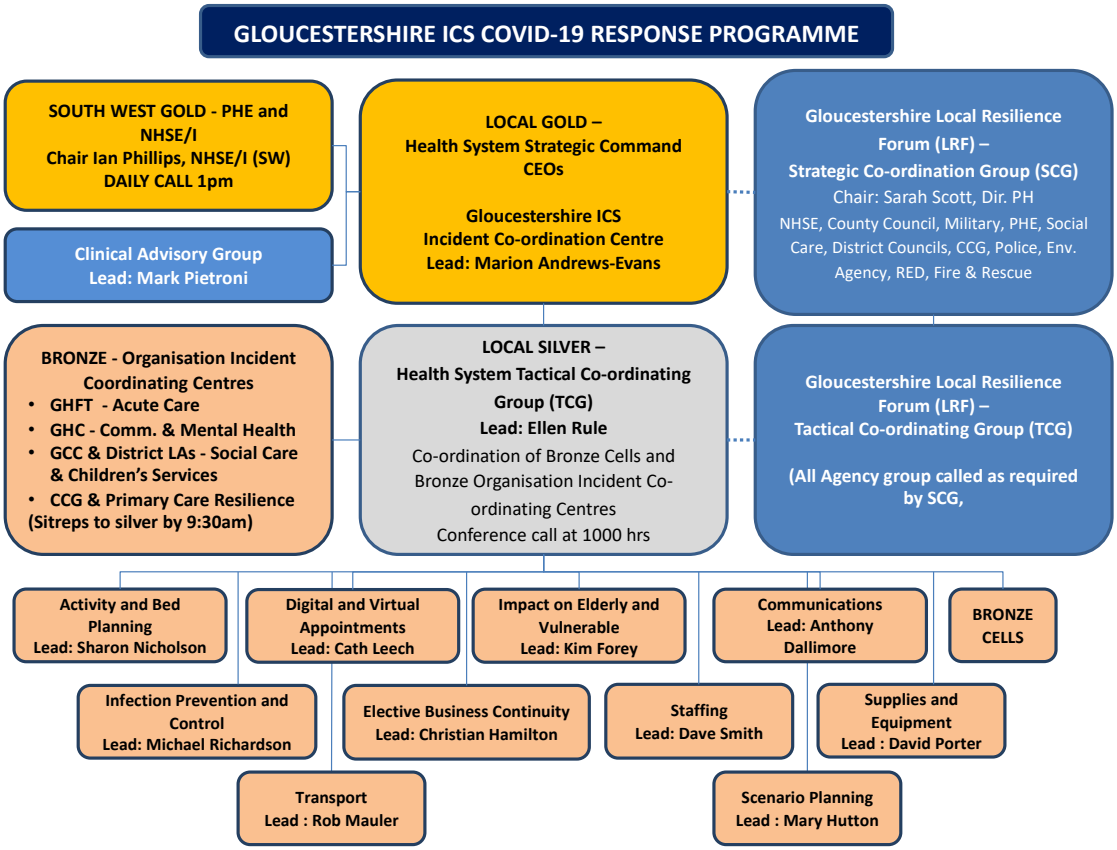
8.4 Escalation of issues

The chart below outlines the Escalation chain of command from PODS to Platinum and includes issues that cannot be resolved within the POD itself.



Gloucestershire Hospitals NHS Foundation Trust

8.5 COVID-19 System Escalation Architecture



Dr Rachael de Caux
Chief Operating Officer
14th May 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2020
MICROSOFT TEAMS – COMMENCING 13:00

Report Title
People and Organisational Development Committee Covid-19 Workforce Assurance Report
Sponsor and Author(s)
Author and Sponsor: Emma Wood, Director of People and Organisational Development and Deputy CEO
Executive Summary

Purpose

To inform the Board of the activities and impact associated with the seven work streams the People and Organisational Development team have created to deliver Covid-19 associated activities.

Key issues to note

- There are seven work streams: colleague wellbeing; education; deployment; resourcing; childcare; infrastructure; risk/health and safety
- Work is allocated and monitored through daily POD calls on MS Teams
- **Colleague wellbeing**: 1900 contacts have been made to the 2020 Hub since the Covid-19 response was activated. Additional services and tools have been launched to support colleagues during this time
- **Education**: refresher skills training and a rapid e-induction programme have been launched to enable new and existing staff to work safely and provide excellent care to our patients. Students on training have been released to provide additional support. Apprenticeship training has converted to online or been placed on hold
- **Deployment**: 63 colleagues have been redeployed to fulfil other roles. Close links have been established with Pod teams and ICS partners to ensure colleagues and skills are utilised to maximum effect
- **Resourcing**: 21 FY1s have commenced in April. Rapid recruitment has secured more than 300 new colleagues to join our Trust. 61 of these are nurses, and 169 HCAs. 5 candidates have been placed with the NHSE/I Bring Back Scheme.
- **Childcare**: over 80 colleagues have remained at work following our assistance in helping to resolve their childcare issues.
- **Infrastructure**: 1537 colleagues (18.6% of workforce) have reported a Covid-19 related absence from work. Of these, 1138 have since returned to work and 399 colleagues remain off work. Staff testing has now been launched and 350 colleagues have been put forward for swabbing. The new flexible accommodation hub has placed 154 colleagues in temporary accommodation.
- **Risk**: A revised risk management process is in place to ensure all Health and Safety incidents are being reviewed in real time and staff wellbeing protected. Lessons learned from Datix reports are shared and the Risk Management Group, DOAG and Health and Safety Committee continue to meet to review the risks.

Assistance offered	**Number of Colleagues Assisted**
Colleague well-being advice, support and guidance	1900 have contacted the 2020 hub.
Upskilling in Respiratory competencies	150 colleagues have completed the face to face training.
Flexible Accommodation Hub	136 GHT colleagues have been accommodated
Student Volunteers	54. (51 volunteers from University of Gloucestershire & 3 from other Trusts)
Deployment Hub	63 roles have been filled

Medical Staff	21 Foundation Interim Doctors received under the National initiative.
Rapid Recruitment	600 applications in 3 weeks. Excess of 300 candidates inducted.
Bring Back Schemes	5 candidates have been successfully placed
Rapid E-Learning Induction	281 inducted
Rapid Clinical Induction	96 Health Care Assistants / 27 Retire and Returnee's
Childcare	80 colleagues able to remain at work
Staff Testing	350 colleagues referred
Total number of colleagues assisted	**3763**

Conclusions

The People & Organisational Development department has responded rapidly and efficiently to the challenges presented by the global pandemic.

Implications and Future Action Required

The seven work streams and daily update/monitoring calls will continue as pandemic figures plateau. In the coming weeks and months, as we make a gradual return to a level of Business As Usual, we will identify the changes made to our service delivery model during this period, including assessment of those service changes we wish to continue and embed into our regular practice as a People & Organisational Development department.

Recommendations

The Board to take assurance that the People and Organisational Development teams are managing their response to COVID-19 adequately.

Impact Upon Strategic Objectives

We have a compassionate, skilful and sustainable workforce, organised around the patient, that describes us as an outstanding employer who attracts, develops and retains the very best people

Impact Upon Corporate Risks

Main COVID Risk - C3169MDCOVID - Risk of the Trust being unable to deliver its usual range of comprehensive, high quality services with consequent impact on patient safety, experience and staff wellbeing due to COVID-19 Pandemic.

Regulatory and/or Legal Implications

The Trust is required to continue to act within its licence parameters and standards set by NHSEI. HSE legislation applies in particular to the safety, health and wellbeing of our staff and the appropriate compliance with PHE social distancing rules and PPE requirements.

Equality & Patient Impact

Work to maintain and develop the resilience, capacity, skills and wellbeing of our colleagues has had a positive impact on both the patient and staff experience.

Resource Implications

Finance		Information Management & Technology	
Human Resources	X	Buildings	

Action/Decision Required

For Decision		For Assurance	**X**	For Approval		For Information	

Date the paper was presented to previous Committees and/or TLT

Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
			28/04/20				

Outcome of discussion when presented to previous Committees/TLT

The People and Organisational Development Committee were assured.

Gloucestershire Hospitals
NHS Foundation Trust

People and Organisational Development Committee: 28 April 2020
Covid-19 Workforce Assurance Report

This report details the activities and impact associated with seven work streams we created to deliver Covid-19 associated activities.

1. Operational delivery of Covid-19 activities

1.1 Trust delivery

Direction and oversight of Covid-19 workforce activities is led by the Deputy CEO/Director of People & OD, and the Operational Director of People & OD.

There are seven P&OD Covid-19 work streams; each has its own lead and supporting team:

Work Stream	Lead
Colleague wellbeing	Abigail Hopewell, Head of Leadership & OD
Education	Dee Gibson-Wain, Associate Director of Education & Development
Deployment	Sara Bowen, HR Business Partner
Resourcing (recruitment, temporary staffing and e-Roster)	Mel Murrell, Associate Director of Resourcing
Childcare	Elva Jordan-Boyd, HR Business Partner
Infrastructure (accommodation, absence management, Covid-19 related expenditure)	Claire Matthews, HR Business Partner
Risk	Lee Troake, Corporate Risk Manager

Core members/representation for each work stream meet on a daily Teams call to discuss:

- Daily cascade of information from Covid IMT call.
- Dynamic assessment of existing and emergent risks.
- Activity and priorities across all work streams.
- Hotspots/emergent trends from the 2020 hub and any other intelligence gathered.
- National or regional updates and impact on work streams.
- Updates for global communication and employee FAQ's.
- Support required for national, regional or ICS initiatives (including Nightingale).
- Working principles for escalation/ Executive decision.

- Decisions and actions are captured in a live action log and where appropriate fed into the IMT structure for information and assurance. The team also review a dynamic People and OD risk register.
- Emergent issues are also captured by Deputy CEO/Director of People and OD and Operational Director of People and OD and raised, where appropriate, on the twice daily Trust-wide Covid meeting.
- The Deputy CEO/Director of People and OD repeats this process of daily meeting with the Corporate Risk Manager (Health and Safety lead), Trust Secretary, Head of Charity

and Head of Legal Services for items pertinent to their directorate. Regular calls are also managed with National and Regional bodies, the ICS and on Nightingale Bristol.

1.2 System delivery: ICS – Bronze Staffing Cell

The People and OD work streams have shaped the ICS staffing cell priorities, with system links established for each work stream to optimise cross-boundary working and consistent reporting into the daily Silver ICS meeting. This link further enables us to assess staffing risks with system colleagues.

1.3 Business As Usual decision-making

- The suspension of meetings such as the People and OD Delivery group means that key decisions, such as bank rate increases, are taken via appropriate consultation with the Executive team and staff side or virtually. Decisions are logged within our action log as appropriate.
- 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 given their statutory and regulatory importance.
- An open weekly conference call is held with staff side representatives, to ensure emergent concerns are captured and the team equips our Trade Union representatives with up-to-date information, so they can support their members.
- The Deputy CEO/Director of People and OD consults with NHS Employers, and Regional Staff Side representatives on a weekly basis.

1.4 Team Resilience and Hierarchy

In addition to the Business As Usual hierarchy, the team have developed clear operating procedures for all work streams and have implemented extended hours and 7 day working. This is complimented by a 'shadow rota' to ensure full service resilience and to maximise support to our clinical colleagues.

2. Colleague Wellbeing

2.1 2020 Staff Advice and Support Hub

- The 2020 Hub has expanded its opening hours to run a 7-day service from 7.30am-10.00pm Monday-Friday, and 7.00am-7.00pm Saturday-Sunday.
- The 2020 Hub 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.
- From 4 March 2020 to Sunday 19 April 2020 the 2020 Hub has received **1900 contacts** from colleagues. 726 queries (38%) were taken by email and the remaining (1174 queries - 62%) by telephone. This equates to an average of 45 contacts per day.
- The table below shows the volume of **telephone queries** received week by week (email queries are being coded and will be available moving forward).

Week	Date	Count of Calls	% Increase from week before
	Thu 4 March – Fri 13 March 2020	28	
2nd week	Mon 16 March – Sun 22 March 2020 (extended hours and weekends commenced)	116	76%
3rd week	Mon 23 March – 29 March 2020	212	45%
4th week	Mon 30 March – Sun 5 April 2020	279	24%

5th week	Mon 6 April – Sun 12 April 2020	234	-16%
6th week	Mon 13 April – Sun 19 April 2020	305	30%
	Total	**1174**	

- The most common reasons for colleagues contacting the Hub were queries, concerns and requests for help relating to:

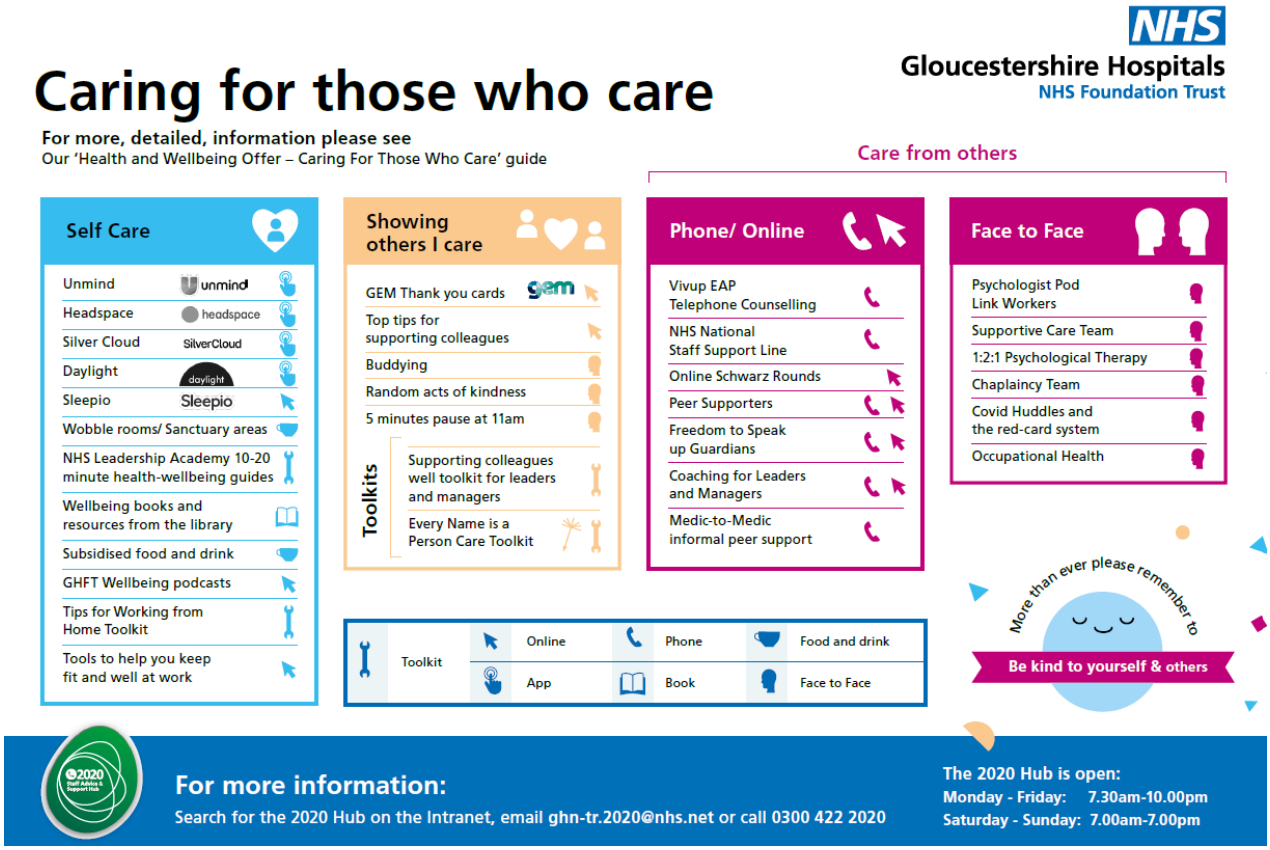
Type of Query	**No. Tel. calls**	**% of Tel. calls**	**No. emails**	**% of emails**	**Total no.**	**Total %**
1. Symptoms	275	23%	63	9%	**338**	**18%**
2. Medical condition/ pregnancy/ self-isolation/ household concerns	221	19%	97	13%	**318**	**17%**
3. Testing	188	16%	45	6%	**233**	**12%**
4. Absence reporting	88	8%	102	14%	**190**	**10%**
5. Accommodation	85	7%	76	10%	**161**	**8%**
6. FAQs/ signposting to wellbeing resources/ general queries	22	2%	105	15%	**127**	**7%**
7. Anxiety	58	5%	28	4%	**86**	**5%**
8. Other/ miscellaneous	74	6%	15	2%	**89**	**5%**
9. Donations and volunteering	18	2%	71	10%	**89**	**5%**
10. Redeployment	45	4%	14	2%	**59**	**3%**
11. Childcare	19	2%	21	3%	**40**	**2%**
12. Travel and parking	38	3%	-	-	**38**	**2%**
13. Pay/ sick pay/ annual leave	12	1%	30	4%	**42**	**2%**
14. PPE/uniform	23	2%	-	-	**23**	**1%**
15. Hearing impairment	-	-	27	4%	**27**	**1%**
16. Handwashing/ hand care	-	-	20	3%	**20**	**1%**
17. Occupational health	-	-	12	2%	**12**	**0.6%**
18. Remote working/ working from home	8	1%	-	-	**8**	**0.4%**
TOTAL	**1174**	**62%**	**726**	**38%**	**1,900**	

- The top five most common reasons for contact are:
    1. Queries about symptoms (18%).
    2. Queries about an underlying medical condition, pregnancy and concerns about contact with/exposing or exposure to household members (17%).
    3. Testing queries (12%).
    4. Absence reporting queries (10%).
    5. Accommodation queries (8%).

- Since 4th March we have observed the nature of contacts shift and this frequently corresponds with whatever is salient in the media and society adjusts to lockdown decisions made by the Government. For example, in March childcare queries were high but now these are minimal; the most common calls we receive at present are concerning staff testing and symptomatic household members.
- Colleagues operating the 2020 Hub mostly refer to the Covid-19 FAQ document to provide answers to practical queries. FAQs are updated on an almost daily basis. More complex queries are escalated as required to relevant People and OD or clinical colleagues. Queries are also used to inform new FAQs, the Managers newsletter and new interventions.

2.2 Psychological Wellbeing package

- We have developed a "Colleague Health & Wellbeing offer: Caring for those who care" guide which was published on Tuesday 7 April 2020. This includes a one-page infographic illustrating the range of services and tools available to support colleagues with their psychological wellbeing during this time.



- The infographic was promoted through the global email and on social media (Twitter and Facebook). Statistics show high levels of engagement with this on 7 April 2020:

Twitter	Facebook (combined for main page, GRH page, CGH page and GMS page)
• 13458 impressions • 2253 engagements • 180 likes • 77 retweets	• 18939 people reached • 2600 engagements • 141 likes/loves • 106 shares

- We have also been approached by other Trusts, such as Guy's & St Thomas' Hospital NHS Trust, who have asked to either use or be inspired by our approach to presenting the offers available to colleagues.
- The Wellbeing Guide and associated tools are accessible through the Intranet, which has a dedicated section to wellbeing support during the pandemic. As of Friday 17 April 2020:
    - The Wellbeing Guide has so far been downloaded 218 times (uploaded Tuesday 7 April). 200 paper copies have also been printed and are being distributed through the Covid-19 areas. It has also been emailed directly to various groups.
    - The Covid-19 wellbeing support page which contains links, tools, YouTube videos and other resources has been accessed 12,910 times.

    - The Covid-19 discounts and special offers page, listing free and discounted opportunities for staff, has been accessed 2,298 times.
    - The Covid-19 childcare page, recently set up as a standalone page because of the volume of information available (Tuesday 7 April 2020), has so far been accessed 127 times.
    - The FAQs document, which is updated regularly and provides the latest advice to staff on a range of Covid-19 related topics, has been downloaded 5,758 times.
    -
- New tools and support we have curated or developed for colleagues since 1 March:

    - Various apps nationally procured (Unmind, Headspace, Daylight, Sleepio, SilverCloud).
    - Wobble rooms and sanctuary areas on both sites.
    - Wellbeing podcasts (hosted by the Chaplaincy team).
    - Tips for Working from Home Toolkit.
    - Gem E Thank You postcards. 221 have been sent out to date.
    - Supporting Colleagues Well Toolkit for leaders and managers.
    - Every Name is A Person Care Toolkit.
    - National NHS Support Line.
    - Online Schwartz Rounds.
    - Medic-to-medic informal peer support.
    - Psychologist Pod Link Workers.
    - Supportive Care Team.
    - Covid Huddles and the red-card system.

- Our **Psychologist Pod Link Workers** are comprised of the Health Psychology and Mental Health Liaison Teams. A Link Worker is attached to each Pod team, Covid area and specific staff groups. They connect regularly with the managers of each team/area, and have been distributing paper copies of the Wellbeing guide, wellbeing infographic poster, a difficult telephone conversations poster and the 'Every Name is a Person' care toolkit around the Hospitals.
- We have established weekly telephone calls with the Health Psychology team to review our offer, identify themes/trends and specific teams who would benefit from a personalised visit from a member of the Executive team. A recent example of this is the Mortuary team which the link worker identified that additional support would be useful. We informed Deborah Lee, CEO, who then visited the next day and this was positively received by the team.
- Our intention is to monitor the use and effectiveness of each offer to determine if they should be offered post Covid-19.

3. Education support

3.1 Education Priorities and Provision in Preparation for COVID-19

All face to face training apart from the delivery of material which support the Covid-19 response has been cancelled until 30th June 2020.

Priorities were reset to ensure colleagues were appropriately up skilled to manage the main symptoms of Covid-19, manage this safely, and new recruits inducted quickly. The Education and Development team have:

- Designed a respiratory skills e learning package which 72% of clinical staff have completed as at 16 April 2020. This package was recommended over Twitter by Helen Bevan – Chief Transformation Office NHS England and there have been other Trusts that have sought to obtain it and other offers since. It was mentioned on the Nursing Times tweet and had 20,000 hits or likes – including from Australia.

- Produced a PPE e learning package for infection control
- Developed a Rapid E induction package which includes the mandatory training elements NHS England have requested Trusts keep. As of 16 April 2020, 281 colleagues have completed this.
- Rapid bespoke inductions for nurses, HCA's, porters, returning staff and administrative staff covering role specific essential elements. 96 new HCAs have completed a rapid clinical induction; 27 colleagues have completed a rapid induction for returning/retiring Registered Nurses.
- Respiratory face to face training for three hours for Registered nurses to improve personal confidence with Covid patients. As of 15 April 2020, 150 colleagues have completed this.
- Fit mask testing and training in support of the Infection Control team and/or on request by wards.
- 12 overseas nurses are currently in the process of having their Emergency PIN set up.

In addition the Education and Development team have been progressing work to support other colleagues and oversee national requirements for students. These include:

- Nursing Degree Students able to work as Student Volunteers.
- First year nursing students on a break who can join our bank as an HCA.
- Second year students and third years (in the first six months of their third year) can volunteer to join our Trust and work a 80/20 split between clinical and protected learning, paid at band 3 HCA. Numbers and names for the second year students from University of the West of England UWE and University of Worcester are expected imminently. 51 volunteers from University of Gloucestershire so far, and 3 students from other Universities have joined the Trust week commencing 20 April.
- Third year students in their **final 6 months** who started their studies in September 2017 or January 2018, can volunteer to join our Trust and be placed in an extended placement, work 100% of their time clinically and be paid at band 4. For some of these students, there may be an opportunity to fast track (4-8 weeks) onto the NMC register.
- The trust recovers the funding for these roles from NHSi/HEE.

The HEE process is being developed with our university partners to establish short-term contracts, job descriptions and a bespoke rapid induction. FAQ's will be shared with ward managers and students are being placed within the POD structure.
Midwives and AHP's are in the next wave of volunteers to be up-loaded through the HEE data tool.

3.2 Trainee Nursing Associates and Apprenticeships

- Discussions and work continues with University of Gloucestershire to determine how we can support our 37 TNA's at this time. As apprentices, they still have a one day a week, online academic day, although changes to the apprenticeship rules mean we can apply for a break in learning of between 4-12 weeks. Advice is expected from the NMC/Council of Deans on how to manage those TNA's in their last six months of study.
- TNA's are updated on impact via conference calls and a letter of options was sent to them w/c 20 April.
- The cohort due to start in April has been delayed to September 2020, as has the new cohort of HCAs scheduled to start in April.

Other Apprenticeship programmes:

- Our Apprenticeship provider partners have been helpful and responsive. We remain committed to continuing apprenticeships and focus on keeping the apprentice safe whilst supporting operational needs.
- The Apprenticeship team has been working with all providers to convert learning activities/workshops to eLearning or remote sessions where possible. The team have

been working with the apprentices (210 apprentices to date) to facilitate breaks in learning on an individual basis.
- One area national guidance is still required for is the End Point Assessments (EPAs). Although a solution has been developed for the TNAs we are still awaiting guidance on other Apprenticeship pathways.
- Assistant Practitioners, HCAs and other health professionals are on breaks in learning and working to individual plans to enable continuity of learning.
- Advanced Clinical Modules (inc for the ACP role): continue but with extensions to assignments for up to three months offered where applicable.

4. Deployment

4.1 The Deployment Hub

Our newly-established Deployment Hub acts as a central repository for staff that need to be redeployed and cannot be found alternatives in their division/department 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.

Between 30 to 40 emails continue to be received into the deployment hub per day and turned around within the maximum of an hour. Deployment progress is reviewed daily between the deployment lead and deputies. The deployment hub continues to receive regular requests for support and to date **63 roles** have been filled. There are currently 50 members of staff available for work in some form but the majority of these colleagues can only work from home or are highly restricted in the tasks they could undertake due to self-isolation or shielding. As the need for different types of support becomes apparent, these colleagues will be fully considered as a resource to provide support.

The hub prioritises deployment across three 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.

4.2 Link to POD teams

At the beginning of April we saw the launch of POD teams and in response to the requirement for administration roles the hub immediately responded to support the request for staff to support the initiative. As a priority, the deployment hub continues to provide support to managers with staffing the PODs. The divisions are working together to step down any administrative roles that can provide support to the PODs and any staff that are unable to provide POD support are sign posted to the deployment hub to be considered for any other roles that need filling. The deployment team keeps in regular contact with the POD managers to ensure they are able to respond quickly and effectively to any requests being made.

4.3 Link to ICS

The ICS deployment team review escalation of urgent requests for workforce support and the redeployment of returners. The ICS deployment team are ensuring:
- Additional resource for deployment receives standard information about insurance/ support/ employment status under mutual aid.
- Links to education work stream to ensure deployed staff are able to access rapid training packages as required.

- Links to local bank/ temporary staffing teams to support the prioritisation of additional external clinical staff (i.e. placement of private hospital staff).

5. Resourcing (Recruitment, Temporary Staffing and E Roster)

5.1 Medical Staffing

- Under the nationally agreed initiative we received 21 Foundation Interim Doctors (FiY1). These fifth year student Doctors have volunteered to commence working with provisional GMC registration prior to their expected qualification in August 2020. All FiY1s received their induction to the Trust on Saturday 18 April enabling them to start working within their allocated PODs effective week commencing 20 April. Currently, 3 of the 21 allocated FiY1's will remain with the Trust after August as part of their expected rotation with 18 of the 21 moving to alternative Trusts.
- In preparation of expected rotations in August, the Medical Staffing team are starting to receive confirmations of allocation numbers and specialities to support workforce planning in readiness for the August intake.

5.2 Rapid Recruitment

- Rapid recruitment has continued to be successful. Across the first three weeks of implementation there were in excess of 600 applications across all staff groups including GMS. To date there have been in excess of 300 candidates inducted via the Rapid Induction sessions with these colleagues now available to work.
- Within the staff groups recruited and inducted there have been 61 Rapid Inductions for Registered Nurses. To date, 17 have commenced work covering 111 shifts with 36 across the Department of Critical Care supporting the increased capacity associated with Covid patients. This support increases the continuity and assurance of deploying our own workforce and reduced our reliance on agency particularly in this location.
- In addition to the Registered Nurses, 169 Healthcare Assistants have attended Rapid Inductions and are now available to work.
- The key learning points from rapid recruitment will be the impact of how we redefine our recruitment process as we move back to a business as usual. We will need to assess the impact of recruiting more efficiently against any quality impact.
- While the initial focus for rapid recruitment has been to mobilise and expedite large scale recruitment activity while maintaining an acceptable, safe pre-employment check process. The current activity relates to analysing the impact of this approach on Bank shifts covered against longevity of the workers continuing to offer shift cover after the Covid response has ended. There will also be a need to understand the impact on quality assurance with workers recruited rapidly which could include increased levels of complaints or concerns relating to clinical practice which would not have been identified within a rapid recruitment process with limited assessment criteria but would have been more likely through the traditional recruitment approach. Both of these evaluation methods will take a minimum of three months before meaningful data will be available.
- We continue to see Doctors requesting to join our Locum Bank via Locums Nest. This on boarding activity is completed via the Locums Nest system and not within the Rapid Recruitment process.

5.3 Bring Back Scheme (BBS)

- The impact of the NHSI / E Bring Back Scheme has been limited in its success. To date 35 candidates have been put forward to GHNHSFT with five candidates (four Nurses and one Doctor) being successfully placed. 11 candidates have been returned to NHSI / E for allocation to other system partners. Reasons for not being able to support allocation have been carefully considered and included from having no clinical requirement for skills offered such as the case with Osteopaths together with a large number of Physiotherapists where no additional requirement has been identified.

Additionally, a number of candidates that have been out of clinical practice for a longer period of time are only able to complete non – patient facing roles.

- A further limiting factor has been candidates submitted outside of the scope of the acute which have included Emergency Care Assistants and Paramedics. These roles have been submitted back through the ICS process and then onward to the South West Ambulance Service.
- We continue to review submitted candidates daily with relevant clinical teams.

6. Childcare

- Key to ensuring staff remain available and not at home due to school closures has been the coordinated People and OD team response with the County Council. The team has helped over 80 colleagues remain at work by resolving their child care issues. A centralised inbox now managed by the county council has been provided for any further issues.
- Common themes raised include:
    - Schools demanding both parents are keyworkers;
    - Children not been giving a school place due to them having asthma;
    - Schools questioning parents and children about their role in the NHS and whether they are 'key';
    - Schools making up a priority tiering systems based on NHS job roles;
    - Transport to and from school;
    - Schools/nurseries closing at short notice – finding alternatives for staff;
    - Parents relied on grandparents or partner to look after children – can't afford extra childcare fees;
    - Out of area childcare issues – staff who live outside of Gloucestershire county council – liaising with neighbouring councils to accommodate the children at school.

To date all issues have been resolved.

- Free nursery places for keyworker children have been identified with Nuffield Health – Nuffy Bears Nurseries https://www.nuffieldhealth.com/gyms/services/nuffy-bear-day-nursery.
- Our two Trust nurseries have extended provision for 25 new children and are now open from 7am – 6pm to accommodate staff shift patterns. Both remained open during the two Bank Holidays over Easter to support staff with childcare and the peak period.
- Letters are being sent to schools and nurseries to thank them for looking after our keyworker children.
- Data collections are being undertaken to assess current demand on Early Years provision and schools to assess whether further support is required e.g. extended hours.

By ensuring that all our keyworkers are supported with childcare arrangements, we've helped our colleagues to remain at work to support the Trust during this ongoing pandemic. Without this, we would have a number of our colleagues unable to work.

7. Infrastructure

7.1 Covid-19 related absence

- Daily absence reporting for staff unable to work for Covid-19 related reasons, including sickness, self-isolation or the need for shielding, is in place and automated updates are issued daily.

- To avoid further administration for busy teams, the reporting system is designed to be completed primarily by staff, with support from the P&OD team where needed. Inevitably there will be some data quality anomalies. The Covid absence report is an additional data source to enable 'real time' updates and daily reporting. The electronic F200 and Health roster systems, which are verified by managers, remain in place.

7.2 Covid Related Absence Trends

- Since 19 March 2020, when the Covid-19 absence reporting system was activated, the following data has been captured (up-to-date as of 8am 20 April 2020):
    - A total of 1,537 colleagues (or line managers) have submitted an online form to confirm a Covid-19 related absence from work (equates to 18.6% of total employees).
    - Of these, 1,138 colleagues have since returned to work (13.8% of total employees).
    - There are 399 colleagues who are currently off work (4.8% of total employees)
- The breakdown of reasons for absence is as follows:

Reason for absence	Total	Returned to work (as of 20 April 2020)	Currently off work (as of 20 April 2020)
Family member unwell with symptoms of Covid-19 (as confirmed by NHS 111 questionnaire)	460 5.6% of total employees	331 4.0% of total employees	129 1.6% of total employees
I am unwell with symptoms of Covid-19 (as confirmed by NHS 111 questionnaire)	868 10.8% of total employees	714 8.6% of total employees	154 1.9% of total employees
Shielding	107 1.3% of total employees	6 0.1% of total employees	101 1.2% of total employees
Other factors	102 1.2% of total employees	87 1.1% of total employees	15 0.2% of total employees

- With current Covid-related absence at 4.8% of Trust headcount; along with other 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%.
- The highest cumulative reported absence by staff group is Nursing and Midwifery at 6.3% of reported headcount, followed by Additional Clinical Services at 4.7%. A&C are at 2.5%; Medical & Dental at 2.0%. The lowest reported staff groups are: Allied Health (1.1%); Estates (0.9%); Scientific & Technical (0.4%) and Healthcare Scientists (0.3%).
- The highest level of cumulative reported absence by division is currently Medicine at 5.4%, followed closely by Surgery at 4.2% and D&S at 4.0%. Corporate has 2.2% absence, Women & Children at 1.5%, with GMS at 1.0%.

- In terms of those who are currently off work for a Covid-19 related reason, the areas with the highest absence are: Medicine division at 1.3%, Surgery at 1.2% and D&S at 0.9%. Nursing & Midwifery has 1.7% absence, followed by Additional Clinical Services at 1.2% and Medical & Dental at 0.7%.

7.3 Staff Testing

- Staff testing was originally limited to those colleagues deemed 'mission critical', as determined through Divisional Tri's and submitted by the Chief of Service for Medical Director approval.
- Since 10 April a new process has been established which extends testing more widely. We have focused on inviting colleagues for testing who are in the first few days of self-isolation with symptoms (or a family member is showing symptoms).
- Between 10-20 April 350 colleagues have been referred for swabbing at one of the testing centres.
- From 22 April it is anticipated that swab results will be issued to the Hub so staff with negative results can be supported to return to work. Daily reporting on the impact of swabbing will also be generated.

7.4 Support for Staff Absence for Covid-19 related reasons

- Recognising the exceptional circumstances facing all of our staff and particularly those working in clinical areas, support for managers and teams is critical in these challenging times. The 2020 Staff Advice and Support Hub is providing proactive support by contacting those staff absent from work for Covid-19 related reasons, in line with their current processes for staff absent for MSK and Mental health reasons.

7.5 Accommodation requests

- To maintain resilience, colleagues are supported with accommodation.
- All requests flow through the newly established Flexible Accommodation Hub, which supports both Gloucestershire Health Trust and Gloucestershire Health Care colleagues with accommodation requests. The Hub aims to keep colleagues at work and provide clean, safe and accessible accommodation. The accommodation team are available seven days a week, and the 2020 Hub picks up queries towards the end of each day when demand is typically very low.
- As of 20 April 2020, the Flexible Accommodation Hub has accommodated 154 colleagues as follows:
    - 136 GHT colleagues.
    - 18 GHC colleagues.

  Of these:
    - 14 day distancing due to household member going into self-isolation – 42 colleagues.
    - 12 weeks distancing due to household member being identified as extremely vulnerable – 52 colleagues.
    - Shift exhaustion/pattern of 2-3 days usually – 39 colleagues.
    - Issues with transport – 12 colleagues.
    - Other reason – 8 colleagues.

- 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.
- The team have secured accommodation at local hotels, University and college campuses. Capacity secured is around 220 rooms. Further options are being explored

and contingencies secured. The People and OD team lead accommodation responses for the ICS.
- In addition to offsite support the team have secured 'Too Tired to Sleep' Rooms at both hospitals.

8. Risk Health and Safety

COVID19 Risks

- The Corporate Risk Manager monitors COVID-19 risks, identifying any new risks for escalation via the DOAG and TLT.
- There are currently 23 COVID risks on our risk register. A risk process is in place to allow RMG to assume the role of DOAG, should the later be unable to convene or have limited time to review a risk.
- Divisional COVID-19 risks are linked to the main Trust risk to ensure that there is suitable overview.
- The Corporate Risk Manager provides an update on the main COVID-19 risk to the Executives on a weekly basis and any new risks added.

COVID-19 Incidents

- The Corporate Risk Manager monitors incidents reported that relate to COVID-19. There have been 204 reported incidents since the start of the pandemic
- These are linked to both the main COVID-19 risk and, where relevant, one of the 22 divisional COVID-19 risks.
- Each incident is reviewed and, where appropriate, is investigated.
- Incidents are also assessed in relation to the level of harm and whether the incident is reportable under RIDDOR. The HSE RIDDOR definition and guidance is applied on a case by case basis.
- Lessons learnt are feedback to the organisation in real-time via a safety briefing sent to the Incident Management Team and/ or the daily COVID-19 operational meetings. For example, feedback on incidents relating to COVID-19 PPE was addressed via a PPE online seminar led by Infection Control.
- Corporate Risk Manager provides incident trends and reports to the Health & Safety Committee, DOAG and the RMG.

Safety

- The Corporate Risk Manager is providing on-site support in relation to COVID-19 and BAU safety concerns.
- Safety inspections have taken place following the reconfiguration of the hospital, for example in red and green ED and in most communal areas, to ensure everyday risks such as slips, trips and falls are not inadvertently increased by the environment changes.
- Advice has been provided to staff on dermatitis as this risk increases with the additional hand washing and solutions found linking in with the Hub, charity and our dermatology consultants.
- Advice has been provided to the Infection Control team on statutory PPE testing requirements.
- A process has been developed to collate additional information on staff testing positive for COVID-19. This will be in the form of a return to work form which will assist the Trust in identifying any trends or correlation between where a member of staff worked and the number of positive staff tests in that area. This will also assist in

considering if staff were exposed to the virus via a member of their household or at work.
- A Trust-wide COSSH assessment for the virus has been put in place.

Support has been provided to individuals and their line managers who have personal safety concerns in relation to being in work.

9. Summary of our Impact during Covid-19

The People & OD department has responded rapidly and efficiently to the challenges presented by the global pandemic. Their efforts outlined above have helped to ensure the following:

- Colleagues have known where to go to get help, and have been able to quickly get the answers to questions and concerns that they have, which has in turn helped to allay and manage their fears/anxiety and given them clarity about their next steps.
- More colleagues (currently employed by the Trust) have been able to remain at work, or return to work sooner through the provision of testing, childcare facilities, temporary accommodation, free car parking, redeployment to another suitable role. Thereby providing greater resilience of services and quality of care to our patients.
- New and existing colleagues have been able to gain rapid access to training (including face-to-face skills refreshers, and online e-induction) that they need in order to be deployed and work safely and provide safe, high quality care to patients and their families.
- Rapid recruitment of new colleagues onto our bank, including invitations to those who have recently retired, has meant a more resilient and well-staffed workforce when considerable numbers have had to work from home or self-isolate/shield.

Assistance offered	**Numbers of staff assisted**
Colleague well-being advice, support and guidance	1900 have contacted the 2020 hub.
Upskilling in Respiratory competencies	150 colleagues have completed the face to face training.
Flexible Accommodation Hub	136 GHT colleagues have been accommodated
Student Volunteers	54. (51 volunteers from University of Gloucestershire & three from other Trusts)
Deployment Hub	63 roles have been filled
Medical Staff	21 Foundation Interim Doctors received under the National initiative.
Rapid Recruitment	600 applications in three weeks. Excess of 300 candidates inducted.
Bring Back Schemes	5 candidates have been successfully placed
Rapid E-Learning Induction	281 inducted
Rapid Clinical Induction	96 Health Care Assistants / 27 Retire and Returnees
Childcare	80 colleagues able to remain at work
Staff Testing	350 colleagues referred
Total number of staff assisted	**3763**

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2020
Microsoft Teams commencing at 13:00

Report Title
COVID-19: Infection Prevention and Control Board Assurance Framework

Sponsor and Author(s)	
Author:	Craig Bradley, Associate Chief Nurse (coordinating author) Deputy Director of Infection Prevention & Control
Sponsor:	Prof Steve Hams, Director of Quality and Chief Nurse, Director of Infection Prevention & Control

Executive Summary

Purpose

On the 04 May 2020 NHS Improvement published an Infection Prevention and Control Board Assurance Framework, whilst not compulsory its use as a source of internal assurance will help us maintain infection control quality standards during the COVID-19 incident.

As our understanding of COVID-19 has developed, Public Health England guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence - based way to maintain the safety of patients, services users and staff.

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. The framework is structured around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The framework helps us assess ourselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help us identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

Key issues to note

- The framework will be reviewed and updated by the Infection Control Committee.
- Links to documents within the internal Trust intranet are available on request where these are not accessible.
- Tangible evidence is required to provide assurance to the Board across a number of sections.
- Key lines of enquiry to note:
    - Section 2: further work required to provide the Board with assurance of cleanliness levels
    - Section 6: success of PPE Safety Officers required to be sustained through the next phase of the pandemic
    - Section 10: fit testing remains challenging due to frequent changes in respirator from the centre and volume of staff requiring testing.

Conclusions

- Governance processes have remained integral to decision making in relation to maintaining a safe environment for staff and patients during the COVID-19 incident.
- The Board will receive further assurances of compliance with the Code of Practice in relation to COVID-19 response through Infection Control Committee with assurance sought by the Quality and Performance Committee.

Implications and Future Action Required

- Compliance with the Code of Practice is evidenced.
- The Board will receive further assurances of compliance with the Code of Practice in relation to COVID-19 response through Infection Control Committee.

Recommendations

The Board is asked to note the Board Assurance Framework and delegate the Quality and Performance Committee to undertake continued oversight from the Infection Control Committee.

Impact Upon Strategic Objectives

Outstanding care: BAF demonstrates continued excellence in provision of care during pandemic
Quality improvement: BAF records responsiveness and ingenuity during pandemic
Involved people: Planning and design of pathways has involved staff throughout the organisation

Impact Upon Corporate Risks

Risk reference C3169MDCOVID: Risk of the Trust being unable to deliver its usual range of comprehensive, high quality services with consequent impact on patient safety, experience and staff wellbeing due to COVID-19 Pandemic is reduced and mitigated.

Regulatory and/or Legal Implications

Risk of regulator enforcement action for breach of the Code of Practice is substantially reduced due to evidence within the BAF of compliance.

Equality & Patient Impact

There will be a positive impact on patients and staff if risk management is improved

Resource Implications

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

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)

Outcome of discussion when presented to previous Committees/TLT

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• infection risk is assessed at the front door and this is documented in patient notes	Patients are triaged on arrival and streamed in to red or green ED area depending on clinical assessment. Location streamed to is recorded on TrakCare.	There is no confirmation that risk is documented in the patient's notes.	ED to provide assurance to ICC of documented risk assessment by way of audit.
• patients with possible or confirmed COVID-19 are not moved unless this is appropriate for their care or reduces the risk of transmission	Pathway streaming beyond ED is part of the agreed process set up as part of our pandemic response. Patients are moved from ED to designated areas and not moved again until test results available. Gloucestershire Royal Hospital COVID-19 pathway Gloucestershire Royal Hospital non-COVID-19 pathway Cheltenham General Hospital COVID-19 pathway Cheltenham General Hospital non-COVID-19 pathway	No gaps in assurance identified	None
• compliance with the PHE national guidance around discharge or transfer of COVID-19 positive patients	The Onward Care Team support wards with the correct discharge processes for COVID-19 patients. Pathway processes have been agreed with the System.	No gaps in assurance identified	None

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
	 2020504 Discharge Guidance_V11 FINAL.  GHFT Model for C-19 +/- Patients  Kingham and Ashley Flow.pdf  C0324 New requirement of Negative to test p		
• patients and staff are protected with PPE, as per the PHE national guidance	Trust is compliant with PHE PPE guidance. COVID-19 Action Card 13. Personal Protective equipment (Action card link). COVID-19 PPE Webinars held, recorded and available on Trust intranet page (Webinar link). PPE selector tool poster and visual PPE poster available on COVID-19 intranet page and on all wards/ departments (Visual poster link and PPE selection poster link). 45 powered hood respirators are available across the Trust for staff who have failed fit testing with available single use FFP3 respirators.	Audit data of PPE compliance as per PHE national guidance is required to provide a robust level of assurance.	To provide further assurance of compliance in addition to the evidence provided ICC will receive audit and assurance of correct PPE use.
• national IPC PHE guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way	The Infection Prevention & Control team (IPCT) monitors PHE guidance daily for updates and take part in weekly calls led by the national incident commander. Updates are communicated to staff through trust wide global communications email, PPE Safety Officers and IPCT who undertake ward daily visits (an IPC Nurse is allocated per hospital site to	No gaps in assurance identified	None

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
	visit all wards daily for COVID-19 purposes).		
• changes to PHE guidance are brought to the attention of boards and any risks and mitigating actions are highlighted	Risk assessment on deployment of PHE guidelines within the Trust is highlighted to the board as required. Briefing paper of most recent assessment is attached.  Briefing on PPE COVID.docx	No gaps in assurance identified	None
• risks are reflected in risk registers and the Board Assurance Framework where appropriate	COVID-19 related risks and risk associated with healthcare associated infection are recorded on the Trust risk register, the board have oversight of these through Risk Management Group and Trust Leadership Team  Risk Assurance Report - May 2020	No gaps identified	None
• robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens	Infection Control Committee continues to meet to review and manage risk in relation to healthcare associated infection. Annual gap analysis against the code is carried out.	Completed gap analysis required to ensure the board is assured of a robust programme to manage infection	ICC to receive completed gap analysis from Deputy DIPC.

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• Systems and processes are in place to ensure:			
• teams with appropriate training care for and treat patients in COVID-19 isolation or cohort areas	Staff undertake infection control bi-annual mandatory e-learning training with competency assessment. COVID-19 PPE Webinars held, recorded and available on Trust intranet page (Webinar link). PPE selector tool poster and visual PPE poster available on COVID-19 intranet page and on all wards/ departments (Visual poster link and PPE selection poster link). PPE Safety Officers across the Trust (PPE Safety officer- training video, role profile and guide link). E-learning package on 'Respiratory Care and Assessment' for Nurses, Midwives and AHPs.	Compliance with mandatory training is included in the Infection Prevention & Control Annual report.	Annual report to the board for 2019/20 to be produced to include gap analysis.
• designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.	GMS have confirmed this is in place. Action card provided. Infection Control Team have carried out specific  10._Cleaning_and_decontamination_v4.1.	No gaps in assurance identified	None
• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE national guidance	GMS have confirmed this is in place. Action card provided.  10._Cleaning_and_decontamination_v4.1.	Assurance reviews had been suspended during March 2020, these have recommenced and will be reported to ICC.	ICC to receive monthly assurance report of cleanliness standards.

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE national guidance	GMS have confirmed this is in place. Action card provided.  10._Cleaning_and_decontamination_v4.1.	Assurance reviews had been suspended during March 2020, these have recommenced and will be reported to ICC.	ICC to receive monthly assurance report of cleanliness standards.
• linen from possible and confirmed COVID-19 patients is managed in line with PHE national guidance and the appropriate precautions are taken	GMS have confirmed this is in place. Action card provided. Datix is monitored by GMS for issues.  Bagging Policy ELIS - 2019.docx	No gaps in assurance identified	None
• single use items are used where possible and according to Single Use Policy	Action Card A0314: Cleaning and disinfection (decontamination) in the clinical area procedure. PHE have provided guidance on how to reuse PPE if critical supply issues exist. This will be discussed at executive level with risk assessment provided by the Infection Control Team.	No gaps in assurance identified	None
• reusable equipment is appropriately decontaminated in line with local and PHE national policy	COVID-19 Action Card 10. Cleaning and decontamination (Action Card Link). COVID-19 Action Card 41. Process for re-issuing re-usable coveralls to departments (Action card link)	No validated audit data on cleaning standards specifically for re-usable equipment	To provide assurance of compliance to decontamination ICC will receive audit and joint assurance from GMS and IPC on cleaning standards including re-usable equipment

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• arrangements around antimicrobial stewardship are maintained	Measures taken around antimicrobial stewardship (AMS) and COVID-19 include: ·Antibiotic shortages necessitated changes to local antibiotic guidelines. ·Updated local antibiotic guidelines were highlighted on Trust internet, via Trust COVID-19 staff updates and email. · Updated local antibiotic guidelines for pneumonia preceded publication of NICE guideline [NG173] on 01 May 2020. (COVID-19 rapid guideline: antibiotics for pneumonia in adults in hospital.) Consultant microbiologists commented on draft NG173. Review of local antibiotic guidelines for pneumonia to be undertaken taking into consideration NG 173 and other relevant factors including antibiotic shortages. ·Compliance with updated antibiotic guidelines is promoted by clinical pharmacists working in clinical areas. ·Trust AMS committee met on 6/5/2020	Non-COVID-19 AMS issues were last reported to the Main Board in September 2019 as part of the Infection Prevention & Control Annual Report 2018/19. This included: “National Institute for Health and Care Excellence (NICE). NICE continues to produce and develop a range of documents relating to antibiotic use This includes: o Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE guideline [NG15]: August 2015: https://www.nice.org.uk/guidance/ng15/resources The associated baseline assessment tool was completed in 2016 and indicated that 4% (2 of 51) of the recommendations were currently met. Compliance is currently being reassessed. A business case has been produced so that AMS resource can be increased. o Antimicrobial stewardship. Quality standard [QS121]: April 2016: https://www.nice.org.uk/guidance/qs121 Note that progressing compliance with relevant aspects of this quality standard is partially dependent on the implementation of an electronic pharmacy.”	AMS team currently prioritising COVID-19 related AMS work. Activity will be recorded in the IPC Annual Report to board.

3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• mandatory reporting requirements are adhered to and boards continue to maintain oversight	Mandatory alert organism surveillance reported on PHE Data capture system and locked down monthly by Lead Nurse for IPC and AMS. Monthly, quarterly and annual mandatory alert organism surveillance is reported locally on quality performance report. Monthly mandatory alert organism surveillance is reported to Infection Control Committee monthly.	No gaps in assurance identified	None

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• implementation of national guidance on visiting patients in a care setting	The Trust has implemented visiting restrictions in accordance with guidelines, communications issued. An action card is provided to support compassionate access and virtual visiting.	No gaps in assurance identified	None
• areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas marked with appropriate signage and where appropriate with restricted access	All COVID-19 PODS are marked with red tape to indicate it is a COVID-19 area. No entry unless direct care staff or domestic staff signs are on all restricted access areas such as high acuity respiratory care areas.	No gaps in assurance identified	None

4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• information and guidance on COVID-19 is available on all Trust websites with easy read versions	IMT are responsible for updating and maintaining the Trust online spaces with the Communications Team. Logs are kept of requested changes including updates to action cards.	No gaps in assurance identified	None
• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved	Infection status recorded on transfer/ handover sheets. Datix is monitored by Risk managers for compliance issues.  Discharge from hospital to care home	No gaps in assurance identified	None

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection	Patients are triaged on arrival and streamed in to red or green ED area depending on clinical assessment. Location streamed to is recorded on TrakCare.	There is no confirmation that risk is documented in the patient's notes.	ED to provide assurance to ICC of documented risk assessment by way of audit.
• patients with suspected COVID-19 are tested promptly	Onsite testing for COVID-19 is in place with a capacity of 200 tests per day. Daily calls take place that include	No gaps in assurance identified	None

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
	monitoring of turnaround by numbers waiting for results.		
• patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested	Infection Control Team closely monitors wards for new cases of COVID-19 and manage according to outbreak model. The nosocomial rate of infection is monitored to ensure measures are adequate. Patients are actively tested for COVID-19 if they go on to develop symptoms. This is evident in the reductions seen in nosocomial spread. A flowsheet is available  Pathway for COVID.DOCX .	No gaps in assurance identified	None
• patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately	Signage is available at all hospital entrances encouraging patients not to enter the hospital if they have symptoms. OPD reception staff ask patients that are checking in for information on symptoms and the electronic check-ins have messages. Staff are wearing PPE adequate to protect them if a patient still makes it through and social distancing is in place in waiting rooms.	No gaps in assurance identified	None

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• all staff (clinical and non- clinical) have appropriate training, in line with latest PHE guidance, to ensure their personal safety and working environment is safe	COVID-19 PPE Webinars held, recorded and available on Trust intranet page (Webinar link). PPE Safety Officers across the Trust (PPE Safety officer- training video, role profile and guide link)	There is necessity to constantly repeat this due to the high consequence of error. Assurance that all staff have received training is not possible.	Mitigation by way of repeat training opportunities and promotion of PPE Safety Officers to ensure as many staff as possible have received training.
• all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it	PPE selector tool poster and visual PPE poster available on COVID-19 intranet page and on all wards/ departments (Visual poster link and PPE selection poster link).PHE and local PPE donning and doffing procedures videos and posters across the Trust PPE safety officer training video and Coveralls video link. Risk assessment on use of PPE selector tool	There is necessity to constantly repeat this due to the high consequence of error. Assurance that all staff have received training is not possible.	Mitigation by way of repeat training opportunities and promotion of PPE Safety Officers to ensure as many staff as possible have received training.
• a record of staff training is maintained	Training records of staff who have completed IPC mandatory training and 'Respiratory Care and Assessment' E-learning are held by training and development	There are no records of staff training held specifically for COVID-19 infection prevention and control practices.	ICC will receive confirmation of the implementation of a system to record staff training specifically related to COVID-19 IPC practices.
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	The trust has not had to authorise the re-use of PPE. Sessional use of PPE in accordance with guidelines is promoted and safe cleaning of visors to support this is put out in communications. Re-use of PPE	No gaps in assurance identified	None

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
	would be subject to risk assessment in accordance with PHE guidance		
• any incidents relating to the re-use of PPE are monitored and appropriate action taken	Should re-use of PPE be required a system of monitoring incidents through the PPE Safety Officers and Datix will be established	No gaps in assurance identified	None
• adherence to PHE national guidance on the use of PPE is regularly audited	No audits have been undertaken	Audit data of PPE compliance as per PHE national guidance	ICC will receive audit and assurance of correct PPE use.
• staff regularly undertake hand hygiene and observe standard infection control precautions	Infection Prevention link practitioners' undertake monthly audits of hand hygiene and high impact intervention (Saving Lives) audits. SharePoint link. Hand hygiene data reported to ICC monthly.	Not all wards/ departments have submitted data for their monthly hand hygiene audit	ICC will receive assurance of ward/departmental hand hygiene audit compliance and hand hygiene audit results.
• staff understand the requirements for uniform laundering where this is not provided for on site	Staff uniform information provided on COVID-19 intranet page (link). Guidance on uniform included on staff FAQs (link) and global communications email.	Measuring staff understanding is not possible however the number of enquiries relating to uniform has been nil since the beginning of the pandemic.	None
• all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE national guidance if they or a member of their household display any of the symptoms.	Regular issue and update of staff information, daily staff briefings and FAQs. Online absence reporting mechanism for COVID-19 related absence provides information and testing guidance.	Not all staff will record their absence using the online tool or access online resources.	Verbal/ face to face manager cascade of information. Posters/ public awareness. Online absence as route to staff testing well publicised, leading to increase in reporting.

7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• patients with suspected or confirmed COVID-19 are where possible isolated in appropriate facilities or designated areas where appropriate	Trust is temporarily re-organised into Pods in response to the pandemic; patients with suspected or confirmed COVID-19 are allocated to red Pods and either isolated in single rooms or cohorted together. Site team and ward based coordinators allocate beds to suspected or confirmed COVID-19 patients in red areas	Datix is monitored for incidents of non-isolation. So far this has not occurred.	None
• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance	We have established red and green flows for suspected and confirmed COVID-19 and for those that aren't. We also have pathways for oncology and haematology, paediatrics and maternity. Action cards are on the intranet regarding this.	No gaps in assurance identified	None
• patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	A0289 Isolation of patients Procedure. Patients with *C. difficile* or MRSA are alerted on Sunrise EPR with bee aware (yellow/black) symbol to alert Site teams to identify need for single isolation for patients. Daily reactive IPCN role to identify patient's new alert organisms and instigate IPC precautions and ensure patient placement. Monitored through Infection Control Committee	No gaps in assurance identified	None

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• testing is undertaken by competent and trained individuals	The Microbiology laboratory is currently accredited to ISO 15189:2012; UKAS number 9576. This provides assurance that training of laboratory staff is appropriate as training and competence is assessed. The laboratory has applied for an extension of scope to include COVID testing. Remote assessments of all applications are currently being processed by UKAS. The QCMD EQA panel has been run on all currently available COVID platforms and used to confirm the competency of the department as a whole  COVID-19 UKAS Form - 9576.docx	Awaiting UKAS assessment of extension to scope.	Competency assessment of COVID testing to be undertaken: mitigation – testing being led and overseen by senior staff
• patient and staff COVID-19 testing is undertaken promptly and in line with PHE national guidance	The laboratory is currently processing 250 samples per day for COVID tests according to national guidance. Capacity will increase to 350 samples per day by the end of next week as random access sampling becomes available. Staff can be tested at the Edward Jenner drive though unit, referred via the HR on line sickness recording system. Postal kits are available for staff who do not have access to transport to this facility. All	Point of Care testing equipment is awaited	Infection control systems for the flow of patients are in place whilst turnaround times are longer and until point of care tests are in place.

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
	categories of staff and patients can be tested by the laboratory as set out in the pillar one national guidance		
• screening for other potential infections takes place	Other respiratory viruses are tested for on routinely on selected patients (ITU, Haem/Onc, NNU) and on request on other patients. Influenza A/B/RSV testing is available on request now that we are no longer in the influenza season. Bacterial and mycobacterial diagnostics are available as usual.	Turnaround times are slightly longer due to the use of the AusDx platform for COVID. With return to BAU, the need for additional resources has been identified (COVID testing will increase the throughput of samples in Microbiology by c. 50%.	Additional equipment expected Application submitted for 8 additional staff and the laboratory can control the return to BAU processing as is required as direct access samples increase.

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• staff are supported in adhering to all IPC policies, including those for other alert organisms	A comprehensive package of IPC procedures and policies is accessible on the Trust intranet and is monitored and updated via the Infection Control Committee	No gaps in assurance identified	None
• any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff	Updates are communicated to staff through trust wide global communications email, PPE safety officers and IPCT ward daily visits	No gaps in assurance identified	None

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current PHE national guidance	GMS have confirmed compliance and provided action cards.  28._Covid-19_Action _Card_Disposal_of_w  27._Covid-19_Action _Card_Management_	No gaps in assurance identified	None
• PPE stock is appropriately stored and accessible to staff who require it	GMS have confirmed compliance and provided action cards.  29._Covid-19_Action _Card_PPE_Materials	No gaps in assurance identified	None

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure:			
• staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported	Daily absence report includes figures of staff shielding. Staff advice and support hub proactively contacting shielding staff at home to support wellbeing, 'shielded hero' gift packages sent. Manager newsletter and daily staff communications includes wellbeing, physical and psychological support information. 1900+ contacts to Staff Advice and Support Hub.	No gaps in assurance identified	None

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
• staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained	Daily fit testing and fit checking sessions held across both sites (booked by staff). Training record held by fit testers for Trust sessions. Fit tester training sessions held to train local departmental and ward based fit testers for staff to access (list of trained Fit testers is held on intranet).Fit checking information posters visible across wards. Fit testing kits available and accessible across both hospital sites. FFP3 respirator and powered hood guide (Fit testing information link)	The number if staff required to be fit tested due to the FFP3 respirator changing frequently creates a gap in compliance.	Regular fit testing sessions are underway to keep pace with chamges.
• staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing	Online absence reporting generates daily report. People and OD team in turn proactively contact absent staff to arrange staff member or household testing.	No gaps in assurance identified	None
• staff that test positive have adequate information and support to aid their recovery and return to work	Staff are contacted with result by testing hub clinician who provides advice and information re: safe return to work. Staff Advice and Support Hub is available and utilised 7 days per week to support with any queries/ questions.	No gaps in assurance identified	None

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD - May 2020

Report Title
Trust Risk Register and COVID-19 Risk Report
Sponsor and Author(s)
Author: Lee Troake, Corporate Risk Manager Sponsor: Emma Wood, Deputy Chief Executive, Director of People and OD
Executive Summary

Purpose

To provide an update on the Trust Risk Register and the main COVID-19 pandemic risk.

Key issues to note

- A weekly Executive Review ensures that there is a robust assessment of the main COVID-19 risk
- The risk score for workforce has decreased to an overall risk rating of 8
- There is one new risk on the Trust Risk Register
- Two risks have been assessed as having reduced and will be reverted to the relevant divisional risk register

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)**
						29.4.20, 7.5.20 virtual TLT	RMG 16.4.20, 5.5.20

Outcome of discussion when presented to previous Committees/TLT
Changes to risk scores agreed

Gloucestershire Hospitals
NHS Foundation Trust

Board Trust and COVI-19 Risk Report
May 2020

1. Introduction

In April 2020 the Board received a report which provided an overview of the organisational risk for the COVID-19 pandemic. This report provides an update on this risk and also describes one new risk recently accepted on to the Trust Risk Register by the Trust Leadership Team and two risks that have been downgraded.

2. C3169MDCOVID

"Risk of the Trust being unable to deliver its usual range of comprehensive, high quality services with consequent impact on patient safety, experience and staff wellbeing due to COVID-19 Pandemic".

2.1 This risk is reviewed on a weekly basis by Executives and every three weeks by the Risk Management Group (RMG). The latest reviews took place on 5 May 2020 (Executive team) and 6th May RMG.

Update: – The safety score was reviewed and it was agreed it would remain as C4 x L5 = 20 Whilst the number of COVID positive patients have decreased the Trust has, and may still have safety issues relating to non-COVID-19 patients who have not been treated, such as cancer and elective.

The quality score Quality C4 x L5 = 20 was reviewed and it was agreed that with the operational challenges in testing all patients for COVID-19 the quality of care could still be impacted whilst the hospital adjusts to the new requirements and flow. Further possible delays in care due to COVID-19 still remain a concern where patients who should attend hospital are not being seen or presenting at Emergency Department. Whilst more patients have attended A&E in the last week this is a new trend and requires further monitoring.

It was agreed the consequence and likelihood score for Workforce should be reduced. The original score was based on a scenario and model of up to 20% of staff being absent due to COVID. Sickness absence evidence shows that only 3.4% of our staff have reported absent for COVID-19, lower than the national figures and way below the predicted 20%. It was agreed to reduce likelihood from 3 (possible) to 2 (unlikely) and consequence from 5 (catastrophic) to 4 (major). This risk will be assessed regularly in the event absence rises due to the impact and effect of COVID particularly on mental health and wellbeing. As a further update, a new People and OD risk relating to future mental health and wellbeing issues has been added to the local divisional risk register.

Operational lead & Executive lead: Rachael De Caux

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.
Impact
• Declaration of a National Emergency and Major System Incident with full EPRR plans invoked. Disruption to business continuity, cancellation of non-urgent healthcare services provided by the

Acute Trust, increased risk to our ability to provide safe, high quality patient experience and care, workforce risk in terms of employee physical sickness and psychological ill health and unpredictable financial impact.

- The risk to business continuity and ability to provide safe care as a consequence of COVID19 Global Pandemic affecting the availability of workforce, equipment, consumables and hospital capacity.
- The risk to patients on elective (non-urgent) and some cancer care pathways who may have their treatment delayed and suffer harm (physical and psychological).
- The risk to Strategic work as all non-essential activities within the System are halted to focus on managing the impact of the Pandemic which may cause delay in the reconfiguration of services and adversely affect patients
- The risk of poor recording of financial data. Must be of a standard to meet public and parliamentary scrutiny and external audit.

Scoring

- Safety C4 x L5 = 20
- Quality C4 x L5 = 20
- Workforce C5 x L3 = 15 **reduced to C4 x L2 = 8**
- Statutory C3 x L4 = 12
- Reputation C2 x L3 = 6
- Business C5 x L5 = 25
- Finance C4 x L3 = 12

Key Controls

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
- Staff provided information on domestic abuse awareness during lock down
- Patient belongings and letters drop-off service
- Family and friends helpline

Statutory

- Continued provision of critical / mandatory training
- Rapid refresher training sessions for nurses
- Revised training programme
- Virtual meetings to support governance framework / statutory requirements

Workforce

- Workforce Hub and specialist staff support network
- Revision of medical rotas to ensure staffing supports activity, recruitment of volunteer workforce, redeployment to areas of greatest need, retired staff returning
- T&O and Ortho to support running minors and minor injuries (not minor illnesses) from 9am-5pm

on both sites. Plans in place if needed
- All rotas are being revised to a 12 hour rota for juniors
- Clinical and non-clinical home working – with access to EPR, scans, results, email, datix, VPN etc.
- Daily staff updates with key messages and links to key resources
- Sanctuary areas away from clinical areas
- Extended childcare offer
- 'Take 5-mins at 11am' to talk to your buddy
- On-site shops for essential items / Subsidised food and drink / Extended on-site catering providing hot food until 8pm
- Emergency accommodation offer
- Going the Extra Mile (GEM) postcards to say thank you, quickly
- Additional shower facilities
- Cross-site parking permits
- 21 new foundation doctors joining the PODS in GRH and CGH
- Staff / family member testing for those self-insolation commenced to support return to work
- 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- sharing of full COVID-19 history. COVID-19 +VE to Tewksbury, North Cotswold and the Nuffield. COVID-19 –VE to the Winfield
- Working closely with Community and Social care partners
- Use of Microsoft teams for all staff to connect
- specialty transition and recovery planning
- Ophthalmology has changed its triage service to 7 days a week from 8am-8pm
- Additional resources in the form of bank, student nurse volunteers New psychological support services and link workers
- Exploration of use of national charity funds for long term health issues
- Deployment hub
- Weekly psychological briefing for execs
- Weekly hub analysis for trends
- Proactive communication to vulnerable groups – BAME and shielded
- Daily reporting on COVID-19 absence and triangulation of this with divisions

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 GHFT efforts • Virtual ward visiting for infectious patients and/or families that can't travel

2.2 The risk controls remain broadly similar to those reported previously, with the addition of planning and implementation of the recovery phase of the pandemic as well as preparations for a potential second peak as lockdown eases.

3. New risks accepted onto the Trust Risk Register

M2613Card

Inherent Risk
The risk to patient safety as a result of lab failure due to ageing imaging equipment within the Cardiac Laboratories, the service is at risk due to potential increased downtime and failure to secure replacement equipment.
Cause
Ageing profile of Cardiac lab Room 1; 14 years old, Room 3 currently 11 years old. Both are outside the recommend RCR 7 years guidance for replacement. Notice served by GE on maintenance contract for Room 1 to expire Nov 2020. Radiation report for Room 3 states higher dosing over the recommended dose.
Impact
• Harm to patients due to excessive exposure to radiation. • Delay in treatment due to increased down time and Primary PCI roll out of 24/7 services in-line with Trust strategic vision. • Impact on in-patients and elective patients resulting in an increased length of stay and potential harm due to lack of procedural functionality. • Inability to recruit and retain sufficiently trained staff without a viable service this includes Medical, Nursing, Physiology and Radiography • Additional vehicles will be required to meet transport needs. • Avoidable delays to care may occur whilst awaiting transport to Bristol • Infectious patients will be moved from one community to another. - Critically ill patients will be cared for away from their local loved ones • Patients in the Trust may have a poorer experience and quality of service if safer staffing is poor
Scoring
• Safety C4 x L3 = 12** • Quality C3 x L3 = 9 • Workforce C3 x L3 = 9 • Statutory C3 x L4 = 12 • Reputation C3 x L3 = 9 • Business C3 x L4 = 12 **there is a consequence of 4 because of the impact of equipment failure due to the possibility of radiation exposure. Likelihood scored as a 3, following the tube change, however there have been further concerns w/c 2/3/20 regarding radiation exposure GE have been asked to review
Key Controls
• Platinum level service agreement on Room 3 - with 24 hour call out. • Tube replacement has taken place in Room 3 which has corrected dosing issues however image quality remains poor. • Cost analysis carried out and procurement of mobile lab to take place should either lab fail permanently prior to a build solution. • Regular Dosimeter checking and radiation reporting. • Service Line fully compliant with IRMER regulations as per CQC review Jan 20.

Operational lead – Eve Olivant; Executive lead – Mark Pietroni

NB: Minutes of DOAG state 'timeline planning suggested Rm 4 at CGH could be refurbished by December 2020 but new Cath labs at GRH or CGH to be determined by public consultation – FFTF; could not be in place until December 2021(+20 months)

4. Downgrading of risk to Divisional Risk Register

M2473Emer

Reason for downgrade: 17 April 2020 - reviewed and scores downgraded as shown below as there has been a reduction in corridor usage after discussion with speciality TRI. For review in 2 months post COVID.

Operational lead – Anna Blake, Executive lead – Steve Hams

Inherent Risk
The risk of poor quality patient experience during periods of overcrowding in the Emergency Department
Cause
Lack of movement through the hospital leading to a large number of patients having to remain in the Emergency Department. Sudden demand surge outstripping capacity both for bed spaces and staff
Impact
• Patients may deteriorate in the corridor due to volume of patients in corridor against staff available; • Long waits in a public corridor for patients with as yet undiagnosed medical conditions; • Patients treated in inappropriate environment • Increased infection control risk • Poor patient experience due to lack of privacy and patient confidentiality • Poor patient experience with detrimental impact on Trust's reputation
Scoring
• Safety C3 x L3 = 9 • Quality C4 x L5 = 20 **reduced to C3 x L3 = 9** • Workforce C4 x L5 = 20 **reduced to C3 x L3 = 9** • Statutory C3 x L5 = 15 **reduced to C3 x L3 =9** • Reputation C3 x L3 = 9 • Business C3 x L4 = 12 **reduced to C3 x L3 = 9** • Finance C3 x L5 = 15 **reduced to C3 x L3 =9**
Key Controls
• Identified corridor nurse at GRH for all shifts; • ED escalation policy in place to ensure timely escalation internally; • Cubicle kept empty to allow patients to have ECG / investigations (GRH); • Pre-emptive transfer policy • Patient safety checklist up to 14 hours • Monitoring Privacy & Dignity by Senior nurses • Appointment of band 3 HCA's to maintain quality of care for patients in escalation areas. • Review of safety checklist to incorporate comfort measures and oxygen checks.

M2268Emer

Reason for downgrade: 17 April 2020 - risk reviewed and scores downgraded as shown below due to current reduction in numbers of patients queuing in corridors. For review in two months.

Operational lead – Tiff Cairns, Executive lead – Steve Hams

Inherent Risk
The risk of patient deterioration (Safety) due to lack of capacity leading to ED overcrowding with patients in the corridor
Cause
Lack of movement through the hospital leading to a large number of patients having to remain in the Emergency department. Sudden influx of patients outstripping capacity both for bed spaces and staff.
Impact
• Patients may deteriorate in the corridor due to volume of patients in corridor against staff available; • Long waits in a public corridor for patients with as yet undiagnosed medical conditions; • Patients treated in inappropriate environment • Increased infection control risk • Poor patient experience due to lack of privacy and patient confidentiality; • Poor patient experience with detrimental impact on Trust's reputation
Scoring
• Safety C3 x L4 = 12 **reduced to C3 x L3 = 9** • Workforce C2 x L4 = 8 **reduced to C2 x L3 = 6** • Reputation C2 x L3 = 6 • Business C3 x L4 = 12 **reduced to C3 x L3 = 9** • Finance C3 x L5 = 15 **reduced to C3 x L3 =9**
Key Controls
• RN identified for ambulance assessment corridor 24/7 • Identified band 3 24 hours a day for third radiology corridor with identified accountable RN on every shift • Additional band 3 staffing in ambulance assessment corridor 24 hours a day - improvement in NEWS compliance and safety checklist • Where possible room 24 to be kept available to rotate patients 9(or identified alternative where 24 occupied) (GRH) • 8am - 12mn consultant cover 7/7 (GRH) • Reviewed by fire officers • Safety checklist • Escalation to silver/gold on-call for extra help should the department require to overflow into the third (radiology) corridor. • Silver QI project undertaken to attempt to improve quality of care delivered in corridor inc. fleeced single use blankets and introduction of patient leaflet to allow for patients to access PALS • 90% recovery plan May 2019

5. Conclusion & Assurance to the Board

This paper outlines the continued 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.

Reassurance is also given that the Trust Risk Management process continues to operate for all risks and that risk are effectively managed as part of our business as usual.

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 14 MAY 2020
MICROSOFT TEAMS – commencing at 13:00

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 March 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.

During March, teams across the Trust worked to support the preparations for Covid-19. This impacted a number of indicators and we will continue to report through the QPR and QPR SPC reports to committee. The report and associated backing documents will

Quality Delivery Group QPR Report 8 April 2020 - Covid - 19 Pandemic

The Quality Delivery Group (QDG) continues to monitor the performance of the quality metrics. Each of the metrics were discussed and the burden of responsibility in completing the data.

The Group agreed and noted the following changes: -

Stopped

- There is a national decision to stop reporting the Safety Thermometer data and this will be discontinued from April 2020.

Paused

- Dementia Assessment and Referral DAR (FAIR) test question has been paused nationally. This indicator was under review and the report was due out this Spring to state whether this would continue to be reported. The DAR review has been paused and we expect an update later in the year.
- Safer Staffing data collection has also been paused.

Local audits that will be paused after March submission
VTE (audit)
Sepsis (audit)
Indicators that are red - exception report and improvement plan
Friends and Family Test (ED and Inpatients)
The new test question has been paused and so has national reporting. It was agreed at QDG that electronic surveys would still continue as this would be a good way to monitor satisfaction with care. FFT themes and trends would be a monthly report for QDG.

Real time Surveys
These questions forms part of the personalised care improvement plan for the Quality Strategy which has been paused by the pandemic. This programme of work will continue as soon as possible.

QDG Improvement Actions for quality indicators

- EPR usage reports and EObs data are being reviewed to see what metrics will be reviewed by

QDG and reported by exception to Q&P.

- CCG Schedule 4 Contract Review of Quality Indicators - during Covid-19. It has been proposed to the CCG that the QPR will be the only tool to be used for quality surveillance and we are waiting for agreement from the CCG.

Quality Summits

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

- The Falls CQUIN has been paused with no submission of data for Q4.
- 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 Preventing Harm Hubs have been paused.

National – we have been advised that the list of indicators below will be paused during Covid-19 –we will seek to ensure that these are internally monitored alongside tracking our responsiveness and care to our patients.

- Urgent Operations Cancelled (monthly sitrep)
- Delayed Transfers of Care (monthly return)
- Diagnostics PTL
- RTT PTL
- Cancelled elective operations
- Audiology
- Mixed-Sex Accommodation
- Venous Thromboembolism (VTE)
- 26-Week Choice
- Dementia Assessment and Referral (DAR)
- Safer staffing data collection (Care Hours Per Day)

Performance

During March the Trust did not meet the national standards or Trust trajectories for; A&E 4 hour standard, 52 week waits and the 62 day cancer standard. The Trust performance (type 1) for the 4 hour standard in March was 78.56% against the STP trajectory at 85.79%. The system did not meet the delivery of 90% for the system in March, at 85.08%. The Trust did not meet the diagnostics standard for March at 1.95%, this is as yet un-validated performance at the time of the report, though it is likely to breach 1%. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review.

The Trust did meet the standard for 2 week wait cancer at 95.00% in March, this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance 79.78% in March, un-validated at the time of the report this is below the 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 had met the trajectory agreed with NHS I to reduce our breaches. March's 33 over 52 week waiters are un-validated at the time of the report. The Trust had an improvement plan and was set to achieve single figures for March 52 week waiting patients. Our focus is to ensure

<u>Key issues to note</u>

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

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

Due to the early nature of April's report, more data than usual is un-validated at the time of print. April's report will show updated figures where they exist.

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

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

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

Impact Upon Corporate Risks
Continued poor performance in delivery of the two national waiting time standards ensures the Trust remains under scrutiny by local commissioners and regulators.

Regulatory and/or Legal Implications
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	✓	For Approval		For Information	

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

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report

Reporting period March 2020

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

Contents

Gloucestershire Hospitals NHS Foundation Trust

Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

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

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

Due to the early nature of April's report, more data than usual is un-validated at the time of print. April's report will show updated figures where they exist.

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

The Trust performance (type 1) for the 4 hour standard in March was 78.56% against the STP trajectory at 85.79%. The system did not meet the delivery of 90% for the system in March, at 85.08%.

The Trust did not meet the diagnostics standard for March at 1.95%, this is as yet un-validated performance at the time of the report, though it is likely to breach 1%. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review.

The Trust has met the standard for 2 week wait cancer at 95.00% in March, this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance 79.78% in March, un-validated at the time of the report) is below the 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. March's 33 over 52 week waiters are un-validated at the time of the report.

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

Performance Against STP Trajectories

Gloucestershire Hospitals NHS Foundation Trust

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

Indicator		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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	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	2
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%	85.08%
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%	78.56%
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%	79.79%
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	33
% 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%	1.95%
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%	95.00%
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%	99.20%
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%	96.40%
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%	100.00%
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	Trajectory	94.90%	94.40%	94.80%	94.30%	94.0%	95.10%	95.1%	95.1%	95.1%	95.1%	95.1%	95.1%
	Actual	96.40%	97.90%	98.80%	100.00%	84.80%	80.80%	98.80%	93.80%	96.20%	96.30%	97.00%	89.10%
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%	88.50%
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%	92.00%
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%	81.80%
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%	72.50%

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	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	% change from previous year Monthly (Mar)	YTD
GP referrals	14,044	13,094	13,415	12,709	12,061	10,302	10,429	11,836	13,356	11,169	10,191	9,595	7,888	-43.83%	-17.94%
OP attendances	13,525	12,663	13,025	13,063	13,856	11,850	13,534	14,545	13,661	10,823	13,634	12,167	10,637	-21.35%	-3.55%
Day cases	6,318	5,815	6,520	6,198	6,955	6,348	6,276	7,142	6,578	6,228	7,067	5,304	4,216	-33.27%	2.33%
All electives	7,465	7,255	7,556	7,213	8,096	7,378	7,238	8,275	7,690	7,155	8,039	6,294	4,966	-33.48%	1.65%
ED attendances	13,245	12,949	13,618	13,072	14,066	13,267	13,240	13,329	13,066	13,287	12,624	11,695	9,721	-26.61%	2.15%
Non electives	4,900	4,696	4,861	4,586	4,802	4,698	4,833	5,083	4,837	5,052	4,664	4,353	3,874	-20.94%	-0.05%

Trust Scorecard – Safe (1)

OVERALL SCORE

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

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Infection Control																		
Number of trust apportioned MRSA bacteraemia	1	1	0	1	0	0	0	1	0	0	0	0	0	0	0	2	Zero	
MRSA bacteraemia – infection rate per 100,000 bed days			0	3.5	0	0	0	3.6	0	0	0	0	0	0	0	0.6	Zero	
Number of trust apportioned Clostridium difficile cases per month	56	4	7	6	7	10	9	9	11	12	7	8	6	5	20	98	2019/20: 114	
Number of hospital-onset healthcare-associated Clostridioides difficile cases per month						7	6	1	10	3	5	4	6	2	12	53	<=5	
Number of community-onset healthcare-associated Clostridioides difficile cases per month						3	4	8	1	9	2	4	0	3	7	45	<=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	17.6	23.1	28.8	<30.2	
Number of MSSA bacteraemia cases	164	1	0	1	1	4	1	2	2	1	2	1	1	2	4	18	<=8	
MSSA – infection rate per 100,000 bed days		31	0	3.5	3.6	14.3	3.6	7.3	6.9	3.5	7	3.3	3.6	7	4.6	5.3	<=12.7	
Number of ecoli cases	295	3	5	4	5	1	4	3	2	5	9	3	3	2	8	46	No target	
Number of pseudomona cases	59	0	1	0	0	2	1	0	1	0	0	3	0	1	4	9	No target	
Number of klebsiella cases	135	3	1	3	1	1	3	4	1	1	1	1	2	1	4	18	No target	
Number of bed days lost due to infection control outbreaks			40	66	83	70	136	0	0	240	276	100	13	0	113	1,264	<10	>30
Patient Safety Incidents																		
Number of patient safety alerts outstanding	5		5	1	0	0	0	0	0	0	0	0	0	0	0	0	Zero	
Number of falls per 1,000 bed days		6	6.6	6	5.3	6.6	5.5	6.2	6.6	6.4	6.7	7.1	7	6.4	6.8	6.4	<=6	
Number of falls resulting in harm (moderate/severe)	8	7	3	4	2	7	1	5	7	1	4	5	5	0	3	4	<=3	
Number of patient safety incidents – severe harm (major/death)	1	7	13	7	9	4	12	4	7	3	3	6	5	2	4	6	No target	
Medication error resulting in severe harm		0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	No target	
Medication error resulting in moderate harm		1	1	3	0	2	3	1	2	1	1	5	2	1	3	2	No target	
Medication error resulting in low harm		12	10	15	10	11	11	10	21	23	7	10	8	11	10	12	No target	
Number of category 2 pressure ulcers acquired as in-patient			43	36	28	38	36	30	24	31	29	27	12	23	21	30	<=30	
Number of category 3 pressure ulcers acquired as in-patient			10	7	7	6	6	4	4	4	2	2	3	1	2	5	<=5	

Trust Scorecard – Safe (2)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	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	0	0	0	Zero	
Number of unstagable pressure ulcers acquired as in-patient			3		3	14	12	5	6	5	2	4	6	3	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	4	4	6	<=5	
RIDDOR																		
Number of RIDDOR		3	2	2	1	3	2	1	2	1	2	4	2	2	10	35	SPC	
Safeguarding																		
Level 2 safeguarding adult training - e-learning package							93.00%	93.00%	94.00%	95.00%							TBC	
Number of DoLs applied for									45	36	50			33			TBC	
Total number of maternity social concerns forms completed									55	44	53			31			TBC	
Safety Thermometer																		
Safety thermometer – % of new harms		97.20%	96.20%	97.20%	98.10%	97.40%	97.90%	96.30%	97.30%	95.80%	97.90%	96.50%	98.10%	97.80%	96.80%	97.10%	>96%	<93%
Sepsis Identification and Treatment																		
Proportion of emergency patients with severe sepsis who were given IV antibiotics within 1 hour of diagnosis		82.00%			64.00%			64.70%			71.00%			68.00%			>=90%	<50%
Serious Incidents																		
Number of never events reported	1	1	1	0	0	1	0	0	1	0	1	1	1	0	2	6	Zero	
Number of serious incidents reported		3	2	3	4	2	1	5	4	3	1	2	3	2	2	3	No target	
Serious incidents – 72 hour report completed within contract timescale		100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%	100%	100%	100%	>90%	
Percentage of serious incident investigations completed within contract timescale		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%	>80%	
VTE Prevention																		
% of adult inpatients who have received a VTE risk assessment	93.20%	94.80%	95.40%	88.60%	95.80%	96.70%	92.90%	91.60%	95.90%	91.80%	92.60%	90.10%	94.20%	92.70%		93.20%	>95%	

Trust Scorecard – Effective (1)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Dementia Screening																		
% of patients who have been screened for dementia (within 72 hours)	1.90%	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%	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%	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%	4.40%			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%	28.90%	29.14%	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%	14.48%	14.79%	15.74%	No target	
% of women booked by 12 weeks gestation	89.80%	91.50%	89.70%	88.00%	87.90%	89.00%	85.30%	89.60%	91.80%	92.20%	91.90%	90.30%	89.50%	89.70%	89.90%	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%	27.98%	27.74%	28.65%	<=30%	>33%
% of women smoking at delivery	11.21%	10.46%	12.06%	11.22%	11.83%	9.78%	10.16%	9.14%	10.22%	13.63%	11.52%	13.18%	8.64%	12.39%	11.41%	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%	0.23%	0.15%	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						1	NHS Digital	
Hospital standardised mortality ratio (HSMR)	94.5	94.5	96.5	96.8	100.1	98.6	98	97.6	99.7	99.8	103.9					103.9	Dr Foster	
Hospital standardised mortality ratio (HSMR) – weekend	96.8	96.8	96.9	96.4	97.6	97.9	100.5	101.6	102.7	102.1	110.3					110.3	Dr Foster	
Number of inpatient deaths		168	165	159	166	125	124	143	144	152	212	215	167	191	573	1,963	No target	
Number of deaths of patients with a learning disability		2	4	1	1	2	2	0	0	0	1	4	0	0	4	15	No target	
Readmissions																		
Emergency re-admissions within 30 days following an elective or emergency spell	6.60%	6.40%	7.30%	7.10%	6.50%	6.40%	7.50%	7.20%	6.70%	7.10%	6.50%	6.60%	6.70%			6.90%	<8.25%	>8.75%
Research																		
Research accruals	1,621	91	115	119	134	123	103	76	121	101	73	110	98				No target	

Trust Scorecard – Effective (2)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Stroke Care																		
Stroke care: percentage of patients receiving brain imaging within 1 hour	36.90%	22.40%	52.10%	55.30%	43.80%	53.50%	50.60%	48.60%	52.50%	39.40%	48.70%	45.20%	56.40%	46.20%	49.30%	49.50%	>=50%	<45%
Stroke care: percentage of patients spending 90%+ time on stroke unit	90.80%	87.70%	85.70%	96.30%	87.10%	80.90%	98.80%	87.90%	84.50%	81.10%	87.30%	88.50%	87.70%			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%	49.30%	39.40%	54.80%	>=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%	55.10%	59.80%	62.40%	>=90%	<80%
Trauma & Orthopaedics																		
% of fracture neck of femur patients treated within 36 hours	76.00%	77.80%	77.00%	81.80%	82.20%	67.10%	46.60%	66.70%	39.60%	56.10%	58.30%	73.10%	58.60%	48.60%	60.10%	55.70%	>=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%	48.60%	58.90%	54.90%	>=65%	<55%

Trust Scorecard – Caring (1)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Friends & Family Test																		
Inpatients % positive	91.20%	91.50%	89.10%	90.80%	91.60%	90.70%	91.10%	91.50%	90.60%	91.80%	90.20%	90.20%	90.50%	91.10%	90.60%	90.70%	>=96%	<93%
ED % positive	83.10%	82.70%	82.70%	81.90%	85.30%	79.80%	83.30%	82.30%	82.90%	87.90%	78.90%	79.90%	79.20%	79.60%	79.50%	82.10%	>=84%	<81%
Maternity % positive	96.70%	97.50%	96.60%	97.00%	87.10%	96.20%	100%	96.90%	100%	0.00%	100%	100%	100%	100%	100%	97.40%	>=97%	<94%
Outpatients % positive	92.60%	93.10%	92.80%	93.20%	92.50%	92.80%	93.20%	92.70%	92.80%	93.80%	93.20%	93.10%	93.00%	94.30%	93.50%	93.00%	>=94%	<91%
Total % positive	91.20%	91.40%	90.60%	91.10%	91.40%	90.70%	91.30%	91.00%	91.10%	92.80%	91.30%	91.40%	91.10%	92.20%	91.60%	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%	78.00%	79.47%	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%	92.00%	90.55%	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%	100%	96.51%	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%	99.00%	96.92%	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%	67.00%	84.21%	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%	100%	92.15%	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%	86.00%	94.24%	96.00%	>=90%	
MSA																		
Number of breaches of mixed sex accommodation	68	3	4	11	18	16	11	9	0	0	2	2	1	8	11	82	<=10	>=20

Trust Scorecard – Responsive (1)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Cancer																		
Cancer – urgent referrals seen in under 2 weeks from GP	90.00%	95.20%	87.50%	86.70%	89.50%	92.70%	86.00%	96.50%	94.60%	94.60%	97.00%	95.60%	95.90%	95.00%	95.40%	92.50%	>=93%	<90%
2 week wait breast symptomatic referrals	95.80%	95.60%	96.90%	97.30%	99.00%	96.30%	98.40%	99.30%	98.10%	96.00%	97.20%	96.80%	98.40%	99.20%	98.00%	97.50%	>=93%	<90%
Cancer – 31 day diagnosis to treatment (first treatments)	94.60%	92.10%	92.10%	92.00%	93.80%	92.60%	92.30%	91.00%	98.00%	92.20%	92.20%	96.20%	97.30%	96.40%	95.30%	93.40%	>=96%	<94%
Cancer – 31 day diagnosis to treatment (subsequent – drug)	99.90%	100%	100%	97.50%	100%	100%	100%	100%	100%	100%	100%	100%	96.40%	100%	100%	99.40%	>=98%	<96%
Cancer – 31 day diagnosis to treatment (subsequent – surgery)	95.30%	96.60%	91.10%	89.10%	96.20%	89.60%	89.80%	97.60%	100%	100%	92.10%	98.30%	91.20%	88.50%	94.00%	93.60%	>=94%	<92%
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	99.30%	98.70%	96.40%	97.90%	98.80%	100%	84.80%	80.80%	98.80%	93.80%	96.20%	96.30%	97.00%	89.10%	94.80%	94.90%	>=94%	<92%
Cancer 62 day referral to treatment (urgent GP referral)	74.80%	77.40%	80.10%	71.80%	68.20%	72.70%	75.40%	71.00%	78.00%	63.80%	73.90%	66.90%	72.30%	72.50%	72.00%	73.10%	>=85%	<80%
Cancer 62 day referral to treatment (screenings)	96.50%	100%	100%	96.60%	85.20%	85.20%	100%	100%	96.30%	96.70%	95.10%	97.70%	96.70%	92.00%	95.00%	95.40%	>=90%	<85%
Cancer 62 day referral to treatment (upgrades)	68.90%	77.30%	36.40%	44.40%	63.20%	91.70%	75.00%	66.70%	61.50%	83.30%	86.70%	100%	69.20%	81.80%	74.50%	72.20%	>=90%	<85%
Number of patients waiting over 104 days with a TCI date	141	14	20	15	20	18	13	9	15	12	6	5	4	3	12	170	Zero	
Number of patients waiting over 104 days without a TCI date	347	25	19	30	21	37	32	28	36	22	25	19	14	20	53	407	<=24	
Diagnostics																		
% waiting for diagnostics 6 week wait and over (15 key tests)	0.45%	0.45%	0.54%	0.67%	1.08%	0.76%	0.84%	0.72%	0.66%	1.06%	0.94%	1.50%	1.16%	1.95%	1.95%	1.95%	<=1%	>2%
The number of planned / surveillance endoscopy patients waiting at month end	726	726	835	872	966	770	714	756	756	763	835	853	803	825	825	825	<=600	
Discharge																		
Number of patients delayed at the end of each month	37	43	45	39	18	43	41	35	44	32	22	55	54	15	15	15	<=38	
Patient discharge summaries sent to GP within 24 hours	56.50%	51.00%	56.60%	54.60%	53.20%	57.90%	55.70%	56.50%	58.00%	56.40%	56.30%	59.60%	60.10%			56.80%	>=88%	<75%

Trust Scorecard – Responsive (2)

OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Emergency Department																		
ED: % total time in department – under 4 hours (type 1)	89.60%	87.13%	86.01%	87.99%	86.80%	88.53%	88.16%	84.03%	80.58%	76.24%	72.91%	72.45%	72.41%	78.56%	74.80%	81.59%	>=95%	<90%
ED: % total time in department – under 4 hours (types 1 & 3)	92.78%	91.00%	90.39%	91.70%	91.05%	92.20%	92.01%	89.13%	86.36%	83.41%	81.18%	81.02%	82.33%	85.08%	82.62%	87.40%	>=95%	<90%
ED: % total time in department – under 4 hours CGH	96.40%	96.10%	94.66%	96.04%	96.40%	95.44%	96.20%	92.68%	95.54%	90.92%	88.74%	91.50%	93.02%	94.10%	92.76%	93.70%	>=95%	<90%
ED: % total time in department – under 4 hours GRH	86.20%	82.80%	81.89%	84.16%	82.77%	85.09%	84.25%	79.90%	73.72%	69.25%	65.20%	63.30%	64.91%	71.69%	66.28%	81.59%	>=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	1	0	0	1	1	2	Zero	
ED: % of time to initial assessment – under 15 minutes	87.40%	78.40%	75.80%	78.30%	77.30%	71.30%	75.70%	71.40%	68.40%	66.50%	64.30%	68.00%	65.80%	70.10%	67.80%	71.20%	>=95%	<92%
ED: % of time to start of treatment – under 60 minutes	33.50%	32.60%	32.00%	35.90%	37.20%	30.30%	31.20%	29.90%	28.30%	26.60%	26.00%	31.90%	29.00%	40.90%	33.50%	31.30%	>=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%	2.87%	3.16%	2.40%	<=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%	0.05%	0.14%	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%	74.03%	88.33%	74.03%	>=95%	
Urgent cancelled operations			0	0	0	0	0	2	3	0	1	1	1	0	2	8	No target	
Number of patients stable for discharge	73	77	86	77	63	79	88	88	90	87	81	112	101	70	95	86	<=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%	2.96%	2.96%	2.96%	<=3.5%	>4%
Number of stranded patients with a length of stay of greater than 7 days	384	397	389	391	370	371	360	371	380	406	403	431	427	358	405	423	<=380	
Average length of stay (spell)	5.03	4.97	5.03	5.31	4.82	4.85	4.75	4.85	4.82	4.92	5.21	5.64	5.32	6.18	5.69	5.12	<=5.06	
Length of stay for general and acute non-elective (occupied bed days) spells	5.66	5.62	5.53	5.94	5.38	5.45	5.25	5.38	5.35	5.56	5.77	6.43	6.06	6.91	6.46	5.73	<=5.65	
Length of stay for general and acute elective spells (occupied bed days)	2.63	2.64	2.77	2.68	2.55	2.58	2.69	2.53	2.74	2.57	2.77	2.34	2.51	2.81	2.53	2.62	<=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%	84.90%	86%	85.59%	>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%	85.60%		87.20%	>85%	<70%

Trust Scorecard – Responsive (3)

OVERALL SCORE

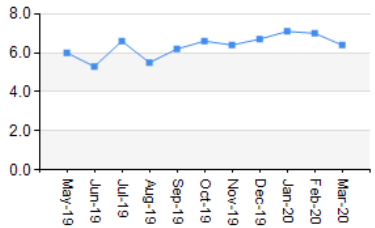
	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Outpatient																		
Outpatient new to follow up ratio's		1.93	1.92	1.91	1.91	1.88	1.92	1.8	1.75	1.81	1.88	1.85	1.92	2	1.91	1.87	<=1.9	
Did not attend (DNA) rates		6.40%	6.80%	6.80%	6.80%	7.00%	6.90%	7.20%	6.80%	6.80%	7.00%	6.90%	6.50%	7.90%	7.10%	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%	79.79%	79.79%	79.79%	>=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	1,895	1,895	1,895	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	1,236	1,236	1,236	No target	
Referral to treatment ongoing pathways over 52 weeks (number)	95	95	93	91	90	78	77	78	62	45	39	28	14	33	33	33	Zero	
SUS																		
Percentage of records submitted nationally with valid GP code	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%	99.90%	99.40%	99.80%	99.80%	99.80%	99.80%	99.80%	99.90%	99.80%					99.80%	>=99%	

Trust Scorecard – Well Led (1)

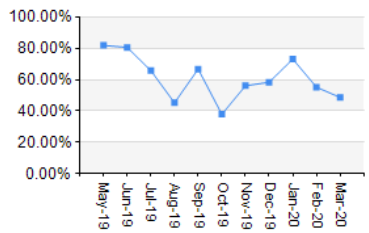
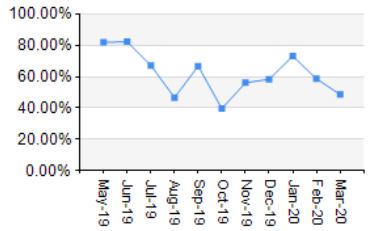
OVERALL SCORE

	18/19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	19/20 Q4	19/20	Standard	Threshold
Appraisal and Mandatory Training																		
Trust total % overall appraisal completion	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%	85.00%	85.00%	82.00%	>=90%	<70%
Trust total % mandatory training compliance	89%	91%	91%	91%	92%	92%	92%	91%	91%	92%	92%	90%	90%	90%	90%	92%	>=90%	<70%
Finance																		
Total PayBill Spend		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		-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		-3,378	0	1	1	2	2	2	1	1	-2	-2	-4					
NHSI Financial Risk Rating		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					
Liquidity		4	4	4	4	4	4	4	4	4	4	4	4					
Agency – Performance Against NHSI Set Agency Ceiling		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%			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%			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%			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%			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%			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			4.7	>=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	
Care hours per patient day total	7.1	8.1	7.4	7.5	7.7	7.8	7.6	7.6	7.7	7.8	7.9	7.6	7.7			7.7	>=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%	6.15%	6.15%			<=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%	1.24%				<=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%	10.26%	10.26%			<=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	6422.86			No target	
Vacancy FTE			610	683	650	652.42	500	492.55	478.95	474.24	475	457.45	418.47	418.47			No target	
Starters FTE			65.5	52.8	45.2	66.66	60.55	147.7	72.72	51.61	69.42	55.75	63.74	44.17			No target	
Leavers FTE			55.14	37.5	57.4	44.69	46.75	84.63	40.81	47.02	49.37	52.49	36.99	58.37			No target	
Workforce Expenditure and Efficiency																		
% turnover	11.80%	12.20%	11.80%	11.60%	11.60%	11.80%	11.10%	11.90%	11.60%	11.70%	11.50%	11.50%	11.30%	11.10%			<=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%	10.92%	10.73%			<=11%	>15%
% sickness rate	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%	5.90%			<=3.5%	>4%

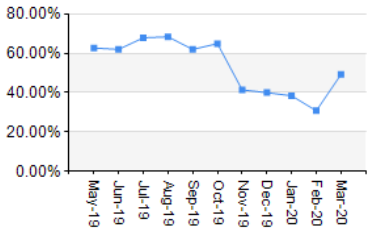
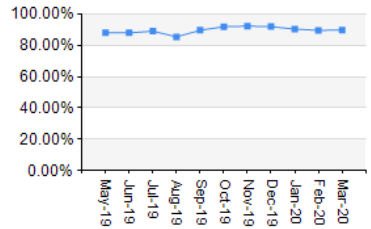
Exception Reports – Safe (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Number of falls per 1,000 bed days **Standard: <=6**		March 2020 had a fall rate of 6.4 per 1,000 bed days, this is in line with the 12 month rolling average rate of 6.3. In total there were 181 falls recorded. There were no falls with moderate or severe harm recorded during March.	**Director of Safety**

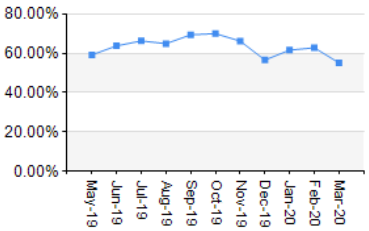
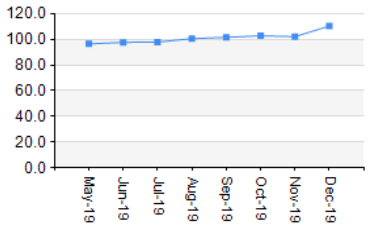
Exception Reports – Effective (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% fractured neck of femur patients meeting best practice criteria **Standard: >=65%**		See # NOF commentary	**Director of Operations - Surgery**
% of fracture neck of femur patients treated within 36 hours **Standard: >=90%**		Trauma Task and Finish group has been paused resulting from Covid 19. We are ensuring that we - maintain golden patient - utilise the trauma emergency lists 2x per day to support trauma capacity & remain vigilant to any delays. We have ensured to date that our trauma waiting is reduced and have early warning signals in place.	**Director of Operations - Surgery**

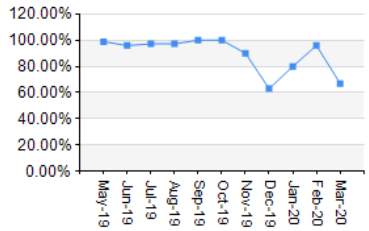
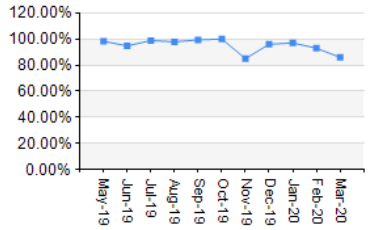
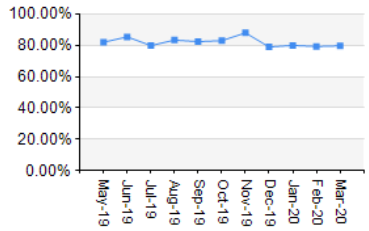
Exception Reports – Effective (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% of patients admitted directly to the stroke unit in 4 hours **Standard: >=80%**		Improvement of 18.5% on February performance (30.80%). 38 patients breached the target in the month of March. Of these 38: 2 patients were an inpatient already / presented at CGH where they were admitted when the stroke presented and experienced a delayed transfer. 20 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. 10 patients were delayed due to an unclear diagnosis which led to them initially being admitted to AMU for further tests. 4 patients had delays along their pathway as there was a lack of Stroke staff to manage ED demand. Breached most elements of pathway as a result of late pickup. 2 patients were sent to Bristol for Thrombectomy but symptoms improved so were returned to GRH so breached admission to Stroke Unit	**Director of Unscheduled Care and Deputy Chief Operating Officer**
% of women booked by 12 weeks gestation **Standard: >90%**		We had several women move into area from London in latter part of March which would have reduced number booked by 12 weeks. The community Matron will check all women who have not been booked by 12 weeks to see what caused delay in booking. Community midwives will be contacted personally if they are not completing bookings in time and performance management protocols put into place if improvements not identified.	**Divisional Chief Nurse and Director of Midwifery**

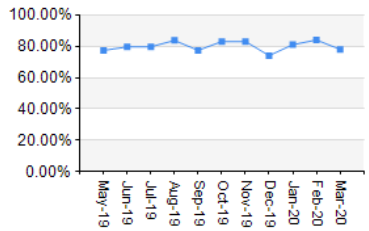
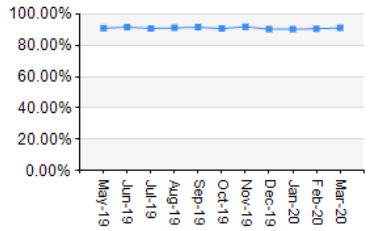
Exception Reports – Effective (3)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
% patients receiving a swallow screen within 4 hours of arrival **Standard: >=90%**		Deterioration of 7.7% on February performance (62.80%). 35 patients breached the target in the month of February. Of those 35: 2 patients were an inpatient when stroke presented and were delayed in transfer to stroke unit due to lack of bed capacity. 20 patients were delayed in receiving a bed on the Stroke Unit and therefore had a delayed swallow screening. 1 patient was sent to Bristol for Thrombectomy but symptoms improved so were returned to GRH so breached admission to Stroke Unit and swallow screen. 12 patients were too unwell to receive a swallow screen within the four hour target.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
Hospital standardised mortality ratio (HSMR) – weekend **Standard: Dr Foster**		Weekend HSMR has become statistically significantly higher than expected with Sunday having a statistically significantly higher than expected relative risk. It is difficult at this stage to confirm whether the flag is a data issue or a real issue. However, acute cerebrovascular disease has a statistically significantly higher than expected relative risk for weekend admissions so this is being reviewed.	**Medical Director**

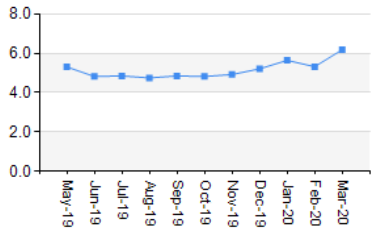
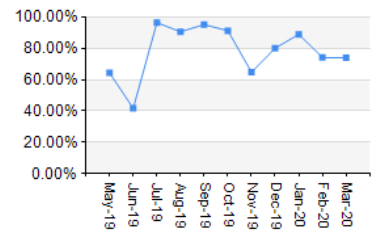
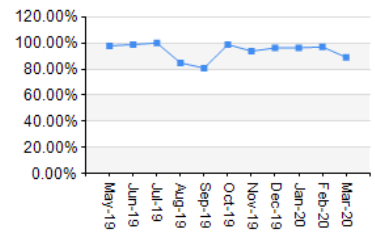
Exception Reports – Caring (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Do you get enough help from staff to eat your meals? **Standard: >=90%**		This was not a full months data as Real time surveys have now been paused due to Covid-19, and will be reintroduced later this year. Patient satisfaction with care will be monitored by our Friends and Family Test Surveys themes and trend reports which will be reviewed at our Quality Delivery Group meeting.	**Head of Patient Experience Improvement**
Do you get enough help from staff to wash or keep yourself clean? **Standard: >=90%**		Real time surveys have now been paused due to Covid-19, and will be reintroduced later this year. Patient satisfaction with care will be monitored by the Friends and Family Test Surveys by reviewing themes and trend reports at the Quality Delivery Group.	**Head of Patient Experience Improvement**
ED % positive **Standard: >=84%**		SMS FFT messages on discharge are continuing across all settings, but due to Covid we have now cancelled all other feedback gathering methodologies including tablets and paper cards. We will continue to monitor the responses received over the coming months as our key experience indicator. The indicator performance remains static with no real change. Themes and trends are being monitored by the Quality Team.	**Deputy Director of Quality**

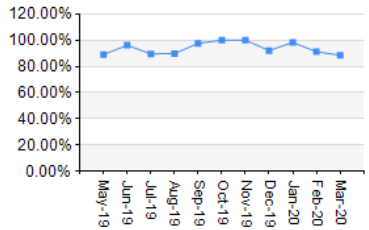
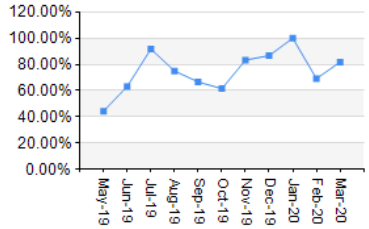
Exception Reports – Caring (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
How much information about your condition or treatment or care has been given to you? **Standard: >=90%**		This data is only partially complete, as Real time surveys have now been postponed due to Covid-19, and will be reintroduced later this year.	**Head of Patient Experience Improvement**
Inpatients % positive **Standard: >=96%**		SMS FFT messages on discharge are continuing across all settings, but due to Covid we have now cancelled all other feedback gathering methodologies including tablets and paper cards. We will continue to monitor the responses received over the coming months as our key experience indicator. The indicator remains static with no real change in performance.	**Deputy Director of Quality**

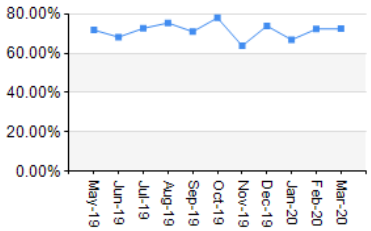
Exception Reports – Responsive (1)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Average length of stay (spell) **Standard: <=5.06**		Monitoring of all patients remains. Support from private sector and community support via system partners to provide additional discharges from the acute bed base.	**Deputy Chief Operating Officer**
Cancelled operations re-admitted within 28 days **Standard: >=95%**		This was impacted by a decrease in elective activity to support DCC and prioritised cancer. Any patient that was clinically urgent was prioritised.	**Deputy Chief Operating Officer**
Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy) **Standard: >=94%**		31 day subs radiotherapy performance (unvalidated) = 95.7% target = 94% National performance = 94.8% Special cause variation however through data validation has brought performance within target.	**Director of Planned Care and Deputy Chief Operating Officer**

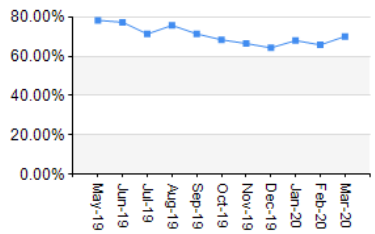
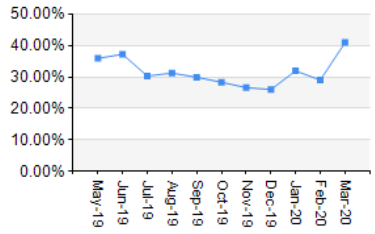
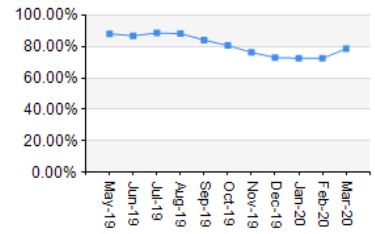
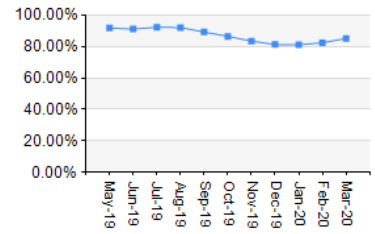
Exception Reports – Responsive (2)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer – 31 day diagnosis to treatment (subsequent – surgery) **Standard: >=94%**		31 day subs surgery performance (unvalidated) = 88.7% target = 94% National performance = 89.2% 54 treatments 5 breaches 4 breaches yet to be validated Gynae 2 Breast 1 Lower GI 1 Upper GI 1 Breaches to be validated prior to submission (start of May).	**Director of Planned Care and Deputy Chief Operating Officer**
Cancer 62 day referral to treatment (upgrades) **Standard: >=90%**		Performance = 83.3% Target = n/a National Performance = 80.8% 12 treatments 2 breaches 1 Uro (delay to MRI) 1 Skin	**Director of Planned Care and Deputy Chief Operating Officer**

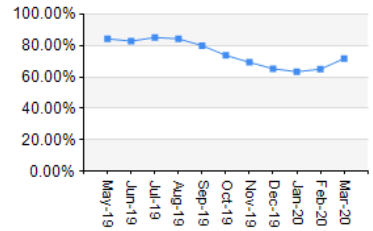
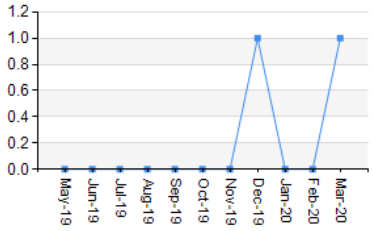
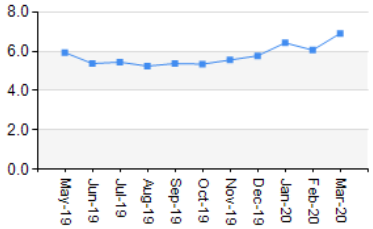
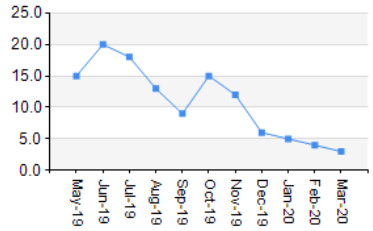
Exception Reports – Responsive (3)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Cancer 62 day referral to treatment (urgent GP referral) **Standard: >=85%**		62 day GP performance (unvalidated) = 73.0% target = 85% National performance = 73.8% Urology exc performance = 85.40% 185 treatments 50 breaches Urology 30 Lower GI 7 H&N 3 Gynae 2.5 Breach reasons - Unvalidated 23.5 - Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) 12 - Complex diagnostic pathway (many, or complex, diagnostic tests required) 7 - Health Care Provider initiated delay 4 - Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) 1.5 - PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given 1 - Patient choice delay relating to first outpatient appointment 1	**Director of Planned Care and Deputy Chief Operating Officer**

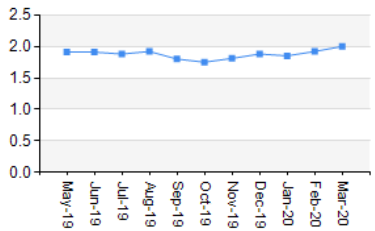
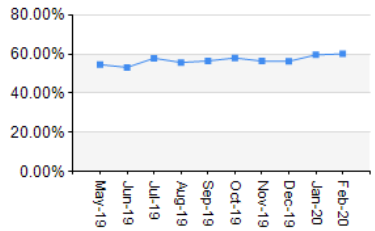
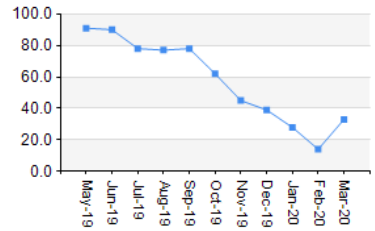
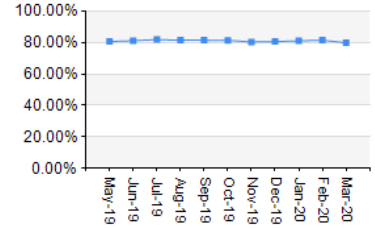
Exception Reports – Responsive (4)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % of time to initial assessment – under 15 minutes **Standard: >=95%**		A decrease in performance this month for patients that arrive by ambulance. This will be related to Covid-19 and the changes seen across both EDs. Both hospitals now have designated entrances for red and green patients that arrive by ambulance. Performance in March for walk in patients has improved across both hospital Eds. There is a dedicated triage streamer allocated to ensure green and red patients are seen promptly and in the right location	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % of time to start of treatment – under 60 minutes **Standard: >=90%**		In March, across both sites, patients have waited less time to see a Doctor. This is likely due to the reduction in attendances and enhanced medical cover due to Covid-19	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours (type 1) **Standard: >=95%**		Patients have spent 45.7 minutes, on average; less in the department in March compared to February and has waited 65.3 minutes less from the decision to be admitted to admission. This is in line with the reduced number of attendances seen in the month	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: % total time in department – under 4 hours (types 1 & 3) **Standard: >=95%**		Due to the Covid-19 pandemic, average attendances has reduced impacting positively on the average total waiting time in the ED	**Director of Unscheduled Care and Deputy Chief Operating Officer**

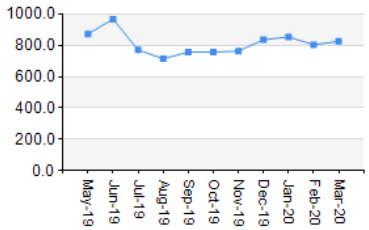
Exception Reports – Responsive (5)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
ED: % total time in department – under 4 hours GRH **Standard: >=95%**		Patients have spent 45.7 minutes, on average; less in the department in March compared to February and has waited 65.3 minutes less from the decision to be admitted to admission. This is in line with the reduced number of attendances seen in the month	**Director of Unscheduled Care and Deputy Chief Operating Officer**
ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission) **Standard: Zero**		There was one 12 hour breach in March. This occurred on the day that the GRH ED took over the Fracture Clinic as the cohort area in ED. Capacity and bed flow was very poor with multiple patients waiting in ED. This patient was allocated a bed however, due to an arrest, the patient was not moved in time	**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**		Speciality specific work programme to commence to support improvements in design of pathways for all our patient cohorts to be included within the recovery plan.	**Deputy Chief Operating Officer**
Number of patients waiting over 104 days with a TCI date **Standard: Zero**		Currently two Urological patients with a TCI 104 list reviewed weekly for cases to be treated during COVID19.	**Director of Planned Care and Deputy Chief Operating Officer**

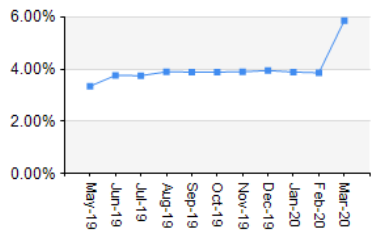
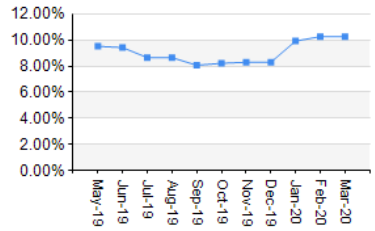
Exception Reports – Responsive (6)

Metric Name & Standard	Trend Chart	Exception Notes	Owner
Outpatient new to follow up ratio's **Standard: <=1.9**		This is the first time this indicator has flagged for exception reporting. For March data this will need to be carefully examined as we organisationally switched to a number of telephone clinics for new and follow up.	**Director of Unscheduled Care and Deputy Chief Operating Officer**
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 was impacted by Covid -19 through - (internal) the reduction in elective operating to both support and prepare DCC for expansion; prioritise cancer cases and a reduction in the booked additional lists running during March and (external) patient cancellations & self-isolating impacts on attendance. This is detailed in the exception report. Therefore the Trust has not met the March target.	**Deputy Chief Operating Officer**
Referral to treatment ongoing pathways under 18 weeks (%) **Standard: >=92%**		The Trust RTT was impacted by Covid 19. The RTT position deteriorated during March, details provided in the exception report. The figure is still subject to validation and is due for national reporting after the submission of this report. Full tracking of all patients and their waiting time is being undertaken at a speciality level within the existing processes.	**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 an increase of 22 in the number of patients waiting past recall due to: a.) Increased pressures in month on the clearing as many 2ww colorectal straight to test and 6ww diagnostic patients as possible. b.) Closure of community sites in week 2 of the month due to COVID19 pressures meaning community staff had to be redeployed to other duties and could not assist in theatre. c.) Cancellation of all non-emergency patients due to COVID19 resourcing requirements.	**Medical Director**

Exception Reports – Well Led (1)

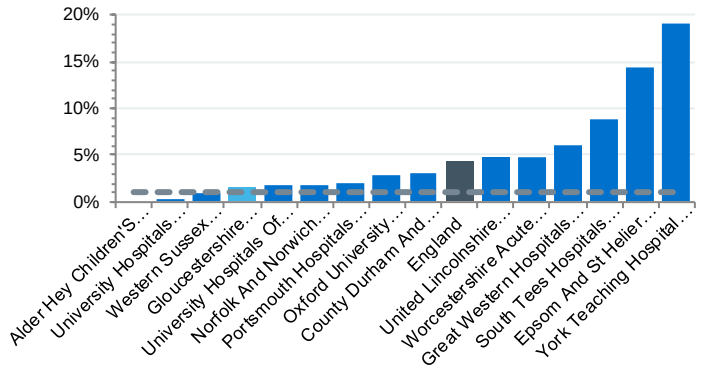
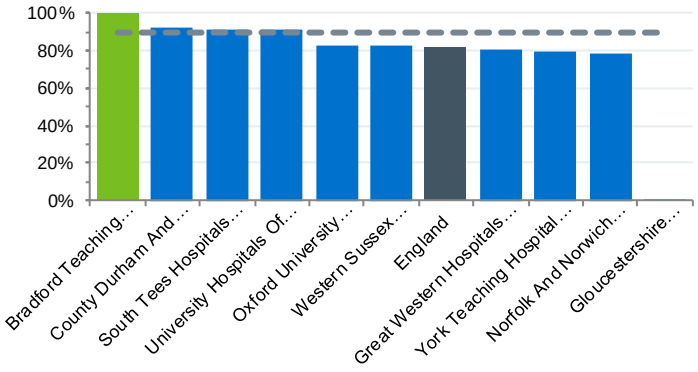
Metric Name & Standard	Trend Chart	Exception Notes	Owner
% sickness rate **Standard: <=3.5%**		Sickness trends remain below model hospital peer comparators, however we anticipate a sustained increase in sickness due to Covid-19. Current reported Covid rates for staff are monitored daily and at the time of this report are at 4.2% (Covid related only), this includes staff self isolating due to household Covid symptoms. With the increase in staff antigen testing capacity, this will enable some staff to return to work quicker.	**Director of Human Resources and Operational Development**
% vacancy rate for registered nurses **Standard: <=5%**		Vacancy rates have reduced consistently over the past 12 months. All recruitment is currently prioritised to rapid recruitment activity to support Covid 19 demands.	**Director of Human Resources and Operational Development**

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

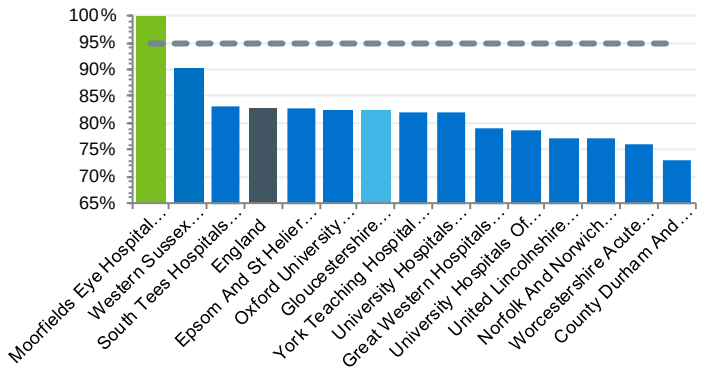
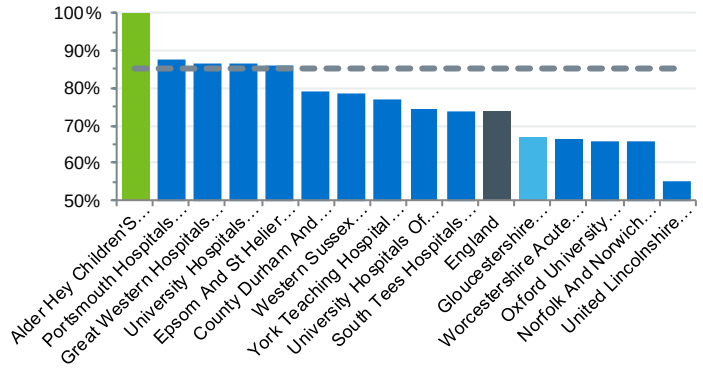
Metric	Period	Peer Group	Rank	Quartile
Diagnostics	February-20		95 / 166	3rd
Dementia	January-20		84 / 84	4th

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

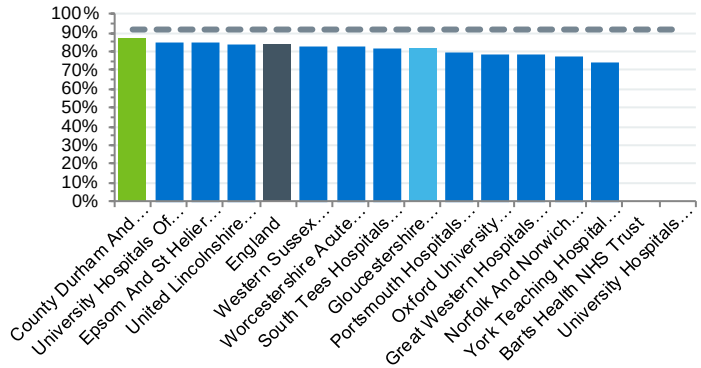
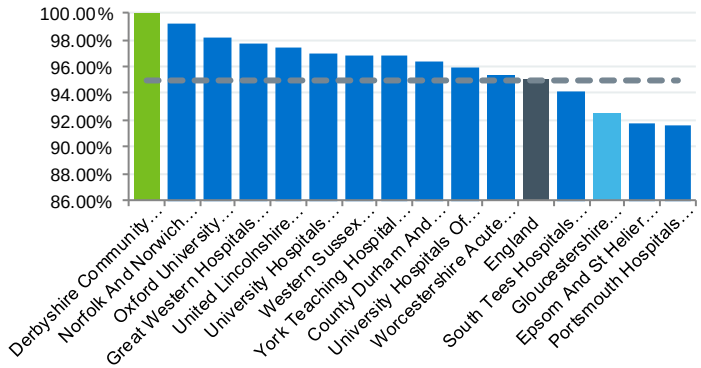
Metric	Period	Peer Group	Rank	Quartile
ED 4 Hour (Type 1 & Type 3)	March-20		52 / 119	2nd
Cancer 62 Days GP Referrals	February-20		72 / 141	3rd

Benchmarking (3)

Gloucestershire Hospitals NHS Foundation Trust

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

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

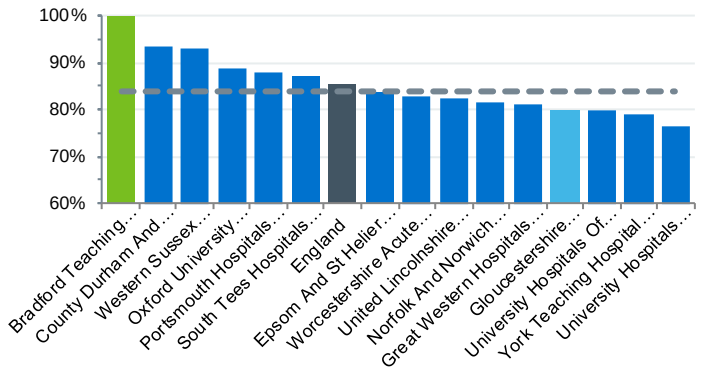
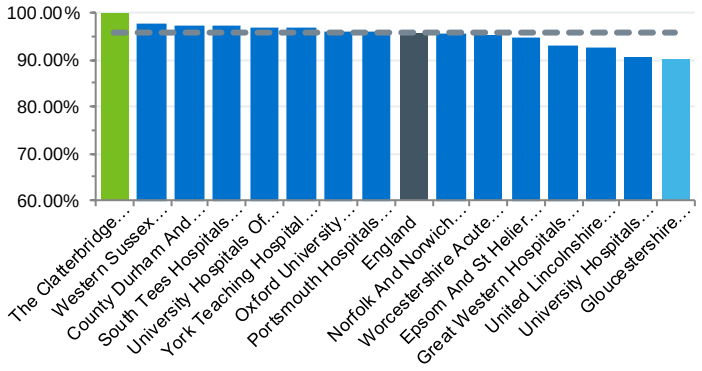
Metric	Period	Peer Group	Rank	Quartile
RTT	February-20		111 / 163	3rd
VTE (published quarterly)	December-19		124 / 149	4th

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

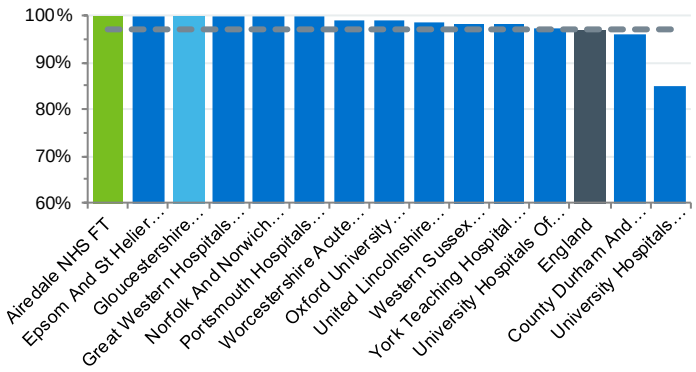
Metric	Period	Peer Group	Rank	Quartile
FFT - ED	February-20		109 / 131	4th
FFT - Inpatient	February-20		135 / 144	4th

Benchmarking (5)

Gloucestershire Hospitals NHS Foundation Trust

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

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

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

Gloucestershire Hospitals
NHS Foundation Trust

Quality and Performance Report Statistical Process Control Reporting

Reporting period March 2020

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

Contents

Gloucestershire Hospitals NHS Foundation Trust

Guidance

Gloucestershire Hospitals NHS Foundation Trust

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

How to interpret variation results:

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

How to interpret assurance results:

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

Source: NHSI Making Data Count

Executive Summary

Gloucestershire Hospitals NHS Foundation Trust

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

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

Due to the early nature of April's report, more data than usual is un-validated at the time of print. April's report will show updated figures where they exist.

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

The Trust performance (type 1) for the 4 hour standard in March was 78.56% against the STP trajectory at 85.79%. The system did not meet the delivery of 90% for the system in March, at 85.08%.

The Trust did not meet the diagnostics standard for March at 1.95%, this is as yet un-validated performance at the time of the report, though it is likely to breach 1%. We have, as with many services prioritised same day diagnostics and support for patients to be prioritised post clinical review.

The Trust has met the standard for 2 week wait cancer at 95.00% in March, this is as yet un-validated performance at the time of the report.

For elective care, the RTT performance 79.78% in March, un-validated at the time of the report) is below the 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. March's 33 over 52 week waiters are un-validated at the time of the report.

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

Access Dashboard

Gloucestershire Hospitals NHS Foundation Trust

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

Key

Assurance

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

Variation

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

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Cancer	Cancer – urgent referrals seen in under 2 weeks from GP	>=93%	Mar-20	95.0%	
Cancer	2 week wait breast symptomatic referrals	>=93%	Mar-20	99.2%	
Cancer	Cancer – 31 day diagnosis to treatment (first treatments)	>=96%	Mar-20	96.4%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – drug)	>=98%	Mar-20	100.0%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – surgery)	>=94%	Mar-20	88.5%	
Cancer	Cancer – 31 day diagnosis to treatment (subsequent – radiotherapy)	>=94%	Mar-20	89.1%	
Cancer	Cancer 62 day referral to treatment (urgent GP referral)	>=85%	Mar-20	72.5%	
Cancer	Cancer 62 day referral to treatment (screenings)	>=90%	Mar-20	92.0%	
Cancer	Cancer 62 day referral to treatment (upgrades)	>=90%	Mar-20	81.8%	
Cancer	Number of patients waiting over 104 days with a TCI date	Zero	Mar-20	3	
Cancer	Number of patients waiting over 104 days without a TCI date	<=24	Mar-20	20	
Diagnostics	% waiting for diagnostics 6 week wait and over (15 key tests)	<=1%	Mar-20	1.95%	
Diagnostics	The number of planned / surveillance endoscopy patients waiting at month end	<=600	Mar-20	825	
Discharge	Number of patients delayed at the end of each month	<=38	Mar-20	15	
Discharge	Patient discharge summaries sent to GP within 24 hours	>=88%	Feb-20	60.1%	
Emergency Department	ED: % total time in department – under 4 hours (type 1)	>=95%	Mar-20	78.56%	
Emergency Department	ED: % total time in department – under 4 hours (types 1 & 3)	>=95%	Mar-20	85.08%	
Emergency Department	ED: % total time in department – under 4 hours CGH	>=95%	Mar-20	94.10%	
Emergency Department	ED: % total time in department – under 4 hours GRH	>=95%	Mar-20	71.69%	
Emergency Department	ED: number of patients experiencing a 12 hour trolley wait (>12hours from decision to admit to admission)	Zero	Mar-20	1	
Emergency Department	ED: % of time to initial assessment – under 15 minutes	>=95%	Mar-20	70.1%	
Emergency Department	ED: % of time to start of treatment – under 60 minutes	>=90%	Mar-20	40.9%	

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Emergency Department	% of ambulance handovers that are over 30 minutes	<=2.96%	Mar-20	2.87%	
Emergency Department	% of ambulance handovers that are over 60 minutes	<=1%	Mar-20	0.05%	
Maternity	% of women booked by 12 weeks gestation	>90%	Mar-20	89.7%	
Operational Efficiency	Number of patients stable for discharge	<=70	Mar-20	70	
Operational Efficiency	% of bed days lost due to delays	<=3.5%	Mar-20	2.96%	
Operational Efficiency	Number of stranded patients with a length of stay of greater than 7 days	<=380	Mar-20	358	
Operational Efficiency	Average length of stay (spell)	<=5.06	Mar-20	6.18	
Operational Efficiency	Length of stay for general and acute non-elective (occupied bed days) spells	<=5.65	Mar-20	6.91	
Operational Efficiency	Length of stay for general and acute elective spells (occupied bed days)	<=3.4	Mar-20	2.81	
Operational Efficiency	% day cases of all electives	>80%	Mar-20	84.90%	
Operational Efficiency	Intra-session theatre utilisation rate	>85%	Mar-20	85.6%	
Operational Efficiency	Cancelled operations re-admitted within 28 days	>=95%	Mar-20	74.03%	
Operational Efficiency	Urgent cancelled operations	No target	Mar-20	0	
Outpatient	Outpatient new to follow up ratio's	<=1.9	Mar-20	2	
Outpatient	Did not attend (DNA) rates	<=7.6%	Mar-20	7.90%	
Readmissions	Emergency re-admissions within 30 days following an elective or emergency spell	<8.25%	Feb-20	6.7%	
Research	Research accruals	No target	Feb-20	98	
RTT	Referral to treatment ongoing pathways under 18 weeks (%)	>=92%	Mar-20	79.79%	
RTT	Referral to treatment ongoing pathways 35+ Weeks (number)	No target	Mar-20	1895	
RTT	Referral to treatment ongoing pathways 40+ Weeks (number)	No target	Mar-20	1236	
RTT	Referral to treatment ongoing pathways over 52 weeks (number)	Zero	Mar-20	33	

Access Dashboard

Gloucestershire Hospitals NHS Foundation Trust

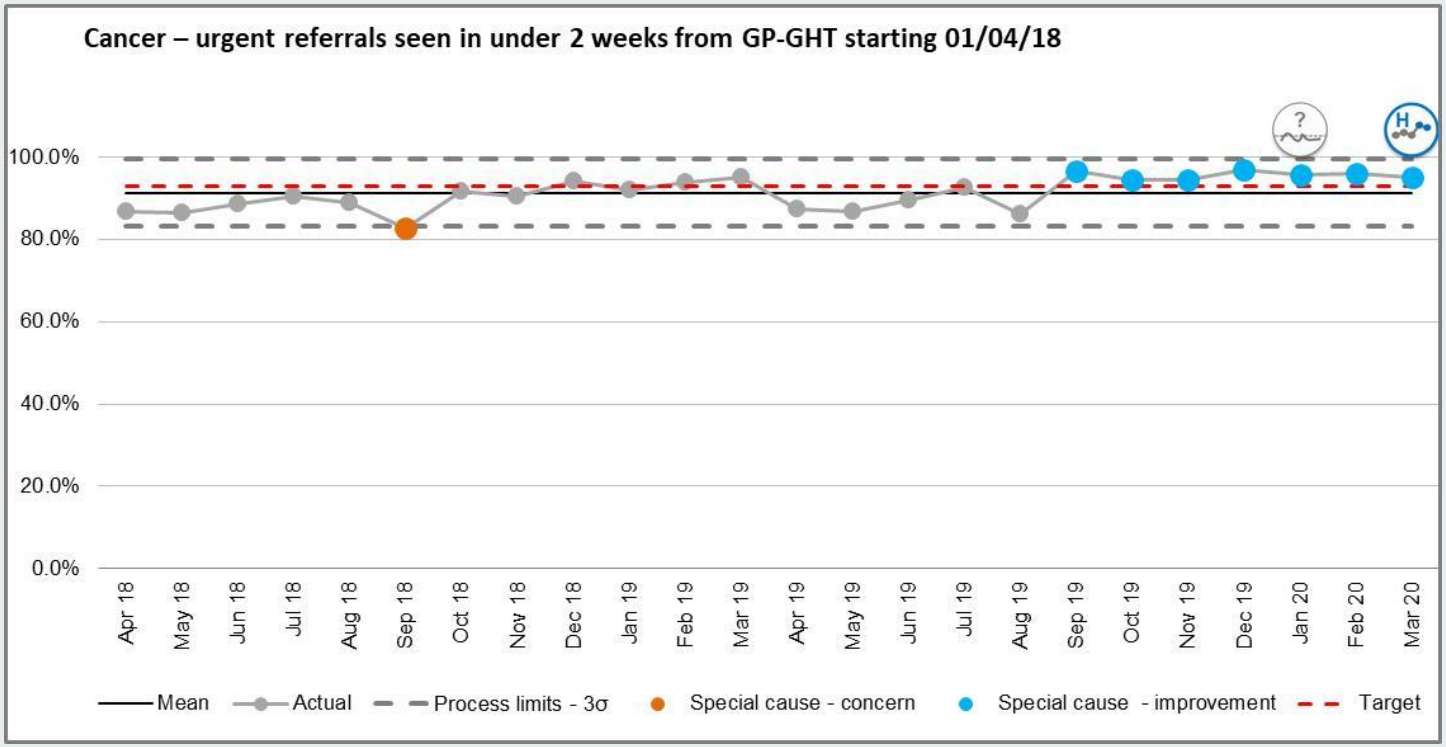
This dashboard shows the most recent performance of metrics in the Access category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

MetricTopic	MetricNameAlias	Target & Assurance		Latest Performance & Variance		
Stroke Care	Stroke care: percentage of patients receiving brain imaging within 1 hour	>=50%		Mar-20	46.2%	
Stroke Care	Stroke care: percentage of patients spending 90%+ time on stroke unit	>=80%		Feb-20	87.7%	
Stroke Care	% of patients admitted directly to the stroke unit in 4 hours	>=80%		Mar-20	49.3%	
Stroke Care	% patients receiving a swallow screen within 4 hours of arrival	>=90%		Mar-20	55.1%	
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%		Mar-20	48.6%	
Trauma & Orthopaedics	% fractured neck of femur patients meeting best practice criteria	>=65%		Mar-20	48.6%	

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

2ww performance (unvalidated) = 95.0%
target = 93.0%
National performance = 92.7%
Special cause variation due to 7 data points above mean. This is down to excellent performance from specialties that has seen consistent 2ww performance improvement. The Trust has now met the 2ww standard for two quarters in a row.

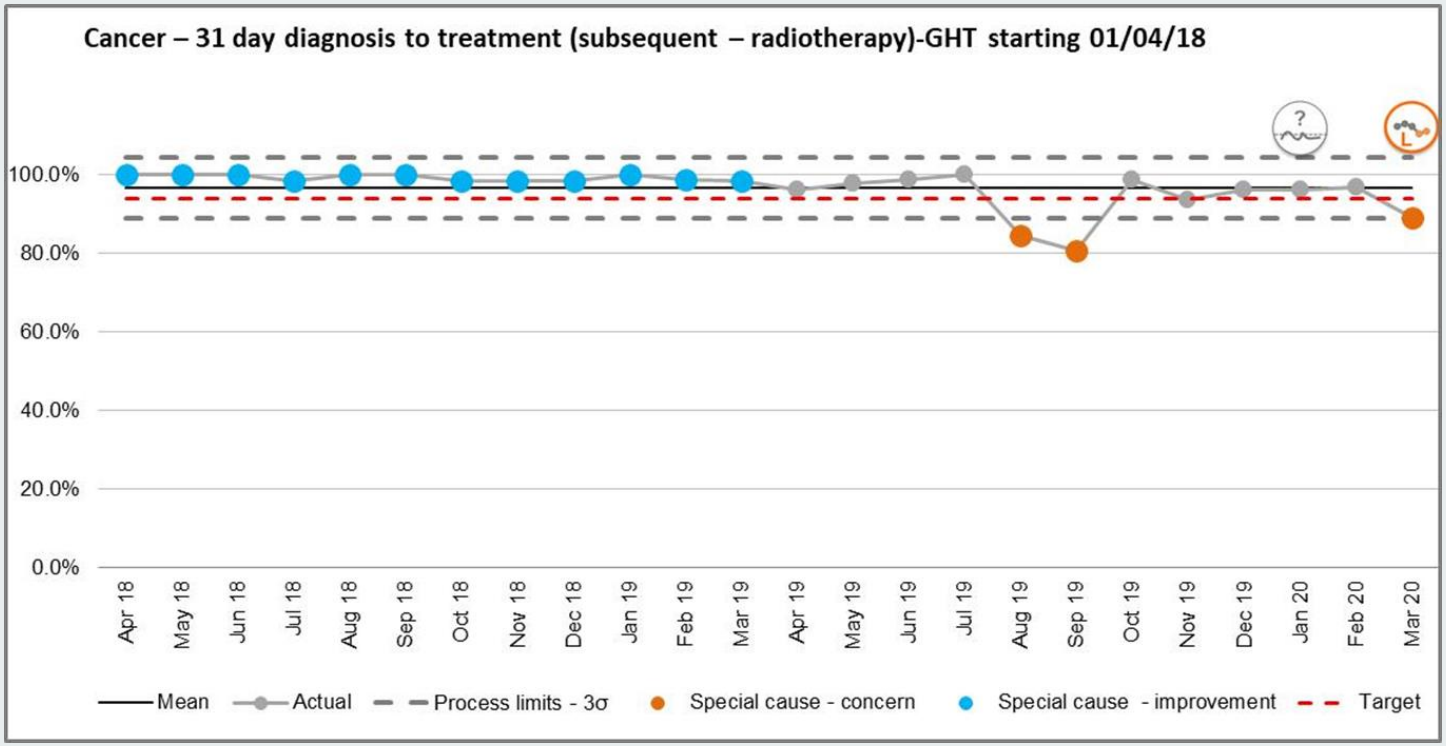
- Director of Planned Care and Deputy Chief Operating Officer

Data Observations

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

31 day subs surgery performance (unvalidated) = 88.7%, target = 94%, National performance = 89.2%

54 treatments, 5 breaches

4 breaches yet to be validated: Gynae 2, Breast 1, Lower GI 1, Upper GI 1
Breaches to be validated prior to submission (start of May).

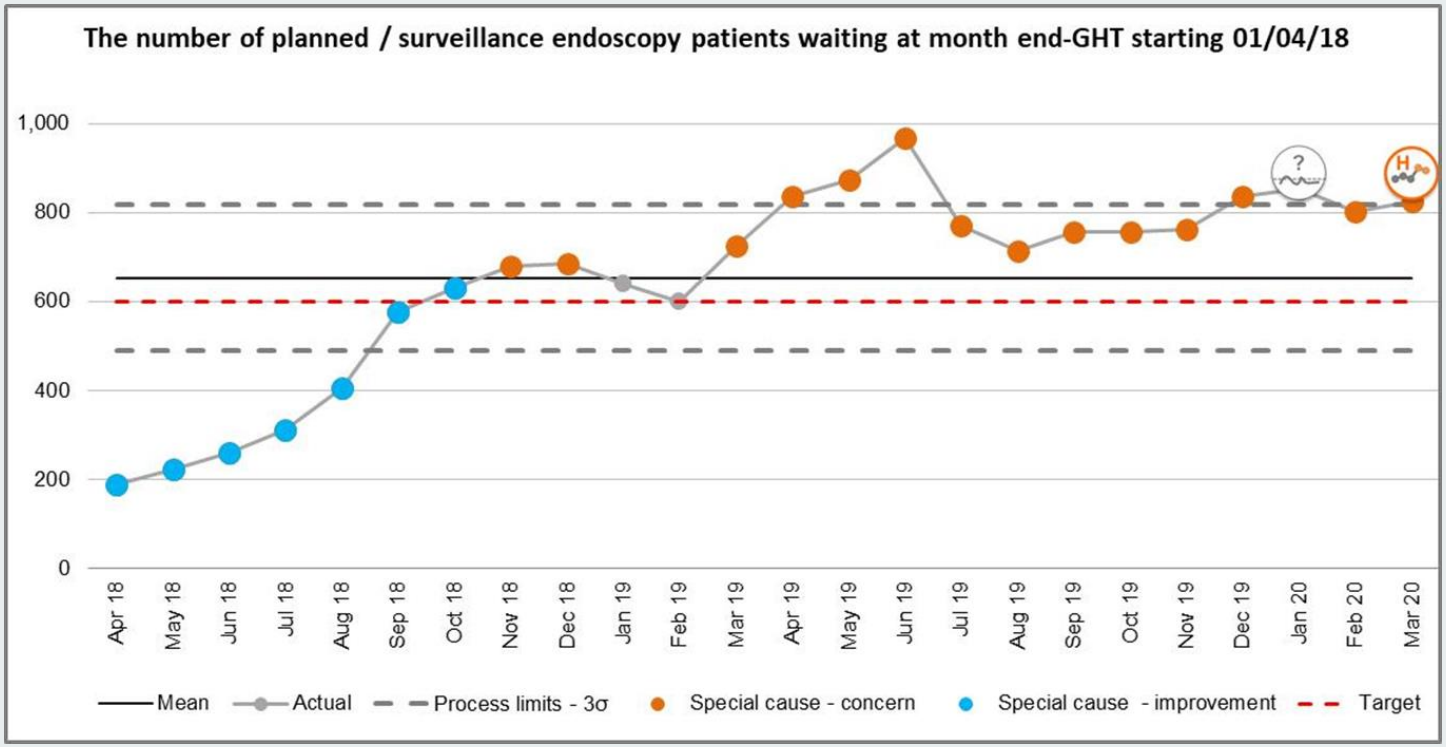
- Director of Planned Care and Deputy Chief Operating Officer

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

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

There has been an increase of 22 in the number of patients waiting past recall due to:
a.) Increased pressures in month on the clearing as many 2ww colorectal straight to test and 6ww diagnostic patients as possible.
b.) Closure of community sites in week 2 of the month due to COVID19 pressures meaning community staff had to be redeployed to other duties and could not assist in theatre.
c.) Cancellation of all non-emergency patients due to COVID19 resourcing requirements.

- 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 6 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.

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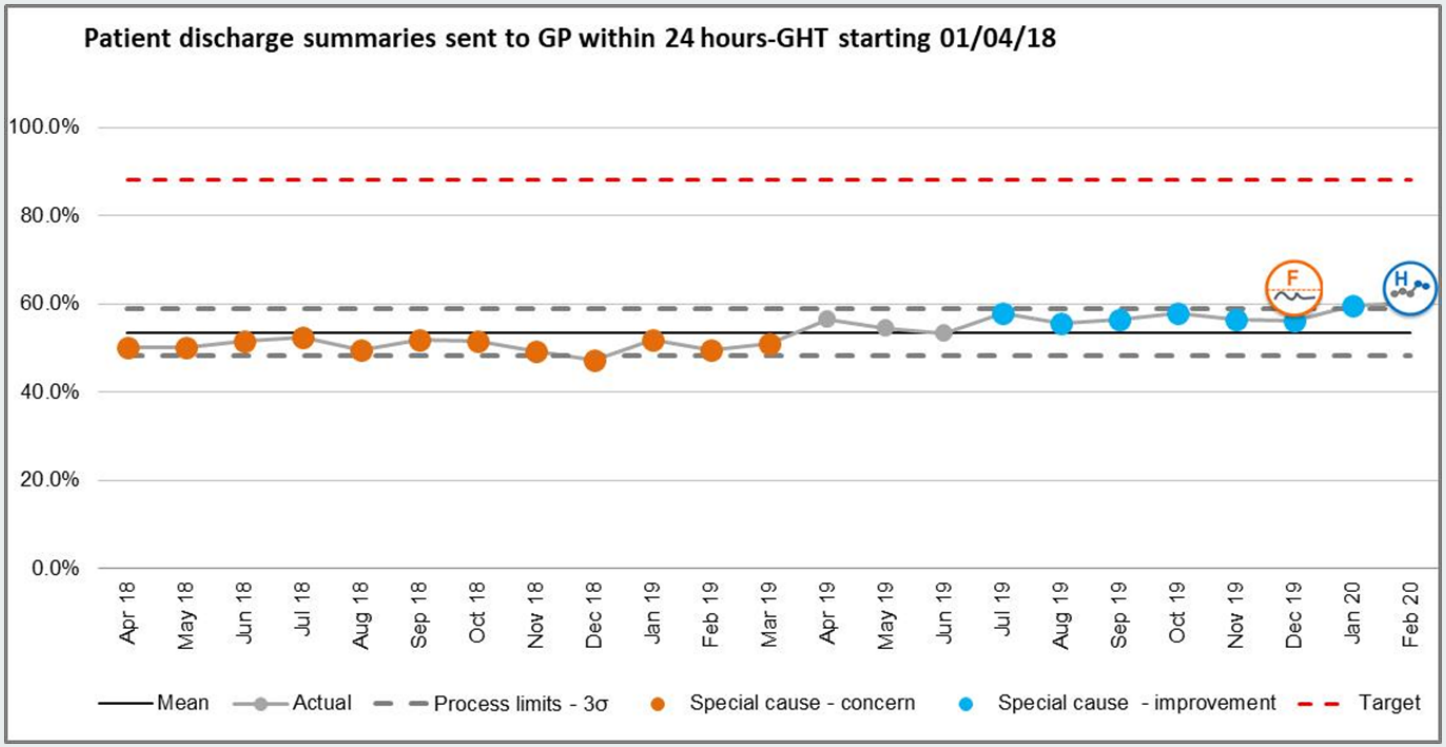
SPC – Special Cause Variation

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 are 2 data points which are 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 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.

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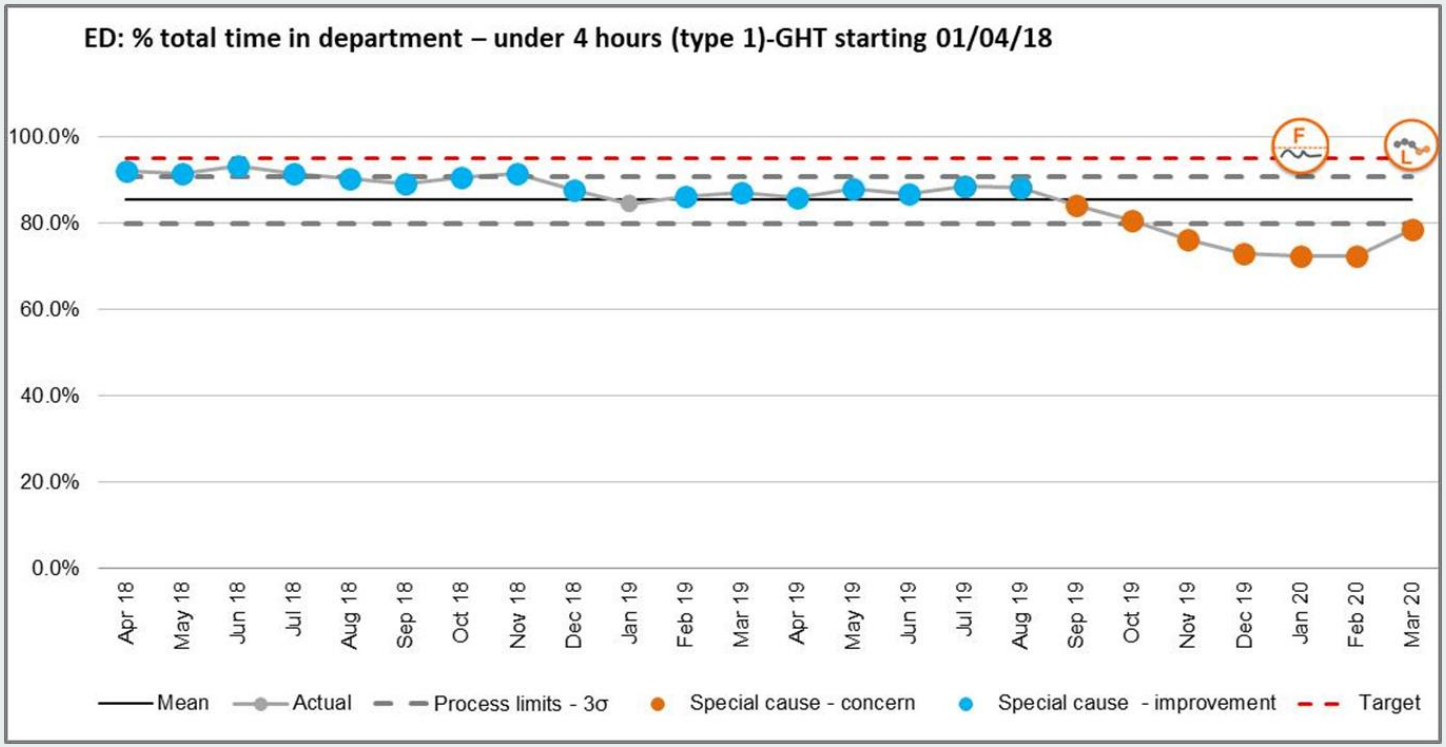

Commentary

Patients have spent 45.7 minutes, on average; less in the department in March compared to February and has waited 65.3 minutes less from the decision to be admitted to admission. This is in line with the reduced number of attendances seen in the month

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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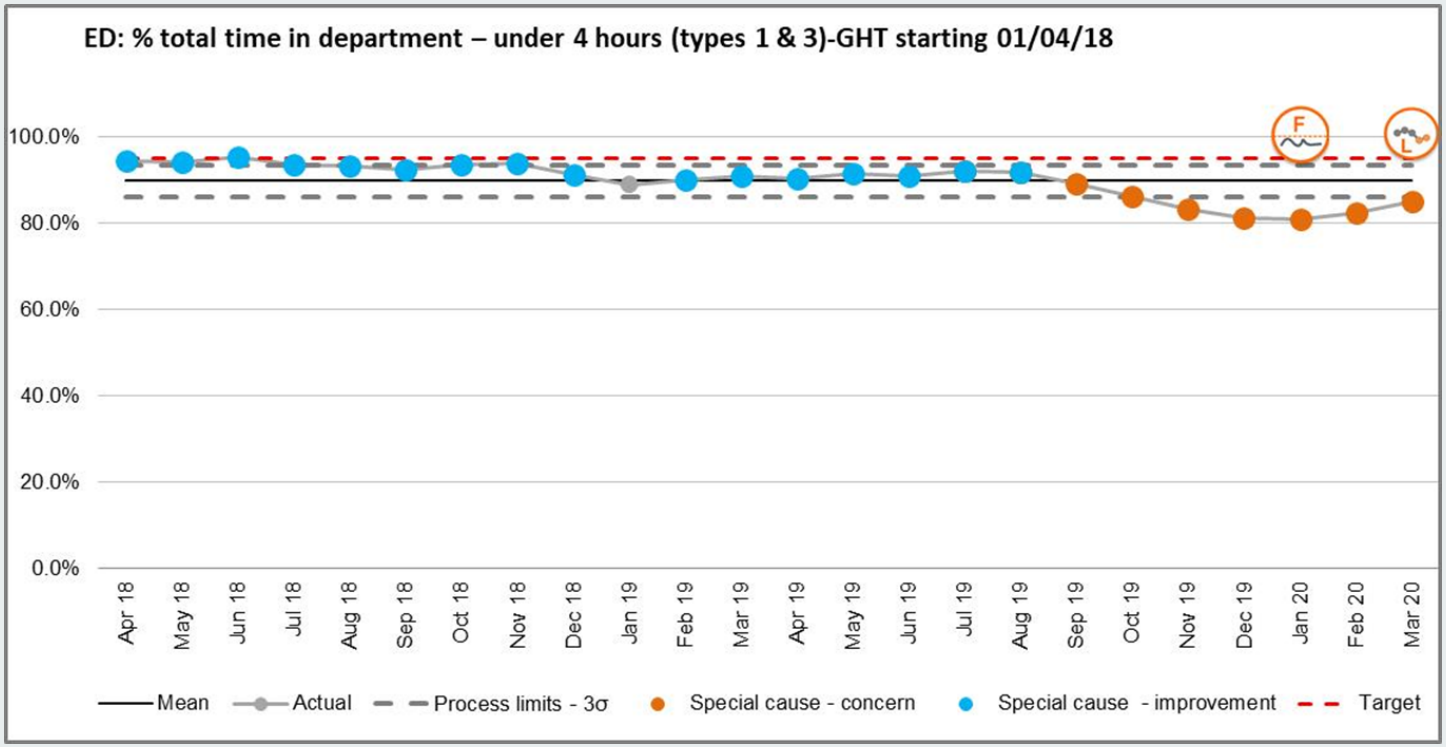
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Due to the Covid-19 pandemic, average attendances has reduced impacting positively on the average total waiting time in the ED

- 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 5 data points which are above the line. There are 5 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.
Run	When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control. In this data set there is a run of falling points
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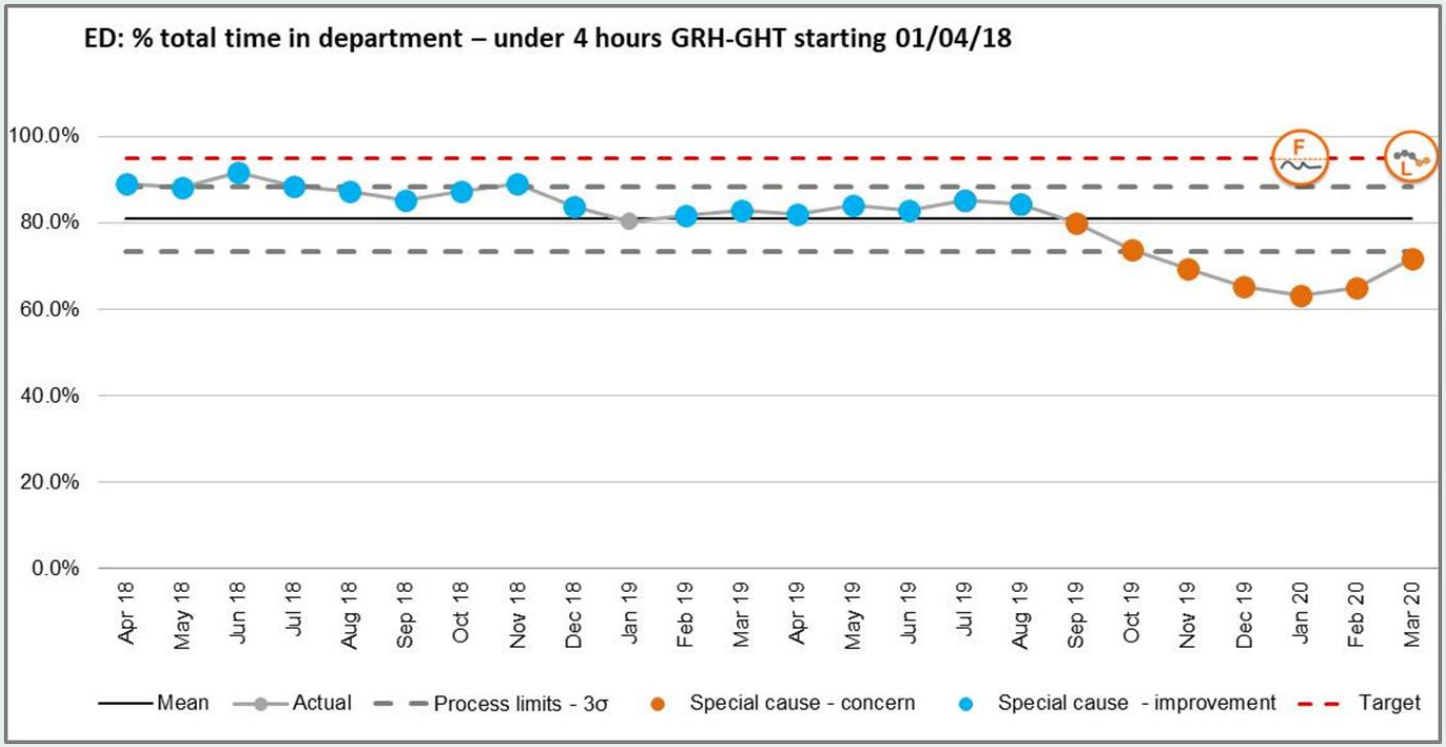
Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Patients have spent 45.7 minutes, on average; less in the department in March compared to February and has waited 65.3 minutes less from the decision to be admitted to admission. This is in line with the reduced number of attendances seen in the month

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There are 4 data points which are above the line. There are 5 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a 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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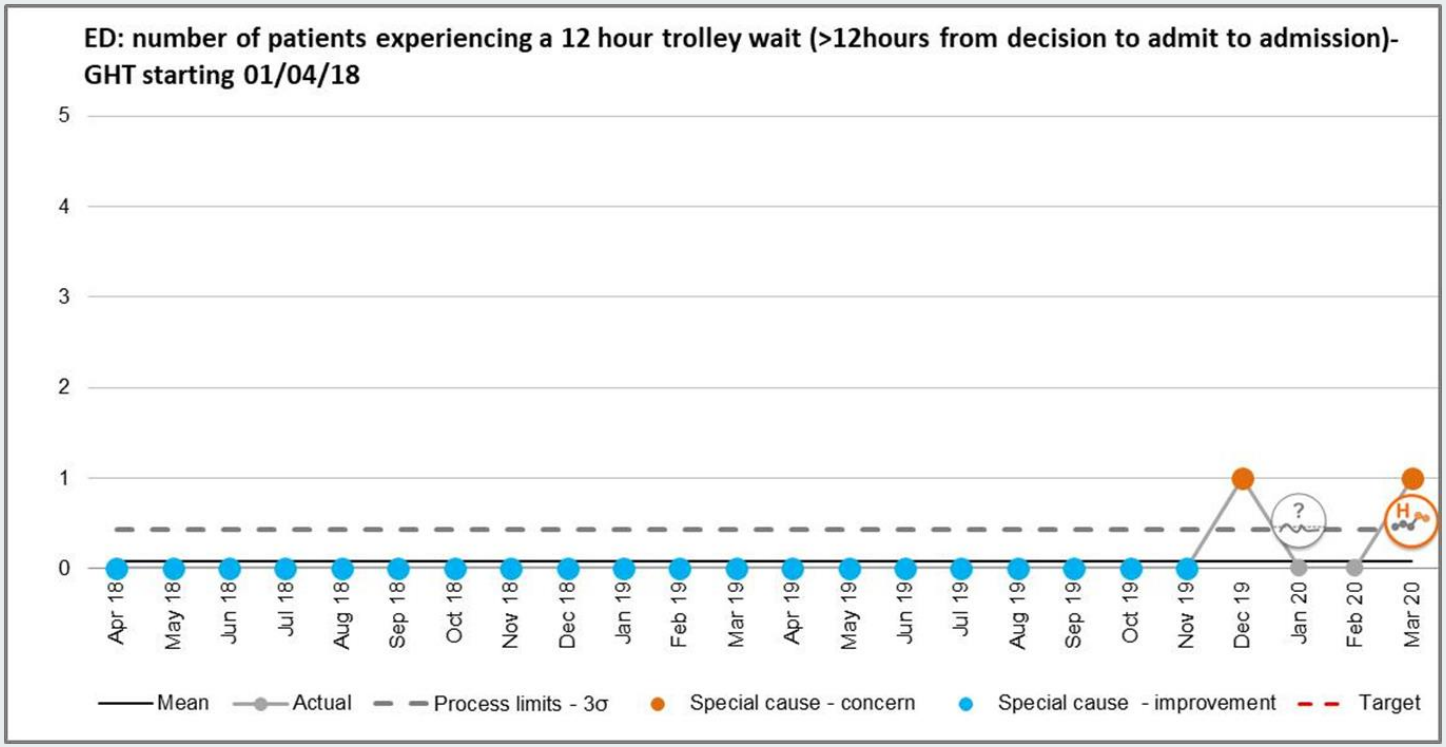
Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

There was one 12 hour breach in March. This occurred on the day that the GRH ED took over the Fracture Clinic as the cohort area in ED. Capacity and bed flow was very poor with multiple patients waiting in ED. This patient was allocated a bed however, due to an arrest, the patient was not moved in time

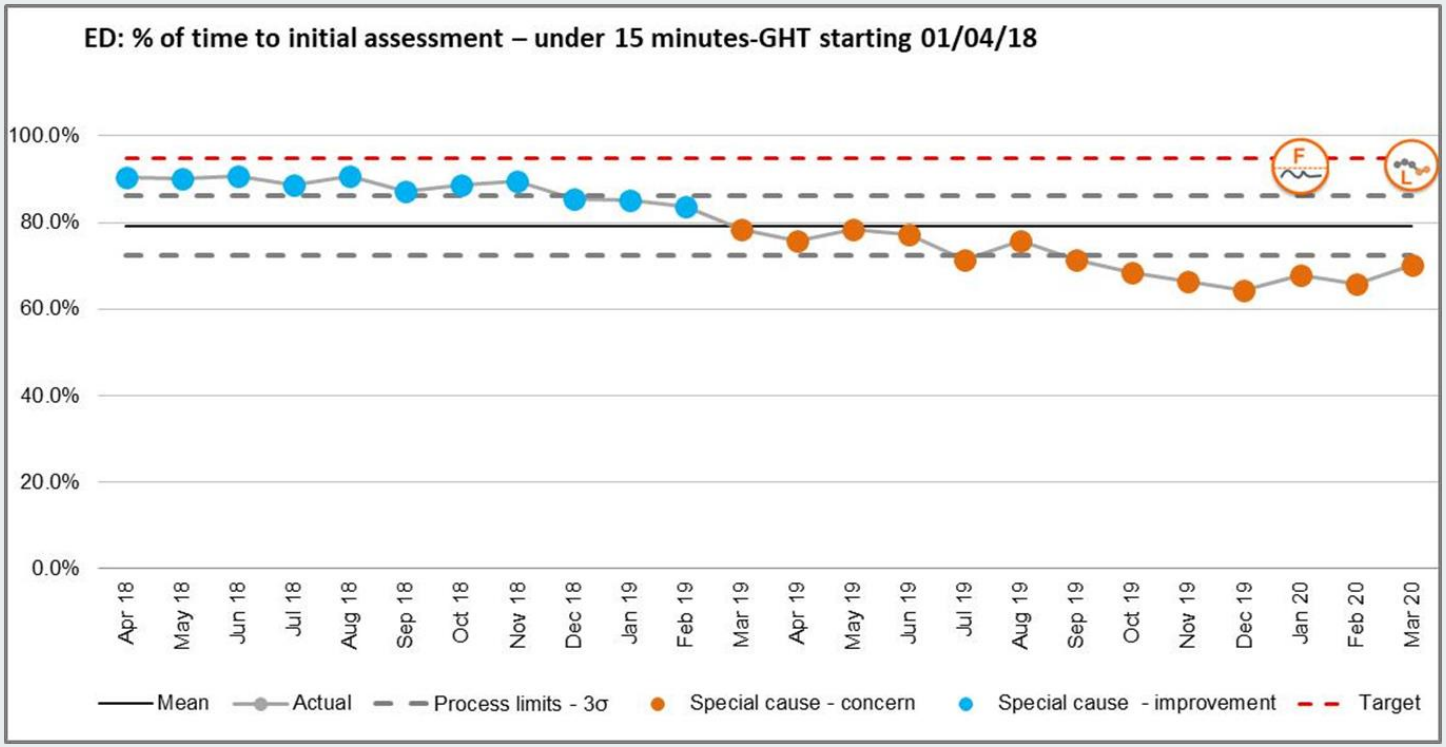
- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
A run chart has been used this metric instead of an SPC chart because of the small volumes each month.

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

A decrease in performance this month for patients that arrive by ambulance. This will be related to Covid-19 and the changes seen across both EDs. Both hospitals now have designated entrances for red and green patients that arrive by ambulance. Performance in March for walk in patients has improved across both hospital Eds. There is a dedicated triage streamer allocated to ensure green and red patients are seen promptly and in the right location

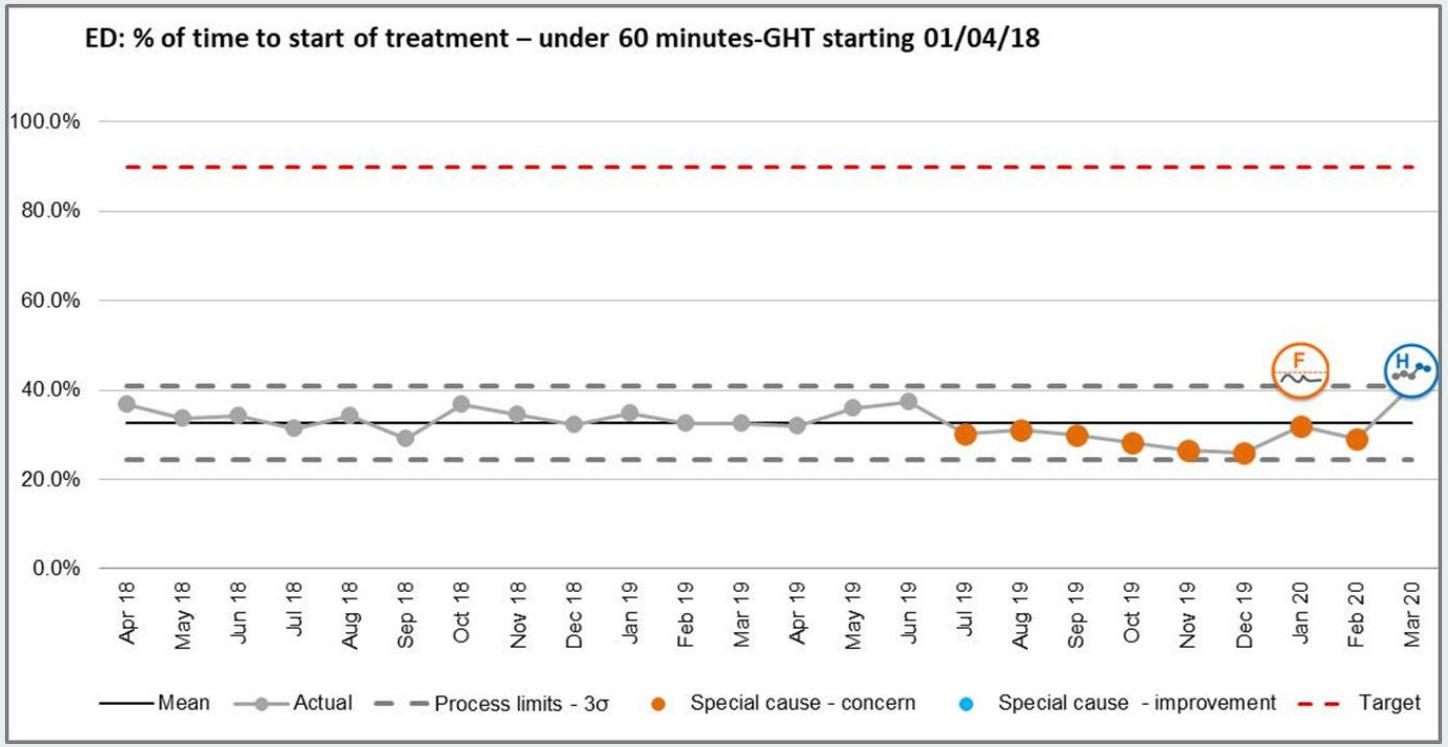
- Director of Unscheduled Care and Deputy Chief Operating Officer

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 8 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.
2 of 3	When 2 out of 3 points lie near the LPL and the UPL this is a warning that the process may be changing

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

In March, across both sites, patients have waited less time to see a Doctor. This is likely due to the reduction in attendances and enhanced medical cover due to Covid-19

- Director of Unscheduled Care and Deputy Chief Operating Officer

Data Observations

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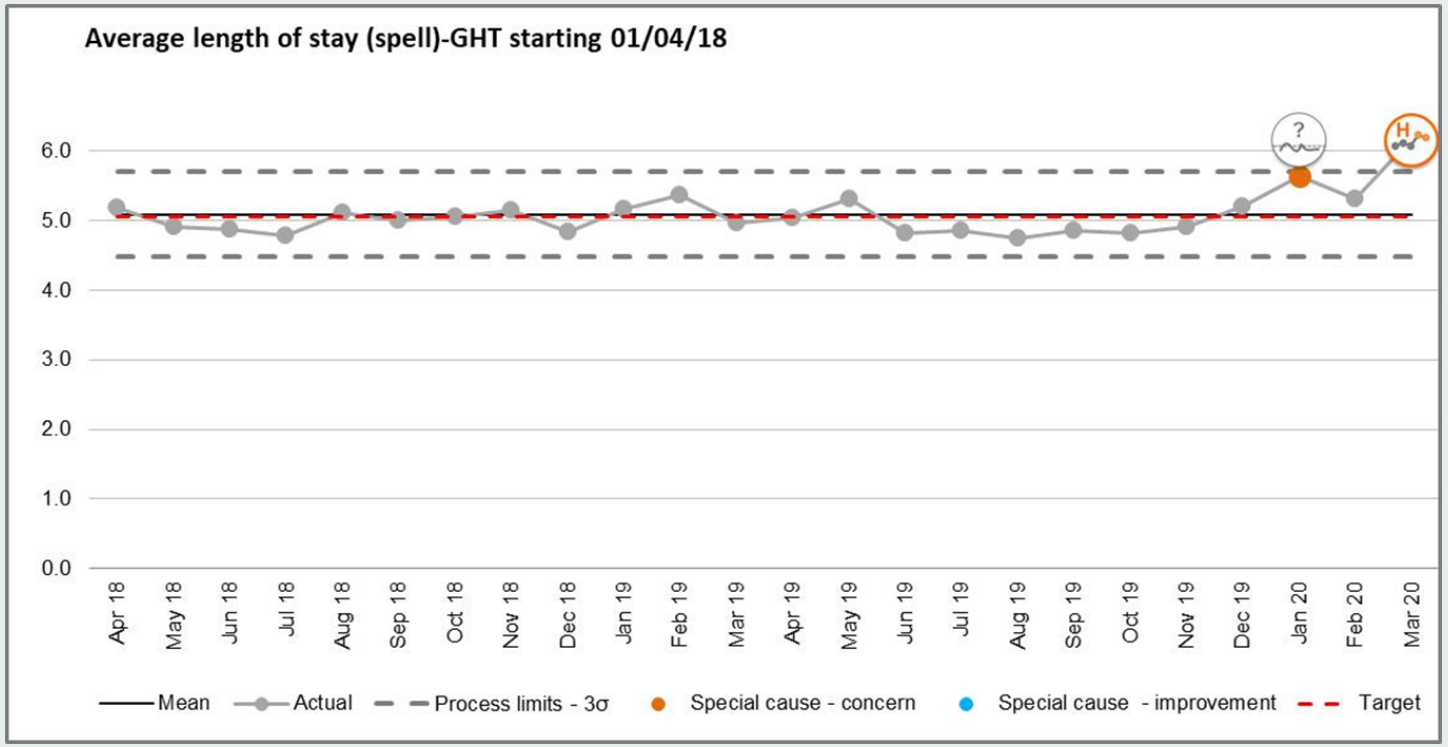
Gloucestershire Hospitals NHS Foundation Trust



Commentary

Monitoring of all patients remains. Support from private sector and community support via system partners to provide additional discharges from the acute bed base.

- Deputy Chief Operating Officer

Data Observations

Single point	Points which fall outside the grey dotted lines (process limits) are unusual and should be investigated. They represent a system which may be out of control. There is 1 data points which is above the line.
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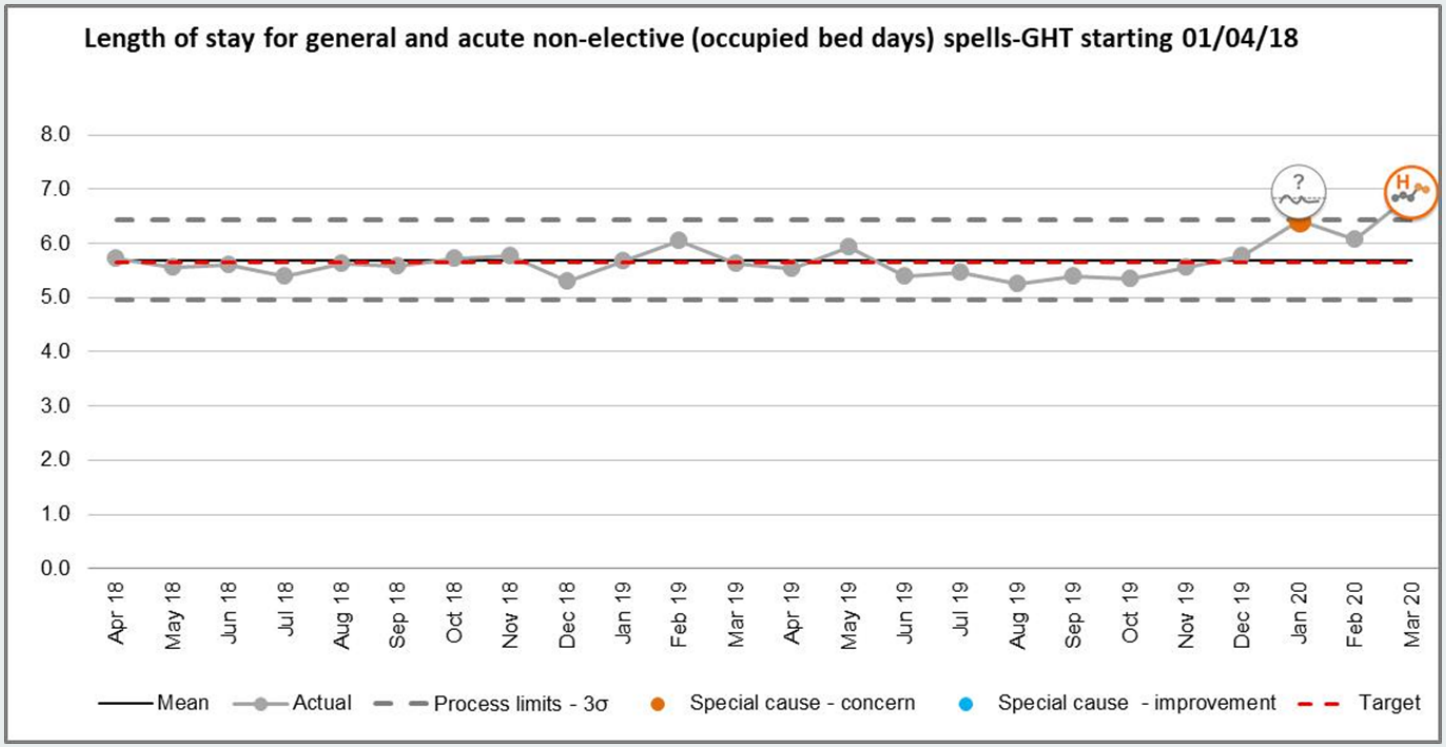
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Speciality specific work programme to commence to support improvements in design of pathways for all our patient cohorts to be included within the recovery plan.

- 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 2 data points which are above the line.
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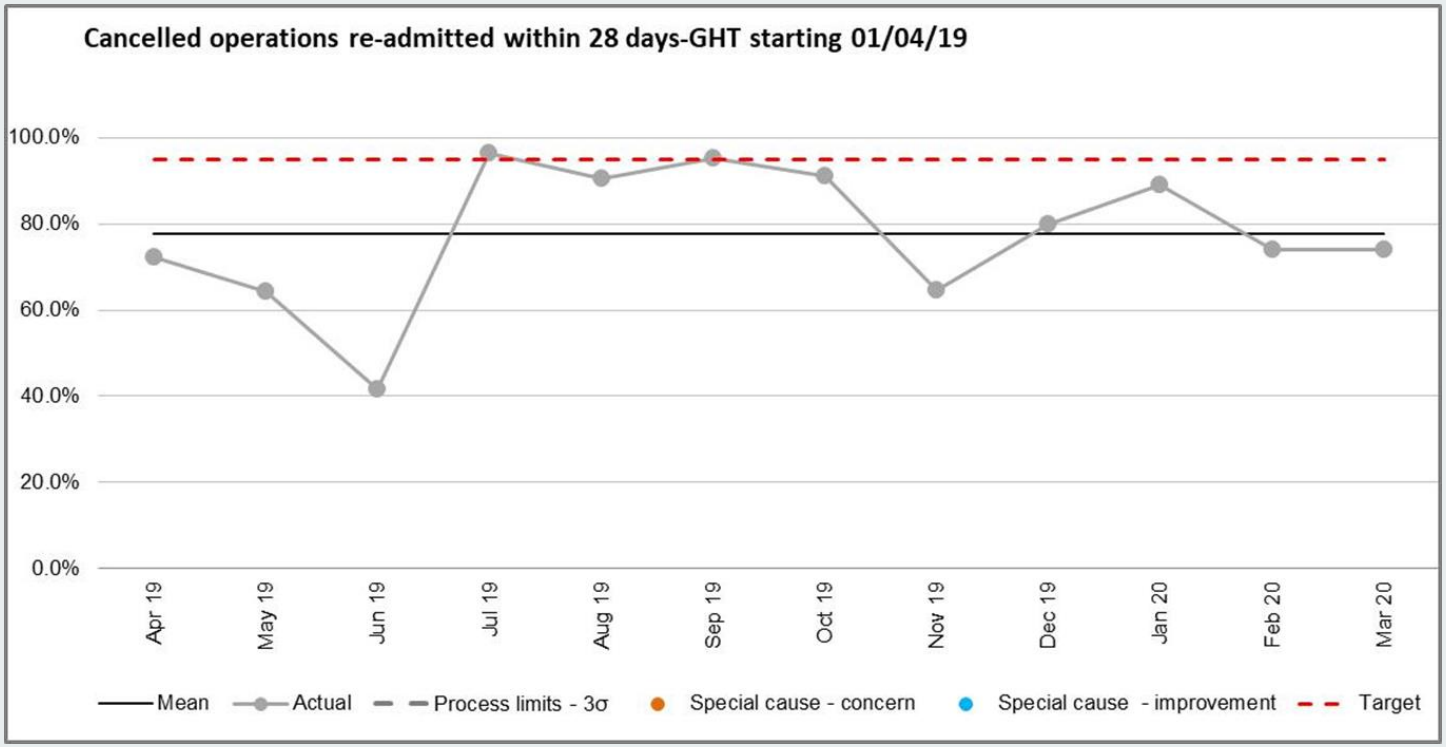
Access:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

This was impacted by a decrease in elective activity to support DCC and prioritised cancer. Any patient that was clinically urgent was prioritised.

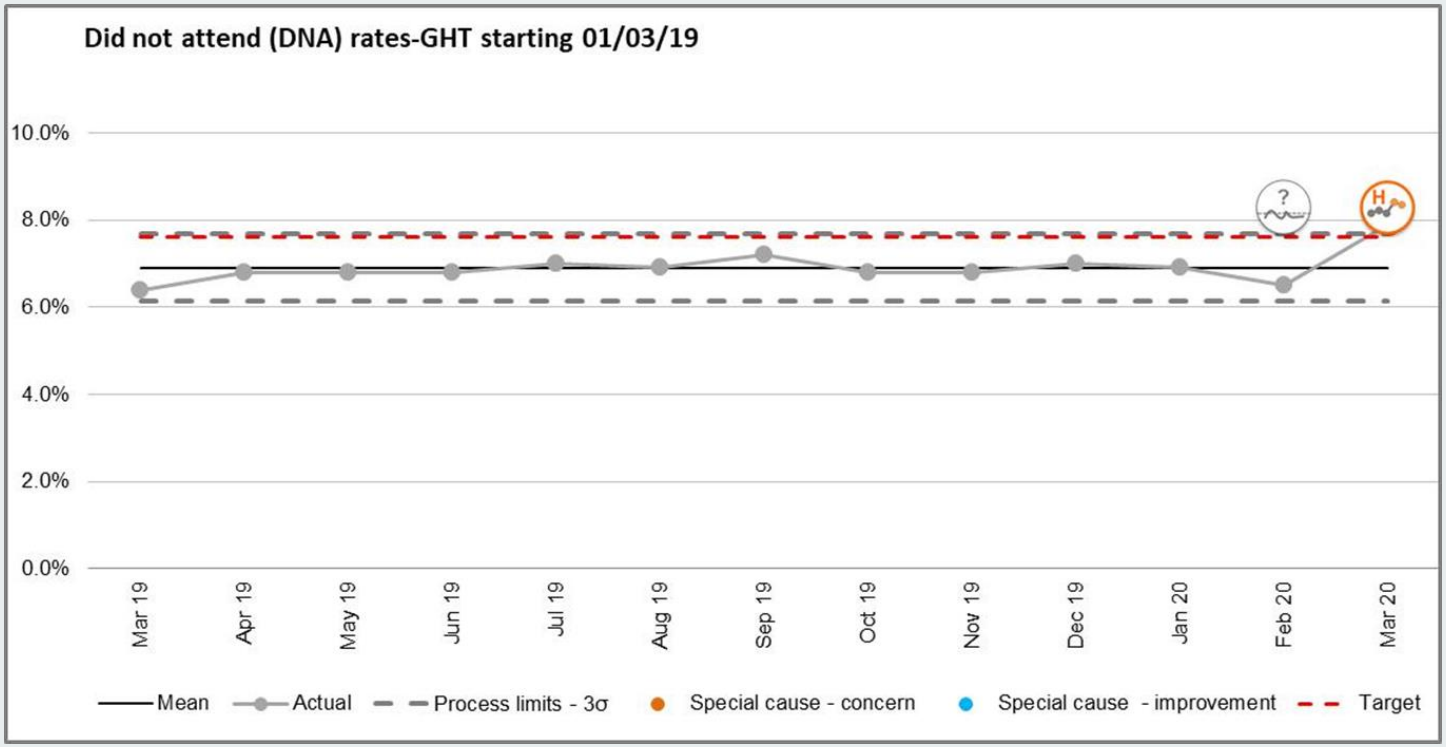
- Deputy Chief Operating Officer

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

DNA rates impacted by self-isolation / change of lockdown practice and then ability to inform Trust.

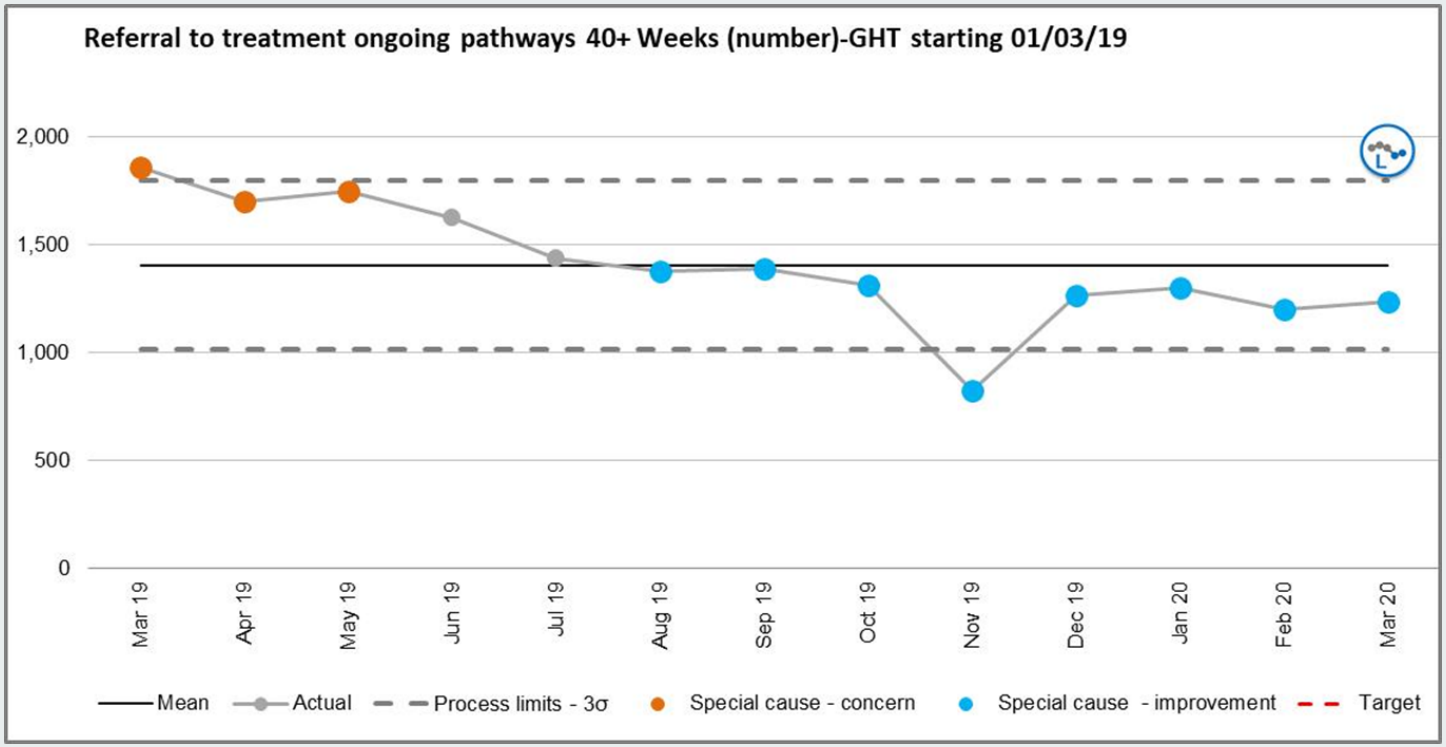
- Deputy Chief Operating Officer

Data Observations

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

Access:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Activity in March was reduced due to Covid 19. We are running existing processes to ensure that we have full visibility of all our patients. We will be booking on order of urgency.

- Deputy Chief Operating Officer

Data Observations

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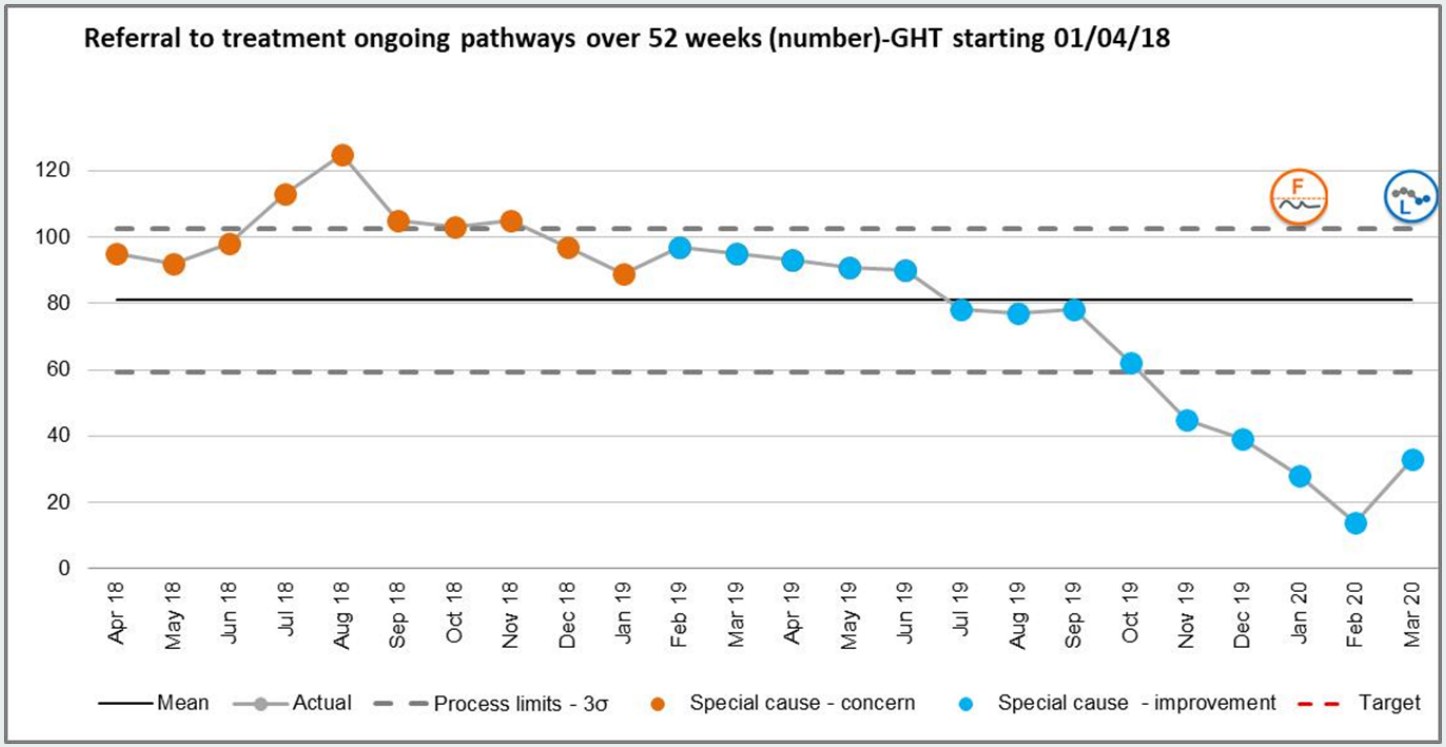

Commentary

The Trust was impacted by Covid -19 through - (internal) the reduction in elective operating to both support and prepare DCC for expansion; prioritise cancer cases and a reduction in the booked additional lists running during March and (external) patient cancellations & self-isolating impacts on attendance. This is detailed in the exception report. Therefore the Trust has not met the March target.

- 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 5 data points which are above the line. There are 5 data point(s) below the line.
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points above and below the mean.
Run	When there is a run of 7 increasing or decreasing sequential points this may indicate a significant change in the process. This process is not in control. In this data there is a run of falling 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

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%	Mar-20	91.1%
Friends & Family Test	ED % positive	>=84%	Mar-20	79.6%
Friends & Family Test	Maternity % positive	>=97%	Mar-20	100.0%
Friends & Family Test	Outpatients % positive	>=94%	Mar-20	94.3%
Friends & Family Test	Total % positive	>=93%	Mar-20	92.2%
Infection Control	Number of trust apportioned MRSA bacteraemia	Zero	Mar-20	0
Infection Control	MRSA bacteraemia – infection rate per 100,000 bed days	Zero	Mar-20	0
Infection Control	Number of trust apportioned Clostridium difficile cases per month	2019/20: 114	Mar-20	5
Infection Control	Number of community-onset healthcare-associated Clostridioides difficile cases per month	<=5	Mar-20	3
Infection Control	Number of hospital-onset healthcare-associated Clostridioides difficile cases per month	<=5	Mar-20	2
Infection Control	Clostridium difficile – infection rate per 100,000 bed days	<30.2	Mar-20	17.6
Infection Control	Number of MSSA bacteraemia cases	<=8	Mar-20	2
Infection Control	MSSA – infection rate per 100,000 bed days	<=12.7	Mar-20	7
Infection Control	Number of ecoli cases	No target	Mar-20	2
Infection Control	Number of pseudomona cases	No target	Mar-20	1
Infection Control	Number of klebsiella cases	No target	Mar-20	1
Infection Control	Number of bed days lost due to infection control outbreaks	<10	Mar-20	0

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%	Mar-20	78%
Inpatient Questions	Are you involved as much as you want to be in decisions about your care and treatment?	>=90%	Mar-20	92%
Inpatient Questions	Do you feel that you are treated with respect and dignity?	>=90%	Mar-20	100%
Inpatient Questions	Do you feel well looked after by staff treating or caring for you?	>=90%	Mar-20	99%
Inpatient Questions	Do you get enough help from staff to eat your meals?	>=90%	Mar-20	67%
Inpatient Questions	In your opinion, how clean is your room or the area that you receive treatment in?	>=90%	Mar-20	100%
Inpatient Questions	Do you get enough help from staff to wash or keep yourself clean?	>=90%	Mar-20	86%
Maternity	% C-section rate (planned and emergency)	<=27%	Mar-20	28.90%
Maternity	% emergency C-section rate	No target	Mar-20	14.5%
Maternity	% of women smoking at delivery	<=14.5%	Mar-20	12.39%
Maternity	% of women that have an induced labour	<=30%	Mar-20	28.0%
Maternity	% stillbirths as percentage of all pregnancies > 24 weeks	<0.52%	Mar-20	0.23%
Maternity	% of women on a Continuity of Carer pathway	No target	Mar-20	4.4%
Mortality	Summary hospital mortality indicator (SHMI) – national data	NHS Digital	Nov-19	1.0
Mortality	Hospital standardised mortality ratio (HSMR)	Dr Foster	Dec-19	103.9
Mortality	Hospital standardised mortality ratio (HSMR) – weekend	Dr Foster	Dec-19	110.3
Mortality	Number of inpatient deaths	No target	Mar-20	191
Mortality	Number of deaths of patients with a learning disability	No target	Mar-20	0
MSA	Number of breaches of mixed sex accommodation	<=10	Mar-20	8
Patient Safety Incidents	Number of patient safety alerts outstanding	Zero	Mar-20	0
Patient Safety Incidents	Number of falls per 1,000 bed days	<=6	Mar-20	6.4

Quality Dashboard

Gloucestershire Hospitals NHS Foundation Trust

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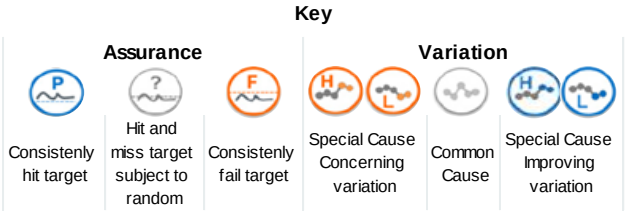
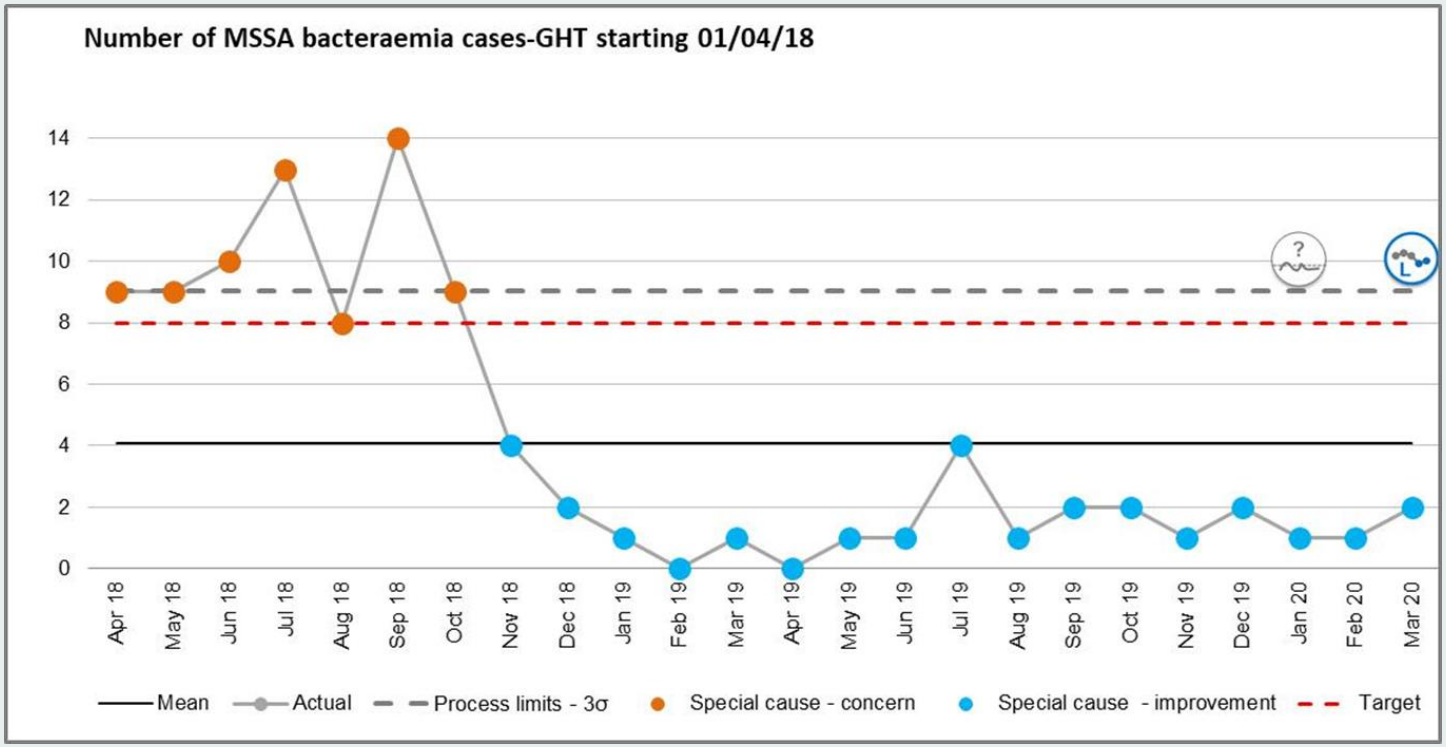


MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Patient Safety Incidents	Number of falls resulting in harm (moderate/severe)	<=3	Mar-20	0	
Patient Safety Incidents	Number of patient safety incidents – severe harm (major/death)	No target	Mar-20	2	
Patient Safety Incidents	Medication error resulting in severe harm	No target	Mar-20	1	
Patient Safety Incidents	Medication error resulting in moderate harm	No target	Mar-20	1	
Patient Safety Incidents	Medication error resulting in low harm	No target	Mar-20	11	
Patient Safety Incidents	Number of category 2 pressure ulcers acquired as in-patient	<=30	Mar-20	23	
Patient Safety Incidents	Number of category 3 pressure ulcers acquired as in-patient	<=5	Mar-20	1	
Patient Safety Incidents	Number of category 4 pressure ulcers acquired as in-patient	Zero	Mar-20	0	
Patient Safety Incidents	Number of unstagable pressure ulcers acquired as in-patient	<=3	Mar-20	3	
Patient Safety Incidents	Number of deep tissue injury pressure ulcers acquired as in-patient	<=5	Mar-20	4	
RIDDOR	Number of RIDDOR	SPC	Mar-20	2	
Safety Thermometer	Safety thermometer – % of new harms	>96%	Mar-20	97.8%	
Serious Incidents	Number of never events reported	Zero	Mar-20	0	
Serious Incidents	Number of serious incidents reported	No target	Mar-20	2	
Serious Incidents	Serious incidents – 72 hour report completed within contract timescale	>90%	Mar-20	100.0%	
Serious Incidents	Percentage of serious incident investigations completed within contract timescale	>80%	Mar-20	100%	
VTE Prevention	% of adult inpatients who have received a VTE risk assessment	>95%	Mar-20	92.7%	

Quality:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Two MSSA bacteraemia cases were recorded in March 2020. Gram positive bacteraemia reductions remain a priority within the IPC annual programme particularly related to improving intravenous access device care.

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

Data Observations

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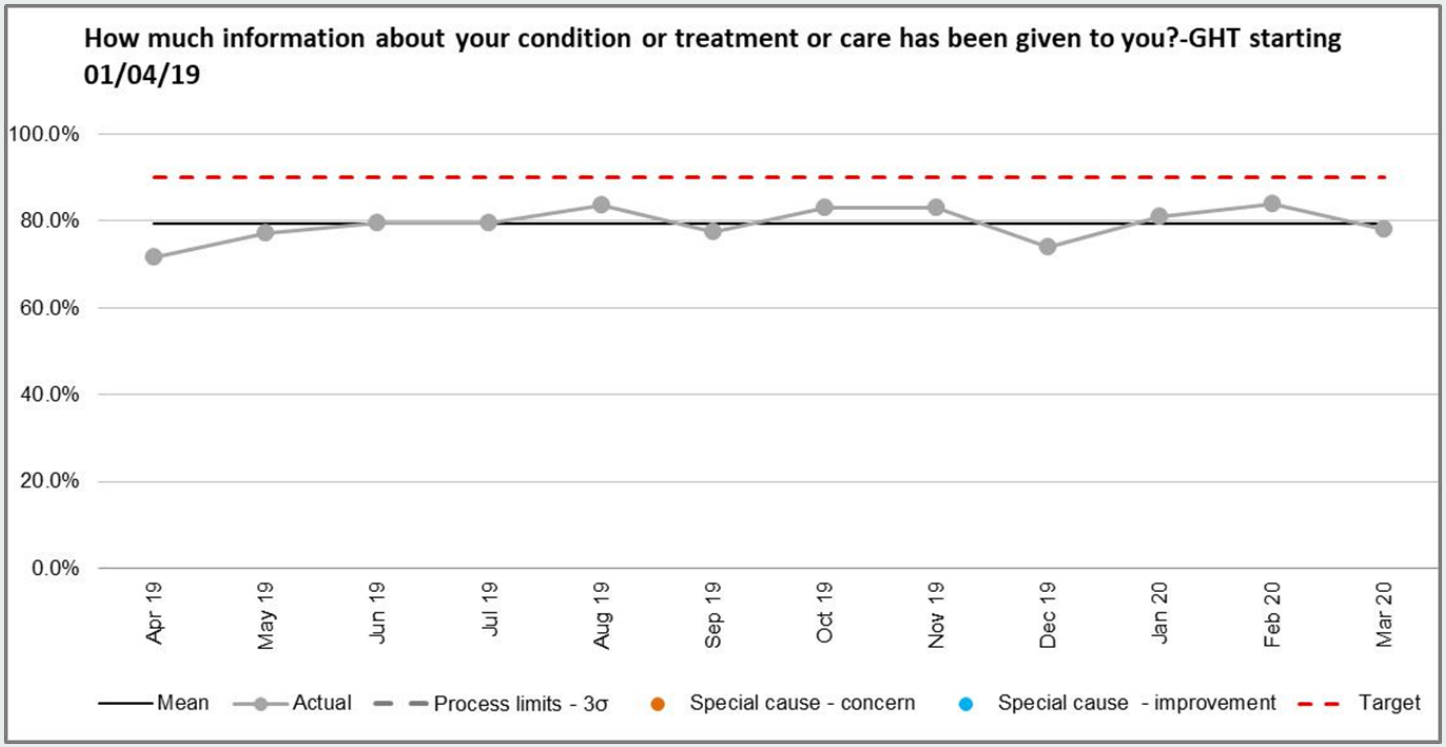
Quality:
Run Chart – Target Not Achieved

Gloucestershire Hospitals NHS Foundation Trust



Commentary

This data is only partially complete, as Real time surveys have now been postponed due to Covid-19, and will be reintroduced later this year.

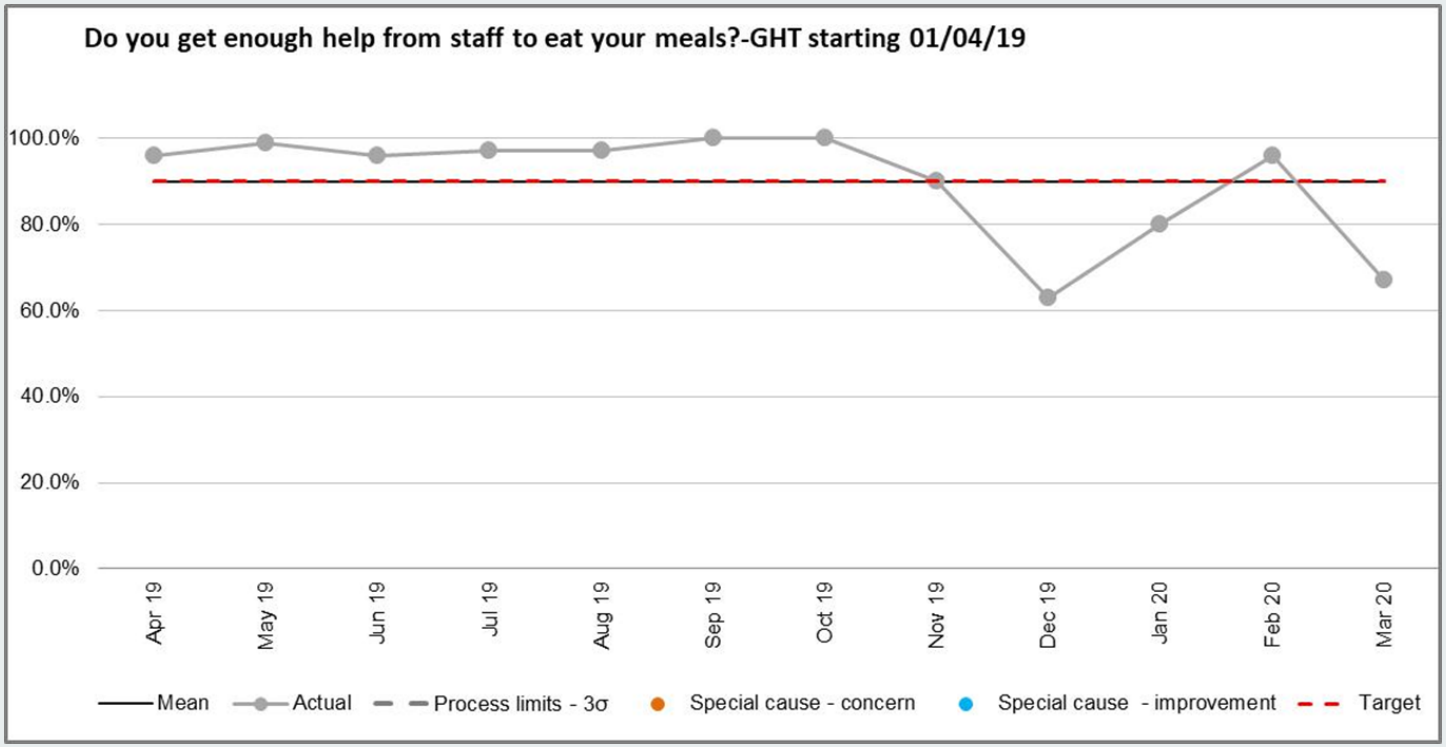
- Head of Patient Experience Improvement

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
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

This was not a full months data as Real time surveys have now been paused due to Covid-19, and will be reintroduced later this year. Patient satisfaction with care will be monitored by our Friends and Family Test Surveys themes and trend reports which will be reviewed at our Quality Delivery Group meeting.

- 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.
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

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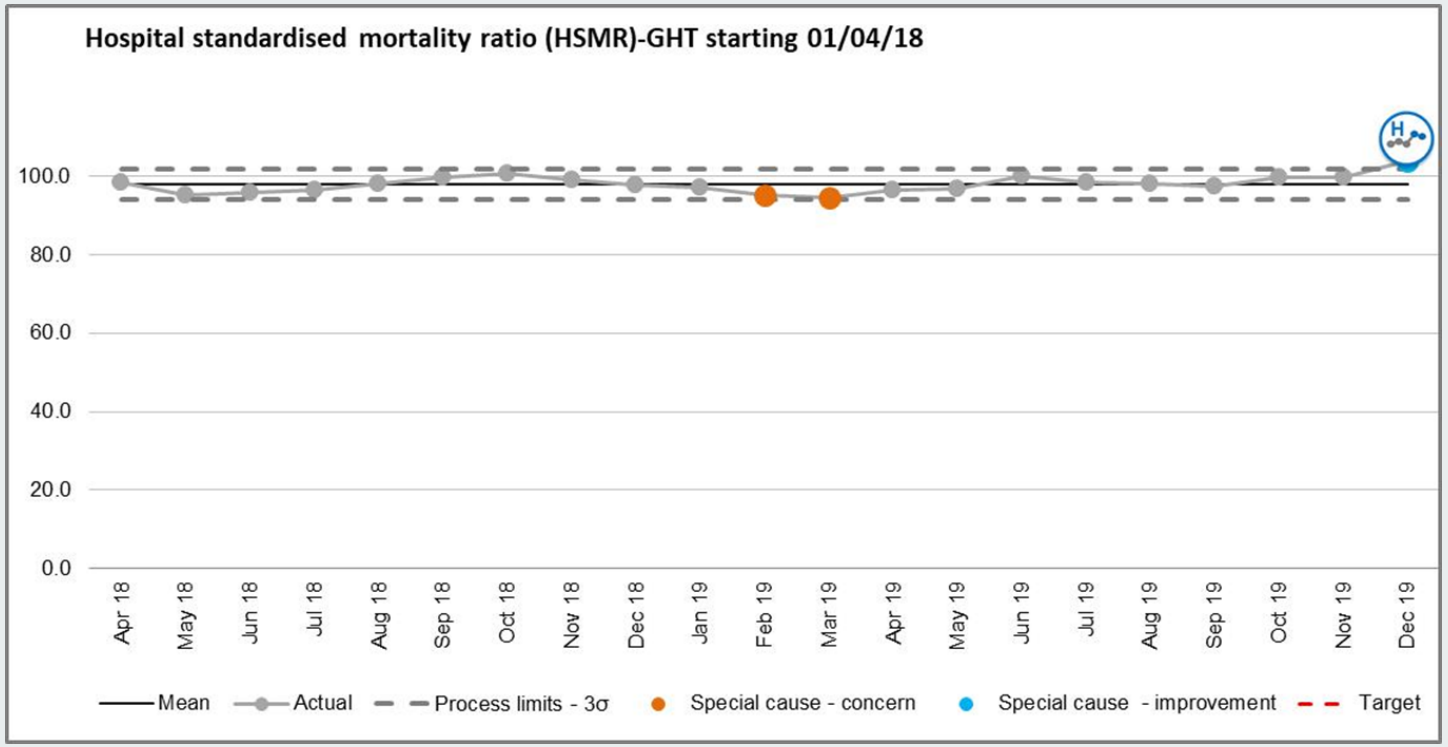
- Head of Patient Experience Improvement

Data Observations

An exception report has been generated for this metric because it has not achieved its target this month.
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

HSMR and SMR have both increased and are close to becoming statistically significantly higher than expected. December 2019 is having an impact on both figures as it is higher than usual. There are higher than usual volumes of residual codes (un-coded activity) for December 2019 that will be contributing to the elevated relative risks for this month. The other thing to note is that the benchmark only currently goes up to September 2019 so if all Trusts saw an increase in deaths for December then when the benchmark catches up we might see the relative risk for December reduce slightly. Looking at crude mortality rates, the national acute peer group has seen an increase for December 2019.

Gloucestershire Royal has become statistically significantly higher than expected for both HSMR and SMR, Cheltenham General has increased slightly for both and is now within the expected range rather than being statistically significantly lower than expected.

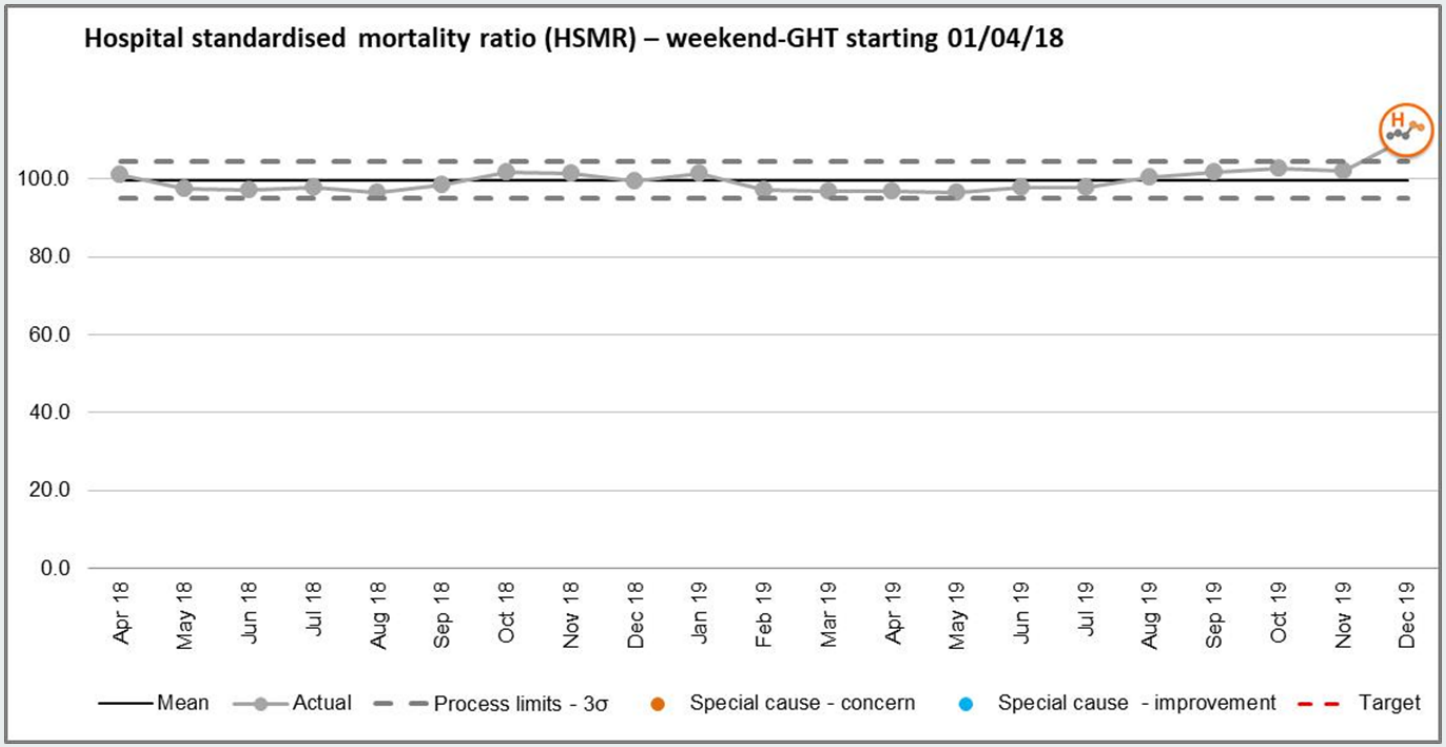
- Medical Director

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

Quality:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Weekend HSMR has become statistically significantly higher than expected with Sunday having a statistically significantly higher than expected relative risk.
It is difficult at this stage to confirm whether the flag is a data issue or a real issue. However, acute cerebrovascular disease has a statistically significantly higher than expected relative risk for weekend admissions so this is being reviewed.

- Medical Director

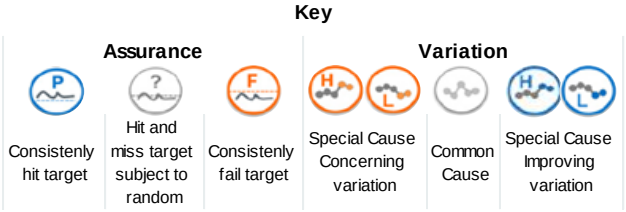
Data Observations

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.

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.



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

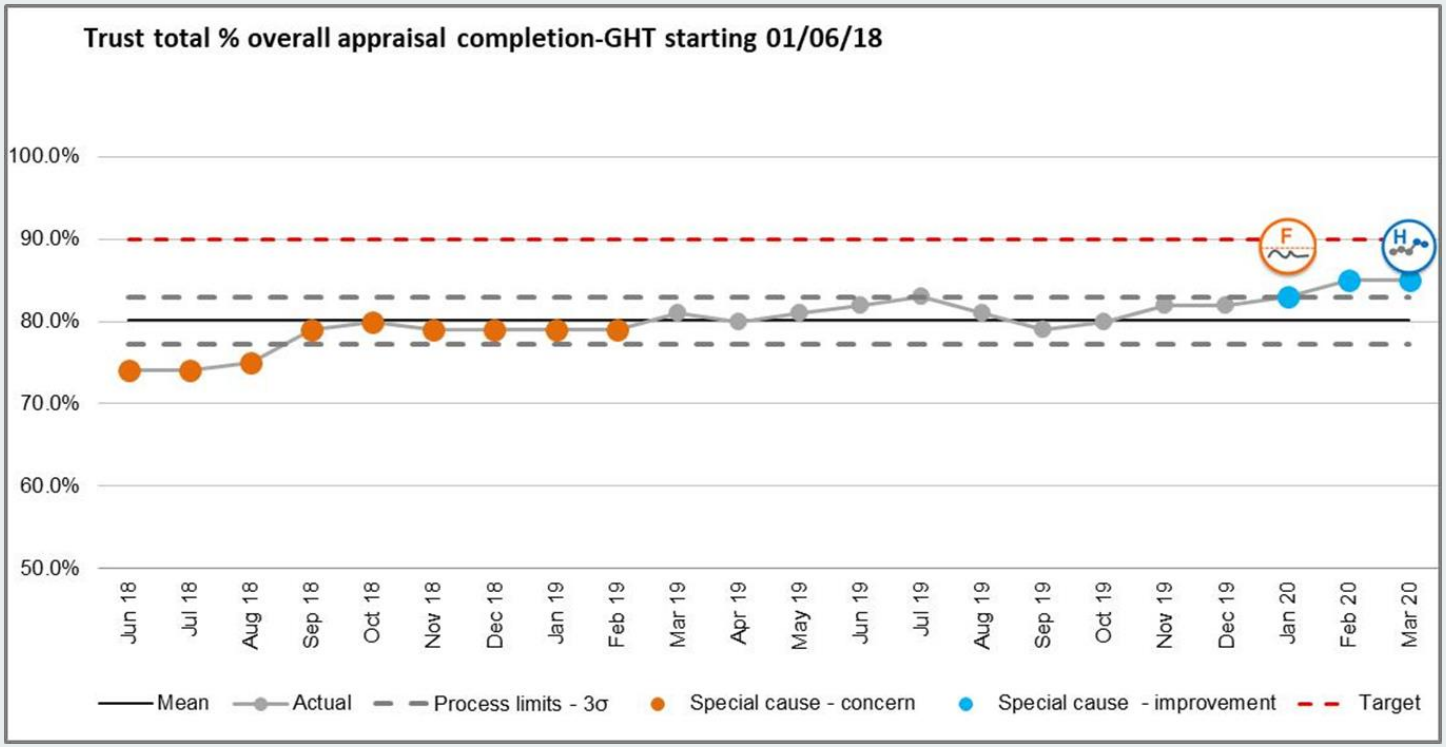
This dashboard shows the most recent performance of metrics in the People & Organisational Development category. Where SPC analysis is not possible the metric is RAG rated against national standards. Exception reports are shown on the following pages.

Key

MetricTopic	MetricNameAlias	Target & Assurance	Latest Performance & Variance		
Appraisal and Mandatory	Trust total % overall appraisal completion	>=90%	Mar-20	85.0%	
Appraisal and Mandatory	Trust total % mandatory training compliance	>=90%	Mar-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	Mar-20	6422.86	
Vacancy and WTE	Vacancy FTE	No target	Mar-20	418.47	
Vacancy and WTE	Starters FTE	No target	Mar-20	44.17	
Vacancy and WTE	Leavers FTE	No target	Mar-20	58.37	
Vacancy and WTE	% total vacancy rate	<=11.5%	Mar-20	6.15%	
Vacancy and WTE	% vacancy rate for doctors	<=5%	Feb-20	1.24%	
Vacancy and WTE	% vacancy rate for registered nurses	<=5%	Mar-20	10.26%	
Workforce Expenditure	% turnover	<=11%	Mar-20	11.1%	
Workforce Expenditure	% turnover rate for nursing	<=11%	Mar-20	10.7%	
Workforce Expenditure	% sickness rate	<=3.5%	Mar-20	5.9%	

People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals NHS Foundation Trust



Commentary

Whilst rates had been improving, we now expect compliance to decrease as we focus on our Covid response and prioritise staff training activity, focussing on keys skills such as respiratory care.

- **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 2 data points which are above the line. There are 3 data point(s) below the line
Shift	When more than 7 sequential points fall above or below the mean that is unusual and may indicate a significant change in process. This process is not in control. There is a run of points below the mean.
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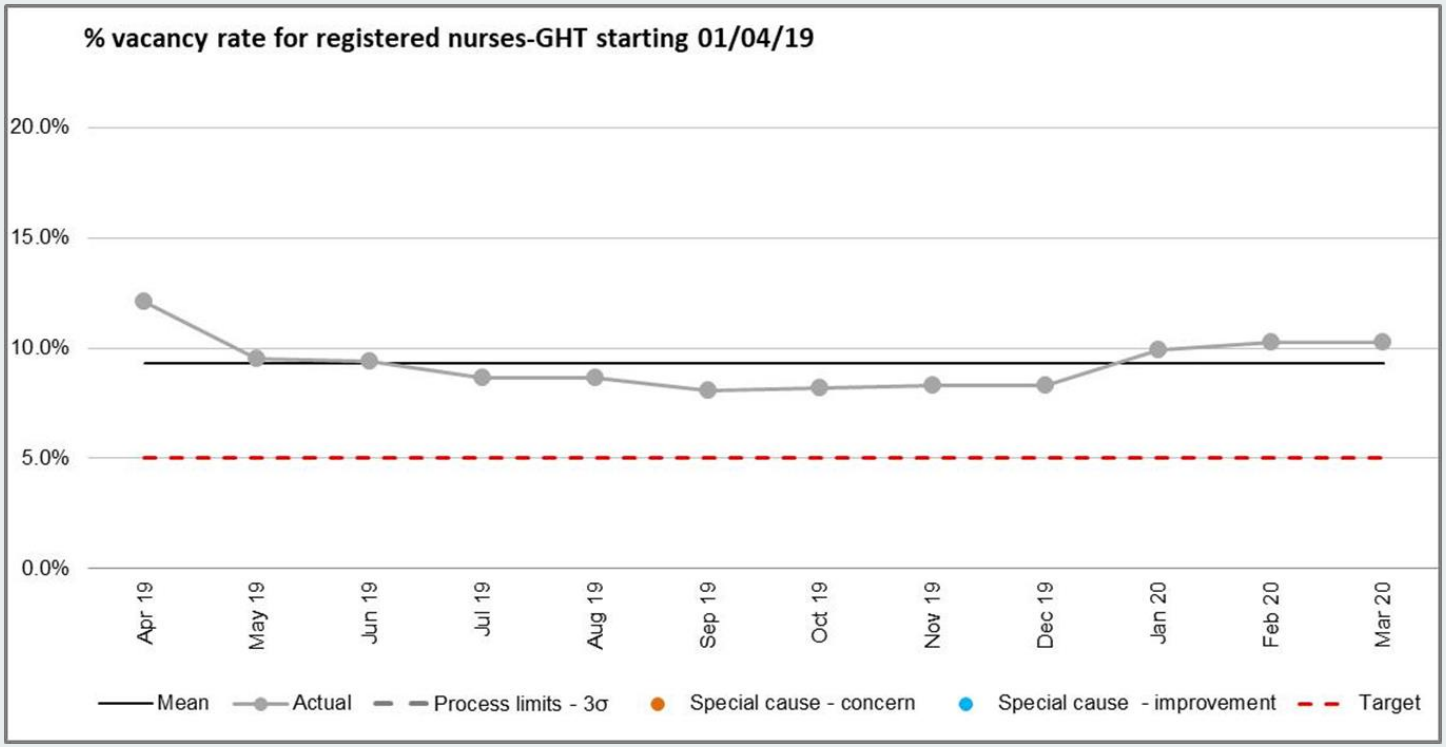
People & OD:
Run Chart – Target Not Achieved

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Vacancy rates have reduced consistently over the past 12 months. All recruitment is currently prioritised to rapid recruitment activity to support Covid 19 demands.

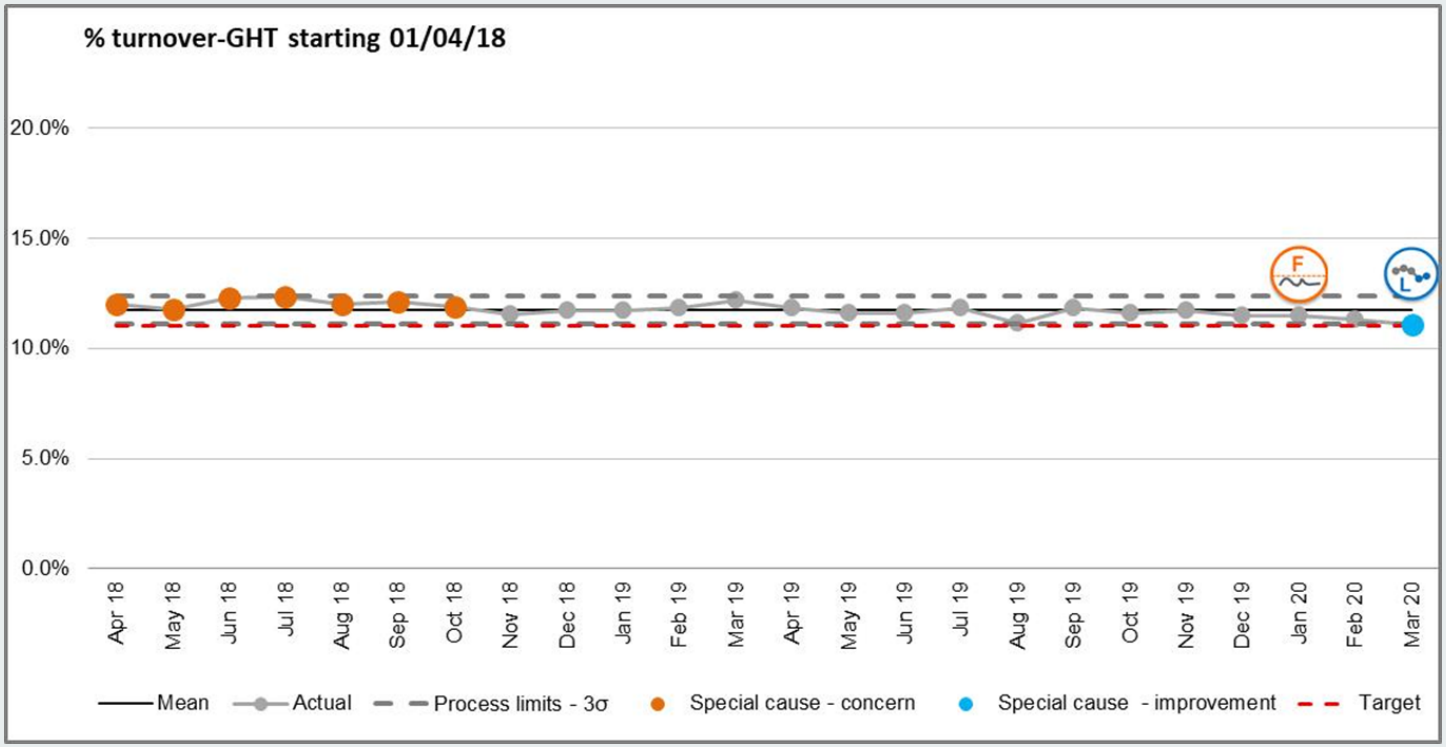
- Director of Nursing and Midwifery

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

We continue to be reassured by a turnover figure that compares favourably to our peers and national levels. This said, considerable focus is given to key areas of concern within Nursing, Health Care Assistants and AHPs – with local plans monitored via the executive review process.

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

Data Observations

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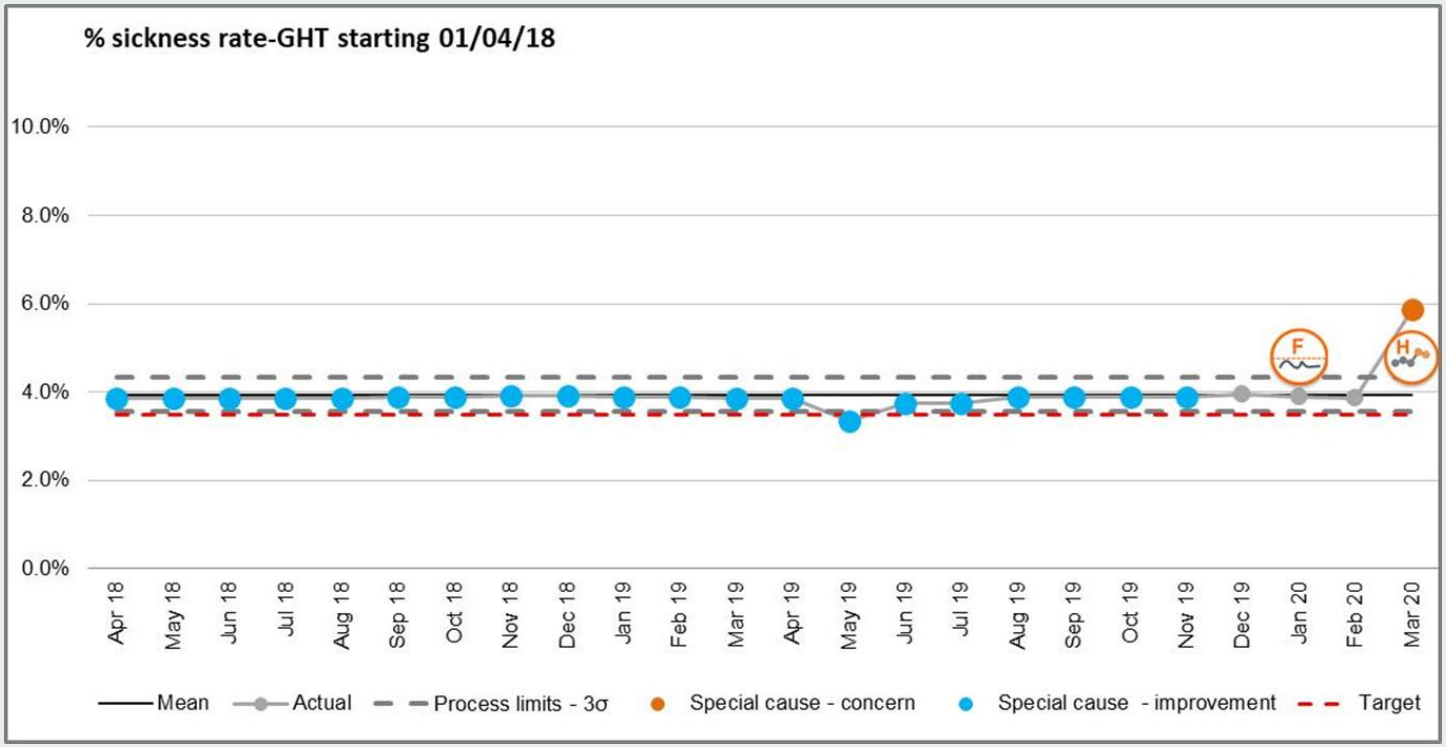
People & OD:
SPC – Special Cause Variation

Gloucestershire Hospitals
NHS Foundation Trust



Commentary

Sickness trends remain below model hospital peer comparators, however we anticipate a sustained increase in sickness due to Covid-19. Current reported Covid rates for staff are monitored daily and at the time of this report are at 4.2% (Covid related only), this includes staff self isolating due to household Covid symptoms. With the increase in staff antigen testing capacity, this will enable some staff to return to work quicker.

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

Data Observations

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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 on 21st April 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
Serious Incident (SI) report	Changed approach to SI management due to staff deployment across Trust, still retaining weekly SI panel and oversight. Five action plans closed in month, summary reports included.	How does the new POD structure impact on processes for capturing data?	POD structure does not change existing governance structure, monthly executive reviews still taking place including regular risk review.	
	No new never events and one serious incident declared.	What pattern of incident reporting being seen through this period?	Reported incidents decreased, running with large numbers of empty beds.	For further assurance, following actions agreed. Incident reporting rates from open clinical areas to be reviewed and any correlation between COVID related risks and incidents to be undertaken and reported back to committee.
	Structured judgement reviews not being worked through to usual extent, process of data collection continuing.	Can Medical staff who are shielding progress these to avoid a backlog?	Confirmation that this is happening to a certain extent, to be considered further.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		Data on falls indicates detailed review only if a patient dies, what assurance is there about learning from falls which do not lead to death?	Detailed reviews undertaken if a coroner's inquest. When reviewing all falls, four main themes appear consistently and those are the areas of focus for wider improvement work. Immediate issues that can be resolved are also noted and progressed.	
	RIDDOR reporting shows 0% compliance with national reporting for the period in question	Why is this the case? What are the issues at play?	Has been a specific issue within D and S Division in month, compliance for full year should be achieved, this month considered a 'blip', will monitor.	
Two papers outlining Corporate Risk Register (CRR) and COVID risks	No major formal changes to CRR	How is the understanding of RTT risks for patients due to COVID activity being evaluated per specialty?	Those patients at highest risk will have been through risk assessment with either face to face or virtual appointment. Risks being managed through specialty levels focus on RTT during work on recovery phase to ensure stratification of correct patients.	
	COVID risks have an identified lead manager for overview, supporting lead Executive.	What is the understanding of the legal challenge risks which may appear in due course?	Confidence that the Trust can evidence the following of national and local guidance. In some cases, Trust actions have	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			preceded the receipt of guidance and found to be in line with.	
		What is the current position regarding potential breaches of national staffing guidance due to operational pressures?	Ward inpatient staffing levels within guidance, critical care has exceeded national guidance of 1:1, can be 1:2-2.5, supplemented by different ways of working which provides a safe way of working	Review of nursing risk register entry to ensure this is captured as a risk with mitigations explicit.
COVID briefing paper, including detailed report on creation of PODs to deliver care.	Stable operational position at present, biggest concerns involve ensuring supply chain of PPE and specific medicines. Planning commenced for recovery phase. Consideration of staff wellbeing and systematic approach for staff to take leave in the next few weeks.	Are staff satisfied with availability of PPE and would we do anything differently based on what we know?	Good assurance of current position. Daily global communications with an open, transparent and honest approach felt to be helping staff to be informed and well briefed. Alert to staff anxiety, potential issues under control and reviewed constantly. Much partnership working cited with community organisations to support the Trust. Visible Chief Exec. and Directors not picking up major issues, much detailed preparatory work and training, e.g. advent of PPE officers. Need to keep freshness to	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			campaigns re handwashing and social distancing.	
	Description of POD approach, operational detail and resilience	How do executives assure themselves of the coherence of information provided to families particularly with regard to end of life care?	Report welcomed and a good level of assurance on POD approach and operational workings. Significant focus on end of life care and small acts to make the time special. Examples of innovation with other organisations wanting to adopt. Clinical areas of high pressure known and supported. MDT working in place and crucial during COVID period.	
		What was the identified need for a quality and safety hub and why has it not progressed? Is it not needed now?	Was a consideration at setup but as POD working, probably not needed as a separate entity as there is a clear line of sight for quality and safety issues.	
	Creation of patient support hub which connects to families and loved ones, high level of usage in short time since opening. Positive feedback to date from families.	How responsive is the hub when identifying sub-standard care or themes?	Assurance of feeding back into practice through specific examples.	
CCG feedback	National potential issues with		No issues noted, will check	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	orthopaedic elective prosthesis, is this an issue in the Trust?		to confirm	
	No other issues, thanks for all the great work Trust colleagues doing	Has the CCG made an assessment of their staffing redeployment to clinical and related support in the system?	First level of internal CCG redeployment complete, project underway to establish what support needed in the system if surges in activity.	
Quality and Performance Report and exception reports	Briefing on national guidance on standards/indicators/ work being progressed through COVID period or paused with Trust comment.		National guidance on quality and performance indicators reviewed and considered in detail internally.	
Cancer	For the reporting period in question, 2ww performance 95%, six months achievement in a row. Promising 28 day shadow reporting, noting new national standards delay in introduction. 62 day performance at 73% Significant reduction in over 104 day patients. MDT working unaffected at this stage. COVID activity impacting on services as per changes made from national guidance. 2ww referrals down in	Reduction of 2ww referrals a concern, how can we play our part in the system?	Good Trust working with CCG and primary care partners. Indications that the messaging of primary care being open with business as usual is getting through to population as reduction in referral rates lower than those seen across the region, however not complacent.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	reporting period.			
Planned Care	Non urgent activity cancelled as per national guidance. 52 week patients reduction had been on track, but will be significantly impacted. RTT at 79.6%. All patients being assessed through RAG rating and prioritised Emergency General Surgery move has resulted in standards being met re consultant review with a de-escalation of patient safety concerns, detailed paper in June to Board	How has the guidance regarding new public consultations unless COVID related affected us?	All changes COVID related are temporary and noted as such, regular contact with local MPs in weekly briefing and comms to overview committees in Council. Short term improvements in Emergency General Surgery noted and welcomed.	Additional paper coming to May Quality and Performance Committee regarding position on service changes.
Emergency	COVID and non COVID pathways established. Concern patients are not seeking help in a timely way for other conditions e.g. stroke, cardiac. ED indicators have improved apart from ambulance handovers which are linked to the separate pathways in place.		Glos system campaign imminent to encourage people to seek medical support and attention for non COVID related health issues.	
Quality	Liberty Protection Safeguards delayed nationally until 2021. Focus on staff awareness of potential increase in	The Learning from Deaths process is described as 'to be confirmed'. Are we learning from increased	Learning from deaths all the time, some links with increased VTE which require usual standards of assessment and	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	domestic violence	deaths which are COVID related? Related to this, national VTE audit is on pause, what are we doing locally in view of learning from patents with COVID?	treatment. Will update on Learning from Deaths approach at future meeting	
		Report states that self-harm is increasing, is this the case?	At present, anecdotal evidence, being monitored closely.	
	Ready to administer IV preparations protocol presented for approval.		Use of existing powers of Board approval of Chair, Chief Exec. and two NEDs to approve.	

Alison Moon
Chair of Quality and Performance Committee
21 April 2020

Gloucestershire Hospitals
NHS Foundation Trust

TRUST BOARD – MAY 2020
MS Teams commencing at 09:00

Report Title
Financial Performance Report
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 year ended 31st March 2020.

Key issues to note

- At Month 12, prior to audit, the Trust is reporting a cumulative deficit of £1.463m, which is £0.037m favourable to plan and control total.
- Commissioner income is £8.4m favourable against plan.
- Other NHS patient related income is £1.6m favourable against plan.
- Private and paying patients' income is £1.1m favourable to plan.
- Other operating income (including Hosted Services) is £5.2m favourable to plan.
- Pay expenditure is showing an adverse variance of £6.2m.
- Non-pay expenditure is showing an adverse variance of £10.9m.
- Non-operating costs are £3.8m adverse to plan (reflecting the impairment of TrakCare) – this is reversed out from a control total point of view leaving a £1.1m favourable variance to the planned position.
- Following notification of additional Incentive FRF funding by NHSE, the Trust will report a £50k surplus.

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
N/A

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

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

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

Outcome of discussion when presented to previous Committees/TLT

Gloucestershire Hospitals NHS
NHS Foundation Trust

Report to the Trust Board

Financial Performance Report
Month Ended 31st March 2020

Director of Finance Summary

Gloucestershire Hospitals NHS
NHS Foundation Trust

Financial Performance Month 12

The pre-audit financial position of the Trust for the year ending 2019/20 is a deficit of £1.463m. This is in line with the forecasted position the Trust has been reporting since Month 10 and prior to any incentive payment.

Month 12 forecast was for a £3.9m surplus, this was reliant on forecast run rates being held, 52week wait fines and penalties not being levied by commissioners (£1.7m) and release of accruals (£2.0m) from the balance sheet. The actual in month surplus has been delivered but due to increases in stocks (£1.5m) and a higher than forecast dividend from GMS (£0.5m) therefore, the release of accruals has not been necessary and allows for this provision to provide sufficiently for future known risks.

The reported revenue position includes £0.8m of expenditure to address the Covid-19 emergency; this is offset by an equal income assumption from MHSE/I.

Due to time restrictions the position does not include final notified adjustments to pay and non pay for the national increase in employer pension contributions and the Apprentice Levy, both of these items are funded centrally and a corresponding income adjustment is also actioned.

Whilst the Trust has met its control total, across the country there are other organisations that have not, this means that there is an element of un-earned PSF/FRF the majority of which is being retained by NHSE, but some will be devolved, in particular, where the control totals have been delivered by individual STP partners and where an organisation has a deficit of less than £10m. This applies to GHT and NHSE wrote to the Trust on Thursday 23rd April 2020 post F&D Committee, to confirm that in addition to our core PSF/FRF the Trust is eligible to receive an incentive FRF value of £1.513m meaning that the Trust will now report a surplus of £50k for 2019/20.

Capital

The Trust has delivered its capital plan for 2019/20.

During March, the Trust was 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.

The Trust has also incurred capital expenditure for the COVID19 response, which has partly been funded by NHSE/I. The balance of the funding will be received in the new financial year.

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 12.

The pre-audit financial position as at the end of March 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 March the Group's unaudited consolidated position shows a year to date deficit of £1.463m pre any incentive money. This is £0.037m favourable against plan. The Trust has met its control total target. 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. The position reported includes expenditure linked to addressing the Covid-19 emergency, an offsetting income stream has also been built into the position.

Statement of Comprehensive Income (Trust and GMS)

	TRUST POSITION			GMS POSITION			GROUP POSITION *		
Month 12 Cumulative Financial Position	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s	Budget £000s	Actuals £000s	Variance £000s
SLA & Commissioning Income	482,404	490,836	8,432	0	0	0	482,404	490,836	8,432
PP, Overseas and RTA Income	4,802	5,915	1,113	0	0	0	4,802	5,915	1,113
Other Income from Patient Activities	898	2,487	1,590	0	0	0	898	2,487	1,590
Operating Income	83,002	87,537	4,535	46,000	56,718	10,719	86,896	92,105	5,210
Total Income	**571,106**	**586,775**	**15,669**	**46,000**	**56,718**	**10,719**	**574,999**	**591,344**	**16,344**
Pay	350,021	355,563	(5,542)	18,215	19,268	(1,053)	367,900	374,055	(6,154)
Non-Pay	198,920	210,592	(11,672)	25,366	34,249	(8,884)	182,515	193,468	(10,953)
Total Expenditure	**548,940**	**566,155**	**(17,214)**	**43,581**	**53,517**	**(9,936)**	**550,415**	**567,523**	**(17,107)**
EBITDA	**22,165**	**20,620**	**(1,545)**	**2,419**	**3,201**	**782**	**24,584**	**23,821**	**(763)**
EBITDA %age	**3.9%**	**3.5%**	**(0.4%)**	**5.3%**	**5.6%**	**0.4%**	**4.3%**	**4.0%**	**(0.2%)**
Non-Operating Costs	23,107	26,117	(3,010)	2,419	3,201	(782)	25,526	29,318	(3,792)
Surplus/(Deficit) with Impairments	**(942)**	**(5,497)**	**(4,555)**	**0**	**0**	**0**	**(942)**	**(5,497)**	**(4,555)**
Less Fixed Asset Impairments	0	4,918	4,918	0	0	0	0	4,918	4,918
Surplus/(Deficit) excluding Impairments	**(942)**	**(579)**	**363**	**0**	**0**	**0**	**(942)**	**(579)**	**363**
Excluding Donated Assets	(558)	(884)	(326)	0	0	0	(558)	(884)	(326)
Control Total Surplus/(Deficit)	**(1,500)**	**(1,463)**	**37**	**0**	**0**	**0**	**(1,500)**	**(1,463)**	**37**

* Group Position excludes £54.7m 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 March the Group's consolidated position shows an in month surplus of £3.9m on a control total basis, an adverse variance to plan of £0.1m. The in month surplus is in line with the forecast for the month.

Favourable income variances from contract overperformance and year end settlements, Other Operating income including car parking, training income, provision of non-commissioned services and private patient activity are offset by adverse expenditure variances notably Pay CIP £2.7m, Non Pay CIP £4.4m, Agency costs £3.1m, radiology and histology reporting (£0.7m), hire of scanning capacity (£0.6m), and outsourcing costs in Renal and Gastro (£0.4m).

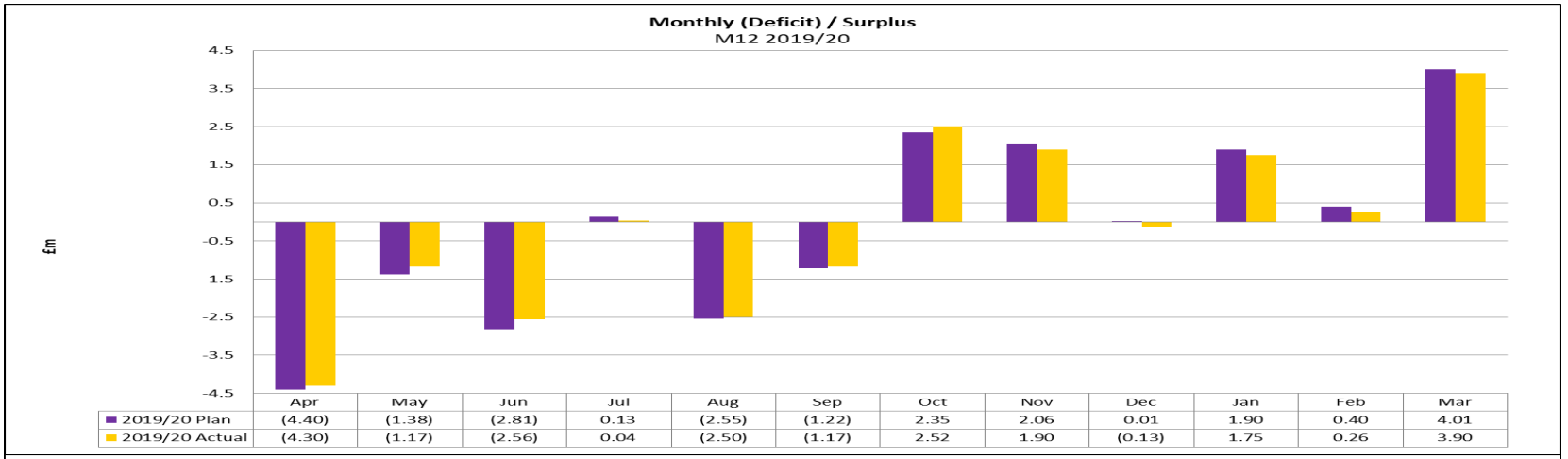
Non Operating Costs show an adverse variance of £3.8m, however after adjusting for impairments and depreciation on donated assets (these items are not included in the control total assessment) the underlying position shows a £1.1m favourable variance. Depreciation is £0.3m favourable due to timing of capital spend and year-end asset valuations; interest payable is £0.6m favourable as a result of lower than planned levels of borrowing, improved GMS performance means that corporation tax is £0.2m higher than plan this is offset by interest receivable and PDC Dividend gains.

Month 12 Financial Position	Annual Budget £000s	M12 Budget £000s	M12 Actuals £000s	M12 Variance £000s	M12 Cumulative Budget £000s	M12 Cumulative Actuals £000s	M12 Cumulative Variance £000s	Passthrough Variance £000s	Net Variance £000s
SLA & Commissioning Income	482,404	40,938	41,855	917	482,404	490,836	8,432	(5,889)	2,543
PP, Overseas and RTA Income	4,802	400	523	123	4,802	5,915	1,113		1,113
Other Income from Patient Activities	898	75	540	465	898	2,487	1,590		1,590
Operating Income	86,896	8,737	10,947	2,210	86,896	92,105	5,210		5,210
Total Income	**574,999**	**50,151**	**53,865**	**3,714**	**574,999**	**591,344**	**16,344**	**(5,889)**	**10,456**
Pay	367,900	29,929	30,114	(185)	367,900	374,055	(6,154)		(6,154)
Non-Pay	182,515	13,121	17,294	(4,173)	182,515	193,468	(10,953)	5,889	(5,064)
Total Expenditure	**550,415**	**43,050**	**47,408**	**(4,358)**	**550,415**	**567,523**	**(17,107)**	**5,889**	**(11,219)**
EBITDA	**24,584**	**7,101**	**6,457**	**(644)**	**24,584**	**23,821**	**(763)**	**0**	**(763)**
EBITDA %age	**4.3%**	**14.2%**	**12.0%**	**(2.2%)**	**4.3%**	**4.0%**	**(0.2%)**	**0.0%**	**(0.2%)**
Non-Operating Costs	25,526	2,128	1,269	859	25,526	29,318	(3,792)		(3,792)
Surplus/(Deficit) with Impairments	**(942)**	**4,973**	**5,188**	**215**	**(942)**	**(5,497)**	**(4,555)**	**0**	**(4,555)**
Less Fixed Asset Impairments	0	0	0	0	0	4,918	4,918		4,918
Surplus/(Deficit) excluding Impairments	**(942)**	**4,973**	**5,188**	**215**	**(942)**	**(579)**	**363**	**0**	**363**
Excluding Donated Assets	(558)	(963)	(1,285)	(322)	(558)	(884)	(326)		(326)
Control Total Surplus/(Deficit)	**(1,500)**	**4,010**	**3,903**	**(107)**	**(1,500)**	**(1,463)**	**37**	**0**	**37**

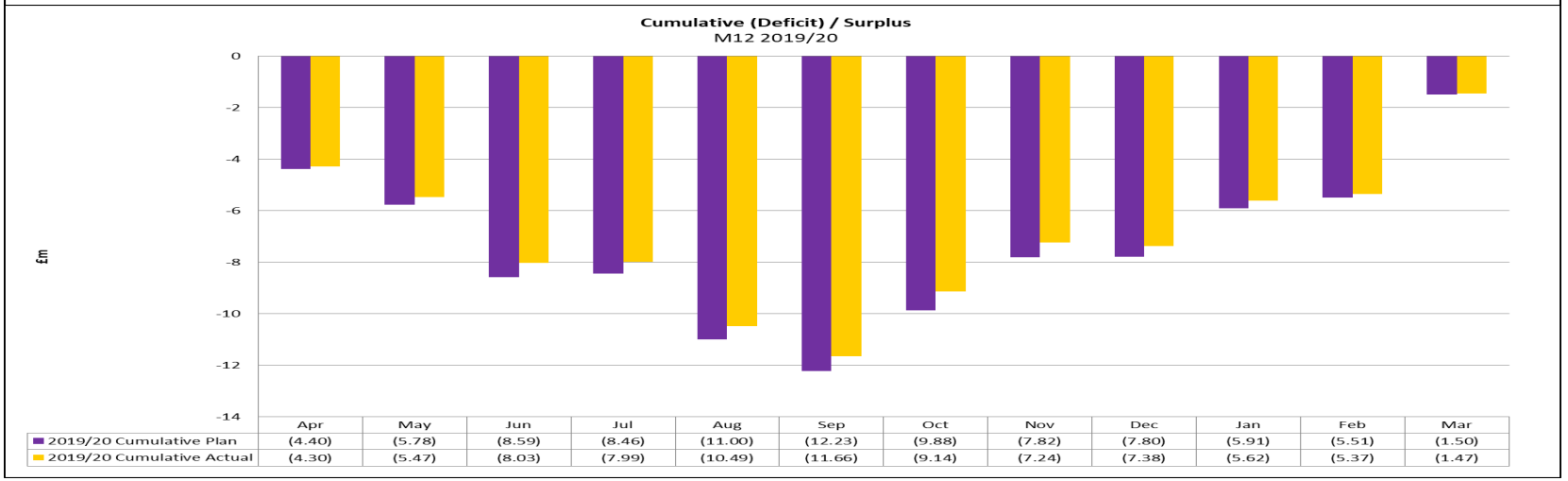
2019/20 Position Trend

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	3.90



	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)	(1.47)

Detailed Income & Expenditure

Gloucestershire Hospitals NHS
NHS Foundation Trust

Month 12 Financial Position	M12 Budget £000s	M12 Actuals £000s	M12 Variance £000s	M12 Cumulative Budget £000s	M12 Cumulative Actuals £000s	M12 Cumulative Variance £000s	Passthrough Variance £000s	Net Variance £000s
SLA & Commissioning Income	40,938	41,855	917	482,404	490,836	8,432	(5,889)	2,543
PP, Overseas and RTA Income	400	523	123	4,802	5,915	1,113		1,113
Other Income from Patient Activities	75	540	465	898	2,487	1,590		1,590
Operating Income	8,737	10,947	2,210	86,896	92,105	5,210		5,210
Total Income	**50,151**	**53,865**	**3,714**	**574,999**	**591,344**	**16,344**	**(5,889)**	**10,456**
Pay								
Substantive	27,874	27,069	805	343,410	341,994	1,416		1,416
Bank	976	1,887	(911)	11,715	16,153	(4,438)		(4,438)
Agency	1,079	1,158	(79)	12,776	15,908	(3,132)		(3,132)
Total Pay	**29,929**	**30,114**	**(185)**	**367,900**	**374,055**	**(6,154)**	**0**	**(6,154)**
Non Pay								
Drugs	5,952	6,191	(239)	68,085	74,458	(6,373)	6,154	(219)
Clinical Supplies	3,181	2,567	615	38,791	40,044	(1,253)	(265)	(1,518)
Other Non-Pay	3,988	8,537	(4,549)	75,639	78,966	(3,327)		(3,327)
Total Non Pay	**13,121**	**17,294**	**(4,173)**	**182,515**	**193,468**	**(10,953)**	**5,889**	**(5,064)**
Total Expenditure	**43,050**	**47,408**	**(4,358)**	**550,415**	**567,523**	**(17,107)**	**5,889**	**(11,219)**
EBITDA	**7,101**	**6,457**	**(644)**	**24,584**	**23,821**	**(763)**	**0**	**(763)**
EBITDA %age	**14.2%**	**12.0%**	**(2.2%)**	**4.3%**	**4.0%**	**(0.2%)**	**0.0%**	**(0.2%)**
Non-Operating Costs	2,128	1,269	859	25,526	29,318	(3,792)		
Surplus/(Deficit)	**4,973**	**5,188**	**215**	**(942)**	**(5,497)**	**(4,555)**	**0**	**(4,555)**
Fixed Asset Impairments	0	0	0	0	4,918	(4,918)		4,918
Surplus/(Deficit) after Impairments	**4,973**	**5,188**	**215**	**(942)**	**(579)**	**363**	**0**	**363**
Excluding Donated Assets	(963)	(1,285)	(322)	(558)	(884)	(326)		(326)
Surplus/(Deficit)	**4,010**	**3,903**	**(107)**	**(1,500)**	**(1,463)**	**37**	**0**	**37**

Non-Pay – expenditure is showing a year to date £11.0m overspend, reflecting overspends on pass through drugs and clinical supplies which are offset within income (£6.3m). The clinical supplies overspend of £1.3m 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). Other Non Pay includes CIP shortfall of £4.4m partially offset by smaller underspends across several subjective areas.

SLA & Commissioning Income – is reporting an over performance of £8.4m for the year, 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 £1.1m, 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. RTA Income is £0.2m over-recovered

Other Operating income – Includes additional non-commissioned income in Pathology, Therapies and Pharmacy £0.5m; training income of £1.0m; car parking £0.6m; energy and utilities £0.2m. Hosted services £0.1m and R&D £0.3m; Covid-19 £0.8m and Staff Recharges £0.5m being offset by expenditure.

Pay – Cumulatively there is an overspend of £6.2m, reflecting an underspend on substantive budgets (£1.4m), offset by overspends on bank (£4.4m) and agency budgets (£3.1m). CIP requirement of £2.7m is within the substantive variance.

Cost Improvement Programme

Gloucestershire Hospitals NHS
NHS Foundation Trust

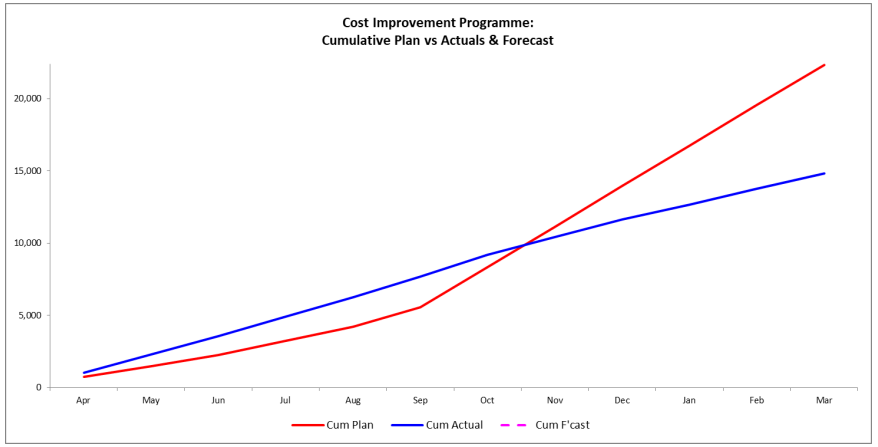
1. At Year End the trust has delivered £14.85m of CIP against the NHS Improvement target of £22.36m, this is an under performance of £7.51m. Within the month, the Trust has delivered £1.1m of CIP against an in-month NHSI target of £2.8m. Within the month, this is a negative variance of £1.7m in month.

2. The delivery splits into £9.5m (64%) of recurrent schemes and £5.4m (36%) of non-recurrent schemes.

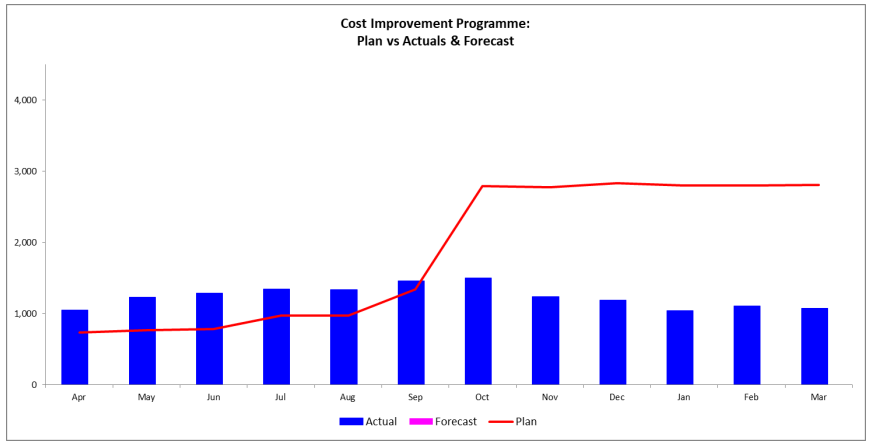
3. In 2018/19 the Trust delivered £26.95m of a CIP target of £30.3m which is a delivery of 89% (78% recurrently). In comparison, the Trust achieved a CIP delivery of 66% in 19/20 (64% recurrently). This demonstrates CIP delivery is becoming more difficult and transformation change needs to be the focus for the coming years if CIP targets remain at similar levels.

4. Additional schemes have been identified by the Divisions for 2020/21 delivery since M11. Of the identified £6.63m in divisional schemes and £6.58m in rough draft opportunities, currently £2.9m are rated green and a further £3.2m rated amber indicating a risk of full delivery in year due to operational priorities. The Trust is now focused on capturing some of the opportunities that are coming out of this national crisis to help support our financial position when we start to move into recovery phase of Covid 19. It is difficult to say what the financial challenge will be when we come out of this pandemic however what we do know is that there will be a financial challenge so we need to continue to grasp opportunities as and when they occur.

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 M12 £000	B/S movements from 31st March 2019 £000
Non-Current Assests			
Intangible Assets	10,412	5,850	(4,562)
Property, Plant and Equipment	231,216	257,351	26,135
Trade and Other Receivables	5,185	4,541	(644)
Total Non-Current Assets	**246,813**	**267,742**	**20,929**
Current Assets			
Inventories	7,571	9,121	1,550
Trade and Other Receivables	25,419	28,839	3,420
Cash and Cash Equivalents	7,317	37,385	30,068
Total Current Assets	**40,307**	**75,345**	**35,038**
Current Liabilities			
Trade and Other Payables	(54,315)	(78,957)	(24,642)
Other Liabilities	(5,837)	(3,400)	2,437
Borrowings	(12,527)	(40,656)	(28,129)
Provisions	(160)	(170)	(10)
Total Current Liabilities	**(72,839)**	**(123,183)**	**(50,344)**
Net Current Assets	**(32,532)**	**(47,838)**	**(15,306)**
Non-Current Liabilities			
Other Liabilities	(6,860)	(6,484)	376
Borrowings	(135,294)	(132,534)	2,760
Provisions	(1,434)	(1,502)	(68)
Total Non-Current Liabilities	**(143,588)**	**(140,520)**	**3,068**
Total Assets Employed	**70,693**	**79,384**	**8,691**
Financed by Taxpayers Equity			
Public Dividend Capital	172,676	179,302	6,626
Reserves	23,915	29,879	5,964
Retained Earnings	(125,898)	(129,797)	(3,899)
Total Taxpayers' Equity	**70,693**	**79,384**	**8,691**

The table shows the unaudited M12 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 12 balance sheet position against the 2018/19 outturn; the balances are subject to final closedown and audit

Non Current Assets

- The increase represents additions from capital programme offset by depreciation and amortisation.

Inventories

- Increase of £1.55m is reflected in I&E as a reduction to expenditure

Cash and Cash Equivalents

- £30m increase resulting from capital and other borrowings; required to meet capital and trade payables which shows a £24.6m increase

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	Internal YTD Plan £k	YTD Spend £k	YTD Var £k
Health & Safety Projects	4,145	5,265	1,120
Environmental Works	350	330	(20)
Non Health & Safety Projects	827	1,104	277
Committed Schemes	460	564	104
Service Reconfiguration	578	62	(516)
Medical Equipment	2,589	5,094	2,504
IM&T	9,883	11,726	1,843
Contingency/Leases Capitalisation	4,961	2,572	(2,389)
Divisional Schemes	1,925	1,863	(62)
PDC Funded Diagnostics	3,965	3,327	(638)
Emergency Capital funding	2,499	0	(2,499)
Strategic Development	1,500	1,530	30
COVID19	244	597	353
Overspend/(Underspend)	33,926	34,034	108

The Trust has delivered its capital plan for 2019/20.

During March, the Trust was 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.

The Trust has also incurred capital expenditure for the COVID19 response, which has partly been funded by NHSE/I. The balance of the funding will be received in the new financial year.

Year end outturn and PSF/FRF achievement

- In 2019/20 the Trust aimed to deliver an overall deficit control total position of £1.5m - this position included the receipt of £15.8m PSF/FRF funding

- As part of the year end closedown process the Trust has recorded a deficit position of £1.463m - this is an improvement of £37k against the control total, meaning the trust has secured its PSF/FRF funding

- Across the country there are other organisations where financial positions have not been delivered resulting in un-earned PSF/FRF

    - NHSE have advised that they will be retaining these elements of FRF in the majority of cases to form a central fund

    - There are some instances where this un-earned element will be devolved

        - One such scenario is where the control totals have been delivered by individual STP partners and where an organisation has a deficit of less than £10m

        - This scenario applies to GHT.

- NHSE wrote to the Trust on Thursday 23rd April 2020 to confirm that in addition to our core PSF/FRF the Trust is eligible to receive an incentive FRF value of £1.513m meaning that the Trust will now report a surplus of £50k for 2019/20

Income & Expenditure	£000s
Surplus/(Deficit) Exc Impairments	(21,261)
Core PSF/FRF	15,801
MRET	3,997
Surplus/(Deficit) Exc Impairments with PSF/FRF/MRET Funds	**(1,463)**
Impact of Incentive FRF funding	1,513
Updated Surplus/(Deficit) To Be Reported	**50**

COVID19 Revenue

Gloucestershire Hospitals NHS
NHS Foundation Trust

NHSE/I have outlined a process under which Trusts can be reimbursed for evidenced, reasonable additional marginal revenue costs incurred by the Trust in response to the COVID19 pandemic.

The Trust made its first submission for reimbursement for costs incurred up to 31st March 2020 in early April. This claim, which has subsequently been approved by NHSE/I had a value of £817k. The expenditure, summarised in the table below, is reflected in the Trust's unaudited financial position alonmg with an equal income assumption.

	Pay £000s	Non Pay £000s	Total £000s
Medical Staff Cover	13	0	13
Nursing Staff Cover	104	0	104
Increasing Microbiology and Pathology Capacity	15	133	148
Ward Consumables and PPE	0	134	134
Theatre Consumables and PPE	0	264	264
Non Capital Medical Equipment	0	47	47
IT Enabling	24	8	32
Staff Wellbeing & Support	12	0	12
Incident Management Team	10	53	63
Total	**178**	**639**	**817**

Reimbursement submissions will be made monthly in 20/21.

COVID19 Capital

Gloucestershire Hospitals NHS
NHS Foundation Trust

NHSE/I have outlined a process under which Trusts can be reimbursed for capital expenditure required to deliver the Trust's response to the COVID19 pandemic. The following criteria must be met to qualify the spend for reimbursement:

a) The proposed expenditure must be clearly linked to delivery of the Trust's COVID19 response;
b) In the case of asset purchases, the asset must be capable of being delivered and operational within the expected duration of the outbreak
c) In the case of modifications to estate, the works must be capable of being completed within the expected duration of the outbreak

So far, the Trust has made 2 submissions, both related to the 19/20 financial year, and reflected in the capital spend for 19/20:

	Submissions		
	1st	2nd	Total
IT Equipment		167.9	**167.9**
Medical Equipment	191.7	184.8	**376.5**
Infrastructure	52.5		**52.5**
Totals	**244.3**	**352.7**	**597.0**

The Trust has received funding for the 1st submission, and is awaiting reimbursement for the second.

Reimbursement submissions will be made monthly in 20/21. The guidance states that projects/schemes below £250k can be progressed locally and will be reimbursed subject to the 3 criteria above and as long as the items being procured are not on the list of items being nationally procured.

Any schemes above £250k will require agreement by NHSE/I before being procured. The first 20/21 claim will be made during the first week of May 2020.

Recommendations

Gloucestershire Hospitals NHS
NHS Foundation Trust

The Board is asked to:

- Note that, prior to audit, the Trust is reporting an income and expenditure **surplus** of £50k against a control total **deficit** control total of £1.5m.

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

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

Date: **April 2020**

Gloucestershire Hospitals
NHS Foundation Trust

TRUST PUBLIC BOARD – 14 MAY 2020
Via MS Teams commencing at 13:00

Report Title
Digital Update

Sponsor and Author(s)	
Author:	Anna Wibberley, EPR Programme Manager
Sponsoring Director:	Mark Hutchinson, Exec. CIO

Executive Summary

Purpose

This paper provides updates and assurance on the delivery of projects supporting the expansion of Sunrise EPR and projects with capital spend allocation.

Key issues to note

The EPR Programme Delivery Group (PDG) is working hard to keep several major projects on track to ensure we meet our commitments to realising the full benefits of EPR over the next two years. Despite both staff time and resources being pulled onto the organisation's COVID-19 response, we are progressing as much as we can with system upgrades and testing to ensure these vital technology programmes are not disrupted.

In the last month we've seen huge benefits to the organisation thanks to the systems we have in place, including:

- Providing essential reporting information for clinicians, senior executives and national updates.
- The ability to track and see quickly, our most poorly patients.
- Giving clinicians working at home or in self isolation, remote access to allow them to keep up to date with patient and other information.
- Allowing clinicians in private and community hospitals, supporting our acute trusts, access to patient lists and information.
- As the pandemic continues, investigating ways to provide essential information to primary and social care colleagues through Sunrise and other systems.

Conclusions

- COVID-19 commitments have impacted the pace of our projects with a number behind schedule or on-hold, but mainly remaining on track to complete with adjusted deadlines. We have also been able to realise huge benefits and opportunities, thanks to the systems we already have in place.

Implications and Future Action Required

We continue to monitor the impact COVID-19 is having on our programmes and will adjust resource appropriately.

Key issues to note

Delivery speed of projects due to pressures emerging from COVID-19.

Recommendations

The Board is asked to NOTE the report.

Impact Upon Strategic Objectives
The position presented identifies how the relevant strategic objectives will be achieved.
Impact Upon Corporate Risks
Progression of the Digital agenda will allow us to significantly reduce a number of corporate risks.
Regulatory and/or Legal Implications
Progression of the Digital agenda will allow the Trust to provide more robust and reliable data and information to provide assurance of our care and operational delivery.
Equality & Patient Impact
Progression of the Digital agenda will improve the safety and reliability of care in the most efficient and effective manner.

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)**
							Digital Care Board 02/03/20

Outcome of discussion when presented to previous Committees/TLT
Approved

1. SUNRISE EPR UPDATE

1.1 Roll-Out 2: E-Observations supporting COVID-19 response
The successful roll-out of e-observations on Sunrise EPR in March has proved a timely addition to our reporting in light of the COVID-19 pandemic. Now that NEWS2 and neurological observations are recorded electronically, we are providing accurate reporting and tracking of our most unwell patients across the hospital. Our clinicians have embraced the new process, and it has provided a vital tool for nursing staff and doctors to identify poorly patients, quickly.

E-observations has also enabled daily reporting of oxygen delivery data, giving us essential information on how many patients are receiving oxygen across both our acute hospitals and how the oxygen is being delivered. Information that is essential to our COVID-19 response.

Roll-Out 3: Order Communications - Requests and Results

The EPR PDG is continuing to manage all interdependent EPR projects during the COVID-19 crisis, maintaining a business as usual approach where possible. The COVID-19 pandemic has demonstrated how much benefit the organisation will get from an expanded EPR. Order

Communications is a significant programme that relies on a number of workstreams for delivery; these are summarised below.

Order Comms (Requests and Results)

With a planned launch in Winter 2020/21, work is continuing behind the scenes to expand capabilities of Sunrise EPR to include Radiology and Pathology ordering and results – known as Order Comms. This will allow clinicians to efficiently make requests as well as view results any time, in any care setting as part of the patient's EPR rather than in a separate system or on paper. One log in, one place for clinicians to access all of the patient information they need.

We have achieved a significant milestone by delivering a system upgrade to TrakCare (MR8) during April, without incident, that will ensure this project continues to progress. We are finding alternative ways to carry out essential process mapping, whilst Pathology and Radiology teams are committed to COVID-19 demands. Delivering this project to our planned deadline is still reliant on three dependent workstreams:

- Pathology, Radiology and Clinical 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 – Reliant on capacity of CCG and GP practices to enable necessary changes.

TCLE Pathology System Replacement

This project will ensure the replacement of an outdated lab system. During April, we completed an essential upgrade to our TrakCare system and completed 98% of our system build, which will enable the next stage in the project to go ahead, and to begin running and planning testing and validation.

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, but has been delayed because of reduced capacity from the CCG and GPs due to COVID-19. We are now working to a May 2020 go-live, working closely with partners to plan and target communications to practices. A May go-live would keep the TCLE project within tolerance.

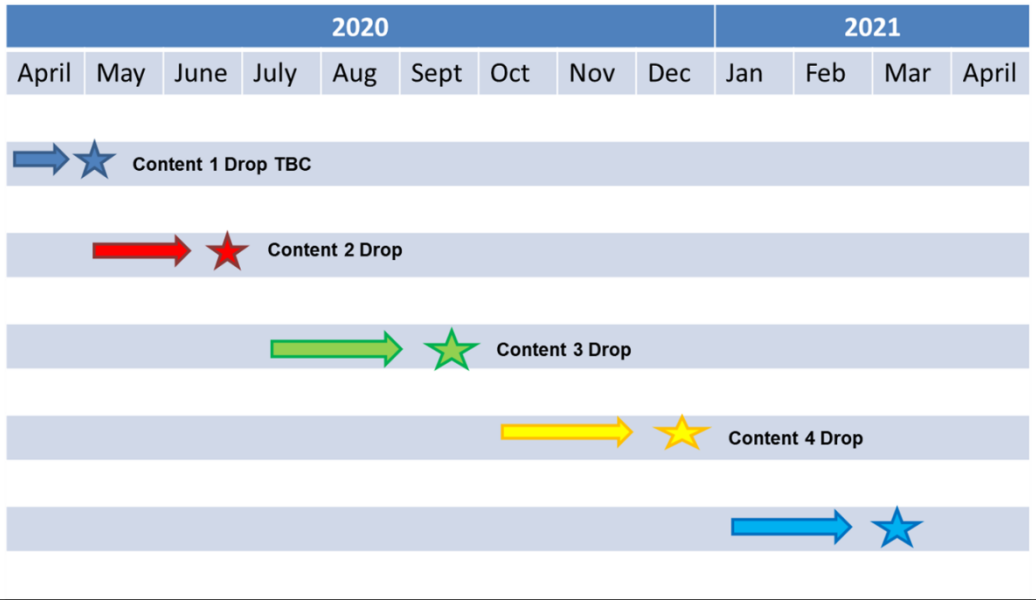
EPR Optimisation and Improvements

The EPR configuration team are working behind the scenes to deliver improvements and increased functionality on Sunrise EPR, both in response to feedback from clinicians, but also in our drive to reach HIMSS level 6.

During March and April, the team have also focussed on rolling out additional functions related to COVID-19; including making EPR available remotely through virtual desktops, reporting and collecting essential data and looking at ways to make patient data accessible to primary care and social care.

The EPR team have also been working closely with the TrakCare team to respond to all COVID-19 requests for new ward set-ups and moves.

Documentation Roll Out



Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO MAIN BOARD – May 2020

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

This report describes the business conducted at the Finance and Digital Committee held on 23 April 2020, indicating the NED challenges, the assurances received, and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
COVID-19 preparedness	The Finance Director updated the Committee on the latest directives concerning COVID-19 cost collection and reimbursement and assured the Committee that the necessary steps are in place for the Trust to comply (compliance will be audited). The IT Director reported on - the success of establishing the virtual desk top environment which has allowed c.1500 staff members to work from home - Successful extension of access to the Electronic Patient Record (EPR) system to GPs to facilitate patient tracking and timely discharge summary visibility The discussion reinforced the importance of ensuring that the positive developments and	Is there value in the Committee and Board seeing the COVID-19 exceptional cost summaries that are submitted to NHSE/I? Is there a disparity across the system? Are there any remaining barriers to acceptance of the EPR system?	Yes – standard report to be shared with Committee and summarised for Board. The system deployed in the Trust has worked well and highlighted opportunities across the system that need to be considered at ICS level. Enthusiasm from GPs	Opportunities still exist in the system

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	system changes that have resulted from addressing the pandemic are capitialised on in future “normal” operations.			
Digital Programme Report	Project by project update presented to the Committee including the following key points in relation to the pandemic response: • Providing essential reporting information for clinicians, senior executives and national updates. • The ability to track and see quickly, our most poorly patients. • Giving clinicians working at home or in self isolation, remote access to allow them to keep up to date with patient and other information. • Allowing clinicians in private and community hospitals, supporting our acute trusts, access to patient	What is the latest version of Trakcare and what future upgrades are expected? Do these represent a risk to the Trust? What additional programmes of work might be needed for future surges of COVID-19?	The current version is no. 8 with version 9 in development	Ongoing dialogue with supplier is critical and a priority of the team Prompt documentation of emergency planning processes with clinical engagement and financial support

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	lists and information. • As the pandemic continues, investigating ways to provide essential information to primary and social care colleagues through Sunrise and other systems. • Discussion of the importance of the order communications system and the challenges to progress in the current environment			
Draft Year End Position	The Finance Director presented the draft yearend position highlighting: • At Month 12, prior to audit, the Trust is reporting a cumulative deficit of £1.463m, which is £0.037m favourable to plan and control total. • Commissioner income is £8.4m favourable against plan.	How robust has the review of balance sheet accruals been? What is the reason for the difference in non-operating costs? What is the accounting treatment of TrakCare upgrades? Are there any intra-NHS	A detailed review has been undertaken and accrual levels are deemed appropriate for the liabilities associated with risk that have to be considered. Detailed explanation provided with the impairment of TrakCare the largest single variance Included as maintenance cost and not held on the balance sheet No differences on the Trust's	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	• Other NHS patient related income is £1.6m favourable against plan. • Private and paying patients' income is £1.1m favourable to plan. • Other operating income (including Hosted Services) is £5.2m favourable to plan. • Pay expenditure is showing an adverse variance of £6.2m. • Non-pay expenditure is showing an adverse variance of £10.9m. • Non-operating costs are £3.8m 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. The Finance Director expressed her thanks for the efforts of the Finance and Programme management team for the work undertaken to close the year end in a timely manner with a very	balance agreement issues? Does the significant increase in inventory levels indicate issues concerning the robustness of inventory accounting?	two main contracts – which are wither on block or have been pre-agreed. Any smaller contract differences accounted for in the year end position. Higher than normal stock levels attributable to COVID-19 supply level builds.	Inventory accounting methods may benefit from an audit

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	positive result. The Committee reinforced their appreciation for this accomplishment.			
Cost Improvement Programme Update	Year End Report presented highlighting: At Year End the trust has delivered £14.85m of CIP against the NHS Improvement target of £22.36m, this is an under performance of £7.51m. Within the month, the Trust has delivered £1.1m of CIP against an in- month NHSI target of £2.8m, this is a negative variance of £1.7m in month. The delivery element is split into £9.5m (64%) of recurrent schemes and £5.4m (36%) of non-recurrent schemes. Additional schemes have been identified by the Divisions for 2020/21 delivery since M11. Of the identified £6.63m in divisional schemes and £6.58m in rough draft opportunities, currently £2.9m are rated green and a	Does each Division have a dedicated CIP lead? Why is there no detail supporting the GMS number?	Yes – 2 are permanent, 2 are agency. Resource needs are kept under review taking in to account skill set needs relevant to the Divisions' initiatives The current number reflects the contractual arrangement. Discussion underway concerning future CIP schemes	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
	further £3.2m rated amber indicating a risk of full delivery in year due to operational priorities. Planning focus now shifting to identifying sustainable cost improvement opportunities resulting from the COVID-19 response accomplishments.			
2020/21 Budget Update	Wide-ranging presentation covering the 2020/21 Budget Update highlighting: - Financial Governance - Funding flow changes in early 2020/21 - Final Budget for 2020/21 in line with draft plan of break even - Financial scenarios due to COVID-19 and potential impact on plan - Capital and cash regime for 2020/21		A comprehensive and assuring presentation demonstrating grip on the process but highlighting the uncertainties facing the organization arising from operational challenges and shifting national reporting requirements	Budgets to be refined taking in to account the worst case scenario and finalised national directives including a re-review of the capital programme.

Rob Graves - Finance and Digital Committee

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO TRUST BOARD – MAY 2020

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

This report describes the business conducted at the People and Organisational Development Committee on 28 April 2020 indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Risk Register	New linked risks relating to recruitment and retention from Divisions added to the risk **C2803P&OD:** relating to retention. COVID risks reviewed	Will there be a risk relating to BAME staff and the emerging evidence about the disproportionate impact of COVID-19 Why is there no COVID- risk relating to mental health post the pandemic?	Committee was assured at the dynamism of the risk register Data suggests that there is no disproportionate impact of COVID-19 on in patients in the county but there is anxiety amongst staff and comms are being prepared to reassure staff The risk is in draft and has to be reviewed by the People and OD department before being added to the risk register.	RG to progress risk to Finance and Digital Committee

	GMS risk of Industrial Action remains unchanged Datix risks have been separated into 2 relating to system capability and quality of data	How are GMS staff engaged and feeling at this time? Is the business case to resolve the system issue still underway	GMS colleagues are part of the POD teams. The HR team hold weekly meetings with Staff side. Staff are engaged by the Trust and also GMS management. The case is in the final draft and will be submitted to the IMT group for review initially	
COVID-19 People and Organisational Development Response	The Committee complemented the People and OD teams on the support provided for colleagues and were assured by the programmes of work and governance.	How do we ensure we build on the solutions in non COVID time?	The Senior Leadership Team will assess the services provided and consider which colleagues value and the feasibility and affordability of continuing with some. This exploration will also link to Divisional and Trust wide priorities for the future	

		What worries you regarding the People and OD response to COVID ?	Colleague expectation vs ability to deliver when the Pandemic ends and impact if the Trust cannot meet new service standards consistently. Also the impact on mental health.	
Staff Survey Results and Inclusion plan	Key successes outlined and overall a positive picture	How can we improve medical and dental engagement?	There is a plan to engage Medical and dental staff under a unique piece of engagement and research. This was paused with COVID.	
		Do we understand what staff mean when they say they are being bullied and harassed?	Links to how staff are treated in terms of civility, or lack of. This is why 'civility saves lives' and new behaviours are so important to embed including the description of what staff do not want to experience in the workplace.	A specific agenda item on bullying and harassment across demographics will be scheduled in the future
	Agreed two year plan to enable better traction 4 priorities welcomed	How do we ensure we do not lose sight of issues during COVID 19 How can we check the pulse of the staff now in COVID-19.	Issues on action plans will be tracked and some matters are addressed as part of business as usual, such as driving safety culture through centralising risk resources. The Senior Leadership Team	

		It would be interesting to see how strands have moved on with COVID such as colleague engagement	has considered how we could conduct such a survey and the best time to do so and content.	

Board note/matter for escalation

None
Balvinder Kaur Heran
Chair of People and OD Committee, 28 April 2020