Gloucestershire Health and Care NHS Foundation Trust
Annual Report and Accounts
2021/22

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Annual Report and Accounts 2021/22

Presented to Parliament pursuant to Schedule 7,
paragraph 25(4) (a) of the National Health Service Act 2006.

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Contents

This is Us: Gloucestershire Health and Care NHS Foundation Trust

Welcome to our Annual Report, where you will find information about who we are and what we have done throughout 2021/22.

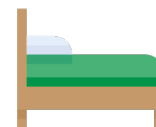**1,149,058**
Contacts for 2020/21

395,600
Referrals for 2020/21

£260,170,000
Budget

360
Inpatient beds

5,694
Colleagues

5,947
Public members

Above average
(for all Trusts) in all nine of the NHS People Promise

Get involved

Find out more about our Trust at: www.ghc.nhs.uk

You can also keep in touch with us through our social media channels:

@GlosHealthNHS   @GlosHealthNHS   @GlosHealthNHS

Join us!

As a Trust member, you can help shape strategy and the way services are run. To become a member of the Trust, visit www.ghc.nhs.uk/membership/ or call 0300 421 7146.

Our registered address is: Gloucestershire Health and Care NHS Foundation Trust, Edward Jenner Court, 1010 Pioneer Avenue, Brockworth, GL3 4AW.
You can also contact us by telephone on **0300 421 8100**.

Welcome from Trust Chair, Ingrid Barker

As we round up another year, it seems incredible to think that we are still in the midst of dealing with the biggest health emergency we have faced for centuries. I could not introduce our annual report for 2021 to 2022 without acknowledging that Covid continues to have a significant influence on everything we do, all of our colleagues and the communities we serve.

Our colleagues have continued to be at the forefront of the county's response. Every corner of the Trust has been involved in some way and everything you read in this report needs to be read against the backdrop of the enormous challenges we have faced.

Every day I feel immensely proud of my colleagues for the way they have responded and the way in which they have helped to keep our communities, and each other, safe and well.
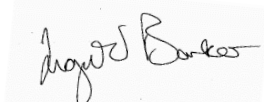
Despite the pandemic, we have still achieved great things. We have taken further strides towards becoming more cohesive as an organisation, and towards fully integrating mental health, physical health and learning disability services which was one of the main aims of our merger in 2019. Work to deliver the strategic aims set out in our Trust strategy for 2021 to 2026 is now getting into full swing and we are becoming a more forward-thinking Trust, focussed not just on doing what is best for people but on personalised care by asking 'what matters to you?' rather than 'what is the matter with you?'

We are also developing our estate, with the exciting plans for a new community hospital in the Forest of Dean now coming to fruition, and we are investing in technology to better support our services as well as looking at increasingly inventive ways to achieve our Green Plan and become a more sustainable organisation.

While we are focussed on what we can do in partnership with the people who use our services, we also continue to work alongside our partners both locally and nationally. Our colleagues at Gloucestershire Hospitals NHS Foundation Trust, NHS Gloucestershire CCG, Gloucestershire County Council, South West Ambulance Service, and the other local authorities, emergency services, third sector organisations and statutory services have, like us, been through huge challenges in the past year. Our mutual support and expertise has been tested like never before but as we look ahead to the formation of the new Integrated Care Board we are in a stronger position than ever to transform the lives of people across our county.

I hope this report provides an interesting and enlightening overview of what have been doing during 2021/22.

Finally, on behalf of our Board and Council of Governors, I would like to place on record my enormous thanks to all Trust colleagues, as well as our many partners, members and of course everyone who uses our services for their support throughout the year.

Ingrid Barker, Trust Chair   **13 June 2022**

1. Performance Report
An overview of our purpose, objectives, and performance during 2021/22

Chief Executive's Statement

I am proud to once again present Gloucestershire Health and Care NHS Foundation Trust's Annual Report. The year 2021/22 has presented us with many continued challenges, but also many reasons to celebrate. Despite everything we have overcome and responded to through the continued Covid-19 Pandemic, we are thriving as a Trust and our colleagues are a credit to our Trust and the communities we serve.

We continue to provide services that are caring, responsive and of a high standard. We have invested in our people, our buildings, and our technology and have a clear roadmap in our Trust Strategy for 2021 to 2026 that is now guiding us further in our aim to transform community mental health, physical health and learning disability services.

We now also have a Working Together plan that sets challenges that will embed a culture of working together at every level and every service within our Trust. This Plan applies to clinical services and support services – the structure, fabric and organisation of how we make decisions and do our work. We want all colleagues across all our directorates to think about improvement through involving the people and communities we serve. Importantly, the plan was developed through extensive collaboration and engagement with colleagues, Experts by Experience and system partners.

Our Annual Report gives a detailed overview of our work, our financial performance, our staff engagement, our sustainability initiatives and something very close to my heart – our work to improve and promote diversity and inclusion.

I'd like once again pay tribute to my Trust colleagues. Their skills, experience, hard work and dedication are second to none and I consider myself very fortunate to work alongside them every day. Thank you, colleagues, and thank you for taking the time to read this Annual Report.

Paul Roberts
Chief Executive   **13 June 2022**

About Us

Gloucestershire Health and Care NHS Foundation Trust provides joined-up services for people of all ages with physical health, mental health and learning disability needs. **Our services cover the whole of Gloucestershire.** We work out of health centres and children's centres, community venues such as libraries or schools as well as in people's own homes. We also provide services from our seven community hospitals, our learning disability unit and our two specialist mental health hospitals.

Gloucestershire Health and Care NHS Foundation Trust was formed on 1 October 2019. Our predecessor trusts were 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust. Many of our services are delivered in partnership with primary care, social care and the voluntary sector.

Our five-year strategy for 2021 to 2026 can be read in full on our website. It sets out **our mission:**

Our Mission

Enabling People to Live the Best Life They Can

And **our vision:**

Our Vision

Working Together to Provide Outstanding Care

We have **four strategic aims:**

- Providing High Quality Care
- Promoting Better Health
- Sustainability
- Creating and Maintaining a Great Place to Work

Our strategy is underpinned by a number of enabling strategies, including our Quality Strategy, our People Strategy, Digital Strategy, and Estates Strategy. We also have a Working Together Plan, which sets out how we work with people who use our services, as well as our partners and other stakeholders.
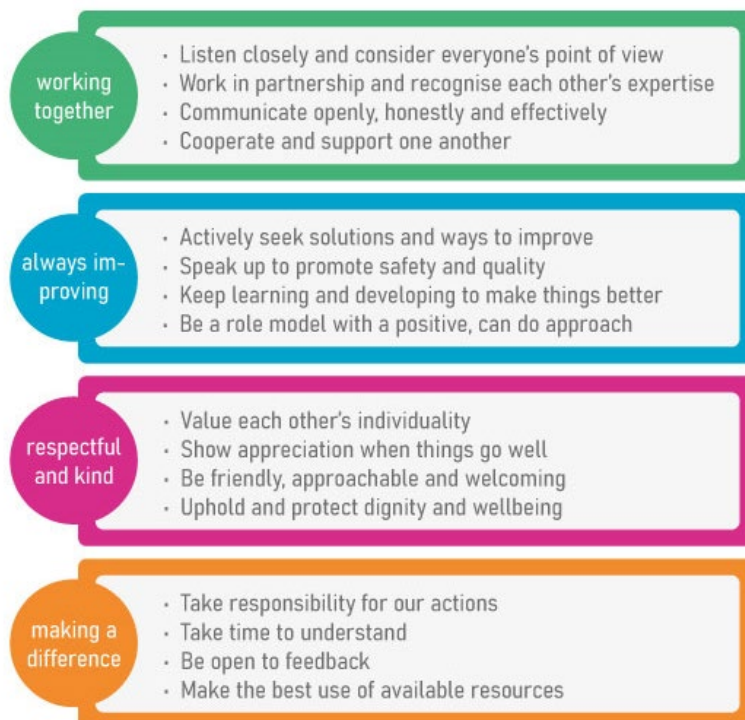
Our strategies are aimed at:

- Developing services around the needs of our communities

- Tackling health inequalities – unfair and avoidable differences in health caused by things like unemployment,

  poor education, race, disability, and where people live
- Using technology to improve access and choice in how patients receive care
- Improving our buildings to make them more efficient and a better environment for our patients and staff
- Promoting quality improvement and innovation
- Working towards university status with our Gloucestershire health and education partners
- Being an environmentally proactive organisation working with our communities to tackle the health impact of pollution and climate change
- Embedding co-production and engagement

Our Values and Behaviours

Our Trust's 'strapline' is With You, For You. It is a sign of our commitment to do everything with our communities and our colleagues, for their benefit.

Our Values are our guiding principles and underpin everything we do. They were developed through a process of co-creation with colleagues, board members, Governors, service users and Experts by Experience.

working together
- Listen closely and consider everyone's point of view
- Work in partnership and recognise each other's expertise
- Communicate openly, honestly and effectively
- Cooperate and support one another

always improving
- Actively seek solutions and ways to improve
- Speak up to promote safety and quality
- Keep learning and developing to make things better
- Be a role model with a positive, can do approach

respectful and kind
- Value each other's individuality
- Show appreciation when things go well
- Be friendly, approachable and welcoming
- Uphold and protect dignity and wellbeing

making a difference
- Take responsibility for our actions
- Take time to understand
- Be open to feedback
- Make the best use of available resources

Foundation Trust Status

As a foundation trust, we are a not-for-profit, public benefit corporation. NHS Foundation Trusts are accountable to their local population, rather than to central Government.

We work with our members, people who use our services, carers and local organisations to gather feedback and advice. This feedback helps us develop a range of comprehensive services that meet the needs of our local communities and make continued improvements in all that we do. This makes sure that the people we serve have access to the right services in the right place and at the right time.

Our People

We employ more than 5,600 members of staff (including bank staff). We also work in partnership with a wide range of commissioners, collaborators and our colleagues across the health and social care community.

As an NHS foundation trust, we are accountable to the local people, who help ensure local ownership and control of their NHS and the services we provide. More than 11,000 members (including staff members) influence our activities, both directly by contacting the Trust and through locally elected representatives who sit on our Council of Governors.

Our services

Our services are provided according to core NHS principles - free care, based on need and not on someone's ability to pay.

The conditions we provide assessment, support, treatment and advice on include a wide range of mental health, physical health and learning disability conditions.

Our **mental health and learning disability services** are delivered through multidisciplinary and specialist teams. They are:

- One stop teams providing care to adults with mental health problems and those with a learning disability;
- Intermediate Care Mental Health Services (Primary Mental Health Services and Improving Access to Psychological Therapies);
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services; Eating Disorders, Intensive Health Outcome Team and the Learning Disability Intensive Support Service; and
- Two inpatient mental health hospitals and one learning disability inpatient unit.

Our **physical health services** are delivered as follows:

- Community services in peoples' homes, community clinics, outpatient departments, community hospitals, schools and GP practices;
- In-reach services into acute hospitals, nursing and residential homes and social care settings;

- Seven community hospitals, providing nursing, physiotherapy, reablement and adult social care in community settings;
- Minor Injury and Illness Units;
- Health visiting, school nursing and speech and language therapy services for children; and
- Other specialist services including sexual health, heart failure, community dentistry, diabetes, intravenous therapy (IV), tissue viability and community equipment.

Specialist Services and Partnerships

Our specialist services include Chat Health, which is a service offered by the school nursing team and enables young to obtain confidential health and wellbeing advice via text message, and Let's Talk, which is an Improving Access to Psychological Therapy (IAPT) service aimed at supporting people with common conditions such as stress, depression and anxiety.

Hope House is a Sexual Assault Referral Centre we provide for Gloucestershire. It offers medical care, emotional and psychological support, and practical help to anyone who has been raped or sexually assaulted. The team also offers information to friends and family. The service can help facilitate police reporting and can provide information anonymously to the police, even if the victim does not wish to speak to the police themselves.

Our occupational health service provides services to our staff and to public and private organisations through our Working Well identity. Our Gloucestershire-based Individual Placement and Support (IPS) Employment Services provide vocational opportunities and promote social inclusion for people recovering from mental ill health. We also provide, in partnership with other organisations, the Severn & Wye Recovery College, which delivers educational courses for people recovering from mental illness. In 2016/17 we worked alongside our Gloucestershire Commissioners and Swindon Mind to open The Alexandra Wellbeing House, in Gloucester. This partnership continues. We also provide Criminal Justice Liaison Services in Gloucestershire alongside the Youth Support Team (PROSPECTS) and the Nelson Trust.

Our research team is funded by the National Institute for Health Research (NIHR). This group works with educational providers, hospitals and commercial companies to promote research studies. Two of our senior research nurses are funded by Cobalt. This enables us to run commercial research projects.

We are currently operating effectively in two provider collaboratives – The Adult Secure/Learning Disability collaborative in the south west and the Children and Adolescent Mental Health/Eating Disorders collaborative in the south east.

Integrated Care System

Throughout 2021/22 we continued to work with our colleagues in the Gloucestershire Integrated Care System, to develop an approach which will transform health and social care provision in the years to come. The plans involve not only NHS Trusts and local authorities, but voluntary sector organisations, communities, staff, and the public. These plans will enable our Trust and our partners to meet the increasing demands placed upon us and provide a responsive, high quality and equitable service to our communities that is sustainable for the future.

Going concern

After making enquiries, the directors have a reasonable expectation that Gloucestershire Health and Care NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing these accounts.

Performance Report – Analysis

As an NHS Foundation Trust, our performance is measured in a variety of ways, including the ratings we are given by our regulator, NHS Improvement.

We report on a number of local safety and quality standards agreed with commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework. However, CQUINs remain paused due to the Covid pandemic.

In addition to these operational performance measures, we also constantly undertake our own quality assurance reviews and audits across all services.

Financial performance

During 2021/22 our main commissioner was NHS Gloucestershire Clinical Commissioning Group (CCG) with whom we agreed to provide clinical care and treatment through block contracts.

We also hold contracts with commissioners in our surrounding region and a contract with NHS Specialist Commissioners for low secure mental health inpatient care.

Our 2021/22 Statement of Comprehensive income can be found on page 97.

The following table details a financial performance summary for the past two years:

	2021/22 (£000s)	2020/21 (£000s)
Total income	260,170	246,726
Operating expenses	(253,810)	(244,194)
Other expenses	(2,687)	(2.444)
Gains/(losses) from transfers by absorption	0	(6,002)
(Deficit) / Surplus	3,673	(5,914)

As detailed above, our operating expenses in 2021/22 totalled £253,810,000 of which staff costs accounted for £188,605,000 or 74.31% of our operating expenses.

The Trust had a financial plan of breakeven for H1 and H2 and we achieved a financial performance surplus of £4,092,000 excluding impairments.

The reconciliation of our reported financial performance to NHSEI with our accounts position of a surplus of £3,673,000 is explained in the following table:

Adjusted Financial Performance	2021/22 £000s
Surplus/(Deficit) for the year	3,673
Before consolidation of Charity	(34)
Add back all I&E impairments / (reversals)	80
Adjust (gains) / losses on transfers by absorption	0
Surplus / (deficit) before impairments and transfers	**3,719**
Remove capital donations / grants I&E impact	95
Remove net impact of DHSC centrally procured inventories	278
Adjusted financial performance surplus / (deficit)	**4,092**

The financial regime for 2022/23 is underpinned by funding envelopes given to each Integrated Care System (ICS). The key financial aim is for the system to be in financial balance, although this has yet to be achieved for the Gloucestershire ICS. We have an agreed system envelope for capital and an agreed capital plan to spend £17.616m to begin building the new Forest of Dean hospital and to make further improvements to our other buildings, tackle backlog maintenance and invest in our Information Technology programme.

Our full annual accounts can be found at page 95.

Efficiency savings

During 2021/22 Gloucestershire Health and Care NHS Foundation Trust was expected to deliver £3.9m of recurring efficiency savings. This comprised a 1.1% national efficiency requirement and additional savings to meet cost pressures and service development requests. The Trust delivered £2.6m at budget setting and further £0.7m during the year.

Over the year, we delivered savings of £3.6m against a total income of £260m.

All efficiency schemes must be approved by our Medical Director, and Director of Nursing, Therapies and Quality at the planning and delivery stages. This helps us to ensure that an appropriate clinical risk assessment process informs our decisions.

Quality is uppermost in our mind and the Trust's Board receives regular updates on whether we are delivering our savings plans. They also provide challenge while seeking clear assurances on the impact that any schemes may have on our ability to deliver safe and appropriate clinical care. In addition, our Governance Committee receives a quarterly report to ensure that no unforeseen, adverse quality impacts arise from our savings plans. Further information on quality governance and data quality are included in the accountability report.

Cost allocation and charging requirements

The Directors confirm that Gloucestershire Health and Care NHS Foundation Trust complies with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Income disclosure

The Directors confirm that Gloucestershire Health and Care NHS Foundation Trust has met the requirement that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Post balance sheet events

There are no material post balance sheet events to report.

Public Sector Payment Policy

The Trust operates its 'Public Sector Payment Policy' in line with the Government's 'Prompt Payment policy' as administered by Crown Commercial Services and the Cabinet Office. This states that the target for all Government bodies is to pay all 'valid, undisputed invoices' within 30 days. It also states that 80% of all 'valid, undisputed invoices should pay within 5 working days. The Trust's performance against the policy has remained high throughout 2021/22. The cumulative Public Sector Payment Policy (PSPP) performance for the Trust for the financial year 2021/22 was 90% paid within 30 days. The figures, including a split between NHS and Non-NHS payments, is reported to the NHSI on a monthly basis. The Trust paid no interest under the Late Payment of Commercial Debts (Interest) Act 1998. This table sets out our payment record for the year, broken down by NHS and non-NHS payments.

Better payment practice code	Actual 31/03/2022 YTD Number	Actual 31/03/2022 YTD £'000
Non-NHS	43,339	139,394
Total bills paid in the year	38,981	128,300
Total bills paid within target	**89.9%**	**92.0%**
Percentage of bills paid within target		
NHS	694	10,178
Total bills paid in the year	548	6,517
Total bills paid within target	**79.0%**	**64.0%**
Percentage of bills paid within target		
Total	44,033	149,572
Total bills paid in the year	39,529	134,817
Total bills paid within target	**89.8%**	**90.1%**
Percentage of bills paid within target		

Income disclosure

The Directors confirm that Gloucestershire Health and Care NHS Foundation Trust has met the requirement that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Post balance sheet events

There are no material post balance sheet events to report.

Counter fraud

Our robust and effective Counter Fraud Service demonstrates our commitment to ensuring that public money is not defrauded. This helps make sure that NHS funds are used for patient care and services. Over the year, Gloucestershire Local Counter Fraud Service (LCFS) has assisted us in reducing opportunities for the commission of fraud and corruption to an absolute minimum.

It has also helped to increase liaison with other government, public and private organisations, and the national and regional offices of NHS Counter Fraud Authority to improve the impact of our counter fraud activity. We continue to encourage the honest vast majority of staff to report any concerns to the LCFS about potential fraud and corruption or areas of high fraud risk. The LCFS then takes appropriate action and pursues appropriate sanctions. The outcome of this activity is reported to act as a deterrent to others.

Well Led

The Trust has a continuous self-assessment programme which includes scrutiny of how well-led the Trust is. This includes evaluation by services about themselves and is based around the Care Quality Commission's Key Lines of Enquiry.

There is a Trust quality improvement focus on health and wellbeing; engagement, response rates and embedding our values and behaviour; communications around responding to and acting upon feedback from colleagues and people who use our services; and improving our leadership and management skills. Data quality oversight is now provided through a governance structure which includes the Trust's Resources Committee, Business Intelligence Management Group and operationally led Performance and Finance meetings.

Inclusion

Our Trust strategy for 2021 to 2026 puts people at the heart of everything we do. One of our four strategic aims is 'Better Health'. This means we will work together with people who use and work in our services to meet the needs of our diverse communities with services that are culturally sensitive and focus on early intervention and prevention.

Our Working Together plan details our ambition to have a Trust-wide culture of working together with the people and communities we serve.

Our aims are to:

- Inspire each other by working together to make improvements that matter and make a difference to everyone we serve.
- Include everyone by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them

Environmental Sustainability

Following the national launch of 'Delivering a net zero NHS' in 2020, our Trust has made sustainability one of its key strategic aims for 2021 to 2026. You can read more about our work on this in our Trust Strategy, where we outline how we aim to be an environmentally proactive organisation working with our communities to tackle the health impact of pollution and climate change.

Historically, we calculated our carbon footprint using the Sustainable Development Units (SDU) carbon footprint tool. The SDU was disbanded and reformed into the Greener NHS Team and associated reporting tools have been revised and remain obsolete until the upcoming financial year.

We therefore cannot accurately report our carbon emissions for this period. Once the tool becomes available, we will report our full carbon footprint in our first standalone Sustainability Annual Report.

Despite these challenges in reporting emissions, we have progressed against the Trust's interim Green Plan. This was produced in early 2020 and set key estate-focused goals including energy, waste, and travel. Following changes in national guidance and scope, a revised Green Plan will be launched in the upcoming financial year. This Green Plan will encompass more holistic approaches to sustainable healthcare including Sustainable Care Models, healthcare prevention, procurement, and social value.

Financial Year Highlights

Energy

Significant progress and investment have been made in order to decarbonise our buildings. The Trust received £683,000 grant funding through the Public Sector Decarbonisation Scheme (PSDS), which was used to upgrade the lighting to light emitting diode (LED) in two of our mental health inpatient units - Wotton Lawn and Greyfriars Unit, in Gloucester - and George Moore community health clinic. Both of these projects have saved 231.558 tCO2$_e$ per annum.

We have also used £800,000 of internal funding to upgrade the lighting to LED at Cirencester Hospital, Stroud Hospital, and the Stanway centre. This work is ongoing and is due to be completed in the upcoming financial year.

Against the backdrop of rising energy prices, we have also transferred all of our gas and electricity contracts over to West Mercia Energy which provides a fully managed procurement service, bill validation, energy portal, and budget certainty. We have also implemented a REGO certified renewable energy tariff, ensuring our electricity has been sourced from certified renewable resources.

These projects are overseen by the new Sustainability Project Manager, recruited in August 2021 who will oversee the net zero elements of our portfolio.

Waste

Overall waste volumes have decreased by 62%, partly due to the COVID-19 pandemic and hybrid working models. Infectious waste continues to be the highest waste per volume at the Trust. We envisage infectious waste volumes to decrease over the next financial year, following the gradual step-down of infectious waste protocols resulting from the ongoing COVID-19 pandemic.

Despite operational pressures with waste, we have continued with light-touch waste reduction projects including the use and promotion of Warp-it, which is an NHS-wide recyclying and reuse scheme. We will be working to reinvigorate waste reduction and segregation projects in the upcoming financial year.

Travel

The Trust has continued to adopt remote working practices which have resulted in a 14% reduction in Trust mileage claims which has saved the Trust approximately £250,000.

To support the transition to net zero emissions, we have installed 18 7 Kw Electric Vehicle Charging Points across the estate to support the transition to net zero carbon emissions. We are working alongside the Fleet Team to transition existing vehicles to electric.

Workforce and Systems Leadership

We have continued to work with the Trust Board to embed sustainability across the organisation to align with our strategic aims.

We have held specific Green Plan workshops with the board, senior leadership teams and other key stakeholders across the organisation as well as launching a sustainable healthcare e-learning module on care to learn.

Future investment

Changes in demographics, demand, awareness, national guidance and targets, the introduction of new technologies and our work with our partners, mean we must remain flexible and adaptable. Delivering against our financial plan while maintaining and enhancing the care we provide will be essential, yet demanding.

Our commitment to our service users, carers, staff, partners and communities remains at the forefront of everything we do. We will continue to invest in what we need to do and what is best for the people we serve, while ensuring that we are responsible and careful with our necessary spending.

Future performance and risks

The year ahead will undoubtedly challenge us, particularly due to the recent and ongoing pressures presented by Covid-19. However, we have historically shown our ability to meet challenges, adapt and work with our partners to ensure that we continue to meet the demands placed upon us and continue to focus on our main aim – provision of high-quality services and support to our communities.

As a relatively new Trust we are also still embarking upon a journey of innovation and transformation, enabling us to develop services to better meet the needs and improve the health of our communities. This will now be against the backdrop of Covid-19, which will inevitably have a huge impact on the health service as well as wider society, our communities and partners. We will also continue our work with the Integrated Care System in Gloucestershire but will also remain focused on our own service users, carers, staff, partners and communities.

We are aware that we face risks in achieving our aims. We will continue to monitor and assess those risks and include them in our Risk Register and Board Assurance Framework, which is reported and discussed regularly at our Trust Board. Our main risks involve demand for services and recruitment and retention. These risks are shared with most, if not all, of our colleagues across the NHS and we have detailed plans in place to respond to and mitigate these risks. Further information on this is within our Annual Governance Statement.

This Performance Report has been approved by the directors of Gloucestershire Health and Care NHS Foundation Trust.

Paul Roberts
Chief Executive   **13 June 2022**

Accountability Report
2. Directors' Report

Our operating expenses in 2021/22 totalled £253,810,000 of which staff costs accounted for £188,605,000 or 74.31% of our operating expenses.

The Trust had a financial plan of breakeven for H1 and H2 and we achieved a financial performance surplus of £4,092,000 excluding impairments.

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Remove capital donations / grants I&E impact	95
Remove net impact of DHSC centrally procured inventories	278
Adjusted financial performance surplus / (deficit)	**4,092**

Our full annual accounts can be found at page 95.

Charitable Funds

The Trust's Charitable Funds enable people to have experiences which are not part of core NHS spending. They enhance patient care, user and carer support and staff welfare and amenities. They are also used to improve the working environment and facilities at all of the Trust sites.

Our Charitable Funds are registered with the Charities Commission and our Charity Number is 1096480.

Directors' responsibilities

The Directors confirm that, so far as they are aware, there is no relevant audit information of which the Trust's auditor is unaware. The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Accounting policies for pensions and other retirement benefits are set out in note 1.6 to the accounts, and details of senior employees' remuneration can be found in the Trust's Remuneration Report.

Income disclosures

As per Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), we can confirm that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

The impact of the provision of other income is not material on the provision of goods and services for the purposes of the health services in England.

Use of the Commissioning for Quality and Innovation (CQUIN) framework

The national contractual use of CQUINs is to support the essential focus upon quality improvement in the provision of services and incentivise through specific quality payments.

In 2021/22 the use of CQUINs was paused, due to the Covid pandemic.

Membership

Membership constituencies and eligibility requirements

Our members support us in appointing a Council of Governors.

Public constituencies

Members of our public constituency must live in England or Wales, be aged 11 or older and not eligible to become a member of our staff constituency. Six of our public constituencies are based in the city, borough and district councils of Gloucestershire. The seventh constituency is Greater England and Wales.

Staff constituency

Members of the staff constituency are individuals who are employed by the Trust under a contract of employment.

There are three classes:

- Medical, Dental and Nursing staff
- Health and Social Care Professional staff
- Management, Administrative and Other staff

The Trust provides automatic membership of the staff constituency.

Membership data

Constituency	As at 31 March 2021	As at 31 March 2022
Public	5987	**5947**
Staff	4631	4654

Membership data by constituency as at 31 March 2022

| Cheltenham	898
Cotswolds	397
Forest of Dean	620
Gloucester	1514
Stroud	880
Tewkesbury	699
Greater England and Wales	935
Not stated	4

Become a member

If you are interested in helping to shape local NHS services, join us:

- Telephone: 0300 421 7142
- Email: members@ghc.nhs.uk
- Web: www.ghc.nhs.uk/membership

Patient and Carer Experience

Between 1st April 2021 and 31st March 2022, the Trust received 120 formal complaints about its services. This is more than 2020/21 (n=83), and very similar to 2019/20 (n=117).
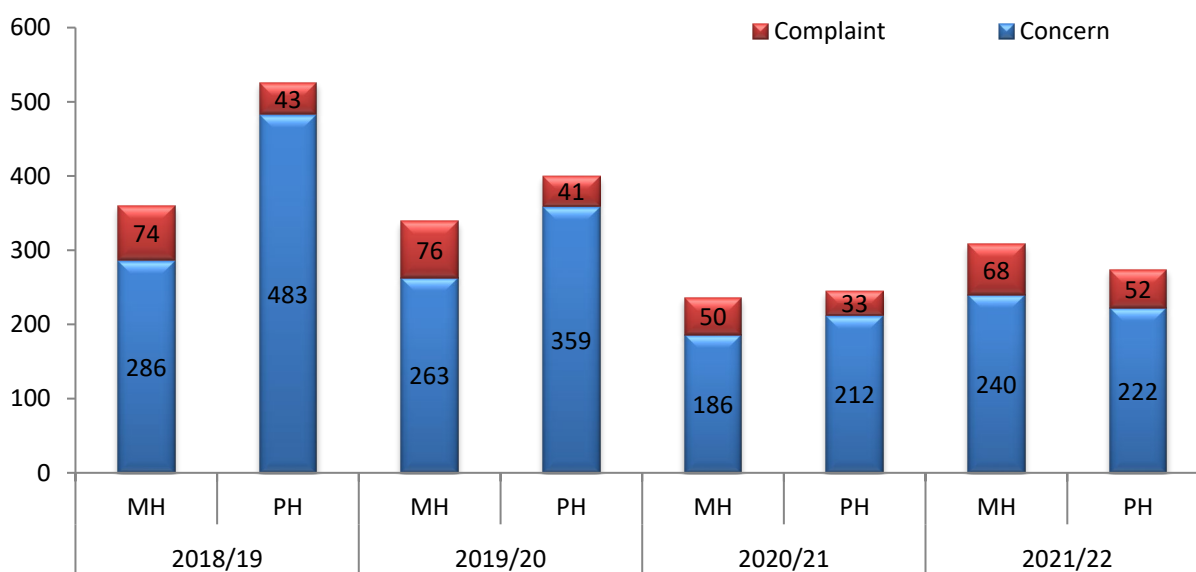
2021/22 presented significant challenges for our Patient and Carer Experience Team (PCET), following the unprecedented operational and organisation issues of 2020/21. The team provided administrative support to vaccination clinics and volunteered for redeployment to cover staffing shortages, whilst simultaneously working with Trust colleagues to reduce the backlog of complaints caused by NHS England's 'national pause'.

In November 2021, changes to the team provided an opportunity to review our approach to managing patient feedback and a triage role was created in January 2022. All feedback is now channelled through a central point and triaged according to complexity, level of harm, etc. Wherever possible, our PCET will resolve issues at a local level, providing a more immediate resolution for our patients, families and service users. The team has also recruited a dedicated administrator to manage all inbound communication, which has provided greater consistency and created capacity elsewhere in the team. Our Patient Advice and Liaison Service (PALS) is also now returning to our hospitals to provide advocacy for our patients.

In February 2022, the Quality Assurance Group signed off on a new investigation template for complaints. The new template incorporates the existing Checklist and Terms of Reference documents to remove three steps from the complaints process. Further reviews of the process and wider stakeholder engagement were sadly postponed due to the ongoing Coronavirus response.

Whilst our PCET worked incredibly hard to keep patients and carers updated on the progress of their investigations, complainants also received a letter from our Director of Nursing, Therapies and Quality in February 2022. This letter reinforced the updates provided by the team and provided reassurance that we had made changes to improve our response times in the future.

Last year, 2020-2021, 94% (78 of 83) of complaints were acknowledged within three days. This year, 2021-2022, **91%** (**109 of 120)** of complaints were acknowledged within the three-day time standard.

Analysis of this information for 2021/2022 shows that there was an increase in the number of formal complaints (**n=120**) and in the number of concerns (**n=462**) compared to 2020/2021 (complaints n=83, concerns n=389).

There was a 21% increase (**n=582**) in the combined number of complaints and concerns reported to the PCET during 2021/22 compared to 2020/21 (n=481). It is important to acknowledge that the PCET also record additional contacts made directly with the team and these are categorised as enquiries on Datix.

During 2020/21 there were 266 enquiries relating to our services along with an additional 46 contacts that did not relate to GHC services. During 2021/22 there were **292** enquiries about our services; an additional **79** contacts did not relate to our services and were signposted to the correct organisation.

Our PCET works with the Director of Nursing, Therapies and Quality and other senior colleagues to facilitate Local Resolution Meetings wherever helpful. The PCET also provides independent advocacy information and complainants are encouraged to take their complaint to the Parliamentary Health Services Ombudsman (PHSO) if they are not satisfied with the outcome of the Trust's investigation or if they feel that their concern remains unresolved.

Compliments

This table displays the number of compliments GHC received for 2021/22, with a comparison for the same services in the previous two years. There has been an increase in compliments in comparison to the previous year and remains a decrease in compliments from the year

before that. However, this may be due to a change in the system for recording compliments the Trust receives, and work will continue to increase awareness of the new system.

Compliments	Mental health	Physical health	Total
2019-20	1,218	1,735	**2,953**
2020-21	298	905	**1,203**
2021-22	510	1,325	**1,835**

NHS Friends and Family Test

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether people are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to share views after receiving care or treatment across the NHS. We invite everyone who uses our services to respond to the FFT.

Our patients and service users can provide feedback through the FFT in several different ways. Electronic versions of the FFT are used via email, SMS and iPads, and the FFT survey link is also made available to patients after consultation via Attend Anywhere. Paper copies are also used in a number of services. A review of the FFT process is currently being undertaken to streamline the methods and encourage increased response rates.

The FFT asks service users: **"*Overall, how was your experience of our service?*",** and provide an opportunity to comment further if they wish.

The table below details the number of FFT responses received by the Trust for each quarter during 2021/22. The FFT score is the percentage of people who stated that the service was 'very good' or 'good'.

	Number of responses	FFT Score (%)
Quarter 1, 2021/22	4,934 (4,613 positive)	93%
Quarter 2, 2021/22	4,023 (3,780 positive)	94%
Quarter 3, 2021/22	4,138 (3,919 positive)	95%
Quarter 4, 2021/22	3,721 (3,531 positive)	95%
Total	**16,816 (15,843 positive)**	**94%**

National Mental Health Community Patient Survey

The Care Quality Commission (CQC) requires that all providers of NHS mental health services in England undertake an annual survey of patient feedback.

The 2021 Community Mental Health Survey was sent as a random sample to 1250 service users who received treatment for a mental health condition between 1st September 2020 and 30th November 2020. Our Trust achieved a 34% (n=432) response rate to the survey (the national average was 26%).

The results of the Care Quality Commission's 2021 National Community Mental Health survey showed that our Trust scored:

- Better than most trusts in 5 of 12 domains
- Better than most trusts in 12 of 28 questions (43%)
- Within the top 20% of trusts in 9 of the 12 domains

The Trust scored high in questions relating to person-centred care such organising, planning and reviewing care, as well as service users being given support with their physical health needs and providing help and advice with finding work.

The Trust was placed within the top 20% performing trusts in 9 of the 12 survey domains, and scored 'better than most trusts' in the following domains:

- Health and social care workers
- Organising people's care
- Reviewing people's care
- Support and wellbeing
- People's overall view

Areas for further focus include:

- Ensuring other areas of service user's lives are considered when planning their care
- Ensuring medication side effects are discussed with service users
- Asking service users for their views on quality of care and what matters to them

This feedback has been considered and will be addressed in an action plan to be agreed with the Trust Senior Management Team.

Accountability

The NHS Foundation Trust Code of Governance

Governance is the system by which the Trust is directed and controlled to achieve its objectives and meet the necessary standards of accountability and probity. The Trust has adopted its own governance framework which requires Governors, Directors and staff to have regard for recognised standards of conduct including the overarching objectives and principles of the NHS, the seven Nolan Principles, the NHS Constitution and the NHS Foundation Trust Code of Governance.

Board of Directors

Our Board of Directors provides leadership and helps drive overall trust performance, ensuring accountability to Governors and our members.

The Board is legally responsible for the strategic and day-to-day operational management of the Trust, our policies and our services. It maintains a scheme of delegation giving authority to Directors and others within certain limits to carry out actions required under financial procedures and the Mental Health Act.

Members of the Board

About our Independent Non-Executive Directors

Ingrid Barker –Trust Chair
Ingrid Barker is the Trust Chair, from 1 January 2018 – 30th September 2019 she was Joint Chair of ²gether and Gloucestershire Care Services NHS Trust. She was Chair of Gloucestershire Care Services NHS Trust from its inception in April 2011. She was previously a Non-Executive Director on the Board of NHS Gloucestershire for five years.

Ingrid has undertaken national policy and service development roles through the Centre for Mental Health Services Development. She was Deputy Chief Executive of an NHS Trust in Surrey and led Croydon Mental Health Unit as Unit General Manager, transforming institutional services to community provision.

A qualified social worker, Ingrid established a service for young homeless people in Central London and was Regional Director of MIND. She also led the creation of the first mental health Patients Councils and Advocacy projects in Britain. Ingrid is currently a governor for the University of Gloucestershire.

Graham Russell – Independent Non-Executive Director and Vice Chair
Graham Russell is former Chair of Elim Housing Association and currently Chair of Second Step, a mental health charity.

Prior to chairing Second Step and Elim Housing, Graham spent 10 years as an expert advisor to the Organisation for Economic Co-operation and Development (OECD), four years as executive director at the Commission for Rural Communities and a decade in a number of senior roles at Business in the Community, one of The Prince's Charities.

Graham was appointed as a non-executive director of Gloucestershire Care Services in August 2016. He was then appointed as a Non-Executive Director for GHC on 1 October 2019. He is now Vice-Chair of Gloucestershire Health and Care NHS Foundation Trust. He is the Chair of the Great Place to Work Committee.

Marcia Gallagher - Independent Non-Executive Director and Senior Independent Director
Marcia was appointed to the 2gether Trust on 1 April 2016 and then appointed to the shadow Board of GHC in December 2018 and the full board of GHC on 1 October 2019. Marcia brings with her over 40 years' NHS service and her experience both as a qualified accountant and the holder of a number of senior functioning roles in the NHS.

Marcia, who lives in the Forest of Dean, worked in both commissioner and provider organisations in Gloucestershire, Herefordshire and the West Midlands. More recently, she worked for NHS England, before her retirement. She has had both a professional and personal involvement with mental health services through a family member, something that helped drive her decision to become involved with the Trust.

Marcia, is the Chair of Crossroads Gloucestershire an organisation which provides Domiciliary Care and day centre activities.

Marcia chairs the Trust's Audit and Assurance Committee and is Vice Chair of the Charitable Funds Committee.

Sumita Hutchison – Independent Non-Executive Director
Sumita is a lawyer by background and a social care commissioner. She is also currently a Non- Executive Director on the Royal United Hospitals Bath NHS Foundation Trust.

In addition, she is one of the founding members of the Mayoral Bristol Commission for Race Equality and a member of the Women's Commission (Bristol). Sumita, who lives in Bristol, is hoping to use both her personal and professional experience to support the work of the Trust.

Sumita was appointed to the Shadow Board in January 2019 and the board of GHC on 1 October 2019.

Sumita is Chair of the Charitable Funds Committee and Chair of the Mental Health Legislation Scrutiny Committee. Sumita is also Deputy Chair of the Great Place to Work Committee.

Jan Marriott – Independent Non-Executive Director
Jan Marriott qualified as a nurse and also has a degree in social policy as well as an MBA. Jan has previously been Director of Nursing and Operations in the NHS in Worcestershire and Gloucestershire as well as with a national independent sector care organisation. She was also Director of Clinical Change in the Gloucestershire Primary Care Trust. Jan cares deeply about nursing as a profession and the provision of high quality, personalised care which is fostered through the empowerment of colleagues and patients/service users.

Jan has worked in Gloucestershire since 2002. She Co-Chairs the Gloucestershire Learning Disability: Physical Disability and Sensory Impairment and Mental Health and Wellbeing Partnership Boards. The rationale for the Boards is that by working together with partners, other agencies and people with lived experience we can coproduce and deliver better strategies to improve the health and lives of the people of Gloucestershire. Jan is very committed to co-production and is an advocate for place-based approaches.

Jan was appointed as a Non-Executive Director with GCS in June 2015 and the Board of GHC on 1 October 2019. She is the Chair of the Quality Committee and the new Working Together Advisory Group.

Steve Brittan – Independent Non-Executive Director
Steve joined the Trust as an Associate Non-Executive Director in May 2020, subsequently appointed as a Non-Executive Director from 17 September 2020. Steve lives in Gloucestershire and also serves on the Board of Xoserve Ltd, the UK Gas industry's Central Services Data Provider. He was previously a non-executive Director of the Numerical Algorithms Group and V-Auth Ltd

His previous roles included Chief Executive at the UK Defence Solutions Centre, a Technology Innovation Hub comprised of a UK Government/Industry partnership; Managing Director at QinetiQ Group, responsible for an advanced technology Division of the Company, and Partner at TecHorizons Ltd, acting as an investment advisor for dual-use technology companies seeking growth capital. He is a technologist, and patent holder; specialising in cyber security; advanced electronics, digital technologies.

Steve is the Chair of the Resources Committee and the Forest of Dean Assurance Committee.

Dr Stephen Alvis – Independent Non-Executive Director
Stephen was a GP in Gloucestershire for the 32 years; first with the Uley practice and then with the Cam and Uley Family Practice following a merger of two surgeries in 2013.
He chaired the Stroud and Berkeley Vale Primary Care Group, and has served as Treasurer on the Gloucestershire Local Medical Committee, working in liaison with the clinical commissioning group on specific projects.

A graduate of Bristol University, Stephen had junior doctor roles in Cheltenham, Exeter, Bristol, Weston-super-Mare, Milton Keynes and Aylesbury, before his GP training in Buckingham. He retired from general practice in October 2019.

Stephen joined the Trust as an Associate Non-Executive Director in January 2020, subsequently appointed as a Non-Executive Director from 19 November 2020. Steve is Vice Chair of the Quality Committee and the Mental Health Legislation Scrutiny Committee. Steve is also the Chair of the MH Act Managers Forum.

Non-Executive Directors who stepped down during the year

Maria Bond – Independent Non-Executive Director (until 30 September 2021)
Maria Bond was appointed as a Non-Executive Director for 2gether in November 2016 and then to the Shadow Board of GHC. Until the end of her term in September 2021, Maria was

the Chair of the Quality Committee and deputy Chair of the Audit and Assurance Committee. Maria is also an appointed Lay-member of Council at the University of Bath, where she Chaired the Redundancy Committee.

Her professional experience comes in the construction and commercial development sector, where she has worked for many years as a chartered quantity surveyor. Maria is a Member of the Royal Institute of Chartered Surveyors and worked in construction for the Morgan Sindall Group and the Rok Group as Commercial Director, Area Director before joining the acquisition team to lead the due-diligence and integration of new businesses. She is also a qualified riding instructor.

Clive Chadhani – Independent Non-Executive Director (1 October 2021 – 28 February 2022)
Clive joined the GHC Board as a Non-Executive Director in October 2021. Unfortunately, Clive's work commitments meant that he would be spending more time in Canada and as such would not be able to fulfil the requirements of the NED role. Despite his relatively short time in post, Clive made a real impact, having brought energy, enthusiasm and a fresh approach to his contributions.

About our Executive Directors

Paul Roberts – Chief Executive
Paul is the Chief Executive of Gloucestershire Health and Care NHS Foundation Trust. He was appointed on 16 April 2018 as Joint Chief Executive of 2gether and Gloucestershire Care Services NHS Trust until the merger in 2019. Paul has been a Chief Executive for over twenty years and spent more than five years in Wales leading a large health board responsible for community, mental health and learning disability services as well as four acute hospitals. He spent fourteen years in Plymouth as Chief Executive of community and mental health services and then the acute teaching hospital NHS Trust.

An Oxford University graduate, Paul has also held a variety of national roles across the NHS, including being a trustee of the NHS Confederation, vice-chair of the Association of UK University Hospitals and a member of the Independent Reconfiguration Panel.

Sandra Betney – Director of Finance and Deputy Chief Executive
Sandra became the Director of Finance for Gloucestershire Health and Care NHS Foundation Trust following the merger. Sandra was the Senior Responsible Officer (SRO) and lead executive for the successful merger and integration. Sandra became joint Director of Finance for 2gether and Gloucestershire Care Services in June 2019, having previously been Director of Finance for Gloucestershire Care Services. Her responsibilities include estates and facilities, business planning, financial and contract management as well as leadership of the finance services, procurement, business intelligence and IT functions.

A qualified accountant, Sandra began her accountancy career with the Bradford and Northern Housing Association. She joined the NHS in 1993 and has held high profile roles in finance and procurement within health authorities, mental health trusts, and the NHS Information Authority.

David Noyes – Chief Operating Officer (from 11 January 2022)
David was previously Chief Operating Officer (Southampton and County Wide Services) at Solent NHS Trust, where he had been for the past four years. Prior to that, he was Director of Planning, Performance and Corporate Services at Wiltshire CCG – also for four years. Before joining the NHS, David was a Naval officer for 28 years specialising principally in logistics, including a deployment as Chief Operating Officer for logistics with the Army's Logistics Brigade in Afghanistan.

Neil Savage – Director of Human Resources & Organisational Development
Neil has been the Trust's Director of HR and Organisational Development since 2016. Prior to this he was Director of HR Transformation, leading on the HR integration of Birmingham

Children's and Birmingham Women's NHS Foundation Trusts after a four-year tenure as Chief Operating Officer. Before this, he was the Trust's Interim Chief Executive and Director of Workforce & Organisational Development. Neil also previously worked for Gloucestershire Hospitals NHS Foundation Trust as Assistant HR Director and Acting Director of HR & Organisational Development. He has worked in other HR roles in acute, mental health, learning disabilities and community services. A Chartered Fellow of the CIPD, Neil was the winner of the Health Education England West Midlands' "Inspirational Leader of the Year" award in 2015 and was shortlisted as a national finalist in 2016. He is currently the South West employers' representative on the national NHS Staff Council.

John Trevains – Director of Nursing, Therapies and Quality
John joined the Trust in October 2018 and took up the post of Director of Nursing, Therapies and Quality at the merger. He has held a range of posts across health and social care settings since joining the NHS in 1994 and is well known both nationally and locally within the NHS. Prior to joining ²gether, John was Head of Mental Health and Learning Disabilities Nursing for NHS England. He has previously held a number of senior leadership roles including Assistant Director of Nursing, Patient Experience, Safeguarding and Mental Health Homicide Investigations (NHS England South Central), Clinical Lead for the National Transformation Care Programme and Deputy Director of Nursing for ²gether.

A Registered Mental Health Nursing graduate of Plymouth University, John also holds an MSc in Quality Improvement in Healthcare. John also works with the World Health Organisation on international mental health related projects as an advisor.

Dr Amjad Uppal – Medical Director
Amjad completed his undergraduate medical training in 1995 and subsequently worked in Primary Care and General Medicine before specialising in Psychiatry. He completed his core and specialist training in Gloucestershire in the Severn Deanery. He is on the GMC Specialist Register with accreditation in General Adult Psychiatry and an endorsement in Rehabilitation Psychiatry.

Amjad's first appointment as Consultant was with the Cheltenham Crisis and Home Treatment Team from January 2010 to July 2013. In August 2013 he was appointed as Consultant to the Gloucester Assertive Outreach Team.

Amjad has a keen interest in medical education and management. He served as Postgraduate Tutor and Inpatient Medical Lead from November 2010 to August 2013, Director of Medical Education from August 2013 to November 2017 and was appointed as Medical Director 2gether NHS Foundation Trust in December 2017. He was appointed as joint Medical Director 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust in February 2019 and then became Medical Director for Gloucestershire Health and Care NHS Foundation Trust in October 2019. He continues with his clinical role as Consultant to the Gloucester Assertive Outreach Team.

He was elected to Fellowship of the Royal College of Psychiatrists in November 2021.

Angela Potter - Director of Strategy and Partnerships
Angela joined as Director of Strategy & Partnerships in September 2019. Her responsibilities include all aspects of the Trust's strategy development and strategic input into the Trust's planning cycles, leading the transformation and quality improvement agenda across the Trust to support new ways of working along with the development of strategic partnerships across the Gloucestershire system ensuring co-production of plans and priorities with staff, patients, service users and wider stakeholders. Angela is also leading on sustainability and strategic estates planning for the Trust. She was previously Director of Business Development & Marketing at Nottinghamshire Healthcare NHS FT where she led on strategy, business development and annual planning along with a wider portfolio of corporate services including estates, facilities, capital planning and health & safety.

Angela started her career as a Registered General Nurse and worked in a number of Emergency Departments across the East Midlands before being appointed into a variety of General Management and Change Management roles at both a regional and national level. She holds a BA Hons in Health Studies and a Master's Degree in Business Administration from De Montfort University.

Executive Directors who stepped down during the year

John Campbell – Chief Operating Officer
Hilary Shand – Interim Chief Operating Officer

Non-Voting Executive Directors

Helen Goodey - Joint Director of Locality Development and Primary Care
Helen became a joint non-voting executive for 2gether and GCS from April 2019 and continues in this role with Gloucestershire Health and Care. Helen has been in Gloucestershire since 2012, working closely with Clinical Commissioning Group (CCG) GP clinical leaders to develop GP membership engagement. This has helped Gloucestershire practices to be well prepared in their clusters to develop into Primary Care Networks. Working closely with key stakeholders and partners, she is an ardent advocate of integrated place-based care working around patient populations to improve quality and deliver joined up care for patients, closer to home.

Helen has 20 years senior management experience working across both England and Wales, leading a wide portfolio of services including Workforce, Estates, Prescribing and Primary Care Development, with an MSc in Public Strategy and Leadership.

Helen is currently representative on a number of National Policy Development Groups, including national representative for NHSCC.

Attendance by Non-Executive Directors and Directors

Terms of reference define membership for each Board committee. The Chair and Chief Executive by virtue of office may attend all meetings (except the Audit and Assurance Committee).

The number of meetings and individual attendances at those meetings are detailed in the following tables. Board members who are "members" of a particular committee, as per the Terms of Reference, and therefore expected to attend are highlighted. All Board members can attend any meeting and ad hoc attendance is also recorded.

It should be noted that Non-Executive Director portfolios were revised in October 2021. The attendance tables are therefore set out for the period 1 April – 30 September 2021 and 1 October 2021 – 31 March 2022 to reflect attendance in line with updated responsibilities. A new Board Committee, the Great Place to Work Committee was established in October 2021, and this is reflected in the second table.

Attendance at Trust Board and Board Committees by Non-Executive and Executive Members from 1 APRIL 2021 – 30 SEPTEMBER 2021									
Name and Position	Council of Governors	Board	Resources	Audit & Assurance	Quality	Mental Health Legislation Scrutiny	Charitable Funds	ATOS	Forest of Dean Assurance
Total of Meetings Held	3	5	3	3	3	2	1	4	2
Ingrid Barker Trust Chair [1]	3	5	1					4	
Steve Alvis, Non-Executive Director	1	5			3	2		2	
Steve Brittan, Non-Executive Director	2	5	3	3				4	2
Maria Bond, Non-Executive Director	2	5		3	3			4	2
Marcia Gallagher, Non-Executive Director	3	4	1	3	1		1	4	
Jan Marriott, Non-Executive Director	3	5	2		2	2		3	
Graham Russell, Non-Executive Director	3	5	3	2			1	3	2
Sumita Hutchison, Non-Executive Director	2	4	2		3		1	2	
Paul Roberts, Chief Executive [1]	2	5		1				4	
John Trevains, Director of Nursing, Therapies and Quality	2	5			3				
Dr Amjad Uppal, Medical Director		5			2	1			
Sandra Betney, Director of Finance/Dep. Chief Executive	1	4	3	3			0		2
Neil Savage, Director of HR & Organisational Development	3	5	3				1	3	2
John Campbell, Chief Operating Officer [2]		0/1	0/1		0/1	0/1			
Angela Potter, Director of Strategy and Partnerships		5	2				1		2
Helen Goodey, Director of Locality Development and Primary Care		2							

	Member of a Committee/Board as stated in the terms of reference. Board members are welcome to attend all Committees and ad hoc attendance is also included in the table above.

[1] The Chair and Chief Executive are Ex officio members of all Board Committees, except Audit. Attendance at Board Committees is therefore optional or by invitation only.
[2] Left role of Chief Operating Officer 2nd June 2021.

Name and Position	Council of Governors	Board	Resources	Audit & Assurance	Quality	Mental Health Legislation Scrutiny	Charitable Funds	ATOS	Forest of Dean Assurance	Great Place to Work
Total of Meetings Held	**2**	**4**	**2**	**2**	**3**	**2**	**1**	**2**	**3**	**3**
Ingrid Barker Trust Chair [3]	2	3	1		1	1	1	2		1
Steve Alvis, Non-Executive Director	2	4	2		3	1		2	3	
Steve Brittan, Non-Executive Director	2	4	2	2				2	3	2
Clive Chadhani, Non-Executive Director [4]	1/1	2/2	1/1	2			1	1/1		
Marcia Gallagher, Non-Executive Director	2	4		2	3		1	2		1
Jan Marriott, Non-Executive Director	2	4	2		3			1		
Graham Russell, Non-Executive Director	2	4		2	3		1	2	3	3
Sumita Hutchison, Non-Executive Director	1	4				2	1	2		2
Paul Roberts, Chief Executive [1]	2	4						2		
John Trevains, Director of Nursing, Therapies and Quality	2	4			3					1
Dr Amjad Uppal, Medical Director		4			3	2				
Sandra Betney, Director of Finance/Dep. Chief Executive	2	4	2	2			0		3	
David Noyes, Chief Operating Officer [5]		2/2	1/1		1/1	1/1				1
Neil Savage, Director of HR & Organisational Development	1	3	1	1			1	2	2	3
Angela Potter, Director of Strategy and Partnerships	1	4	2				1		3	
Helen Goodey, Director of Locality Development and Primary Care		1								

Member of a Committee/Board as stated in the terms of reference. Board members are welcome to attend all Committees and ad hoc attendance is also included in the table above.

[3] The Chair and Chief Executive are Ex officio members of all Board Committees, except Audit. Attendance at Board Committees is therefore optional or by invitation only.

[4] Left Non-Executive Director role 28 February 2022.

[5] Appointed Chief Operating Officer 10 January 2022.

Board Committees

Audit and Assurance Committee

All Non-Executive Directors, except the Trust Chair, are members of the Audit and Assurance Committee. Marcia Gallagher chairs the Committee. The role of the Audit and Assurance Committee is to provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities, both generally and in support of the Annual Governance Statement.

There were five meetings of the Audit and Assurance Committee held in the reporting period. The Committee's agenda is structured so as to enable consideration of significant issues throughout the year. Standing agenda items include:

Internal Audit: PwC is the Trust's Internal Audit provider. The Committee has commissioned from PwC a full audit programme based upon risk as identified by the Board Assurance Framework and received regular reports on the outcomes and actions completed. Where appropriate, the findings of these audits were also reported to other Committees in order for action plans to be developed and their timely implementation monitored. A number of these audits were specifically requested by the Committee in order to scrutinise known areas of risk.

External Audit: Each year the Committee approves an External Audit plan setting out the timetable for the audit of the annual accounts and the Quality Report. The Committee also receives at each meeting a summary of any additional significant risks identified through the planned audit work, as well as a summary of significant risk, regulatory and health sector developments which are pertinent to the work of the Trust.

KPMG LLP were originally appointed as the Trust's external auditor by the 2gether Council of Governors from 1 April 2017, following a competitive procurement process overseen by an Audit Committee working group on which Governors were in the majority. Two extension options have since been enacted and the current contract was due to end on the 31 March 2022. To provide continuity of audit services, whilst reducing the admin burden of a lengthy procurement process on all parties, it was recommended to make a direct award to KPMG through the use of a framework contract. An Audit and Assurance Committee evaluation expressed a strong level of satisfaction with KPMG's performance and it was decided to offer a further two-year contract to KPMG. This would be done whilst also undertaking an evaluation of their proposal to ensure it met value for money considerations. The Council of Governors at their meeting in March 2022 considered the outcome of this evaluation and approved the appointment of KPMG, with the new contract commencing on 1st April 2022 for a period of two years.

Financial Reporting: The Committee receives a number of reports through the year on significant financial issues such as losses and special payments and valuation of intangible assets. In accordance with International Financial Reporting Standards the Committee also receives the 'Going Concern' report enabling the Trust to make and document a rigorous assessment of whether the Trust is a going concern when preparing its annual financial statements. In reviewing and approving the financial statements, the Committee also reviews any changes to accounting policies, and receives a report outlining factors on which the Committee must take into account in order to satisfy itself that no material misstatements have been made in the accounts, and providing assurance that sufficient controls exist for the Committee to be assured that the Annual Accounts present an accurate assessment of the Trust's financial position, and the External Auditor can rely on the information contained within the Letter of Representation.

Counter Fraud Reporting: The Committee approves a Counter Fraud Plan each year, and receives reports on Counter Fraud activity at each meeting.

Appointment and Terms of Service Committee

The Appointment and Terms of Service Committee is chaired by the Trust Chair and has a membership of all Non-Executive Directors. In the absence of the Chair, the Vice Chair of the Trust will lead the meeting. The Committee's role is to advise the Board on the appointment, remuneration and terms of service and performance of the Chief Executive and Executive Directors of the Board. This also includes Very Senior Managers (VSMs is defined by NHS Employers as 'other senior managers with Board level responsibility'). It also ensures there are appropriate arrangements for the consideration and management of succession planning.

During the year the committee met 6 times and considered:

- The performance of each Executive Director and the Chief Executive, including a review of the Chief Executive's annual objectives
- Executive Director and Chief Executive pay
- Succession planning for Executive Directors
- The allocation of clinical excellence awards for consultants, discretionary points to associate specialists and optional points to staff grades in line with Trust's policies and procedures and as necessary

Appointment
Appointment of new Non-Executive Directors is for an initial period of three years subject to earlier termination or extension and is governed by the terms of the Trust's Constitution and the Standing Orders for the Council of Governors and Board of Directors. Appointment of both Executive and Non-Executive Directors is subject to candidates satisfying the requirements for Fit and Proper Persons; Directors, as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Directors must continue to satisfy these requirements during the term of their appointment.

Reappointments
Non-Executive Directors are eligible for reappointment at the end of their initial period of office in accordance with the Trust's Constitution, but they have no absolute right to be reappointed. Decisions about reappointment of Non-Executive Directors are made by the Council of Governors.

In reaching a decision, in addition to having regard to the appraised performance of the individual, the Council of Governors will consider the performance of the Trust, the make-up of the Board of Directors in terms of skills, diversity and geographical representation, the Board dynamics and the effectiveness of its team working.

The maximum term of office for a Non-Executive Director is six years unless there are exceptional circumstances. The governors have agreed the extension of Marcia Gallagher's term in line with the constitution to 30 September 2024 with annual review. This is viewed as exceptional due to the need to ensure continuity of leadership in relation to our Audit and Assurance Committee function and to oversee the recruitment of the new chair.

Termination of Appointment
Our Constitution sets out the following circumstances in which the appointment of a Non-Executive Director may be terminated by the Trust:

- Removal from the Board of Directors being approved by 75% of members of the Council of Governors at a general meeting of the Council of Governors
- The Non-Executive Director being adjudged bankrupt or their estate being sequestrated and (in either case) not being discharged

- The Non-Executive Director making a composition or arrangement with, or granting a trust deed for, their creditors and not having been discharged in respect of it
- Within the past five years, the Non-Executive Director having been convicted in the British Isles of any offence for which a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed
- The Non-Executive Director being a person whose tenure of office as a Chair or as a member or director of a health service body having been terminated on the grounds that the appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest
- The Non-Executive Director having had his/her name removed from any relevant list of medical practitioners prepared pursuant to paragraph 10 of the National Health Service (Performers Lists) regulations 2004 or Section 151, of the 2006 Act (or similar provision elsewhere), and has not subsequently had his/her name included in such a list; or a person who has had their professional clinical registration revoked. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.
- The Non-Executive Director having within the previous two years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service body.
- The Non-Executive Director being subject to a director's disqualification order made under the Company Directors Disqualification Act 1986.
- The Non-Executive Director being a person who is a registered sex offender pursuant to the Sex Offenders Act 2003
- The Non-Executive Director ceasing to be a public member of the Trust
- The Non-Executive Director being or becoming a Governor of the Trust

If the Council of Governors is of the opinion that it is no longer in the interests of the National Health Service that a Non-Executive Director continue to hold office then, subject to the provisions of the Trust's Constitution, their appointment may be terminated.

The following list provides examples of matters which may indicate to the Council of Governors that it is no longer in the interests of the National Health Service that a Non-Executive Director continues in office:

- If an annual appraisal or sequence of appraisals is unsatisfactory
- If the Non-Executive Director loses the confidence of the public or local community in a substantial way
- If the Non-Executive Director fails to deliver work against agreed targets incorporated within their annual objectives
- If there is a terminal breakdown in essential relationships, for example between the Chair and Chief Executive, or between a Non-Executive Director and the other directors.

The above list is not intended to be exhaustive or definitive. The Council of Governors will consider each case on its merits, taking all relevant factors into account.

Balance of the Board and appraisal

The Board reviews its effectiveness after each meeting, and through developmental workshops throughout the year. These build on similar performance evaluations carried out during previous years. Board Committees' objectives and Terms of Reference are reviewed annually, and Committee membership is regularly reviewed to take account of any new Non-Executive Directors joining the Board, and to ensure that Non-Executive Directors' skills and knowledge are being put to the best possible use. It is the Trust Chair's responsibility to ensure Committee and Board membership is revitalised when appropriate. The balance of skills on the Board is considered when appointing replacements, thus ensuring that the

Board's mix of skills, knowledge and experience remains appropriate for the current and future requirements of the Trust.

Except where people join the Board late in the financial year, all Board members have a performance appraisal during the year involving input from colleagues and, when appropriate, Governors and others in order to provide insight into effectiveness and to identify learning and development opportunities. The results of the appraisals of the Executive Directors have been shared in summary with the Appointments and Terms of Service Committee of the Board of Directors. Similar arrangements have been followed for the summary of Non-Executive and Chair appraisals to be given to the Nomination and Remuneration Committee of the Council of Governors. Each Board member has individual development and performance targets for the coming year, and it is the responsibility of the Trust Chair to ensure that the results of Directors' performance appraisals are acted upon.

Board Remuneration

Accounting policies for pensions and other retirement benefits are set out in note 1.6 of the accounts.

Details of senior manager' remuneration can be found in page 43 of the Remuneration Report; and details of company directorships and other significant interests held by Directors or Governors which may conflict with their management responsibilities are set out in note 37 of the accounts.

Directors' Statement as to Disclosure to the Auditors

The Directors confirm that so far as they are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Going Concern

After making enquiries, the Directors have a reasonable expectation that Gloucestershire Health and Care NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Council of Governors

Our Council of Governors consists of public, staff, and appointed Governors from the local authority and clinical commissioning groups.

Governors are an essential link between our membership and the Board of Directors. They help ensure that the Trust hears everyone's views.

Public and staff Governors are elected by members of their own constituency using the single transferable vote system.

The following elections took place during 2021/22 for public and staff governor positions.

Constituency	Vacant Posts	Candidates	Total Votes Cast	Turnout
June/July 2021				
Public: Tewkesbury	1	Andy Holness	Elected Unopposed	
Staff: Health & Social Care Professionals	1	Nic Matthews* Karen Hogarty-Hingston Claudia-Iulia Nagy	Eligible voters: 1808 Valid votes cast: 201	11.1%
Staff: Medical, Dental & Nursing *(vacancy reserved for Medical staff)*	1	No applications received		
September 2021				
Staff: Medical, Dental & Nursing *(vacancy reserved for Medical staff)*	1	Paul Winterbottom	Elected Unopposed	
Staff: Management & Administration	1	Erin Murray	Elected Unopposed	
Public: Forest of Dean	1	No applications received		
February 2022				
Public: Stroud	1	Stephen Lydon* Keith Smith	Eligible voters: 882 Valid votes cast: 124	14.1%
Public: Forest of Dean	1	No applications received		

* Elected

The appointment term of all Governors is three years unless they are appointed Governors. Governors can stand for two terms. Local authority Governors may hold office for as long as they remain a local authority councillor. Other appointed Governors may hold office for as long as their sponsoring organisation supports their tenure.

Council of Governors by constituency and current vacancies		
Category of Governor	**Total number of Governors**	**Vacancies as of 31 March 2022**
Public constituencies		
Cheltenham	2	0
Cotswold	2	0
Forest	2	1
Gloucester	2	0
Stroud	2	0
Tewkesbury	2	1
Greater England	1	0
Staff constituencies		
Medical, Dental and Nursing	3	1
Health and Social Care Professions	2	0
Management, administrative and other staff	2	0
Appointed Governors		
Gloucestershire Clinical Commissioning Group	1	0
Gloucestershire County Council	1	0
Total	**24**	**3**

The Council of Governors has three primary roles:

- to hold the Non-Executive Directors to account for the performance of the Board; and

- to represent the interests of the Trust's stakeholders in the governance of the organisation; and
- to communicate the key messages of the Trust to the electorate and appointing bodies.

The duties and powers of Governors are defined within the constitution and include:
- Reviewing and providing advice and comments to the Board of Directors on any strategic plans
- Developing and approving a membership strategy, including feeding information back to their constituencies and stakeholder organisations
- Appointing or removing the Chair and the Non-Executive Directors
- Deciding the remuneration and allowances of the Chair and Non-Executive Directors
- Appointing or removing the Trust's auditors
- Receiving and reviewing the annual accounts, any report of the auditor on the accounts and the Trust's annual report
- Holding the Non-Executive Directors to account for the performance of the Board
- Approving an appointment by the Non-Executive Directors of the Chief Executive
- Enforcing standards of conduct for Governors
- Such other responsibilities as the Board of Directors and Council of Governors may agree

The following table shows the composition of the Council of Governors during the reporting period, listing names, appointment dates and length of service. The following also shows the number of Council of Governor meetings attended by Governors during the reporting period. Attendance by Board members at Council of Governors meetings is detailed elsewhere in this report.

Constituency	Number of Constituency Governors	Name of Governor	Date of appointment/ Nomination (Date of reappointment) *(resignation date)*	Council of Governor Meeting Attendance
Elected Public Governors				
Cheltenham Borough Council	2	Dan Brookes	Sept 2020	2/5
		Juanita Paris	Sept 2020	1/5
Cotswold District Council	2	Graham Hewitt	August 2020	5/5
		Jenny Hincks	1 July 2019	3/5
Forest District Council	2	*Dawn Rooke[1]*	*Sept 2020 (April 2021)*	0/0
		Chris Witham	Sept 2020	4/5
Gloucester City Council	2	Said Hansdot	July 2016 (July 2019)	4/5
		Tracey Thomas	Sept 2020	2/5
Stroud District Council	2	*June Hennell[2]*	*July 2019 (Aug 2021)*	2/2
		Mervyn Dawe	July 2016 (July 2019)	4/5
		Steve Lydon	Feb 2022	1/1
Tewkesbury Borough Council	2	*Josephine Smith[3]*	*July 2015 (July 2018) (July 2021)*	2/2
		Laura Bailey	Jan 2021	4/5
		Andy Holness[4]	*July 2021 (Mar 2022)*	1/2
Greater England	1	Ruth McShane	Sept 2020	4/5
Elected Staff Governors				
Medical Dental and Nursing	3	*Dr Anneka Newman[5]*	*August 2018 (Aug 2021)*	2/2
		Katherine Stratton[6]	*March 2020 (Feb 2022)*	4/4
		Kizzy Kukreja	January 2021	3/5
		Paul Winterbottom	September 2021	2/2
Health and Social Care Professions	2*	Nic Matthews	June 2018 (June 2021)	5/5
		Alison Feher[7]	*June 2018 (June 2021)*	1/1
		Sarah Nicholson	March 2020	4/5
Management, Administrative and Other	2*	Karen Bennett	Nov 2019	1/5
		Katie Clark[8]	*Dec 2015 (Dec 2018) (Dec 2021)*	3/4
		Anne Roberts[9]	*Nov 2019 (June 2021)*	0/1
		Erin Murray	September 2021	1/2
Governors Appointed by partner organisations				
Gloucestershire CCG	1	Julie Clatworthy	June 2020	4/5
Gloucestershire County Council	1	*Cllr Brian Robinson[10]*	*February 2020 (May 2021)*	0/0
		Cllr Rebecca Halifax	July 2021	2/4

* In line with changes to the Constitution agreed in November 2020, the number of seats within the Health & Social Care Professions and Management & Administration staff classes were each reduced to 2 from 3. Three Governors were in post in each class at the start of 2021/22; however, as terms ended, the posts were not refilled leading to a natural reduction to 2.

How Governors work with Directors and Members

Meetings of the Council of Governors and Board of Directors are both presided over by the Chair of the Trust or, in her absence, the ViceChair of the Board of Directors.

It is the Chair's role to ensure there is a positive working relationship between the Council of Governors and the Board of Directors. The constitution provides for the sharing of responsibilities and this is supported by standing orders for each forum. The Trust has a formal process for the resolution of disputes between the two bodies if required but use of this process has not been necessary to date. Directors' duties are set out in a scheme of delegation.

Both Non-Executive and Executive Directors have attended Council of Governors meetings to present information and to seek Governors' views. The Council of Governors was consulted as part of the Trust's business planning process and their views were taken into account when developing the Trust Strategy. Individual Non-Executive Directors provide assurance to the Council of Governors on areas relevant to their roles as Committee Chairs, as part of the Council of Governors' responsibility to hold the Non-Executive Directors to account for the performance of the Board.

Governors have been provided with summaries of feedback received by the Trust about its services. Actions taken in response to issues raised have also been reported. The Council has received the annual Staff Survey Results and CQC Patient Survey Results and been given the opportunity to hold small working groups with the Executive Director leads to discuss the results and associated action plans in more detail. The Chair informs the Council of Governors of the work of the Board through regular correspondence to Governors and reports at meetings.

The Chief Executive regularly attends Council meetings and provides presentations on current and future developments for the Trust. Some Governors have attended Board of Directors meetings as observers and the Chair keeps the Board informed of the issues dealt with at the Council of Governors. The minutes of Council meetings are included on the agenda of the Board of Directors. Members are informed of changes and proposals through a newsletter and invited to comment and make suggestions.

Nomination and Remuneration Committee

The Nomination and Remuneration Committee is a committee of the Council of Governors which advises the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors of the Board. The Committee is normally chaired by the Trust Chair, unless they must be excluded from the meeting due to the business being conducted. In this instance the Vice Trust Chair, or Lead Governor, will oversee the meeting. The committee has delegated authority to manage and oversee the recruitment and appraisal processes for the Chair and Non-Executive Directors on behalf of the Council.

In 2021/22 the Committee oversaw the appointment of a new Non-Executive Director, considered and recommended the reappointment of two existing Non-Executive Directors,

and also received and supported the commencement of a recruitment process for a new NED. The Committee reviewed the remuneration for Non-Executives and agreed an appraisal process for the Trust Chair which was in line with national requirements. The outcome of the 2020/21 annual appraisals of the Non-Executive Directors and Trust Chair were discussed, and the process for future appraisals agreed.

The Nominations and Remuneration Committee met 4 times during the reporting period.

As at 31 March 2022, our Lead Governor is Chris Witham who was appointed by the governors from 1 January 2021.

Register of Governors' and Directors' interests

Our hospitality registers and register of Governors' interests, are available from the Trust Secretary who may be contacted by emailing TrustSecretary@ghc.nhs.uk

Our register of Directors' interests is available on our Trust website at www.ghc.nhs.uk

Paul Roberts,
Chief Executive   **13 June 2022**

3. Remuneration Report

Annual Statement on Remuneration

Our Appointments and Terms of Service Committee has delegated responsibility from the Board of Directors to review and set the remuneration and terms of service of the Chief Executive and the Executive Directors.

All other senior managers are covered by Agenda for Change, or, in the case of medical managers, Consultant terms and conditions of service. The Trust policy has been for all colleagues who are not board members to be employed on national or equivalent terms and conditions of employment. The Appointment and Terms of Service Committee is chaired by the Trust Chair and has a membership of all Non-Executive Directors. In the absence of the Chair, the Vice Chair of the Trust leads the meeting.

The Committee has reviewed and approved a new Executive Remuneration Policy during the year, alongside completing a review of Executive Director succession planning. Salary ranges for Executive Directors are agreed through an established job evaluation process alongside relevant national Very Senior Manager (VSM) remuneration guidance. The remuneration package does not include any Performance Related Pay scheme and has no additional other pay or non-pay benefits which are outside standard terms and conditions that apply to the majority of staff employed within the trust e.g. NHS pension scheme, annual leave, sick pay etc.

Decisions which the Committee takes on the salary and terms of conditions of service of its Chief Executive and Executive Directors will be informed by reviews that take into account the wider labour market, the scope of responsibilities, performance, best practice, NHS Providers' remuneration survey and benchmarking, and, where appropriate, national Very Senior Manager (VSM) remuneration guidance from NHS Improvement. The Committee also considers the awards for other staff groups through, for example, the NHS Pay Review Body (NHSPRB). The Remuneration Committee operates in line with the Trust's commitment to diversity and inclusion, see further detail within the staff report.

For all other senior managers, performance is managed in accordance with our appraisal and pay progression policies, both of which are consistent with national terms and conditions of service and agreed locally with our Staff Side trades unions representatives.

The appraisal process for Executive Directors and senior managers employed on Agenda for Change terms ensures that objectives for each individual are aligned to the Trust strategy and business needs.

For senior managers on Agenda for Change terms and conditions under the Trust's Pay Progression Policy, pay steps may be withheld if levels of performance are not maintained.

The Committee receives an annual report on the performance of the Chief Executive and Executive Directors from the Chair and Chief Executive respectively. This follows the assessment of the appraisal objectives for each member of the Board that are agreed for each financial year.

The Chief Executive and Executive Directors are employed on substantive contracts of employment. The current Chief Executive's contract and those of our Executive Team are subject to six months' written notice from either party. Executive Director contracts are subject to a notice period of six months to minimise the risk from loss of management capacity at this level, while recruitment processes take place. None of the contracts for the Chief Executive or Board Directors contains clauses specifying termination payments which

are in excess of contractual obligations. Contractual occupational redundancy terms are as per Section 16 of the Agenda for Change NHS Terms and Conditions of Service Handbook.

Senior managers on Agenda for Change terms and conditions are employed on substantive contracts subject to three months' written notice by the individual and statutory notice by the Trust. No contract contains clauses specifying termination payments which are in excess of contractual obligations.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State. As a consequence, it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Further details can be found in note 1.6 of our annual accounts.

The Appointment and Terms of Service Committee also review and approve the annual Local Clinical Excellence Awards for consultant medical staff and the Gender Pay Gap report and action plan on behalf of the Board of Directors, reporting outcomes to the Board.

Salary and Benefits of Senior Managers 2021/22 (subject to audit)

Single Total Figure Table		a	b	c	d	e	Total
		Salary (bands of £5,000)	**Expense payments (taxable)** (Rounded to nearest £100)	**Performance pay and bonuses** (bands of £5,000)	**Long-term performance related bonuses** (bands of £5,000)	**Pension related benefits** (bands of £2,500)	(bands of £5,000)
Name and Title	**Year**	£0	£0	£0	£0	£0	£0

Non-Executive Directors

Name and Title	Year	Salary	Expense	Perf	LT	Pension	Total
Ingrid Barker	2021/22	45-50	0	0	0	0	45-50
Chair	2020/21	45-50	0	0	0	0	45-50
Graham Russell	2021/22	15-20	0	0	0	0	15-20
Vice Chair	2020/21	15-20	0	0	0	0	15-20
Marcia Gallagher	2021/22	15-20	0	0	0	0	15-20
	2020/21	15-20	0	0	0	0	15-20
Maria Bond	2021/22	5-10	0	0	0	0	5-10
(left 30/09/21)	2020/21	15-20	0	0	0	0	15-20
Sumita Hutchison	2021/22	10-15	0	0	0	0	10-15
	2020/21	10-15	0	0	0	0	10-15
Jan Marriott	2021/22	10-15	0	0	0	0	10-15
	2020/21	10-15	0	0	0	0	10-15
Dr Stephen Alvis	2021/22	10-15	0	0	0	0	10-15
	2020/21	10-15	0	0	0	0	10-15
Steve Brittan	2021/22	10-15	0	0	0	0	10-15
(from 18th May 2020)	2020/21	10-15	0	0	0	0	10-15
Clive Chadhani	2021/22	5-10	0	0	0	0	5-10
(01/10/21 - 28/02/22)	2020/21	0	0	0	0	0	0

Executive Directors

Paul Roberts	2021/22	170-175	0	0	0	0	170-175
Chief Executive	2020/21	180-185	0	0	0	0	180-185
Sandra Betney	2021/22	140-145	0	0	0	52.5 - 55	195-200
Director of Finance/Deputy Chief Executive	2020/21	140-145	0	0	0	40-42.5	180-185
John Campbell [3]	2021/22	90-95	0	0	0	0	90-95
Chief Operating Officer (left 04/06/21)	2020/21	125-130	0	0	0	35-37.5	160-165
Hilary Shand	2021/22	85-90	0	0	0	0	85-90
Acting Chief Operating Officer (01/04/21 - 03/12/21)	2020/21	0	0	0	0	0	0
David Noyes	2021/22	30-35	0	0	0	27.5-30	60-65
Chief Operating Officer (from 10/01/22)	2020/21	0	0	0	0	0	0
Neil Savage	2021/22	110-115	0	0	0	22.5-25	135-140
Director of HR & Organisational Development	2020/21	110-115	0	0	0	50-52.5	165-170
John Trevains	2021/22	115-120	0	0	0	45-47.5	160-165
Director of Nursing, Quality and Therapies	2020/21	110-115	0	0	0	42.5-45	155-160
Amjad Uppal [1]	2021/22	190-195	0	0	0	40-42.5	230-235
Medical Director	2020/21	195-200	0	0	0	90-92.5	285-290
Angela Potter	2021/22	115-120	0	0	0	27.5-30	145-150
Director of Strategy & Partnerships	2020/21	115-120	0	0	0	77.5-80	195-200
Helen Goodey - Secondment from Gloucestershire CCG [2]	2021/22	30-35	0	0	0	0	30-35
Director of Locality Development & Primary Care	2020/21	40-45	0	0	0	0	40-45

Executive Directors

Lavinia Rowsell	2021/22	90-95	0	0	0	20-22.5	110-115
Head of Corporate Governance/Trust Secretary	2020/21	85-90	0	0	0	20-22.5	105-110

(1) Dr Uppal has a 12 PA (programmed activity) job plan with 8 sessions dedicated to his Medical Director role and 4 to his Consultant role. Dr Uppal received remuneration of £145-150k for his Medical Director role, and remuneration of £45-50k for his Clinical work during 2021/22.

(2) The post of Director of Locality Development & Primary Care is a part time role. Mrs Goodey is seconded into the role from Gloucestershire CCG. The cost of the secondment in 2021/22 was £30-35k.

(3) John Campbell left his post as Chief Operating Officer on 4th June 2021. Included in his 2021/22 salary is a contractual payment in lieu of notice of £70-75k.

Pension Entitlement of Senior Managers – Pension Benefits (subject to audit)

Name and title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2022	Lump sum at pension age related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 1 April 2021	Cash Equivalent Transfer Value at 31 March 2022	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000	£'000
Paul Roberts - Chief Executive	0	0	0	0	0	0	0	0
Sandra Betney – Dir of Finance	2.5-5	0-2.5	55-60	115-120	1026	1108	58	0
John Campbell – Chief Operating Officer	0	0	10-15	10-15	0	0	0	0
Neil Savage – Dir of HR & OD	0-2.5	0	45-50	95-100	840	888	27	0
John Trevains – Dir of Nursing	2.5-5	0-2.5	39	35-40	478	529	32	0
Amjad Uppal – Medical Director	2.5-5	0	45-50	85-90	805	871	34	0
Angela Potter – Dir of Strategies & Partnerships	2.5-5	0	55-60	125-130	1100	1161	39	0
David Noyes – Chief Operating Officer	0-2.5	0	15-20	0	227	256	2	0
Lavinia Rowsell – Trust Secretary	0-2.5	0	0-5	0	23	43	8	0
Hilary Shand – Interim COO	0	0	0	0	0	0	0	0

Paul Roberts and Hilary Shand chose not to be covered by the pension arrangements during the reporting year.

As Non-Executive members do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

Median Pay

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

There has been no change to the highest paid director during the year with the Medical Director being the highest paid director in 2021/22 and 2020/21. The banded remuneration of the highest-paid director in Gloucestershire Health and Care Foundation Trust in the financial year 2021-22 was £190,000 -195,000 (2020-21, £195,000 to £200,000). This is a change between years of -1.74%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £10,132 to £193,233 for 2021/22 (£10,132 to £203,200 for 2020/21). The percentage change in average employee remuneration (based on total for all employees divided by full time equivalent number of employees) between years is 5.5%. The Trust has used estimates to calculate the average employee remuneration in relation to agency staff and have not annualised the figures due to difficulties in identifying the numbers of individuals involved and to lack of available information. 20/21 data did not include agency staff

One employee received remuneration in excess of the highest-paid director in 2021-22 with banded remuneration of £190,000 -195,000 (2020-21, £200,000 to £205,000).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

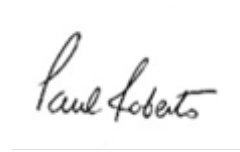| 2021/22	25th percentile	Median	75th percentile
Salary component of pay	19,836	25,655	35,130
Total pay and benefits excluding pension benefits	23,749	32,306	39,494
Pay and benefits excluding pension : pay ratio for highest paid	8 : 1	6 : 1	5 : 1

Governors

Governors do not receive remuneration but are paid reasonable expenses in order to perform their role. During the reporting period, the aggregate sum of expenses paid to Governors was £0.

Directors

In 2021/22, 19 Directors were in office during the period, including starters and leavers. During the reporting period 11 claimed expenses to a total of £3,269.

The above information has been audited.

Paul Roberts

Paul Roberts
Chief Executive   **13 June 2022**

4. Staff Report

On March 31 2022 we employed 5,694 people across a variety of professions, including doctors, dentists, nurses, Allied Health Professionals, social workers and support staff.

Our staff are categorised as follows:

Permanent employees	4,378
Bank staff	1,027
Others (fixed term temporary staff and locums)	289

The following table provides a breakdown of the number and percentage of **female and male members of staff:**

Board Members	Employees	Percentage
Female	4	44%
Male	5	56%

Senior Clinicians/Manager (Band 8c and above) (Excludes Executives, bank staff, temporary staff and locums)	Employees	Percentage
Female	100	64%
Male	57	36%

Total staff (Up to Band 8b) (Permanent staff only)	Employees	Percentage
Female	3856	86%
Male	643	14%

Staff Costs

Staff costs

		Group		
		2021/22		**2020/21**
	Permanent	**Other**	**Total**	**Total**
	£000	**£000**	**£000**	**£000**
Salaries and wages	139,602	1,433	**141,035**	135,698
Social security costs	13,352	-	**13,352**	12,228
Apprenticeship levy	679	-	**679**	550
Employer's contributions to NHS pension scheme	25,659	-	**25,659**	24,121
Pension cost - other	139	-	**139**	96
Other post employment benefits	-	-	**-**	405
Temporary staff	-	7,741	**7,741**	5,245
Total gross staff costs	**179,431**	**9,174**	**188,605**	**178,342**
Recoveries in respect of seconded staff	-	(315)	**(315)**	(827)
Total staff costs	**179,431**	**8,859**	**188,290**	**177,515**
Of which				
Costs capitalised as part of assets	-	-	**-**	132

Average number of employees (WTE basis)

	Permanent Number	Other Number	2021/22 Total Number	2020/21 Total Number
			Group	
Medical and dental	106	-	**106**	123
Administration and estates	999	12	**1,011**	985
Healthcare assistants and other support staff	870	157	**1,027**	815
Nursing, midwifery and health visiting staff	1,214	129	**1,342**	1,309
Nursing, midwifery and health visiting learners	9	-	**9**	376
Scientific, therapeutic and technical staff	640	2	**643**	386
Total average numbers	**3,839**	**300**	**4,139**	**3,994**
Of which:				
Number of employees (WTE) engaged on capital projects	-	-	**-**	-

Sickness absence and turnover data

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2021

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

Figures Converted by DH to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2021	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
a	b	c	d	e
3,835	40,144	10.5	1,399,949	65,122

a=d/365
b=e/365*225
c=e/d*225
and d and e are from the ESR Data Warehouse

Please see the link to the NHS Digital publication series on NHS Workforce Statistics for information on staff turnover. The link can be found here: NHS workforce statistics - NHS Digital

Equal Opportunities

We continue to meet our responsibilities as part of the Public Sector Equality Duty (PSED) that are outlined in the Equality Act 2010. As part of GHC's ongoing commitment to Equality, Diversity and Inclusion the Trust appointed a dedicated Equality, Diversity and Inclusion Lead, based within the OD and Leadership Development Team during 2021.   The postholder works closely with our Freedom to Speak Up Lead, Health and Wellbeing programmes and represents the Trust in ICS activity across Gloucestershire.

Our Director of Human Resources and Organisational Development ensures that equality and diversity is represented at all levels of our organisation including at Board level. We work within the parameters of the NHS Equality Delivery System and we recognise the diversity of the community we serve and make every effort to engage with hard to reach communities to ensure high quality care is received by all who need it. We have implemented both the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES). These are tools to identify gaps in the work experiences of colleagues from ethnic minorities or those who identify as disabled. In support of our ambitions on equality, diversity and inclusion, we have also reviewed our Diversity and Inclusion Policy in 2021 in partnership with our trades unions.

In the past year we have celebrated events such as International Women's Day and Race Equality Week whilst supporting national campaigns such as the #MyNameIs initiative; encouraging colleagues to add the phonetic spelling of their names to their email signatures. In addition to proactive campaigns that celebrate diversity and support inclusion, the Trust is also supporting colleagues to be part of 'Flourish', an innovative new One Gloucestershire ICS Positive Action Development Programme that has been co-produced by partners in the ICS with external training providers, and in collaboration with representatives from diversity networks within the ICS and our Trust.

The Trust has a number of systems in place to enable anyone who may experience discriminatory or other forms of unacceptable behaviour to seek support and resolution. These include our "Freedom to Speak Up Guardian" and advocates, Dignity at Work officers, "Paul's Open Door," and an anonymous online dialogue system called "Work In Confidence". The Trust Diversity Network is well established now, with the support of a range of specialist networks that focus on supporting and providing a voice for ethnic minorities, LGBTQ+ and colleagues with a disability, as well as a dedicated women's leadership network. Through the Diversity Network and these additional networks, we are working to ensure all colleagues have a strong voice, feel valued and supported and that key Trust decisions are informed by lived experience and developed in collaboration.

Alongside the afore-mentioned feedback routes, indicators within the Staff Survey, Pulse Surveys, the quarterly Staff Friends and Family Test, WRES and WDES inform the actions we take to address inequality and poor experience. We are proud to maintain our Disability Confident Leader status and pride ourselves and ensure all reasonable adjustments are made to the work environment to enable colleagues to remain in work and prosper. Our values-based and candidate centred recruitment processes supports candidates to perform

to the best of their ability throughout their recruitment journey. During 2021 we shortened our NHS Jobs application form in response to feedback from colleagues who found the standard form to be an obstacle to successful recruitment.

We have complied with the national Gender Pay Gap reporting requirements and have an associated action plan to address the issues identified. The reports and associated data have been published on our web site here: Gender-Pay-Gap-Board-Report-March-2022-1.pdf (ghc.nhs.uk)

From a training perspective, we cover Equal Opportunities in our on-boarding induction process, provide access to Equality and Diversity and Human Rights e-learning, alongside the provision of additional specialist training from our Social Inclusion Team.

Health and Wellbeing

Working Well is our occupational health service. The service promotes, monitors and helps improve the health and wellbeing of people in work – both within our Trust and for a variety of external public and private sector organisations. Working Well is accredited fully to the 'Safe Effective Quality Occupational Health Service' (SEQOHS) national quality standards set by the Faculty of Occupational Medicine. This accreditation provides independent and impartial recognition that Working Well has objectively demonstrated its competence, as defined by the SEQOHS standards, to a team of trained assessors.

The service offers independent advice both to managers and employees, which includes guidance on how to support people to stay in work, how to return to work safely following a period of absence, as well as assessments of the health risks associated with the workplace. The latter has been particularly relevant during the last 2 years in relation to COVID-19 and where the service has undertaken extensive contact tracing in order to control the spread of the virus as well as welfare calls to those colleagues who were unable to attend work. The team also supported colleagues with advice and guidance regarding vaccination and the impact of the VCOD Regulations which were subsequently revoked by the Government.

The service has a team of counsellors who provide emotional and psychological face to face/virtual support, and the specialist occupational health physiotherapist also works very closely with the Trust's rapid-access physiotherapy self-referral service for colleagues to ensure our people receive support for musculoskeletal issues.   The Starting Well with Working Well programme was launched in 2021 which offers advice on emotional and physical resilience to new employees, as well as an optional fitness assessment. Working Well continues to run the annual flu vaccination programme.

The service has continued to support the activities of the Trust's Health and Wellbeing Hub which has included developing policies for menopause and health and wellbeing and has worked collaboratively with One Gloucestershire in securing national funding for the creation of a new mental health and wellbeing hub. The Wellbeing Line was launched in October 2021 and now offers comprehensive mental health support and signposting to individuals, managers and groups on issues such as long covid, bereavement, anxiety and sleep to all people who work in health and social care in Gloucestershire.

Through VIVUP, our Employee Assistance programme, we provide additional 24/7 telephone counselling service for all colleagues and due to the pandemic we have invested, partially through successful bids made in 2020 and 2021 via NHS Charities Together, further in our colleague health and wellbeing offer. Additionally, there is enhanced psychological support, a comprehensive intranet section signposting colleagues to support, alongside monthly health and wellbeing newsletters, a salary finance scheme, and investment in colleague rest areas, including outdoor seating for colleagues to be able to take restful breaks away from their work environment.

Working Well are supported by the Wellbeing Line, a mental health support and signposting service for teams and individuals working within health and social care across the wider ICSS. This service is hosted by the Trust on behalf of the system.

Engagement

Colleagues have access to information and are able to contribute views through a number of different communication mechanisms. Our Executives publish regular blogs and the Chief Executive offers "Paul's Open Door" as an engagement opportunity for colleagues. Our weekly colleague e-bulletin is called "Indi-to-go", and we provide two-way monthly Team Talk sessions with managers and senior clinicians, which enables a flow of key information to and from their teams. We also publish comprehensive news updates, policies and other information of relevance and interest to colleagues on Indigo – our intranet, which also enables discussion forums. There are a number of other Trust-wide gatherings, such as our Senior Leadership Network, which acts as an opportunity for leaders to be kept up to date and involved in key developments. This forum supports the development of new ideas whilst providing an opportunity for leaders across the Trust to feedback on the issues that concern them; working together to co-produce solutions. Our Foundation Trust elected Staff Governors meet regularly with board directors and members of the Corporate Governance team to ensure good engagement, involvement and communications.   In addition, we host a monthly Staff Forum for colleagues across the Trust to enable them to raise issues, concerns, and develop solutions. This ensures engagement at all levels. We also enable colleagues to feedback their views on a range of subjects through regular surveys and the national Pulse Survey. We have an established Facebook group, with a membership of circa 900 colleagues. In response to colleague feedback, vacancy levels and turnover trends, we targeted additional colleague engagement events within the area of Mental Health and Learning Disabilities through 2021.

We work in partnership with non-medical Staff Side colleagues through the formal Joint Negotiation and Consultative Forum, which meets bi-monthly. With medical colleagues we meet regularly through the Local Negotiating Committee. In addition, we encourage participation from Staff Side representatives, and colleagues at all levels from across the Trust. These mechanisms are used to consult with colleagues, share Trust performance, seek feedback, to review and create workforce policies and procedures, as well as co-developing initiatives.

Trades Unions and Professional Association colleagues are encouraged to attend and participate in the One Gloucestershire Social Partnership Forum which meets quarterly to

discuss workforce matters within the ICS. The Trust also participates in the South West Regional Social Partnership Forum.

Staff Side representatives, including Safety Representatives, meet regularly with managers to discuss, monitor and share a range of information on health and safety; health and wellbeing; and other related workplace health issues. We also work closely with our local Counter Fraud Service to ensure policies and procedures are "fraud proofed". The service provides regular briefings, training and refreshers to colleagues to maintain fraud awareness and best practice.

Speaking Up

We actively promote a speaking up culture, through our Freedom to Speak Up Guardian, Sonia Pearcey, who works closely with the National Guardian's Office, reporting regularly to the Trust's Board of Directors.

We firmly believe that to improve safety and make our Trust a better place to work, we need a culture that places less emphasis on blame when things go wrong and more importance on transparency and learning from mistakes.

During 2021 we refreshed our advocate network following The National Guardian's Office new guidance. This sets out principles for the development and support of Freedom to Speak Up Champion networks. Engagement and training continue to refresh, raise awareness and promote the value of speaking up and support and sign post colleagues

Reward and Recognition

In 2021 the Trust launched the first Better Care Together Awards, to celebrate the outstanding commitment, dedication, care, compassion and expertise of our colleagues. A virtual awards ceremony was held in December 2021 across the following categories:

- Quality Improvement and Innovation Award

- Involvement and Engagement Award

- Tackling Inequalities Award

- Health and Wellbeing Award

- Care and Compassion Award

- Leadership Award

- Outstanding Achievement Award

- Unsung Hero Award

The event also served to highlight the long service of colleagues who have worked for the NHS for 20, 30, 40 or 50 years.

In recognition of the challenges many of our colleagues have faced over the past two years and the enormous effort and personal sacrifice that has gone in to keeping our services running safely, the Trust provided all colleagues on substantive contracts with an additional

day leave as a 'thank you' gesture during 2021. This mirrored the offer made in 2020-2021 and has been well received by colleagues who were encouraged to dedicate the day to their wellbeing.

In addition to this offer, substantive colleagues employed on the 1st November 2021 were rewarded with a £30 e-gift card in December, to spend online or instore across a range of high street retailers. This offer was also extended to bank colleagues who worked half of full-time hours over the preceding six months.

The Cavell Star Awards are designed to recognise the incredible contribution that our Nursing and Midwifery colleagues make in the delivery of excellent care. In November 2021 we recognised the impact two of our Nursing colleagues (Vickie Mathias and Angela Willan) with the Cavell Star Award for the role they had in improving the experience of one of our patients through: going the extra mile, demonstrating our Trust Values alongside professionalism, competency, courage and compassion.

The Trust actively celebrates national profession days such as International Nurses Day, Mental Health Nurses Day and National Apprenticeship Week with promotional campaigns to highlight and thank individuals who consistently make a difference to the communities we serve.

The Trust does not operate performance related pay but does operate an annual local Consultant Clinical Excellence Award (LCEA) Scheme.

Staff Survey and Staff Friends and Family Test

The Trust participates in the annual NHS Staff Survey. While colleagues also have a wide variety of other ways to feed back their views and experiences of work, the Staff Survey provides the most in-depth and comprehensive analysis of how colleagues view the Trust as an employer and as a provider of care.

The 2021 results showed a significantly **improved response rate (7%)** from 46% in 2020 to 53% in 2021. The results present a largely positive and improving view of how colleagues rate the Trust as an employer and benchmark favourably against peers.   The responses to each of the questions asked are grouped into 9 "Themes". The seven 'Our NHS People Promise' survey themes are new and have no previous year comparisons, however five out of seven (71%) of these are rated better than average by colleagues in comparison with other Trusts in our benchmarking group. In comparison with the All NHS organisation scores, the Trust was rated better than average on all 9.

Of the other two non-People Promise themes, Staff Engagement and Morale, while both are above our benchmark average, Staff Engagement has remained unchanged and Morale has seen a 0.1 reduction from 2020 (1.6%).

Theme	National Benchmarking Group Average	GHC score
We are compassionate & inclusive	7.5	7.6 ↑
We are recognised & rewarded	6.3	6.4 ↑
Each have voice that counts	7.0	7.1 ↑
We are safe and healthy	6.2	6.3 ↑
We are always learning	5.6	5.7 ↑
We work flexibly	6.7	6.6 ↓
We are a team	7.1	7.0 ↓
Staff Engagement	7.0	7.2 ↑
Morale	6.0	6.1 ↑

The headlines from our 2021 Staff Survey results are:

- Circa 60% of questions have been rated with improvements or remained the same (54% improvements and 6% unchanged)
- 82.7% of colleagues felt secure in raising concerns
- 79.5% of colleagues felt the people they work with are polite and treat each other with respect
- 92% of colleagues felt that they were trusted to do their jobs.
- 78.6% of colleagues would recommend the Trust to provide care down by 0.8% from 2020 however this score is a significant 13.7% better than other benchmark Trusts and 10.8% better than the all NHS Trust average.
- 68.2% of colleagues would recommend the Trust as a place to work. While this is down 2.8% from 2020, it is encouragingly 5% better than the average for our benchmark group and 8.8% better than the all NHS Trust average.

Workforce Race Equality Standard (WRES) improvements in the scores by:
- 2.9% in terms of those experiencing harassment, bullying or abuse from colleagues
- 2% in terms of those believing that the Trust provides equal opportunities for career progression or promotion

Workforce Disability Equality Standard (WDES) improvements in the scores by:
- 3.5% in terms of those experiencing harassment, bullying or abuse from colleagues
- 10.2% in terms of those saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

Our results by theme are:

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.6	6.4	7.1	6.3	5.7	6.6	7.0	7.2	6.1
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,366	2,361	2,351	2,348	2,286	2,354	2,364	2,365	2,365

The table here shows a comparison of our 2021 Staff Survey results with the Staff Survey results for our predecessor Trusts - 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust.

	POST MERGER		PRE MERGER			
	2020/2021 Gloucestershire Health & Care Foundation Trust		2019/2020 Gloucestershire Care Services		2019/2020 2gether Trust	
Theme	Trust Score	Benchmark group score	Trust Score	Benchmark group score	Trust Score	Benchmark group score
Equality, diversity and inclusion	9.3	9.1	9.3	9.4	9.1	9.0
Health and wellbeing	6.4	6.4	6.0	6.0	6.0	6.0
Immediate managers	7.2	7.3	7.2	7.2	7.2	7.3
Morale	6.5	6.4	6.2	6.3	6.4	6.3
Quality of appraisals	NOT A THEME IN 2020/2021 SURVEY		5.5	5.8	5.5	5.8
Quality of care	7.4	7.5	7.4	7.4	7.2	7.4
Safe environment - Bullying & harassment	8.3	8.3	8.3	8.4	8.2	8.0
Safe environment - Violence	9.6	9.5	9.7	9.7	9.4	9.3
Safety culture	7.0	6.9	7.0	7.0	6.9	6.8
Staff engagement	7.2	7.2	7.1	7.2	7.2	7.0
Team working	6.7	7.0	6.6	7.0	6.9	7.0

Expenditure on consultancy

In 2021/22, our consultancy cost totalled £27k, this was for a review of our IT Clinical Systems. During 2020/21 our consultancy costs totalled £5k.

Political Donations

The Trust does not make political donations.

Off-payroll engagements/arrangements

We are required to declare highly paid and/or senior off-payroll engagements. We use of Off-Pay Roll arrangements where necessary to support required services. Such arrangements are carefully monitored by the Procurement Team. The off-payroll engagements for more than £245 per day and that lasted for longer than six months are as follows:

Table 1: For all off-payroll engagements as of 31 Mar 2022, for more than £245 per day and that last for longer than six months	2021/22 Number of engagements Number
No. of existing engagements as of 31 Mar 2022	32
Of which:	
Number that have existed for less than one year at the time of reporting	6
Number that have existed for between one and two years at the time of reporting	15
Number that have existed for between two and three years at the time of reporting	4
Number that have existed for between three and four years at the time of reporting	3
Number that have existed for four or more years at the time of reporting	4

Table 2: For all highly-paid off-payroll workers engaged at any point during the year ended 31 March 2022 earning £245 per day or greater	2021/22 Number of engagements
	Number
Number of off-payroll workers engaged during the year ended 31 March 2022	6
Of which:	0
Not subject to off-payroll legislation	
Subject to off-payroll legislation and determined as in-scope of IR35	6
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

* A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure must include both off-payroll and on-payroll engagements.	

Exit packages

We are required to publish information on our use of exit packages during the year, with comparative tables for the previous year.

Reporting of compensation schemes - exit packages 2021/22

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	9	9
£10,000 - £25,000	-	4	4
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	1	1
Total number of exit packages by type	**-**	**14**	**14**
Total cost (£)	£0	£165,000	**£165,000**

Reporting of compensation schemes - exit packages 2020/21

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	-	4	4
Total number of exit packages by type	**-**	**4**	**4**
Total resource cost (£)	£0	£16,000	**£16,000**

Exit packages: other (non-compulsory) departure payments

	2021/22		2020/21	
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	1	17	-	-
Contractual payments in lieu of notice	13	148	4	16
Total	**14**	**165**	**4**	**16**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Note 5.4 Early retirements due to ill health		A09CY14	A09CY15	A09PY14	A09PY15	
	Expected sign	2021/22 £000	2021/22 No.	2020/21 £000	2020/21 No.	
No of early retirements on the grounds of ill-health	+		2		4	
Value of early retirements on the grounds of ill-health	+	67		63		

Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations require NHS foundation trusts with at least one trade union representative and at least 49 full time equivalent employees during any seven of the twelve month period of the annual report to report the amount of facility time granted. This is captured in the following table for the period in question.

Period Covered: 1 April 2021 to 31 March 2022	
Number of employees who were relevant union officials during the relevant period	27
% time spent on facility time over this period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time	a) 0% x 3 b) 1%-50% x 23 c) 51-99% x zero d) 100% x 1
Percentage of the total pay bill spent on facility time	0.04%
Total number of hours spent on paid trade union activities i.e. Joint Negotiating & Consultative Forum/ Local Negotiating Committee, Safety, Health and Environment Committee, case work, trade union training courses, conferences etc.	Total hours for period: 2998

5. Compliance with the NHS Foundation Trust Code of Governance

The purpose of the Foundation Trust Code of Governance is to assist Foundation Trust Boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The Foundation Trust Code of Governance can be found on the NHS Improvement website, at https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance

The Code requires Foundation Trusts to:

- *Make certain information publicly available, either on the Foundation Trust's website or on request.* The Trust provides such information both through its website, and via its Freedom of Information Act Publication Scheme. The Trust is therefore fully compliant with these requirements of the Code.

- *Confirm to Governors that where a Non-Executive Director seeks re-appointment, his/her performance continues to be effective.* The Trust provides Governors with annual summary appraisal information in respect of each Non-Executive Director, including the Chair, and this information is reprised in reports to the Council of Governors accompanying a resolution about the re-appointment of the Non-Executive Director.

- *Provide biographical and other relevant information to members to enable them to make an informed decision about any Governor seeking election or re-election.* The Trust uses an external organisation to manage Governor elections, and is fully compliant with this provision of the Code.

- *Make clear within their annual reports where compliance with the Code has not been achieved.*

The Code of Governance also requires Foundation Trusts to provide some supporting explanation within the annual report to demonstrate compliance with certain provisions of the Code, or the Foundation Trust Annual Reporting Manual (FT ARM) and these are set out below. To avoid duplication, where the information required by the Code is already provided elsewhere in the annual report, a reference to its location is given to avoid unnecessary duplication.

Reference	Code of Governance requirement	Trust response
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this	The Trust's Scheme of Delegation sets out the roles and responsibilities of the Board of Directors, its Committees, the Council of Governors and executive management. Any disputes between the Board and the

Reference	Code of Governance requirement	Trust response
	schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by the Board and the Council of Governors and which are delegated to the executive management of the Board of Directors.	Council are resolved in accordance with the procedure set out in the Trust's constitution, whereby the Trust Chair will seek to resolve the matter in the first instance. Where this cannot be achieved, the matter may be escalated to a special joint committee of Governors and Directors, or as a final step, referred to an external mediator. Details of how the Board and the Council of Governors operate are given in pages P33-40 of this Annual Report.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the Appointments and Terms of Service, and Audit committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	This information can be found on page P25-30 of the Annual Report

At GHC the deputy chair is known as the Vice-Chair |
A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	This information is set out in pages P36-40 of the Annual Report
FT ARM	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	This information is set out in pages P30-40 of the Annual Report
B.1.1	The Board of Directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	This information is set out in pages P25-28 of the Annual Report
B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance,	This information is set out in pages P25-30 of the Annual Report

Reference	Code of Governance requirement	Trust response
	completeness and appropriateness to the requirements of the NHS foundation trust.	
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	This information is set out in pages P33-34 of the Annual Report
B.2.10	A separate section of the annual report should describe the work of the Appointments & Terms of Service Committee, and the Governors' Nomination & Remuneration Committee, including the process each has used in relation to Board appointments.	This information is set out in pages P32,41 of the Annual Report
FT ARM	The disclosure in the annual report on the work of the Governors' Nomination & Remuneration Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director	This information is set out in pages P41 of the Annual Report
B.3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	This information is set out in pages P23 of the Annual Report. Interests are disclosed to the Council of Governors as part of the appointments process for Non-Executives, and the declaration of interests is a standing agenda item at Council of Governors' meetings.
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	The Council of Governors has had the opportunity to comment on the annual business plan on behalf of the Trust's members, public, and key stakeholders. Feedback was taken into account when compiling the final version of the document.
FT ARM	If during the financial year the Council of Governors has exercised its power under Paragraph 10C of Schedule 7 of the NHS Act 2006 (to require a director to attend a meeting of the Council of Governors) then information on this must be included in the annual report.	Not relevant. This power has not been exercised.

Reference	Code of Governance requirement	Trust response
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the chairperson, has been conducted.	The Board evaluates its own performance after each meeting. Committees provide a summary report to each Board meeting setting out the work being carried out. An annual self-evaluation of the Board Committees is carried out looking at how they have performed against their terms of reference. This is incorporated within the Committee Agenda Cycles. The outcome of the self-evaluations is received and considered by the Trust Board. All Directors are subject to annual performance appraisals. For Non-Executive Directors, including the Chair, Governors are invited to contribute through a 360° feedback process. The outcome of the Chair and Non-Executive Director appraisals are presented in summary form to the Governors' Nomination & Remuneration Committee, and onward to the Council of Governors.
B.6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified and a statement made as to whether they have any other connection with the trust.	The Care Quality Commission (CQC) will be carrying out a Core Services inspection of GHC in April 2022. A CQC Well-Led inspection is scheduled for May 2022.
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and	This information is set out in pages P106 of the Annual Report

Reference	Code of Governance requirement	Trust response
	understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	
C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	This information is set out in the Annual Governance Statement on pages P104 of the Annual Report
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	This information is set out in pages P38 of the Annual Report
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Not relevant. A renewal of the External Audit function was made and agreed by the Council of Governors.
C.3.9	A separate section of the annual report should describe the work of the Audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and	This information is set out in pages P38 of the Annual Report

Reference	Code of Governance requirement	Trust response
	• if the external auditor provides non-audit services, the value of the non-audit services provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	This information is set out in pages P42 of the Annual Report
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	This information is set out in pages P39 of the Annual Report
E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	This information is set out in pages P24 of the Annual Report
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Trust website and in the annual report	This information is set out in pages P19 and Contact us information of the Annual Report and is available on the Trust website
FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	This information is set out in pages P36-38 of the Annual Report

Reference	Code of Governance requirement	Trust response
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	See Page 70 for process to access the Register of Interests.

Gloucestershire Health and Care NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Paul Roberts,
Chief Executive   **13 June 2022**

6. NHS Improvement's System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

• quality of care, access and outcomes
• preventing ill health and reducing inequalities
• finance and use of resources
• people
• leadership and capability.

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

Our segmentation (on 31 March 2022) is '2'.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England and NHS Improvement website: NHS England » NHS system oversight framework segmentation

7. Statement of Chief Executive's Responsibilities as the Accounting NHS Officer of Gloucestershire Health and Care NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Gloucestershire Health and Care NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Gloucestershire Health and Care NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of

the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Paul Roberts, Chief Executive   **Date: 13 June 2022**

8. Annual Governance Statement – 2021/22

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum.*

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Gloucestershire Health and Care NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Gloucestershire Health and Care NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

Leadership of the Risk Management Process

To support the Trust's Board and myself as Accounting Officer, the Board has in place:
- An Audit and Assurance Committee, comprising only Non-executive Directors, to review the adequacy of arrangements for risk management and internal control.
- A Quality Committee to review and ensure assurance on all functions of Patient Safety & Quality Improvement.
- A Mental Health Legislation Scrutiny Committee that receives assurance on the measures in place to ensure the Trust's continued compliance with the Mental Health Act, Mental Capacity Act, Human Rights Act and associated codes of practice.
- A Resources Committee to review and ensure assurance on Transformation, Innovation & Performance (all areas including financial).
- A Charitable Funds Committee that oversees the management, in accordance with Charity Commission requirements, of funds held on trust by the Board of Trustees.
- A Great Place to Work Committee, established October 2021, that receives assurance on all aspects of workforce and OD, and related strategies, supporting the provision of great colleague experience that enables safe, high quality, patient-centred care.
- A Forest of Dean Assurance Committee to receive and provide assurance to the Board on the overarching delivery of the new Forest of Dean Hospital Programme, ensuring it is delivered on time, to the agreed budget and to a satisfactory quality.

These committees, chaired by Non-executive Directors, are directly accountable to the Board and report to it. The Committees' Terms of Reference, membership and objectives are subject to regular self-assessment and review to ensure that they remain sufficiently focussed on relevant quality, performance and financial risks and to further improve coordination between Committees in their support of the Board.

In addition to the Committees outlined above, the Trust Executive meets on a weekly basis, as the executive decision-making body of the Trust and is accountable to the Trust Board for enacting the Trust's strategic priorities.

Lead Executive Directors have been identified for Clinical Governance and Patient Safety, Service Delivery, Finance, Risk Management, Mental Health Act, Infection Prevention and Control, Safeguarding Children and Vulnerable Adults, Security, Service User Experience, Engagement and Integration, Health and Safety, Workforce and Organisational Development. They provide leadership for the management of the risks presented.

An Ethics Group was established in 2020 to support executive directors who were making decisions that had complex ethical considerations given the extraordinary circumstances resulting from the Covid-19 pandemic. This group continues to meet as necessary, it met three times during 2021/22.

Training for Staff

The Trust has in place a number of policies and procedures designed to ensure the safety of its staff. These policies are supported by a suite of statutory and mandatory training which includes training to enable good quality care to be delivered across our services in both our inpatient units and community services while ensuring that both staff and service users are able to remain safe. Delivery of statutory and mandatory training is monitored by the Resources Committee through the performance report and also considered within the Great Place to Work Committee (from October 2021), and incidents involving injury to or aggression towards staff are recorded and scrutinised regularly Health and Safety Management Group to identify areas for procedural or policy improvement and ensure that learning is disseminated throughout the organisation.

To help minimise the number of incidents, ensure risks are appropriately controlled and to equip staff for their roles, all new staff are required to attend corporate induction training prior to commencing employment with the Trust, and to undertake a local induction during their first week in the work place. These are supported through a range of e-learning modules. For all staff, annual appraisals include a review of training including attendance at courses appropriate to their authority and duties. Monitoring, benchmarking and other means are used to identify examples of good practice that can be introduced into services and systems as appropriate.

Learning from Good Practice in the Management of Risk

The Trust takes steps to seek out and learn from good practice in terms of the management of risk. This includes compliance with guidance issued by the Department of Health, NHS England and NHS Improvement, the Care Quality Commission and other regulatory bodies. Additionally, to support the Trust in Learning from good practice it is an active leader and participant in the following groups:
- South of England Mental Health Quality and Patient Safety Improvement Collaborative (a network of eleven NHS Mental Health Trusts in the South of England which is funded and supported by the West of England)
- NHS Providers
- NHSP Community Network

- the South West Academic Health Science Networks (AHSNs).

The Board undertakes regular development in relation to Risk, most recently at a Risk Seminar in March 2022.

The Trust also keeps updated through:
- regular bulletins from its legal advisers and auditors outlining sector developments and good practice, including in terms of risk management;
- development reports from its External Auditor which also highlight relevant guidance in terms of risk management;
- actions arising from Internal Audit reports,
- reviews of incidents to ensure that lessons are captured and implemented in the organisation.

The Trust's response to Covid-19 was informed through national guidance and good practice from other Trusts.

The Risk and Control Framework

Risk Management Strategic Approach – working with Partners

Through meetings, reports and correspondence the Chair, Directors and Chief Executive have regularly exchanged information about risks with NHS England and NHS Improvement , the Care Quality Commission and our system partners including the Gloucestershire Clinical Commissioning Group, and Gloucestershire County Council. Whenever possible and appropriate the Trust works jointly with these partners to manage risks. Representatives of Gloucestershire Clinical Commissioning Group have the opportunity to attend the Quality Committee as observers, and are provided with the papers for the Committee, enabling them to contribute to and take assurance from the Trust's approach to the management of clinical and quality risks.

Risk Management Approach

Risk management principles and practical risk management arrangements, including the duties of relevant committees, directors, managers, clinicians, specialist advisors and individual employees, are set out in the Trust's Risk Management framework. The framework is underpinned by policies, procedures and guidance documentation that contribute to the management and control of risk. The framework and supporting information has been brought to the attention of all managers and is widely available in all work areas through the Trust intranet. All managers are required to draw the attention of employees to their duties and responsibilities in relation to the identification and control of risks. The Board promotes a culture of openness in reporting without fear of unwarranted repercussions. This is reinforced in the advice and training given to staff.

The Risk Management framework sets out a process for the assessment and prioritisation of risks and describes the level at which risks may simply be monitored, those that must be treated and the level at which the Board must be informed of a risk and ensure that mitigating actions are in place and working. The Policy was updated in Spring 2021 to reflect minor changes in organisational practice and the updated Risk Appetite Statement which reflects the Trust's updated Strategic Aims and Objectives. This updated Policy was implemented from 1st April 2021.

Risk Management Process

The Trust has a detailed Risk Management Process which is set out within its Risk Management Policy, which was approved by the Board. This encompasses processes

for the identification, assessment and monitoring of risks throughout the organisation. The framework includes clear roles and responsibilities to ensure risks are recognised and work undertaken to control them using a standardised approach for categorising risk in line with the guidance in the policy, which reflects national guidance.

Responsibilities - Managing and Monitoring of Risks

All colleagues within the Trust, including permanent, part-time, interim bank and agency staff, are responsible for ensuring that they*:*
- are familiar with the Trust's risk management policies
- remain aware of local risk issues which may affect or impact upon their working practices
- suggest remedial actions in respect of the management of any local risks
- raise potential risks with their manager for consideration for addition to the Risk Register
- initiate appropriate action, within their sphere of responsibility, to prevent or reduce the adverse effects of risk
- participate in risk assessments as may be relevant to their individual post/specialty
- take reasonable care of the health, safety and security of themselves and others

The *Directorate Risk Lead* is a member of the Trust's workforce whose role and position gives them responsibility for the identification, management and mitigation of risks within their area of responsibility; and appropriate escalation of risk based on their risk score.

Risk leads are expected to take an active lead in ensuring that risk management practices and systems of internal control pertinent to their remit, are of the highest possible standard. Supporting the management of risks to reduce the risk score down to the target acceptable to the Trust where possible.

All **Executive Directors** are responsible for owning risks as managed in their areas of responsibility. This includes duty for monitoring local systems of risk identification and control, recording and reviewing progress, escalating concerns where required, and tracking actions detailed within the Corporate Risk Register and Board Assurance Framework. The Lead for Risk Management is the Head of Corporate Governance (Trust Secretary).

The **Risk Manager** is responsible for the management and oversight of the Corporate Risk Register and ensuring appropriate co-ordination with the Board Assurance Framework. This role reports to the Trust Secretary.

Whilst not owning the risks on the Risk Register, the Risk Manager provides support, advice, challenge and guidance on the management of their risks.

The Risk Management Group regularly reviews all reported significant operational risks and all strategic risks to ensure a consistent approach to risk ratings, that risks are being effectively managed in a timely way, escalated as appropriate and serves to enable a robust mechanism to provide feedback to local risk managers in respect of any risks which the Group deems incorrectly rated.

The Group consists of the Executives or their nominated deputies.

The **Chief Executive** is responsible for risk management in the Trust. The Chief Executive ensures that the appropriate arrangements are in place to manage risk across the Trust and that staff are aware of their specific responsibilities, and processes are in place to identify and respond to training needs of employees. The Chief Executive ensures the Board is aware of the most significant risks for the organisation.

The **Trust Board** supported by the Audit and Assurance Committee has overall responsibility for the management of risk across the organisation. Its specific duties include:

- Reviewing and re-evaluating the risk appetite for the organisation
- Ensuring an effective system of internal control including risk management across the Trust
- Receiving the Board Assurance Framework regularly at Board meetings, and advising on mitigations and actions as appropriate
- Receiving assurance reports from all Board subcommittees with regard to risks, internal controls and assurance, including the Audit and Assurance Committee

Board Committees consider risks at the threshold designated within the Risk stratification matrix that are within their remit and report to the Board where they consider further mitigation action is required.

Risks are identified by the following methods:

Operational risks may be identified at any time by any member of staff. Such identification may result from any number of factors which may include:

- the direct observation / identification of issues of concern within the workplace
- internal risk assessments of routine working practice
- audits, both clinical and non-clinical, of routine working practices
- Internal evaluations that may include quality visits, peer reviews etc.
- Internal Audits
- External Audit
- External evaluations that may include Care Quality Commission inspections, Healthwatch reports etc.
- external guidance or alerts that are issued by the Department of Health & Social Care, NHS Improvement and successor bodies
- a trend in under-performance within a particular service
- a trend in incidents or concerns arising from Serious Incidents Requiring Investigation (SIRI)
- a trend in complaints or other related quality issues
- a concern regarding a legal claim or Coroner enquiry
- Raised by colleagues at appropriate organisation forums [e.g. Team meetings, Paul's Open Door, Staff Forum and management groups]
- Operational working groups, including Information Governance Group, Health and Safety and Security Group
- Freedom to Speak Up Guardian processes

Risk analysis and assessment
The Trust adopts the NHS National Patient Safety Agency (NPSA) matrix for assessing and analysing risk.

This approach does not automatically identify which areas of risk require greatest attention. However, it will help inform discussion about which risks are most significant, and what action is required to address them. The risks that score the most points are likely to be those which most demand some form of control action,

and those risks which are assessed as "Significant" or "High" should be given particular attention. Once an operational risk has been identified and assessed, it should be explored in greater detail so as to determine an appropriate course of action and/or mitigation.

An operational risk will be considered to be **effectively closed** (when it is considered that the target risk score has been achieved and is sustainable. Risk closure is confirmed by the Risk Management Group. The combined risk management module on the Datix system is used to record all risks that are identified by the Trust and has a number of fields (some mandatory) which helps ensure that risks are consistently categorised and ownership recorded. A key category will to ensure that the risk is correctly allocated to a Locality or corporate directorate.

Risks will generally be input to the Datix system by staff who will have received appropriate training on risk management principles and the Datix system. The system's functionality will alert the Head of Risk of any new risk thereby providing an oversight control before the risk is signed off on the system.

Risk Appetite

The Board has set its Risk Appetite in line with good practice guidance following comprehensive consideration by the Board. The Risk Appetite is kept under ongoing review and informs the management of Risk through the organisation both within the Corporate Risk Registers and the Board Assurance Framework. The Risk Appetite was last reviewed and updated in Spring 2021.

How significant/high level risks are managed:

Significant/high level risks are escalated through locality and business unit risk registers through operational performance and quality governance reporting routed. These will be recorded with details of the risk owner and actions in locality and directorate risk registers. All identified risks of this nature have robust plans and monitoring arrangements in place. These are reported at Trust board and progress monitored through the Trust Quality committee in locality/directorate teams.

An overarching Covid-19 risk is managed through the Board Assurance Framework, again building on existing developed practice, as the level of risk varies this risk moves from being a distinct risk to being an integrated risk. At the close of 2021/22 this risk is monitored as a distinct risk.

Board Assurance Framework

The design of the Board Assurance Framework (BAF) was agreed by the Board. It adopts the NHS standard format and uses the BAF to identify risks to the delivery of the Trust's strategic objectives and also to capture the controls and assurance in relation to strategic risks. The Board reviews the BAF regularly. Following a review of the Board's Strategy in March 2022 the Board also reviewed the risks on the Board Assurance Framework to update it in readiness for 2022/23.

Strategic risks are defined as those risks that, if realised, could fundamentally affect the way in which the Trust exists or operates, and that could have a detrimental effect upon the Trust's achievement of its strategic objectives.

Strategic risks are identified by Directors, and are aligned to the Trust's outline strategic objectives. The nominated lead for each strategic risk will be responsible for identifying controls and sources of assurance to ensure that these controls

operate effectively. Any gaps will be identified and action plans put in place to strengthen controls Risks will be assigned to board or board committees for consideration at each meeting to provide appropriate visibility, monitoring and assurance.

The BAF is fully reviewed by the Board twice times a year, and it will support the Chief Executive in completing the Annual Governance Statement at the end of each financial year. In addition, the BAF is reviewed quarterly by the Audit and Assurance Committee.

The development and maintenance of the BAF is the responsibility of the Head of Corporate Governance (Trust Secretary).

Incident Reporting

All incidents are reported via the Trust's web-based incident and risk reporting system, Datix. Staff are trained in how to report incidents and this forms part of the Trust's corporate induction programme for new staff. Incidents are analysed on a quarterly basis and reported to the relevant committees within the Trust with patterns and trends identified to inform future actions.

Conflict of Interests Policy

A policy is in place to enable the Trust and its staff to manage conflicts of interest, this is in line with the guidance issued by NHS England in 2017 and includes provisions relating to interests, gifts and hospitality. Those elements of the policy relating to Directors and Governors have also been incorporated into the Trust's constitution to provide a sound footing for the open, honest and transparent management of potential conflicts.   This Policy was reviewed and updated in November 2020. The main change reflected the introduction of the use of an electronic system for maintaining the registers, which was implemented in April 2021, this supports refined reporting to improve management of risks relating to potential conflicts.

The foundation trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision making staff (as defined by the Trust with reference to the Guidance) within the past 12 months as required by the Managing Conflicts of Interest in the NHS Guidance.

Raising staff concerns

The Trust is committed to delivering high quality services and in conducting its business with honesty, openness, candour and integrity promoting a culture of openness in which all colleagues are encouraged to raise concerns without fear of suffering detriment. The Trust has fully integrated the need for colleagues to speak up in line with the recommendations and in response to the independent 'Freedom to Speak Up' review 2015, led by Sir Robert Francis QC, and highlights the Trust's commitment to fostering a culture of safety and learning in which all colleagues feel safe and supported to raise concerns. These have been integrated into the Trust's Speaking Up at Work Policy which describes the various routes that staff can employ in order to raise concerns.

To complement the above policy the Trust has 'Work in Confidence', a web-based system enabling staff to have an anonymous and confidential dialogue to raise concerns with another colleague of their choice. This is highlighted to staff on an ongoing basis, for example through global emails, updates from the Freedom to Speak up Guardian, through Corporate Induction etc, and has been reinforced

during the Covid-19 pandemic to reinforce the standards that remain integral to the Trust's agreed approach to openness.

The Trust has appointed and invested in, the Ambassador for Cultural Change, a unique role which incorporates the Freedom to Speak Up Guardian. She operates independently, impartially and objectively on all matters relating to concerns raised in the workplace, taking a highly visible leadership role in promoting the processes through which these concerns can be raised (including trust and confidence in the processes themselves). The wider role remit plays a key role in promoting a culture of transparency and service user safety.

To enhance the role and to ensure further visibility and diversity throughout the Trust, the Freedom to Speak Up Guardian is supported by Freedom to Speak Up Advocates, Dignity at Work Officers and the Trust leadership to support the organisation in becoming a more open and transparent place to work, where all workers are actively encouraged and enabled to speak up safely.

In addition to these more formal methods of raising concerns, the Trust has an additional and more informal way of making direct contact with the Chief Executive, Paul Roberts, 'Paul's Open Door', to raise an issue or an idea or let him know when staff feel things are not going right. During the year, Paul's Open Door was relaunched with a new icon on the desktop of all Trust laptops to enable colleagues' easier access directly from their machines. Messages are reviewed by the Chief Executive each week (or his deputy when he is on leave), and are discussed with the Executive Team as appropriate to agree any follow up actions. The staff member raising the issue receives a personal response from the Chief Executive within 14 days.

Performance Management

The Trust's Business Intelligence Team supports service delivery teams with information reports that identify data quality risks and provide service performance insight to inform decision and assurance. A Business Information Management Group meets regularly to monitor and oversee the performance of the organisation across all aspects of data activity to ensure that services are delivered to the highest possible standards for patients and service users.

In performing this function, it engages with senior leaders and information user groups who utilise information reporting systems data to identify risk, resolution and inform clinical and management decisions. It ensures that systems are in place for the effective performance management of contracts and services, and to support continuous improvement and service development.

The group acts as an assurance function to the Trust's Resources Committee and provides a forum for escalation of risks and issues that have not been resolved at a service delivery level. The group is required to prioritise and commission any necessary action required to fulfil this duty.

Development plans are ongoing to more comprehensively integrate complimentary data streams such as workforce, and finance activity alongside clinical information and refine performance measurement. Additional workforce metrics are now monitored through the Performance Report and the reports presented to the Great Place to Work Committee.

The performance reports that are produced are subject to robust challenge from management and the Board and are augmented by Service Recovery Action Plans

from Service Leads and Managers which actively respond to significant performance risks or issues.

To support this Service leads and managers meet regularly with their respective teams to discuss any performance and finance concerns to inform the corporate awareness to developing risks and identify potential issues. Review meetings are held regularly with commissioning colleagues to provide assurance, give early warning of any potential quality or performance issues, and seek joint solutions where appropriate. **Collectively this ensures accurate reporting to the Trust Board against local and national operational and contractual targets.**

In addition to these control mechanisms, the Trust undertakes its own quality assurance reviews, audits and benchmarking exercises on a frequent basis across all services. The Trust takes advantage of a number of benchmarking opportunities which allow measurement of Trust service performance against local and regional comparators.

Financial performance is closely monitored by the Trust Board and Resources Committee at each meeting to ensure that financial plans are realistic and achievable, and that savings and expenditure plans are realised in accordance with the Trust's agreed financial plan and its external financial obligations..

Emergency Preparedness

The Trust has systems in place to ensure that services can continue to be provided in an emergency situation. The Trust is required to demonstrate its ability to adapt to variations in demand throughout the year, with particular emphasis placed on risks to service continuity in the local health system in the winter period between November and March. Those risks include staffing availability, severe weather, service pressures, increased demand on services, and bed availability. The Trust's Operational Resilience and Capacity Plan and Pandemic Flu Action Plan represent two core aspects of the assurance process for emergency preparedness. Before being submitted to Gloucestershire Clinical Commissioning Group annually as part of the health system assurance process, the plan is subject to scrutiny both by the Executive and by the Board's Quality Committee to ensure not only that the Trust's own services are prepared, but that partners, are able to support the local health economy in maintaining patient flows within acute hospitals. These systems and processes were central to local and national responses to Covid-19. An ICS Mutual Aid Agreement is also in place to allowed sharing of staffing resources across partner organisations.

In addition to routine winter planning, the Trust's systems are subject to regular major incident testing, to ensure that the Trust has adequate capacity, systems and expertise to respond to a major incident in the area. Plans for and outcomes of these tests are reported to the Audit and Assurance Committee. Cyber security risks, particularly those relating to clinical and other IT systems, are also captured in the annual data security standards declaration submitted by the Board each year to NHS Digital.

Clinical Audit and Assurance Processes

The Trust regards clinical audit and clinical assurance processes as important tools in promoting the adoption of clinically effective practice and is committed to maintaining an effective programme of review which includes participating in national audits.

Internal Audit

The integrity of the Trust's arrangements for both general and financial management and control is a fundamental requirement of sound risk management. The Trust actively commissions a comprehensive programme of internal audit designed to provide assurance on the main risks of the Trust, and responds positively to the auditor's findings and recommendations.

A full programme of internal audit reviews was completed for the year ending 31 March 2022, with findings graded as high, medium or low risk as appropriate. No high risk findings were reported. Overall, across the internal audit programme. The Trust's Audit and Assurance Committee continues to monitor progress, to provide assurance that improvements to these processes have been embedded.

Health and Safety

The Trust has a specialist Health & Safety team to oversee the compliance with health and safety legislation and internal H&S policies as it is central to the welfare of staff and service users. These processes have supported the Trust's response to Covid-19 and risk assessment work has included consideration of Health, safety, security and wellbeing.

There is an annual health and safety audit to assess compliance with H&S regulations; risk assessments are carried out at each site and team and the risk assessments are shared with all staff; there is a programme of training (all staff attend induction which includes H&S eLearning and ongoing local induction at site). Statutory/Mandatory H&S training is being implemented for all managers.

Codes of practice and procedures are monitored by the Health & Safety and Security Management Group. The Group pays particular attention to health and safety, security, and fire compliance training, and receives regular assurance reports on these issues.

Training
The Trust recognises that ensuring the delivery of transformational education, training and development, underpinned by our values, will help us respond to changes in service requirements and will support colleagues to deliver safe, effective, evidence based and compassionate care. This work is overseen by the Workforce Management Group and the Board Great Place to Work Committee.

Quality Governance

The Trust has robust arrangements in place to monitor and improve the safety, experience and effectiveness of care provided to those who use our services, to support delivery of NHS Improvement's Quality Governance Framework, and to provide the Board with evidence which in turn enables the Board to make an informed declaration of compliance to NHS Improvement as and when required.

Quality is a central element of the Trust's vision and values, organisational strategy, and annual business plan. Together with the Quality Report, these mechanisms enable the Board to take assurance that quality governance is embedded into the organisation. For 2021/22 the Trust produced a quality report in line with its usual processes, which include engagement from stakeholders. The report has not been subject to audit, in line with the variations to the usual statutory process agreed by NHS England and NHS Improvement in response to Covid-19. The report will be available on our website.

The Board is supported in identifying risks to quality through the work of its committees, notably the Quality Committee which reviews quality matters on a bi-monthly basis as a minimum, is constantly challenging of what we can do to continuously improve, and reports to the Board on these issues. The Quality Committee is supported by a monthly management meeting, which undertakes detailed scrutiny of safety and quality issues and provides onward assurance to the Quality Committee.

The Audit and Assurance Committee also considers quality and the governance processes, and is supported by a programme of internal audits. Aspects of quality which are considered to be higher risk are included in the clinical audit and assurance programme, with action plans arising from these audits being monitored by the appropriate committee to ensure implementation and delivery of the intended outcome. Care Quality Commission outcome standards are allocated to specific directors, and both the Board and the Quality Committee receive regular reports on CQC compliance. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Board agendas include a number of standing items relating to quality, including reports on Patient Safety and Serious Incidents, Learning from Deaths Quality Report monitoring. A comprehensive monthly performance dashboard provides timely monitoring information on all quality targets, and data assurance processes are in place to ensure that quality information presented to the Board is robust.

The Trust continues to ensure that its response to the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report), and the subsequent report by Professor Don Berwick 'A promise to learn – a commitment to act: Improving the safety of patients in England' a comprehensive and ongoing programme of engagement in order to identify and embed learning is active, with progress monitored by the Executive. The Quality Committee receives regular updates on safe staffing levels in inpatient wards.

The Board and Council of Governors have jointly developed a number of measures designed to improve quality by enabling both bodies to work more effectively together on an ongoing basis. These include a detailed Governor role description, a detailed Governor induction process, a governor dashboard with key quality indicators, ongoing review of working processes and training on the role of the Council.

The Medical Director and Director of Nursing, Therapies and Quality take the executive lead for quality, working closely with the Chief Executive and other Directors, and for assessing Quality Impact Assessments in respect of every cost improvement programme to ensure that adverse safety impacts are avoided and adverse quality impacts other than safety are mitigated. The Director of Nursing, Therapies and Quality is the lead Executive for service experience and complaints. The Board takes an active leadership role in quality in order to promote a quality-focused culture throughout the Trust, and Non-Executive Directors participate in a programme of service visits and patient safety walkabouts, these were more limited in 2021/22 due to Covid-19 but are now back in place. Executive Directors visit clinical and non-clinical sites regularly through a range of engagement processes. The organisation is structured to enable quality accountability in appointed Clinical Directors, Heads of Profession, and Lead Nurses. A Quality Management Team provides support in embedding this quality culture and ensuring that learning is captured from complaints, incidents and other initiatives.

The Trust has a policy of Learning from Deaths in Care, in line with guidance, and the Trust Board receives a quarterly dashboard report at a public meeting, setting

out relevant data on deaths in care and learning actions taken as a result. The Trust publishes an annual overview of this in its Quality Report.

During the year the Trust participated in a number of initiatives which demonstrate the Trust's commitment to clinical continuous improvement. These activities enable the identification of learning themes which can be implemented within the Trust and fits with our organisational aim to make life better for those who use the Trust's services.

The Trust actively engages with patients, staff and other key stakeholders on quality; the Quality Report and public Board papers are published, and quarterly updates on the Quality Report are shared with stakeholders such as Clinical Commissioning Group and Healthwatch and feedback is encouraged. The Board receives a 'patient story' at each meeting in public, providing an opportunity for the Board to hear first-hand service users' experience of the Trust's services. Stakeholder sessions comprising Trust staff, experts by experience, voluntary and community sector representatives, and Trust Governors provides further opportunities for the Trust to engage with its stakeholders and to understand their views, and more recently a Working Together Advisory Group has been established to formalise this. This new group will be in place from 1 April 2022. The Council of Governors' agenda also includes regular items on service and quality issues, and there is active development of patient and carer experience through the Director of Strategy and Partnerships.

Regular surveys of service users inform the quality debate and help to ensure quality of service. These surveys include a 'How did we do?' survey which combines the "Friends and Family Test" and "Quality Survey" and is used for all Trust services apart from IAPT and CYPS/CAMHS, where alternative service experience feedback systems are in place. Survey results are reported internally, locally to our Commissioners, and nationally to NHS Benchmarking. The Friends and Family Test survey provides a link for people to complete additional Trust Quality Survey questions which provide people with an opportunity to comment on key aspects of the quality of their treatment, such as the provision of information, and the opportunity to be involved in agreeing the care they receive.

The CQC undertook a formal inspection of the Trust's core services, together with a review against the 'Well-Led Framework' in February and March 2018. The CQC rated the Trust as 'Good' overall and the classification for "well led" was also as "Good". (Gloucestershire Care Services NHS Trust was also inspected by CQC in 2018 and also rated as Good overall and the classification for "well led" was also "Good"). The CQC undertook a further review of services in April 2022 and a "well-led" inspection in May 2022. The outcomes will be published later in 2022. Full details of the reviews will be available on the CQC website.

The Trust is committed to ensuring continuous improvement.

Review and Assurance

Each level of management, including the Board, frequently reviews the risks and controls for which it is responsible. These reviews are monitored by and reported to the next level of management and the results recorded on the risk register. Any need to change priorities or controls is either actioned or reported to those with authority to act. Lessons that can be learned, from both successes and failures, are identified and disseminated to those who can gain from them. The Board ensures an appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control.

Information Governance

The Trust maintains a number of systems and processes to ensure that all information, but particularly person-identifiable information, is kept safe, accurate and only shared with appropriate authority and lawfulness.

The Trust has appointed, at Board level, a Caldicott Guardian and a Senior Information Risk Owner to oversee this. A detailed report on our Information Governance processes, produced by our Senior Information Risk Owner is available on our website. This report updates in more detail on Information Governance, Clinical Coding and Health Records, Data Quality and Cyber Security.

The Trust's processes and operating practice are driven by the relevant guidance and legislation.

The Trust actively encourages the reporting of information governance incidents and near misses. These are investigated internally where it is appropriate to do so, and incident trends and themes are reported to and reviewed by the Information Governance Group to ensure that learning is appropriately cascaded throughout the organisation. The Trust had two incidents during the year which met the criteria for reporting to the Information Commissioner's Office (ICO), as set out in the Data Security and Protection Incident Reporting Tool. There were also two complaints to the ICO. The required steps advised were taken.

During increased offsite working, and greater use of digital technology in response to Covid-19 information governance controls were maintained and guidance sought on an on-going basis from the Information Governance Manager.

Involvement

The Trust aims to involve service users, carers, members, the local community and its own staff in matters that affect them and to ensure the manner of their participation will enhance their own confidence that the Trust and its employees will always act professionally, and listen to and take account of their views. The Trust has an established membership and a Council of Governors which represents the interests of constituents and members of the public. The Trust has developed an Engagement and Communication strategy which will improve still further its communication and engagement with stakeholders. The Trust is also a member of both the Regional and local Gloucestershire Social Partnership Fora, which provides an established route for regional and local health and social care employers to engage with and involve local and regional trades unions.

In line with other NHS employers, the Trust undertakes an annual staff survey. The Trust encourages participation in this survey from all staff, rather than a representative sample. Results of the annual staff surveys are published by NHS England in March. The outcomes of the surveys are reviewed by Board and action plans to address issues raised by the survey results are prepared by the Trust, and approved and monitored through the year by the relevant Board Committee, which provides onward assurance to the Trust Board. Alongside the annual staff survey, the Staff Friends and Family Test has become firmly embedded as a regular quarterly check to determine staff attitudes on the Trust as a provider of care, and as a place to work. Regular NHS Pulse Surveys, alongside ad hoc health and wellbeing surveys are also undertaken.

The Duty of Candour is considered in all the Trust's serious incident investigations, and we include service users and their families and carers in this process to ensure that their perspective is taken into account. We provide feedback to service users, families and carers on conclusion of each investigation. The Trust is a participant in

the Triangle of Care programme, a national scheme bringing carers, service users and professionals together to offer support to adult and young carers.

Holding Non-Executives to account

The Council of Governors holds the Trust's Non-Executive Directors to account for the performance of the Board through sessions at each Council of Governors' meeting. This is done by focussing on the activities of a Non-Executive Director in his/her role as the Chair of one of the Board's Committees in providing challenge, triangulating information, and obtaining assurances which may be passed on to the Trust Board. The Council of Governors is aided in this function through review of a Governor Dashboard which enables them to highlight issues of concern to drill into with the Non-Executives. Governors also frequently attend the Trust Board as members of the public, thus enabling them to gain further assurance as to the effectiveness of Non-Executives in holding the Executive to account.

Equality and Diversity

Supporting its work on human rights the Trust utilises the Trust's Diversity and Inclusion Policy and the Workforce Race and Disability Equality Schemes as the basis for ensuring it meets its legal obligations under the Equality Act 2010. Feedback obtained from service users, carers, volunteers, staff, partner agencies, volunteers and others enables the Trust to reduce health inequalities based on a protected characteristic, reduce stigma and discrimination and improve our working environment and employment practices. The Trust requires equality impact assessments to be undertaken on all policies, practices, activities and services. These are then reviewed by trained nominated individuals in the Trust prior to being published on the Trust's intranet and internet sites. Through the use of equality impact assessments the Trust makes reasonable adjustments to ensure people with protected characteristics have their rights secured and are provided with fair and appropriate access to high quality care. The Trust published an annual Equality Statement as required by the Equality Act 2010, made its annual submission of data to the Workforce Race and Disability Equality Standards, and has continued to develop its commitment to equality this year by implementing changes to its service planning process and embedding the use of the Equality Delivery System into service delivery. The Trust has also published its annual Gender Pay Gap report and has an accompanying action plan to support this. The Board of Directors has published a statement of support and related intent. The Trust encourages applications from under-represented groups for election as a Governor or appointment as a Non-Executive Director, as well as in other areas of under-representation.

The Trust was the first mental health NHS trust in the country to sign the Armed Forces Corporate Covenant, and in doing so has committed to the Covenant's two core principles:
- no member of the armed forces community should face disadvantage in the provision of public and commercial services compared to any other citizen; and
- in some circumstances special treatment may be appropriate, especially for the injured or bereaved.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Human Rights control measures are monitored by the Mental Health Legislation Scrutiny Committee through scrutiny of Key Performance Indicators regarding the Mental Health Act, Deprivation of Liberty Safeguards and Mental Capacity Act, and by

scrutinising audits of compliance with requirements to ensure patients and their carers are informed and aware of their rights.

Processes to Assess Risks to Compliance with Trust Licence

In addition to supporting the Trust's Risk Management Strategy, the structures, policies and procedures set out in this Annual Governance Statement also allow the Trust to address risks to compliance with the terms of its licence. One such risk is that the Trust's governance structures and reporting lines may not be sufficiently focussed to enable an appropriate level of oversight of the Trust's operations, management and control. The Trust takes a number of actions to mitigate this risk: The Trust's governance structures are subject to regular review to ensure that they remain fit for purpose and to maintain compliance with relevant legislation, licence conditions and good practice. Committee membership and responsibilities are regularly reviewed and revised where necessary to ensure continued oversight of performance standards.

Alignment of Board and Committee dates where possible ensures that Committees provide appropriate challenge to management and onward assurance to the Board based on the latest available information.

The Trust's Annual Governance Statement also provides assurance to the Board that risks to compliance with the terms of its licence are being appropriately addressed. Before signing off its Annual Governance Statement, the Board receives and reviews a detailed report summarising the evidence upon which the Board might rely in making each individual declaration within the Annual Governance Statement. The Board also considers reports it has received through the year and takes account of the work undertaken through the year by its Committees in assessing the Trust's performance, overseeing compliance with relevant legislation, and ensuring the efficient, effective and economic operation of the Trust.

The Council of Governors provides a further layer of governance. As part of its joint development work with the Board, the Council of Governors has developed and implemented a revised process by which Governors are able to hold Non-Executive Directors individually and collectively to account for the performance of the Board, in accordance with its duty under the Health and Social Care Act 2012. This holding to account process provides a valuable additional assurance to the Council of Governors, and to the Trust's members and the public about the performance of the Non-Executive Directors and the Board in general. This continues to be maintained and kept under ongoing review.

Workforce Strategy

We have put in place our 2021-2026 People Strategy. This takes account of and is aligned with the following national, regional and local guidance and plans;

- The NHS People Plan published in mid-2020
- The People's Promise
- Stepping Forward to 2020/21: the mental health workforce plan
- The Gloucestershire ICS People Plan and Strategy (2021).

This strategy reflects what matters most to our colleagues and sets out our ambitious but realistic plans for the next five years. In line with our values we will continue to listen and work in partnership with colleagues as well as patients, carers and communities.

Our strategy outlines a wide range of plans and priorities, including:
• Attracting and retaining colleagues with a focus on job design, digital enablement, flexible working and innovative roles
 • Developing our health and well-being offers to support all colleagues
 • Creating a supportive culture with great values and behaviours
• Enabling people to have strong voices, to be influential and empowered
• Ensuring equality, diversity and inclusion are at the heart of what we do
• Offering opportunities for people to reach their full potential, by ensuring they are appropriately skilled to provide consistently great services, that there are succession planning and talent management approaches in place to ensure a sustainable future workforce.

This Strategy is monitored by the Board and also the relevant Board Committee, which since October 2021 has been the Great Place to Work Committee.

Recruitment within specific staff groups remains a national challenge and a key risk for the NHS. Taking account of NHSI guidelines for 'Safer Staffing and Developing Workforce Safeguards', we have put plans in place and continue to develop these through our strategy to mitigate workforce risks and challenges.

Approach to Workforce Planning

Our approach to workforce planning is to build on the foundations that evolved from our trust-wide and service specific workforce planning workshops which took place across our predecessor organisations in the last 3 quarters of 2019-20. Once operational services have been fully restored following the Covid-19 pandemic it will be important to review and sense check whether the information collected during the workshops is still valid post pandemic.

A key priority area for 2021/22 was to run a series of workforce planning workshops to support the development of the new Forest of Dean Hospital. To ensure that there is a sound understanding of current and future workforce needs in relation to the effective delivery of services out of the new hospital and any associated amendments to community provision.

The Trust also reviewed its response to the NHS Improvement (NHSI) Operational Workforce Planning self-assessment tool to identify gaps in our workforce planning infrastructure and to plan how these can be closed. As part of a previous self-assessment our workforce planning capacity and capability had been strengthened both within the Trust and the Integrated Care System (ICS) via additional training and upskilling. Trust staff successfully completed specialist training provided by Health Education England in the use of workforce modelling tools, NHSI demand and capacity training for operational colleagues, and a joint approach to workforce planning was also developed in partnership with ICS provider colleagues and subsequently used to inform the system workforce narrative and planning submissions.

Workforce planning priorities in 2021-22 included responding to the NHSI/E Workforce Elements of the next Phase 4 Operational Planning Guidance and NHSI/E data collection. Our governance structure integrates finance, workforce and performance considerations at Board level, supported by its assurance committees which meet bi-monthly and consider planning and assurance regarding the affordability, capacity, capability and transformation of the workforce. The Resources Committee, and from October the Great Place to Work Committee receives workforce key performance indicators (KPIs), including staff survey and friends and family test ratings. KPIs are being further developed for 2022/23 in line

with the Strategy. The Quality Committee also considers workforce in relation to the safety and quality of our service delivery to our patients including safer staffing, appraisal, statutory and mandatory training.

Within the Gloucestershire ICS, workforce plans and issues are shared, discussed and progressed through the ICS Workforce and Organisational Development Steering Groups and their respective subgroups reporting to the One Gloucestershire People Board. Additionally, for 2021/22 the Trust and the ICS has representation and input to the regional People Board and a range of other related regional workforce meetings.

The Trust's Highest-Level Risks and their proposed mitigations to reduce them to target level

Risk	Mitigations	Assessment
There is a risk of excess demand for services (due in part to a disconnect between social care and health and increasing demand due to widespread Covid impact), which cannot be managed through usual mechanisms, resulting in services no longer meeting the expectations of the commissioners and the people we serve leading to a potential impact on patient wellbeing.	Performance Reviews and Deep Dives are ongoing to assess issues, impact on patient outcomes and highlight areas of focus. Work to build capacity and self-care is ongoing and will continue to be actioned through co-production. Relationship with commissioners and MPs continues to receive focus.	Progress of the Recovery programme to recover services from earlier waves of the pandemic was impacted by ongoing Covid surges with the focus moving to service reprioritisation and supporting system flow. Work to enable an accurate waiting list position across services being actioned. Greater system intelligence/collaboration is required to understand future demand and model capacity
Risk	**Mitigations**	**Assessment**
There is a risk that we do not develop a long term and sustainable, cross Gloucestershire solution to recruitment and retention issues resulting in insufficient staff resource.	Specific recruitment and retention initiatives in progress include the Widening Access/Apprenticeship Hub, international recruitment programme with first cohort of 30 RGNs in place, with RMNs in the pipeline; targeted recruitment for key areas including Home First and Bank, a pilot of bank pay rates and incentives; a pilot of retention incentives for Wotton Lawn Hospitals RMNs, a pilot of Refer and Friend Scheme and the commencement of the new NHS Cadet Scheme. The sustainable staffing oversight group in place.	This continues to be recognised nationally, regionally and within the Trust as a key risk for the NHS. The Board has developed its People's Strategy to respond and will be working to lower this risk through the implementation of this Strategy which will be monitored by the Great Place to Work Committee.

We continue to work with systems partners on how to tackle the workforce gap and work has commenced on ICS recruitment and retention plan alongside the recruitment process for a new ICS Recruitment and Retention Lead. |

The Trust achieved its control total following effective delivery of the Cost Improvement Plan.

NHS Pension Scheme
As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme Regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Carbon Reduction

The Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust committed, in March 2020, to the sustainability agenda, with "sustainable" identified as one of the four strategic aims to be focused on to achieve our vision. This commitment was identified following thorough engagement with stakeholders and was supported throughout this process as a core enabler. This is underpinned by a number of strategic priorities, of greatest impact here is to "Focus on sustainable delivery and be a good citizen".   An example of this commitment is that the Trust has signed up to the NHS plastics pledge and committed to reducing single use plastics in out catering and office environments**.**

Review of economy, efficiency and effectiveness of the use of resources

The Trust has a number of key processes designed to ensure the economy, efficiency and effectiveness of the use of resources. These include;

- Bi-monthly monitoring by the Board of Trust performance in relation to contracts, services, financial performance and associated risk ratios, training and attendance targets, resource usage and the delivery of national and local target trajectories.
- The use of reference cost benchmarks for service review and economic improvement
- The use of Patient Level Information and Costing to enable the Trust to understand better its cost structure, improve the potential for benchmarking, and inform future cost improvement programmes
- Board seminar on delivering value
- The use of internal audit and consideration of the Carter metrics to review the efficiency and effectiveness of corporate business processes
- Active management of NICE Technical Appraisals and Guidelines implementation including planned audits
- Service and pathway redesign within the Trust's services
- Undertaking a mid-year financial review

The Executive has responsibility for overseeing the day-to-day operations of the Trust and for ensuring that resources are used efficiently, effectively and economically.

At a strategic level, the Resources Committee receives assurance on the efficient, economic and effective use of resources and provides onward assurance on these matters to the Board through its bi-monthly summary report.

Internal Audit conducts a review of the Trust's internal control systems and processes as part of an annually agreed audit plan. This review encompasses the flow through the organisation of information pertaining to risk and assurance. It ensures that systems are in place, are appropriate, and can be evidenced by a range of documents available within the organisation. Internal audits have reviewed the governance arrangements within the organisation over a range of financial and other functions to ensure that there is an appropriate and robust approach to the use of resources.

The Trust knows that staff are its biggest resource and account for its highest expenditure. The Trust is committed to minimising its expenditure on agency staff and has set up a Sustainable Staffing Group led by the Chief Operating Officer working in collaboration with the Director of HR and Organisational Development.

The Trust ended the year with a segmentation rating of 2 under NHS Improvement's System Oversight Framework.

Annual Quality Report
Gloucestershire Health and Care NHS Foundation Trust has built on its existing clinical data quality arrangements and put in place the following actions to support data quality:

- We have aligned our performance monitoring tools and data warehousing to facilitate the needs of a progressive, integrated health and care organization;
- Data quality oversight is provided through a governance structure which includes the Trust's Resources Committee, Business Intelligence Management Group (BIMG) and operationally led Performance & Finance meetings (and pre-P&Fs). Collectively these raise the profile of performance and data quality amongst operational leaders and educates them in how to get the most from the Business Intelligence tools and visualisations available;
- Data quality is owned by operational service directors and supported through Business Intelligence (BI) business partnering;
- We have progressed our automated suite of internal data quality reporting tools to support daily monitoring and early warning notifications so operational managers can observe and are alerted to any identified data quality gaps;
- An integrated, single infrastructure platform has been developed that brings many data sources together into one place and has been rolled out to all inpatient and community teams across mental health, learning disability and physical health;
- Patient Tracking Lists have been expanded to provide an overview off all clients within the service detailing waiting times from the referral to treatment and then waiting times between appointments;
- Service level performance scrutiny will continue through focused Service Recovery Action Plans, reviewing all aspects of service performance and data quality focusing on demand, capacity, outcomes and risk

The Trust has processes in place to ensure that data is used to inform reporting and decision making and are subject to a system of internal control and validation. Internal and external reporting requirements have been critically assessed and data provision is reviewed regularly. Data is used to populate a Performance Dashboard which is reviewed by the Executives, the Resources Committee, Service Directorates and the Trust Board, subjected to appropriate levels of challenge, and used to inform strategic and operational decision making and monitor performance. The Performance Dashboard contains information about performance in relation to national and local targets and contractual obligations including waiting times, quality targets, internal 'stretch' performance targets and other internal performance

measures regarding finance and human resources. Work is ongoing to review the Dashboard to ensure that the Trust is "measuring what matters".

Financial and performance data are subject to scrutiny and challenge by the Resources Committee and the Audit and Assurance Committee, in order to provide assurance to the Board. Non-Executive Directors chairing these Committees will request further clarification and assurance in the event that information initially presented is unclear.

A Clinical System User Group, which covers all clinical systems is in place and provides a forum to ensure that data quality issues arising from the use of the Electronic Patient Record System can be tackled consistently across all Trust services

A number of mechanisms exist to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality. Managers monitor staff competencies and development needs through the annual appraisal process, and ensure that staff have access to appropriate training opportunities. The Trust has put training programmes in place to ensure staff have the capacity and skills for effective collection, recording and analysis of data. Clinical System training is provided to all appropriate staff, and support materials are available on a dedicated intranet page. Individual members of staff have their own training records and are responsible for identifying their own individual skill requirements in relation to data quality.

The Trust has a comprehensive suite of care practice policies in place to ensure the quality of care provided to service users. Care practice policies are subject to regular programme of consultation, review and update to incorporate emerging good practice and inform existing training and awareness programmes. An annual programme of local audits measures compliance against these policies, and results are reported to the Quality Committee or Mental Health Legislation Scrutiny Committee as appropriate.

For 2021-22 the Trust produced a quality report in line with its usual processes, and with engagement from stakeholders, the report was not subject to audit in line with the variations to the usual statutory process agreed by NHS England and NHS Improvement in response to Covid-19.

In the development of the annual Quality Report, the trust draws on several sources of information and data to develop a holistic analysis of its performance against nationally and locally defined quality measures. These have included internal data and information such as clinical audit findings, patient care performance data and NICE compliance. The Trust has also drawn on information from independent studies such as the patient survey, staff survey and achievement of CQUINs, as well as external bodies such as the Care Quality Commission assessment of compliance. This triangulated approach provides assurance that the information provided to the Trust Board on its Quality Reports is both measured and objective.

We have involved stakeholders including Governors, Healthwatch, Overview and Scrutiny Committee and commissioners, in the development of our Quality Report objectives and have taken that opportunity to include many of their very useful comments and suggestions. The comments received indicate an agreement that the Quality Report is representative and that there are no significant omissions of concern. Our commissioners have confirmed that the accuracy of the data presented in the Quality Report accords with the data and information they have available and that there are robust arrangements in place to monitor and review the quality of services. Quality Reports are produced on a quarterly basis and shared

with commissioners and stakeholders to enable continuous feedback to be collected.

7.   Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The assurance framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The Head of Internal Audit Opinion at the end of the year was 'Generally Satisfactory with some improvements required', which means that governance, risk management and control in relation to business-critical areas is generally satisfactory. The Internal auditors commented that "We completed 7 internal audit reviews set out within the 2020/21 internal audit plan for the year ended 31 March 2022 with one review in progress. Through the above, we identified the following findings: 0 high risk rated findings 5 medium risk rated findings, 14 low risk rated findings and 2 Advisory finding. The Trust has maintained an effective internal control environment during the year and where risk have been identified has put in place clear action plans.

The following assurances have been considered in maintaining and reviewing the effectiveness of the system of internal control:
*   The Board has reviewed its assurance framework.
*   The Board or its committees have considered all major assurance reports received by the Trust and ensured action plans were developed to address any weaknesses.
*   The Board has received reports on the revalidation of medical staff.
*   The Quality Committee has received regular reports on revalidation of nursing staff, and on professional regulation for Health and Social Care staff.
*   The Quality Committee has received bi-monthly reports on safe staffing levels.
*   The Board has received bi-annual reports on safe staffing levels.
*   The Audit and Assurance Committee has reviewed all internal and external audit reports and ensured action is taken to address the recommendations, and has provided an annual report to the Board setting out the Committee's work during the year.
*   The Audit and Assurance Committee has received reports on various aspects of internal control, including prompt payment, losses, special payments and waivers, and has received regular reports from the Local Counter Fraud Specialist.
*   The Audit and Assurance Committee has considered the risks of material mis-statements in the preparation of the annual accounts.

- The Quality Committee has also considered the results of the monitoring of incidents and complaints to ensure any lessons were carefully reviewed and acted upon.
- The Board and Quality Committee have monitored arrangements for the prevention and control of infection. They have also monitored all service areas and continued the implementation of a substantial clinical governance development plan.
- The Quality Committee has received regular clinical audit reports in order to take assurance regarding compliance with national and local policies and processes, and has requested and received assurance on actions taken to address any identified areas of improvement.
- The Risk Manager has reported on the management of the risk register and supporting processes.
- Non-executive and Executive Directors have visited services and met staff, service users, carers, members and governors as part of an informal programme of review, using virtual processes where appropriate to meet restrictions on physical meetings.

Conclusion

The Trust firmly believes that it has comprehensive and robust governance processes in place. No significant internal control issues have been identified.

Signed

Paul Roberts

Paul Roberts, Chief Executive   **13 June 2022**

9. Quality Report

For 2021/22 the Trust produced a quality report in line with its usual processes, but it will be published on our website, with engagement from stakeholders. The report has not been subject to audit, in line with the variations to the usual statutory process agreed by NHSI and NHSE in response to Covid-19.

11. Contact Us

If you would like to contact the Trust you can:

Write to: Trust Secretary, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester GL3 4AW
Email: trustsecretary@ghc.nhs.uk
Tel: 0300 421 7111

Communicating with Governors

Members of the Trust may contact Governors via:

Email: trustsecretary@ghc.nhs.uk

Writing to: Freepost RLYA-XAKR-HABZ, Edward Jenner Court, 1010 Pioneer Avenue, Gloucester Business Park, Brockworth, Gloucester GL3 4AW

Telephone: The Assistant Trust Secretary on 0300 421 7111

There is also a feedback form on the Trust website at www.ghc.nhs.uk

Information in other languages/formats

The Gloucestershire Health and Care NHS Foundation Trust Annual Report and Accounts 2021/22 describe the activities of the Trust during the 2021/22 financial year.

If you would like the Annual Report in large print, Braille, audio cassette tape or another language please telephone 0300 421 7146 or email us at ghccomms@ghc.nhs.uk.

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