# PUBLIC AGENDA

**Gloucestershire Hospitals**
**NHS Foundation Trust**

Meeting:     Council of Governors - Public

Date/Time:     Wednesday 16 June 2021 at 14:30

Location:     Virtual meeting via Microsoft Teams

| | Agenda Item | Lead | Purpose | Time | Paper |
|---|---|---|---|---|---|
| | Welcome and Apologies | Chair | | 14:30 | |
| **1.** | Declarations of Interest | Chair | | 14:31 | |
| | **ITEMS FOR DISCUSSION** | | | | |
| **2.** | Minutes from the Previous Meeting | Chair | Approval | 14:32 | YES |
| **3.** | Matters Arising | Chair | | 14:35 | YES |
| **4.** | Chair's Update<br>- Elected Deputy Lead Governor<br>- Logistics for future Governor Meetings | Rob Graves | Information | 14:40 | |
| **5.** | Report of the Chief Executive | Deborah Lee | Information | 14:45 | YES |
| | **REPORTS FROM BOARD COMMITTEES** | | | | |
| **6.** | Chairs' Reports from:<br>- People and Organisational Development Committee<br>- Finance and Digital Committee<br>- Audit and Assurance Committee<br>- Estates and Facilities Committee<br>- Quality and Performance Committee | Balvinder Heran<br><br>Rob Graves<br>Claire Feehily<br>Mike Napier<br>Alison Moon | Assurance | 15:00 | YES |
| | **ITEMS FOR INFORMATION** | | | | |
| **7.** | Membership Refresh | Sim Foreman | Information | 15:50 | |
| **8.** | Notice of Governor Elections | Sim Foreman | Information | | YES |
| **9.** | Governor's Log | Sim Foreman | Information | | YES |
| **10.** | Any Other Business | Chair | | | |
| **CLOSE** | | | | 16:00 | |

**Date of the next meeting:** Wednesday 18 August 2021

# Gloucestershire Hospitals
## NHS Foundation Trust

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS HELD VIA MICROSOFT TEAMS ON WEDNESDAY 21 APRIL 2021 AT 14:30**

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

| PRESENT: | | |
|---|---|---|
| Alan Thomas | AT | Public Governor, Cheltenham (Lead) |
| Matt Babbage | MB | Appointed Governor, Gloucestershire County Council |
| Hilary Bowen | HB | Public Governor, Forest of Dean |
| Tim Callaghan | TC | Public Governor, Cheltenham |
| Geoff Cave | GCa | Public Governor, Tewkesbury |
| Carolyne Claydon | CC | Staff Governor, Other and Non-Clinical |
| Debbie Cleaveley | DC | Public Governor, Stroud |
| Graham Coughlin | GCo | Public Governor, Gloucester |
| Anne Davies | AD | Public Governor, Cotswold |
| Pat Eagle | PE | Public Governor, Stroud |
| Colin Greaves | CG | Appointed Governor, Clinical Commissioning Group (CCG) |
| Pat Le Rolland | PLR | Appointed Governor, Age UK Gloucestershire |
| Sarah Mather | SM | Staff Governor, Nursing and Midwifery |
| Russell Peek | RP | Staff Governor, Medical and Dental |
| Maggie Powell | MPo | Appointed Governor, Healthwatch |
| Julia Preston | JP | Staff Governor, Nursing and Midwifery |
| Nick Price | NP | Public Governor, Out of County |
| **IN ATTENDANCE:** | | |
| Peter Lachecki | PL | Trust Chair *(from 015/21)* |
| Deborah Lee | DL | Chief Executive Officer |
| Claire Feehily | CF | Non-Executive Director |
| Sim Foreman | SF | Trust Secretary |
| Rob Graves | RG | Non-Executive Director |
| Marie-Annick Gournet | MAG | Associate Non-Executive Director |
| Balvinder Heran | BH | Non-Executive Director |
| Natashia Judge | NJ | Corporate Governance Manager (Minutes) |
| Alison Moon | AM | Non-Executive Director |
| Mike Napier | MN | Non-Executive Director |
| Katie Parker-Roberts | KPR | Head of Quality |
| Roy Shubhabrata | RS | Associate Non-Executive Director |
| Elaine Warwicker | EWa | Non-Executive Director |
| **MEMBERS OF THE PUBLIC/PRESS/STAFF** | | |
| There were two members of the public present. | | |
| **APOLOGIES:** | | |
| Liz Berragan | LB | Public Governor, Gloucester |
| Fiona Marfleet | FM | Staff Governor, Allied Health Professional |

**ACTION**

**010/21   DECLARATIONS OF INTEREST**

The Council NOTED that MN had a declared interest in his own appraisal feedback under agenda item 019/21. The Council AGREED MN did not need to leave the meeting.

**011/21   MINUTES FROM THE PREVIOUS MEETING**

**RESOLVED:**   Minutes APPROVED as an accurate record subject to          **NJ**

the removal of a post meeting note.

### 012/21  MATTERS ARISING

GCa asked how governors would continue to be involved in the Trust's plans to improve the care of patients with mental illness. DL answered that the Director of Quality and Chief Nurse was working with colleagues to develop the Trust's *Vulnerability Framework* which would set out the priorities and actions in relation to nine vulnerable groups including those with mental health problems. Updates would be received at the Governors Quality Group. AT added that there was also a working group to support the mental health strategy and noted that GCa was involved in this also. GCa asked whether the Trust would consider a mental health statement such as that released by Barts Health NHS Trust. DL asked GCa to forward a link to the document and said she would look at it.

**DL**

**RESOLVED:** The Committee APPROVED the closed items except for 005/21 which would be re-opened as AT noted he had not yet received a meeting invite.

**NJ**

### 013/21  CHAIR'S UPDATE

*[This item was taken out of order and followed the Report of the Chief Executive Officer]*

The Chair updated the Council on the Trust's approach to flexible and virtual working. The Chair noted that for Board and Council meetings he was investigating a split between face to face and virtual meetings, as this would support both the deeper relationship that face to face meetings bring balanced with the better attendance and ease of virtual meetings. In addition, the Trust would seek to move to a balance of afternoon and evening Council meetings to support attendance for those who worked full time. A final proposal would be received at the (virtual) June meeting.

**RESOLVED:** The Council NOTED the update.

### 014/21  REPORT OF THE CHIEF EXECUTIVE OFFICER

DL presented her report to the Council and provided a contemporary update on:
- A visit earlier on in the day from Her Royal Highness Princess Anne who formally opened the Trust's two new commemorative gardens
- COVID-19: current inpatient levels, the reduction in community transmission and the end of shielding
- The Trust's new approach to flexible working: blended working had been well received with colleagues whose work allowed striving for, on average, three days at home and two days a week on site. This would provide not only flexibility for staff, but also an opportunity to exit from some of the Trust's least good accommodation.
- A recent Care Quality Commission (CQC) inspection of the Emergency Department (ED) at Gloucester and feedback received from this

- The relaunch of the Trust's Big Green Conversation ready for World Earth Day
- The appointment of a new Chief Operating Officer: Qadar Zadar

DC noted the mention of delayed discharged and asked if DL had a sense of how many patients were affected and how it could be addressed. DL explained she was very close to the issue and the Trust rarely had less than 100 patients awaiting discharge. DL went on to explain that the reasons for this were mixed and varied though typically related to patients being unable to access the next step in their pathway in a timely way which might include need for social care, a community hospital or discharge home with support. DL reinforced that patient long term care should not be assessed in a hospital bed.

GCa noted patient backlogs as result of COVID-19 and asked how this affected cancer patients. DL emphasised that cancer patients had been treated within all timed cancer pathways throughout the pandemic (95% of patients meeting the two week cancer standard) and that the backlogs affected routine patients not on cancer pathways. DL would share details from a recent Health Overview and Scrutiny Committee (HOSC) summarising patient numbers affected, and cautioned that resolution would not be quick, with the Trust estimating a two year recovery. DL also explained the categorisation of patients based on clinical priority and also explained that the approach would take account of health inequalities.

JP noted the recent CQC visit and queried a reduction of beds in the Acute Medical Unit. DL recommended operational detail be discussed outside of the meeting but explained that broadly the Trust was continuing to restore beds taken out for social distancing and that planning was underway to establish appropriate bed capacity.

AM asked whether the Trust was considering a change to visiting rules. DL explained that the Trust was awaiting national guidance but further changes were planned from 26 April pending a full return to open visiting.

**RESOLVED:** The Council NOTED the CEO's report.

### 015/21 WORLD ADMIN PROFESSIONALS DAY

CC and JB gave a presentation to the Council explaining:
- Why the Trust was celebrating World Admin Professionals Day
- The number of roles that fell within the category
- The planning and activities organised to celebrate colleagues, including a celebratory video and vouchers sent to individuals

JB added that analytics had shown that colleagues were incredibly engaged with 1500 staff having already watched the video.

The Council praised the event and the presentation, and thanked CC, JB and their working group for all their hard work. The Council collectively agreed how integral the clerical and managerial staff were in

the operation of the Trust.

**RESOLVED:** The Council NOTED the update.

## 016/21   CHAIRS' REPORTS

The Chair encouraged Committee observers to contribute to the Chairs' reports should they wish and reminded the Council that comprehensive reports, for each area, were available within the Trust's Public Board papers.

Audit and Assurance Committee
CF presented the Chair's report from the reduced agenda March 2021 meeting. The Committee included reflection on the previous year, in particular in terms of the Trust's relationship with its external auditors, and also a look through the internal audit plan for the coming year. The Committee also received a deep dive into the risk register.

Quality and Performance Committee
AM presented the Chair's report from the March 2021 meeting. Key topics highlighted at the Committee included the evolution of the Quality and Performance Report, discussion on what assurance / metrics related to mental health, agreement that the Committee should receive, stroke compliance and performance data and review of nurse staffing levels.

AT shared that he had recently attended the Trust's Mortality Group where a report on patients with Learning Disabilities was presented. This was described as well-presented and addressed issues of differences in perception.

Finance and Digital Committee
RG presented the Chair's report from the March 2021 meeting, highlighting that this had returned to a full, extensive agenda. The finance section of the meeting was noted to have focused on analysis of the Trust's current financial position, an assuring update on capital expenditure, the uncertainty around budget setting for 2021/22 and the change in focus from Cost Improvement Programmes to Financial Sustainability.

CG asked whether a provision had been made should the case against the HMRC regarding GenMed VAT be unsuccessful and RG confirmed that it had; if successful the figure would be for the benefit of the NHS as the Trust's accruals were reimbursed by central government.

AT praised the Finance team for their success in capital management and expenditure.

Estates and Facilities Committee
MN presented the Chair's report from the March 2021 meeting. Key topics highlighted at the Committee included the issues caused by wet wipes in waste disposal systems (and the *Wipes in the Pipes* programme to address), assurance that GMS were following the Trust's compassionate leadership programme, updates on the Trust's strategic

site development (SSD), the backlog maintenance strategy and risk register entries related to estates.

AT reminded the Council that the May Governor Strategy and Engagement meeting would include an update on the Estates Strategy, including management of backlog maintenance.

People and Organisational Development Committee
BH presented the Chair's report from the February 2021 meeting. Key topics highlighted at the Committee included monitoring the increase in mental health absence reporting, assurance regarding staff recovery plans, capacity and burnout, the gender pay gap report, the staff survey results, and digital literacy levels amongst employees.

**RESOLVED**: The Council NOTED the assurance reports from the Committee Chairs.

### 017/21   PATIENT EXPERIENCE REPORT

KPR presented the Q3 (quarter 3) Patient Experience Report to the Council, highlighting in particular the difference in activity between Q3 and Q1 and Q2. The increase in the responses to the Friends and Family test was noted, as was the increase in concerns raised via PALS (Patient Advice and Liaison Service) throughout 2020, particularly during Q1 with the COVID-19 Patient Support Service. Themes noted included communication with wards and delays to appointments. A programme of work to address communication with wards was noted to be underway, as was work to address lost property. The schedule for national surveys was highlighted.

MPo shared that there had been feedback through Healthwatch regarding communication, with patient relatives struggling to get through to wards and she asked whether there had been learning in order to address. KPR answered volunteer roles had been introduced to support patients in contacting their family, and that when the PALS team found wards uncontactable they escalated to the Matron. MPo added that sometimes teams over-promised in an attempt to be helpful and that this often did more harm than good.

RP noted the feedback from outpatients and asked if this included patients who had received video and phone consultations. KPR answered that it did, and that the response to virtual consultations had been overwhelmingly positive. Moving forward the Trust would focus on choice noting that one size did not suit all.  DL added that the national ambition was for 25% of care to be delivered virtually but that the Trust could potentially achieve 50%, as following at least one face to face appointment most patients were content to continue virtually citing benefits relating to travel and costs / stress of parking.

GCa noted that within the reports categorisation there was no mention of complaints. KPR explained that complaints were dealt with separately as part of the duty of candour/safety team and reported as part of the annual complaints report.

JP noted the gender pay gap report and asked how there was a gap in salary when staff were on agenda for change pay scales. DL explained that this reflected more male staff in higher graded posts.

GCa asked whether the PALS team produced themed reports for different areas. KPR responded that the team created reports both by ward and by speciality in order to assess whether issues are divisional or speciality based and then triangulate as appropriate.

AT asked how the co-production mentioned in the engagement strategy was progressing. KPR answered that work was underway with the Director of Engagement and the Quality Improvement Team to establish the best mechanisms to introduce and involve patients, and that while the journey had begun there was still a way to go, though a patient participation toolkit was in creation to support staff in engaging. The Chair suggested an update, including timeline and progress, at the next Governors Strategy and Engagement meeting.

**NJ/KPR**

AT also asked about values, particularly in relation to compassionate culture, and how the Trust would know when these were embedded and instilled within the Trust. KPR explained that she was working alongside the Head of Leadership and Development and Director of Safety to establish a cultural barometer. DL updated the Council on the Trust's recent Board Development Session related to this and suggested the Council discuss this at either at a future meeting or at Governors Quality Group.

**NJ**

AT sought to understand how volunteers were trained to support difficult conversations. KPR explained the Trust provided mandatory training on difficult conversations and conflict resolution, with optional modules covering care of patients with dementia.

Reflecting on communication, DC amplified the impact delayed calls with wards were having on patients and asked whether investigation was underway into the quality of information provided once patients were connected. KPR answered that at present the focus was simply on ensuring calls were picked up, as this was the main issue identified as opposed to inappropriate information. DC added that consistency of process and role, and clear responsibilities were key, and KPR shared that a multi-disciplinary team were currently reviewing this and would suggest patient involvement. DL felt communicating with patients and families would a good topic for a Governors Quality Group given all the work going on this area including a number of pilots in the Medicine Division.

**NJ**

JP reflected how helpful hands-free phones and phone chargers would support wards with communication with relatives. DL shared that pilot work was underway and the Chair encouraged JP get in touch with her matron on operational matters.

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

**018/21    CONSTITUTION UPDATE**

SF presented the proposed amendments to the Trust Constitution as outlined and summarised in the paper. SF thanked the Governance and Nominations Committee, and in particular, AT and CG, for their input and support to refresh the document.

**RESOLVED:** The Council APPROVED the proposed amendments to the Trust Constitution.

**019/21    REPORT FROM THE GOVERNANCE AND NOMINATIONS COMMITTEE**

SF presented the report in order to provide an update from the Governance and Nominations Committee held on 13 April 2021. SF also provided an update on the Trust's membership refresh programme.

**RESOLVED:** The Council of Governors:
- NOTED the report for information
- APPROVED the re-appointment of Mike Napier as Non-Executive Director for a further three years from 10 May 2021 to 9 May 2024
- APPROVED the recommendation to defer the election for the Cotswold governor vacancy until summer 2021.
- NOTED the update on governor elections
- APPROVED the updated Governance and Nominations Terms of Reference

**020/21    GOVERNOR'S LOG**

The Governors' Log and the process behind it were noted, with further guidance and standard operating procedure noted to be available within the Governor Handbook.

SF highlighted that two new queries have been received within the last few days, and these would be available on Admin Control and within the next Council of Governors' meeting public papers.

**RESOLVED:** The Council NOTED the report for information.

**021/21    ANY OTHER BUSINESS**

AT said that governors had shared their views regarding virtual meetings and various points had been made: he would collate these views and share with the Chair, who also indicated he welcomed direct emails from governors.

**DATE AND TIME OF THE NEXT MEETING**

The next meeting of the Council of Governors will take place at 14:30 on Wednesday 16 June 2021.

Signed as a true and accurate record:

**Chair**
**16 June 2021**

**Council of Governors (Public) – Matters Arising – June 2021**

| Minute | Action | Owner | Target Date | Update | Status |
|---|---|---|---|---|---|
| **21 April 2021** | | | | | |
| 011/21 | **Minutes of the Previous Meeting**<br>Minutes APPROVED as an accurate record subject to the removal of a post meeting note. | **NJ** | June 2021 | Actioned and removed. | **CLOSED** |
| 012/21 | **Matters Arising**<br>GCa asked whether the Trust would consider a mental health statement such as that released by Barts Health NHS Trust. DL asked GCa to forward a link to the document and said she would look at it. | **DL** | June 2021 | Strategy accessed – Guys & St Thomas's – and reviewed by team. Work to develop Gloucestershire Vulnerabilities Strategy and Framework progressing well. | **CLOSED** |
| 016/21 | **Chair's Reports**<br>AT asked how the co-production mentioned in the engagement strategy was progressing. KPR answered that work was underway with the Director of Engagement and the Quality Improvement Team to establish the best mechanisms to introduce and involve patients, and that while the journey had begun there was still a way to go, though a patient participation toolkit was in creation to support staff in engaging. The Chair suggested an update, including timeline and progress, at the next Governors Strategy and Engagement meeting. | **NJ/KPR** | June 2021 | Discussed at Strategy and Engagement in May 2021 where it was agreed that regular updates would be provided at each meeting. | **CLOSED** |

| | | | | | |
|---|---|---|---|---|---|
| | AT also asked about values, particularly in relation to compassionate culture, and how the Trust would know when these were embedded and instilled within the Trust. KPR explained that she was working alongside the Head of Leadership and Development and Director of Safety to establish a cultural barometer. DL updated the Council on the Trust's recent Board Development Session related to this and suggested the Council discuss this at either at a future meeting or at Governors Quality Group. | **NJ** | June 2020 | Added to work plan for a future meeting. | **CLOSED** |
| | DL felt communicating with patients and families would a good topic for a Governors Quality Group given all the work going on this area including a number of pilots in the Medicine Division. | **NJ** | June 2020 | Added to work plan for a future Quality meeting. | **CLOSED** |
| **21 April 2021** | | | | | |
| 005/21 | **QUALITY ACCOUNT PRIORITIES** DL explained that PALS was data rich but subjective with no national data set, and therefore suggested a maternity indicator may be more helpful. This would be discussed with KPR and AT outside of the meeting. | **KPR / AT** | April 2021 | Meeting scheduled with Maternity team and AT in order to progress. June 2021: KPR discussing with AT prior to Governor's Quality Group on 24 June 2021. Maternity assurance will be provided separately to Quality Account with priority focus taken on board for the next year. | **CLOSED** |

**COUNCIL OF GOVERNORS – JUNE 2021**

**CHIEF EXECUTIVE OFFICER'S REPORT**

**1      Operational Context**

**1.1**    Since my last report, we have taken another significant step out of lockdown with indoor gatherings and international travel now permitted. Whilst our local rates of community transmission remain low at 13.2 per 100,000, the picture in a number of regions is much more concerning and the numbers if Gloucestershire have almost doubled in the last week. Positively, there is good evidence that those who have had both of their vaccinations have significant protection against the prevailing Indian variant and we are making the most of this evidence in reinforcing the message locally regarding the importance of taking up the offer of vaccination.

1.2    Thankfully, Covid-19 cases in our hospitals remain minimal; however, all services have contingency plans in place in the event that we experience a third surge of COVID.

1.3    In Gloucestershire, we have now vaccinated 75.1% of the adult population with their first dose and second dose uptake remains high; a total of vaccinations is 665,061 to date with 58,164 delivered by the hospital hub. 93% of those in the initial priority groups 1-9 have now had at least one vaccination. Our aim to vaccinate all eligible staff is progressing with an excellent uptake of second doses although we continue to fall short in respect of overall coverage. We have a number of initiatives in hand to further improve uptake including an anonymous survey of all those who are unvaccinated with the aim of better understanding the reasons behind their decision and a personal letter sent to each staff member who remain unvaccinated.

1.4    There has been some easing of Infection Control (IPC) measures in "green" settings which has been appreciated by staff although we continue to ensure high compliance in "amber" and "red" areas with regard to mask wearing, eye protection and social distancing.  Guidance on what the proposed end of lockdown on the 21st June means for IPC requirements in hospital settings is still awaited.

1.5    Operationally, we remain very busy with our Emergency Departments (EDs), and notably, Gloucestershire Royal Hospital (GRH), being especially challenged. As a result, waiting times are much longer than we would wish despite the considerable efforts of all to make improvements and we continue in our endeavours to ensure that every patient's experience is a positive one. Despite the ongoing challenges, we have made very significant improvements with respect to ambulance handover delays and we have eliminated corridor care, alongside significant improvements in the timeliness of initial triage and medical assessment. The Trust has been commended by NHS Improvement for such significant improvements in these areas; however, significant challenges remain with respect to improved 4 hour waiting time performance. As always, the underlying causes of this poor performance are multifactorial but key issues include ongoing vacancies in medical and senior nurse staffing, access to beds in a timely way and high levels of demand. Positively, despite national shortages in accident and emergency physicians the Trust has just appointed three new consultants who will join us in the next few months; similarly, we

have been fortunate in appointing an experienced Matron who will have responsibility for A&E services. The system *30 Day Recovery Plan* continues to drive the focus of efforts to improve flow, care quality and urgent care performance and is now considering other mitigations to manage the workforce shortfalls. The high levels of activity, particularly in the minors service, reflects the pressure that primary care services are under who themselves are experiencing very high levels of demand; similarly, calls to ambulances are also up 41.5% on a year ago.

1.6     There are a number of work streams across the ICS supporting system wide flow challenges. NHSI have flagged to us that we as an organisation that could improve our simple discharge; by ensuring that every patient's Expected Date of Discharge (EDD) is captured in real-time and updated every day. We are working to do this each day as part of doctors' handover so that multidisciplinary teams across the Trust can prioritise safe discharge as early as possible.

1.7     Working closely with clinical leads, we have launched additional functionality within Sunrise EPR that will allow us to improve the quality of information collected and shared at ward handovers, and in so doing also meet national reporting requirements. Using a new doctor's handover document that is completed daily on EPR – as part of board and ward rounds - we can fully implement the Hospital Discharge Services (HDS) Policy and the recording of Medically Optimised For Discharge (MOFD) or 'Criteria to Reside'. Data for all wards and specialities is being monitored daily and reporting mechanisms are in place to continue to support adoption across the Trust.

1.8     The result of this work will be to encourage and support doctors in planning patient discharge from the point of admission. This will help patient flow across the hospital – as a consequence of which this initiative will also be supporting colleagues as they tackle the challenges facing them in Unscheduled care / Emergency Department.

1.9     On a more positive operational note, we continue to increase the amount of routine surgery we are undertaking. In respect of regional benchmarks, the Trust is at the top of the South West Region "leader board" in respect of activity undertaken compared to the baseline period in 2019/20. This is not only excellent for patients but will ensure that the Gloucestershire system is able to access the national Elective Recovery Fund (ERF). As reported previously, clinical priority and waiting time will determine who is invited for surgery but the Trust is increasingly focussing on how this approach can be further developed to ensure that those patients most at risk of health inequalities are appropriately prioritised. The way in which the Trust communicates with the large number of patients waiting for care, many of whom have now waited more than a year for treatment, is a key focus and the Board's Quality and Performance Committee will be undertaking a "deep dive" into our approach at its June Committee. As ever, the Trust is trying to find the right balance of having enough to say about likely waiting times, for the communication to be useful and not provoke more anxiety or stimulate large amounts of contact that cannot then be effectively managed.

1.10    Planning to restore aspects of the temporary service change is now underway including the re-opening of the Cheltenham General Hospital (CGH) ED as a consultant-led service from 8.00am – 8.00pm and a nurse-led service overnight. The daytime service will be restored to its pre-pandemic state on the 9th June 2021, including and the overnight Minor Injuries and Illness Unit will reopen on the 30th June, in line with our commitments to restore the service ahead of 1st July. Crucial to

the success of these transfers is the transfer back of activity from GRH to CGH, given staff will move to support the safe resumption of services, the Trust will be working with system partners to ensure the public make full use of the services at Cheltenham including encouraging those who may previously have considered going to the walk–in service at GRH.

1.11    As signalled last month, the system submitted its draft Operational Plan on the 6th May. The system has worked very well together, in short timescales, to submit an ambitious plan for the first six months, if this year (H1) in the context of a plan that is also financially balanced; mas always there are numerous risks articulated within this position and our wider plan but with mitigations wherever possible.

1.12    The key risks include the unknown with respect to "bounce back" referral demand which is estimated to be anywhere from 20% to 50% by external observers, the future requirements relating to social distancing which will impact on our physical capacity and productivity and the risks to finance relating to assumptions about activity and the receipt of associated money from the national ERF. The system has now received feedback from NHSI and been commended on the quality of our return and as such have been "green" rated.

1.13    Last month I reported an unannounced inspection of urgent and emergency services by the Care Quality Commission (CQC); the draft report has now been received and the factual accuracy checking completed. Publication of the report is expected to be in late June subject to timely access to the national CQC calibration panel.

1.14    Given the above context, I read with interest that NHSE/I have also just announced their intention to replace the existing four hour A&E target with a suit of ten metrics covering a broad range of measures aimed at capturing the whole patient journey and with a focus on those measures that capture safe, high quality and timely care. The proposed measures were widely consulted upon nationally with 80% of respondents welcoming a bundle of measures as opposed to the single four hour waiting time measures and 67% supported the proposed bundle of ten. Final plans still require government sign off and a timetable for implementation is awaited.

**2      Key Highlights**

2.1     May was characterised by celebrations of two key staff groups – our midwifery and nursing colleagues. On the 5th May, I was delighted to share a platform with Chief Midwife, Vivien Mortimer and Chief Nurse, Professor Steve Hams to open our first (virtual) Midwifery Festival of Excellence as part of our local celebrations of *International Day of the Midwife*. It was a hugely successful event hearing colleagues describe the innovation, research and excellence which defines much of what they do. The implementation of our response to the national *continuity of carer* strategy was a personal highlight, not just because of the very clear benefits to women but equally because of the positive feedback from midwives about this new way of working, in light of some initial concerns and fears. On the 12th May, we celebrated International Nursing Day and were joined by colleagues from the USA to discuss our ambition in relation to Magnet Hospital status and the success of that programme internationally; it is aligned to our *Pathways To Excellence Programme* and the day celebrated all that has been achieved through the programme.

2.2    With so many important issues to focus upon, week commencing the 10th of May, was national *Dying Matters* week and also national *Mental Health Awareness* week. I had the opportunity to "vlog" with colleagues working in these two important areas and teams throughout the Trust. The focus for *Dying Matters* was based around the importance of discussing death and planning for a good death; undoubtedly, the tragedies of the pandemic have brought the spectre of unexpected death closer to many of us and therefore, the importance of planning and discussing about our concerns and wishes. The focus for the Trust was the roll out of the *Swan Model* which has been developed to focus on end of life care in acute hospital settings and builds upon the incredible innovation and motivation we saw throughout the pandemic to support patients to have a good death, despite the very many challenges at play – not least the inability of loved ones to be present as they typically would be. Our aim is that each ward will have a *Swan Ambassador* and I was delighted to discover the breadth of staff involved in developing our approach including ward clerks, mortuary staff and colleagues from Gloucestershire Managed Services (GMS).

2.3    The Council has previously heard of our focus on improving care for those with mental illness whether they present in crisis in our A&E Department or when they are under our care for their physical health and the Mental Health Working Group continues to meet and make good progress. Following the last Board meeting and our powerful patient story, we have already made considerable progress on the issues described by Dr Pippa Medcalf and Dr Molly Bradbury with the aim of established a dedicated worker in the next month or so. We made the most of *Mental Health Awareness Week* from the 10th to 17th May to showcase what we are doing, the challenges we face, the progress we are making and the resources available to staff, patients and families. As we know, Governors have been instrumental in shining a light on the care of patients (including children and young people) and the work of the Mental Health Working Group goes form strength to strength.

2.4    June was a quieter month in respect of highlights but nevertheless some important achievements and not least the ongoing success in **cancer services** which was the focus on my fortnightly Vlog this week. Again, the Trust has delivered all eight of the national cancer waiting time standards, reflecting embedded improvement of a standard not previously achieved since 2014. Furthermore, the two key standards of 2 week wait and 62 Day GP referral, the Trust has the second highest performance nationally. In addition to improved performance the Vlog explored the impact of the pandemic on cancer services and we heard from Dr Charlie Candish, Oncologist and Miss Mags Coyle, Surgeon about some of the innovations that had flourished out of necessity but which would now be taken forward into future ways of working.

2.5    Linked to the "silver linings" of the pandemic, work to support **agile and flexible working** continues with large numbers of staff embracing the opportunity for some form of hybrid working i.e. both on site and from home working. Colleagues are settling into a 3:2 or 2:3 pattern determined by the needs of their service and their personal preferences. Support to ensure that home working environments are safe and appropriate is in hand. Alongside homeworking, embedding digital or virtual care also remains a priority given the proven benefits to patients. Nationally, there is an ambition that 25% of care will be delivered non-face-to-face using digital platforms; currently our Trust is delivering c30% of outpatient care in this way, 80% of which is follow up care which is most amenable to high quality, low risk digital care.

2.6    Given the likely presence of **digital care** in the future models of service we are now reviewing all of our development plans for digital technology and buildings e.g. the strategic site development, to ensure they are planned with these new models of care in mind.

2.7 The post critical care rehabilitation service developed to support those patients with COVID-19, who had been the post seriously ill and cared in our critical care unit, has been shortlisted for a national award in the 2021 Intensive Care Society Awards. The service was ground breaking at the time, and established before the *Long COVID syndrome* had been formally recognised. The service which was delivered in the community and involved many different professionals provided review and support not just to the patient but to the whole family. The service has been nominated for an award in two categories – innovation and patient centred care. I had the opportunity to visit the service in its early days and was incredibly impressed by the ethos and the hugely positive impact on patients.

2.8 A less well profiled success of the Trust's pandemic response was the extent to which the Trust was able to support **doctors in training** and whilst their learning was not as planned, the vast majority reported a very positive experience of their time in the Trust. These achievements reflect the dedication and enthusiasm for education shown by Dr Russell Peek, Director of Medical Education and the many educational supervisors who support learners, alongside the competence and passion of the management team led by Sam Taylor. I am therefore pleased to report a wide range of developments and achievements within postgraduate medical education in recent months. We have been awarded additional training posts in clinical oncology, medical oncology and radiology, reflecting our ability and capacity to deliver excellent training. Gloucestershire will also host a trailblazer programme for Enhancing Generalist Skills, a national Health Education England (HEE) initiative to better meet the needs of the future healthcare workforce. Our pilot multi-professional programme will be co-created with learners, patients and the public to address the recommendations of the *Future Doctor* report.

2.9 As described, Covid-19 had a significant impact on the training experience in many specialties. As part of restoration and recovery work, we need to support learners in catching up with curriculum objectives and requirements. To this end, the Trust has been allocated **£100k to fund training recovery initiatives**, with the aim of reducing the number of people needing additional time to complete their training.

2.10 A key **Post Graduate Medical Education** (PGME) objective for this year is developing our capability and capacity for clinical education research and innovation. This links with Trust and ICS ambitions to deliver greater research activity. We are hosting a networking event with higher education partners in July, to identify potential areas for collaboration and to scope opportunities, barriers and enablers to greater education research activity. With a successful bid for HEE innovation funding, we have been able to appoint a dedicated knowledge specialist to support this work and develop closer working relationships with the Research and Development team.

2.11 The education centres offer a thriving and expanding range of courses and training events, attracting additional funding from HEE. As restrictions on face to face training reduce, we are seeking to restore our full range of educational activities and explore new opportunities, including enhanced faculty development activity and delivering new courses in collaboration with Royal Colleges.

2.12 Since the last Board, the 2020 **Staff Advice and Support Hub** has celebrated its second anniversary and the value this team brings to the organisation was acknowledged and celebrated throughout the Trust. The recent launch of the Hub's financial support programme has already been welcomed by staff.

2.13 On the 13th May, the Board engaged in "part 2" of our discussions in response to the **Big Conversation** led by partners DWC. The session was able to finalise our ambition both with respect to scale, how we will judge our success and the key planks of our culture improvement activities and the final proposals will be considered by the Board at the June meeting. One of the key responses to the DWC "conversation" was a review and strengthening of our approach to recruitment and our new Recruitment and Selection Policy, aimed at being at the forefront of inclusive practice, will be launched on the 7th June starting with my own Vlog. I am very confident that this new approach will be a key plank of our plan to achieve and, indeed, exceed the *Model Employer* aspirations in respect of an ethnically diverse leadership community within Trusts.

**Deborah Lee**
**Chief Executive Officer**

6 June 2021

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**

**From the People & Organisation Development Committee Chair – Alison Moon, Non-Executive Director**

This report describes the business conducted at the People and Organisational Development Committee on 27 April 2021 indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| | Report/Key Points | Challenges | Assurance | Residual Issues / gaps in controls or assurance |
|---|---|---|---|---|
| **Current Pressures and Impact on People and OD strategy** | Cost implications and cost pressure processes complete with success in securing support for new roles to develop health and wellbeing, equality, diversity and inclusion and HR Business Partner services.<br><br>A recovery plan is in draft for delayed progress related to COVID, such as OD activities in Divisions and Employee Relations Case management. | Has the funding been released into the 21/22 budget?<br><br>Can we have updates on progress with roles as they are filled<br><br>Is the Equality, Diversity and Inclusion (EDI) team appropriate and senior leadership sufficient?<br><br><br><br>Will we see improvements with the investment?<br><br><br>What else do you wish to | Assurance that there is a plan to achieve all areas of the strategy and funding confirmed.<br>Progress on recruiting to the roles will be shared with the committee.<br><br>Assurance received that with the 3 roles being funded and the new Health and Wellbeing senior post, this will release the Head of Leadership and OD to fulfil her senior leadership role in EDI.<br><br>Improvements in performance with new roles will be tracked through the assurance reports.<br><br>New resources will prevent | Future performance reports and strategic measure reports will reflect the arrival and benefit of new resources and any emerging risks of inability to recruit. |

| | | achieve with the new resources and given dashboard is largely green? | stagnation, potential backward steps and will enable faster pace of delivery. Assured that expectation strategic dashboard items to move more positively | |
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| **Equality, Diversity and Inclusion (EDI) Action Plan update** | The report provided an overview of the status of the EDI Board approved action plan, with many items now closed and delivered. It was noted a full report on progress inclusive of DWC findings would be provided to the Board in July 2021. | How can we keep a view of impact on the closed items? | Impact will be measured through the EDI action plan and measures of success can be measured through items such as staff survey improvements. | |
| | | Do we look at ethnic minorities data of those in talent pools and can we track people across groups? | Assurance given that he Trust has data across all protected characteristics in the talent pools. Divisions have a view of their progress in recommending staff into talent pools and the ask to achieve the Model Employer Aspirations | |
| | | Do we have accurate information on the modes of employment – full time/part time/flexible | The Trust holds this information however in the model employer aspirations the mode of employment is not considered.  Models are based on head count. | Future strategic reports will outline the Trusts progress against Model Aspiration targets |
| **People and Organisational Development Dashboard** | Significant progress noted to have been made in Radiology and Healthcare Assistant stability/reduction in turnover. | Why is job planning poor in some areas? | Assurance received of good progress in some areas. Re job planning, assurance given of the commitment to achieve, teams were | |

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| | Continued work on improving appraisals especially in corporate where many people are working from home.<br><br>Mandatory training and sickness compliance is stable. | | commonly working outside their speciality through COVID. As services are restored job planning will improve. Some figures are impacted by small team numbers and long term absence. Job planning reviewed monthly in executive review meetings | |
| | | Are there other areas you are worried about or have a need to develop | The People and OD team plan to develop a Just and Learning culture dashboard to support the oversight of case management<br><br>Noted that performance in some corporate areas less than in divisions and currently no equivalent of the executive review process in place. | |
| **ICS Update** | Good progress in OD, leadership and education programmes e.g. online leadership department and stepping up programmes.<br><br>Poorer collaboration in areas of resourcing and recruitment and some missed opportunities to work collaboratively.<br><br>Lack of capacity and resources | How can this be escalated to the ICS Executive? | ICS HR Directors noted to be considering priorities and benefit of the white paper to support progress. | A review of the People structure to ensure it reflects the South West regional people board may assist collaboration and any updates will be provided to the Committee as these are agreed. |

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| | within partners remains an issue | | | |
| | | How does the People function differ from the Finance approach to collaboration? | Appears to be more imperative for financial partners to work together in system plans/finances as required by the regulator | |
| **Employee Relations Report update on action plan and case management data** | Data on ethnicity of those entering disciplinary processes shows a disproportionate number of ethnic minorities entering formal cases. A review is underway as part of the Just and Learning culture processes.<br><br>Good progress against Dido Harding objectives noted.<br><br>The committee were advised of how a contemporary case will be reviewed using the Serious Incident methodology as a pilot. | In terms of casework data 19/20 and 20/21 – why are there some outliers of case days? Why is there notable deterioration year on year in some areas? | Briefed that COVID and external use of investigators can increase time especially where cases are complex. | The next Employment Relations report will provide reasons for outliers and use SPC charts to provide trend analysis of those above 'averages' and will look to remove these from the 'typical, less complex' cases |
| **Health and safety objectives for 2021-2022 and Violence and Aggression audit response** | The Health and Safety objectives performance for the last two years was provided. Many were achieved, with some deferred through COVID. 6 x New Health and Safety objectives have been approved for the next three years. These include Violence and Aggression (V and A) metrics, manual handling, sharps, risk assessments, workplace inspections, slips, trips and falls. | Can the committee see the impact of the new V&A governance? | Assurance was received on;<br>- The progress against the H&S objectives set<br>- the new 3 year plan<br>- new governance of violence and aggression and measures of success to reduce incidents over the next 3 years. | Audit report will be shared with members<br><br><br><br>A review of the V&A governance and work plan will be added to August 2021 agenda. |

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| | Summary of BDO Internal Audit on violence and aggression shared with committee with detailed management response to findings. | Could the full BDO audit report on Violence and Aggression come to the Committee, noting management response to finding 3 which had gone to Audit and Assurance Committee in January and been signed off. | Assurance given that there is evidence to support achievement regarding finding 3. | |
| **Medicine Division Presentation** | Presentation delivered regarding colleague experience in the Medicine Division

Two areas were focussed on; Equality, Diversity and Inclusion, (EDI) and Health and Wellbeing. | Given the large agenda, how can you ensure progress is made and embedded in all areas? | The Committee welcomed the presentation and was assured on the focus and energy of the local leadership and on progress being made on large agenda. Importance of the cultural shift needed noted. Operational leads assigned for work streams to embed and use of support mentor noted. | Future update to be scheduled |
| | Data was shared on ethnicity of staff survey responses, highlighting the poorer experiences of black colleagues within the Division. | How do Medicine integrate Corporate initiatives i.e. compassionate leadership? | The Division described how they 'join the dots' and use corporate programmes to aid embedding of the local agenda. | |
| | New health and wellbeing initiatives were described alongside impact
- Support mentor for colleagues | If these initiatives generate best practice, how is this shared? | HR Business Partner and OD specialists meet together monthly to ensure learning and areas of overlap and duplication are minimised. | |

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| | - Exit control panels<br>- HCA turnover reduced by 6%<br>- HR Clinics for managers<br>- Pathways to excellence councils established for shared decision making<br>- Continue conference call to support leaders<br>- Kitchen table meetings<br><br>Post COVID senior Tri road shows are underway and patient experience and Staff experience groups established<br><br>EDI initiatives discussed<br>- Recruitment<br>- Lived experience sharing<br>- Adding EDI to all agendas | What are the key areas of pressure and is there resistance to delivery of plans? | Leadership capacity, support and development of leaders especially at service Tri level is a challenge. The importance of band 7 ward leaders and their development is key. There is no resistance reported but changes in behaviours are required. The Division is working on performance and conduct issues and supporting people to flourish, having difficult conversations with those where needed.<br><br>Cross over with red rated quality indicators noted and importance of staff and patient work  aligning to common aim | |
| **Staff Health and Wellbeing Hub Update** | An update on the services in place over the previous year and new plans was received.  New innovations supported with national and local funding described including: TRIM, psychology link workers, resilience and trauma support and training. A new role to lead health and wellbeing.<br>New resources were added into the hub, it operated on a 7/7 basis and introduced new support | Did we do everything we wanted to do? Did we do more than we expected to?<br><br><br>How does the past year impact on 2021/22? | COVID completely disrupted existing plans and services noted to have grown beyond expectation over the year.<br><br>Noted there is national attention to health and wellbeing and the phase 4 recovery plan details support for staff with timescales for delivery.<br><br>Assurance received of huge | Future health and wellbeing reports will provide an update on plans with SMART objectives. |

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| | measures for staff. | | focus and development over the year | |
| **Freedom to Speak Up Update** | In Quarter 3 there were 25 speaking up contacts with more anonymous concerns than Q2. Noted to be similar with other trusts.<br><br>GMS now have their own freedom to speak up guardian<br><br>From May 2021 there will be a change in line management function of Freedom to Speak up to the CEO. This will provide greater independence and is in part an outcome of the DWC report where the Guardians perceived impartiality was questioned . | Why do people choose Freedom to Speak up for bullying and harassment concerns when the original idea of guardians was to highlight patient safety issues?<br><br><br>Is the Medicine Division a hot-spot?<br><br><br>In terms of distinction of cases – Staff vs Patients, are the Freedom to Speak Up guardians trained to manage these? | Reported that It is not an unusual use of Freedom to speak up and the use of guardians to discuss civility issues is reported nationally. Limitations of national coding described which place many staff reports into the category of Bullying and Harassment. This is not ideal as it is not apparently a true reflection of issues raised and the National Guardian Office have been made aware.<br><br>The Medicine Division is not an outlier. Across the year there have been more reports from Women's and Children and GMS, however it is difficult to classify anonymous reports through the reporting system.<br><br>Assurance received that guardians undertake national training. Bi weekly meetings and supervision is in place and the SW network is a forum for sharing. The role of the guardian is to triage the | |

| | | | concerns and encourage staff to resolve them for themselves. | |
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| **Staff Survey Results Update (Divisional results, WRES and WDES, reflection on actions – corporate and divisional)** | Detailed analysis presented following high level data at previous meeting<br>Of note: 22% of responses were from ethnic minorities. There had been improvement in health and wellbeing and Friends and Family Test questions.<br><br>Granular analysis provided a view of Divisional strengths and areas of concern and continuation of the existing 2 year plan including new actions. | The lead time of the survey and results is long. Is there scope for us to do pulse surveys? | Pulse surveys are part of the action plan alongside the desire to introduce the new cultural barometer and roll out the app further.<br>Work on scaling up surveys and targeting of specific groups of staff was reported. Joint working with Engagement and Comms team noted. | Update on staff survey action plan to committee in October 2021 |
| | The survey results suggested Black colleagues report a worse experience than other ethnicities and appear less engaged. Work to understand this being undertaken by the EDI lead.  . | Certain communities do not seem to participate in the survey and seem less engaged – what can we do differently to encourage involvement? | The EDI lead described ongoing efforts and the view that she expects an improvement in results in 2021 but advised the committee that it was still early days and change may take time to embed.<br><br>Committee noted progress and improvement plans | |

**Alison Moon**
**Chair of People and OD Committee, 27 April 2021**

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**

**From: The Finance and Digital Committee Chair – Rob Graves, Non-Executive Director**

This report describes the business conducted at the Finance and Digital Committee held on 29 April 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| **Planning Update** | Briefing from Operations and Finance on the requirements, approach, process and status of the 21/22 plan which has to be submitted on May 7th. This was work in progress and covered multiple scenarios. | Detailed questions about the activity levels, financial consequences and the system wide view of their implications including the gap between what is deliverable and national expectations in each scenario. | At this point in the process the Trust has a c. £5million challenge to address but there remains significant work to be done to finalise the required inputs and close the gap.<br><br>The committee was assured of the thoroughness and robustness of the approach to date. | Further review meeting scheduled for May 6th to allow scrutiny and approval ahead of the submission date. |
| **Financial Performance Report** | 12th month and year-end financial results presented and explained. Key points being:<br>- A small surplus (c. £20k) in year i.e. meeting the national expectation to break even | What, if any, impact will the national pension adjustment (employers' contribution moves from 14% to 20.3%) have on the 21/22 budgets? | No local budgeting impact as this will continue to be handled as a nationally mandated adjustment. At some future date the change will be reflected in Trust level detailed budgets but funding will |  |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | - Explanations of reserves and exceptional entries e.g. annual leave provision<br>- Positive cash balance<br>- Month on month activity increase (20%)<br>- Improved payment performance | Have year-end balances been agreed with partner organisations? | flow to offset.<br>Yes. Some minor differences had been settled resolved as part of the first half true up process.<br>The Team was commended on achieving a break even position and thanked for their hard work in what has been a very turbulent year. | |
| **Capital Programme Report** | Summary of total 20/21year spend - as planned at £43.5 million including grants and charity funded d equipment. 21/22 planned expenditure analysed by projected with a current projected total of £57.5 million from all sources | Explanation requested of year to year accrual adjustment with a c. £1.8 million favourable impact | Correcting entry process applied and described including use of national guidance – committee assured<br><br>Overall the committee was assured of the robustness of capital control and monitoring that is now in place and looks forward to seeing this improved discipline providing a smoother spending pattern and more tightly controlled process in 21/22 | As previously described there will be a continuing focus on project management capability |
| **Update on GENMED VAT Challenge with HMRC** | Finance Director provided an update on the status of this ongoing challenge | | The Committee was assured that there is a clear understanding of the process and associated issues and acknowledged | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | | | the uncertainty around time to reach a conclusion | |
| **Overseas Patient Charging and Procedures** | Comprehensive presentation and supporting material to update the committee on the current processes and associated cash recovery position in respect of overseas patients and eligibility for NHS treatment. Overall performance is among best in class when compared to NHSI defined peers<br><br>Strong link to specific write-off reports presented at Audit and Assurance | What procedural changes that are not in the control of the department would improve the process and outcome?<br><br>Is there an impact from Brexit?<br><br>Given the challenging nature of the conversations and associated communication does the team encounter unacceptable behaviour? | The key element is access to real time data with delayed entry making recovery more difficult. This is not unique to this system and comprehensive prompt data entry is an active Trust objective as the move to digital gathers pace<br>Current circumstance due to Covid have reduced activity and the European Health Insurance Cards are still accepted. Future impact will need monitoring<br>Some "disgruntled individuals" are encountered but the majority of staff are supportive of the role that the team has to fulfil. | |
| **Financial Sustainability** | Further update on the approach to driving financial sustainability with emphasis on transformation leading to quality improvement and efficiency in place of a narrow cost reduction focus. | | Committee understands and supports the direction of travel and acknowledges that Covid related demands have limited progress at this stage. | Monthly review will continue with evolving project detail focus in future months. |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | Summary of key projects. | | | |
| **Digital Programme Report** | Full project update report presented highlighting:<br>• The Minor Injury and Illness Unit at Cheltenham went live with full Electronic Patient Record (EPR) functionality (clinical documents, order comms and e-observations) on 24 March<br>• A new pharmacy stock control system (EMIS) went live on Wednesday 7 April<br>• The latest Sunrise patch release was needed to fix existing issues with EPR tracking boards which has resource implications<br>• The need to upgrade the version of EPR in use to enable full and effective implementation of electronic prescribing and medicines administration (EPMA) with resulting delays of four to 6 months in EPMA's implementation | Does EPR upgrade adversely impact the implementation of projects other than EPMA or have consequences for the Trust's Digital Aspirant funding award?<br><br>When should the committee see a further detailed update on cyber security? | No, while electronic prescribing will be delayed other projects will be advance in parallel confining the delay to EPMA<br><br>The Committee continues to be assured that sound project management and monitoring is in place | Date to be set for review |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | • The Business Intelligence team had been successful in being selected to work on an Artificial Intelligence project with the NHSX AI Skunkworks Project to develop algorithms that could identify patients at risk of a long hospital stay. | | | |

**Rob Graves**
**Chair of Finance and Digital Committee**
**6th May 2021**

**REPORT TO COUNCIL OF GOVERNORS – June 2021**

**From: The Finance and Digital Committee Chair – Rob Graves, Non-Executive Director**

This report describes the business conducted at the Finance and Digital Committee held on 27 May 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| **Digital Programme Report** | Comprehensive report on project status. Key points:<br>• Pharmacy stock control went live in April<br>• Successful deployment of latest Sunrise patch release<br>• New functionality of Hospital Discharge Service on EPR went live on May 12th<br>• Progress of collaborative effort with NHSX on length of stay risk assessment<br>• Commencement of revised planning approach for electronic prescribing and medicines administration | What resilience testing has taken place?<br><br>Does the change in Emergency Department levels in Cheltenham impact the EPR timeline?<br>Does the Trust comply with NHS cyber security standards? | Deployment of the recent upgrade has presented an excellent opportunity to test ahead of the much larger upgrade planned for the autumn.<br><br>This has provided an opportunity for system assurance ahead of the deployment in Gloucester later in the year. | A special review has been scheduled for July.<br>Proposed that the team give consideration to risk appetite to ensure the correct approach particularly in the light of gaps in national guidance |
| **OFFICE N365** | Paper presented covering the rollout planned for Autumn 2021 of the specially | Are GMS staff included in the plans? | Yes they will be | Documentation needs to reflect the inclusion of GMS |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | developed Microsoft Office 365 product developed by Accenture, Microsoft and NHS Digital. Key feature is a web-based approach giving the opportunity to reduce licencing costs. Stakeholder engagement has started and tools to help transition for users being scoped, | Discussion stressed the need for a robust and equitable approach to the approval process for granting licences to individual users | Process under development | |
| **Integrated Care System Update** | Report on the ICS Digital programme. Highlighted:<br>• Digital workforce staff numbers low compared to other localities<br>• Prioritisation and identification of funding requirements underway<br>• Overall programme status currently assessed as amber acknowledging resourcing gaps | | Acknowledged to be work in progress | |
| **Outcome of Intolerable Risk, Cost Pressure and Investment Process** | Detailed report on the process followed and outcome which had resulted in 52 out of 199 projects receiving approval | Did the process include reasonability checks after the basic scoring had been undertaken? | The report demonstrated a robust and thorough process. Executives stressed that there had been repeated checks to ensure the correct prioritisation had been applied | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| **Financial Performance Report** | Report covered:<br>• The submission of a balanced plan for the ICS for the first half of 21/22<br>• Month 1 for the Trust which reported a £13k deficit versus a planned £3k surplus<br>• The month's result included a one-off release of contingent reserves of £0.7 million<br>• Activity levels at c. 94% of the 19/20 level compared to the NHSI target of 70% in month 1 – the resulting Elective Recovery Fund income will not be known until national calculations are completed | Have budget holders signed off their budgets?<br><br><br><br>Is there a concern with payments from SABA? | A clear and comprehensive report<br>Division directors have signed off their budgets. Individual cost centre managers have yet to do so – the delay results from the timing of the national planning process.<br>No concern – the delay is the result of VAT technicalities. These are being monitored | |
| **Capital Programme Report** | The report covered the approved 21/22 expenditure plan of £57.5 million comprising 4 core categories of expenditure – System Capital (£24.4m), National Programme (£19.6m), IFRIC 12 (£0.9m) & Government Grant/Donations (£12.7M)<br>Month 1 spending was £1.8 | The committee reinforced the need to avoid spend that was heavily weighted to the end of the year and stressed the importance of early business case finalisation | | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | million | | | |
| **Update on Working Budgets vs ICS Financial Planning** | Explanation of the overall process to agree and input to the ICS balanced first half plan. Detail explained of the income and expenditure assumptions applied to achieve the break-even position | Is there clear ownership by executives of their specific contribution to the plan and its improvement requirements? | Yes | |
| **Quarterly Procurement Review** | Report presented providing assurance that the Procurement service had:<br>• Met national performance targets<br>• Operated in accordance with national standards<br>• Supported the delivery of the Cost Improvement Programme<br>• Represented value for money | How well are the divisions equipped with contract management resources? | | This is an opportunity – Finance Director to progress and report back to the Committee |
| **GMS Business Plan** | In accordance with the schedule of reserved matters the Committee reviewed and approved the financial section of the GMS business plan | Is this plan consistent with the Trust consolidated planning submissions? | Yes – there has been very good liaison between the finance teams | |
| **Financial Sustainability** | Comprehensive report on the progress of the new arrangements drive financial sustainability combining cost reduction and quality | | Examples were quoted indicating the good engagement with the new approach that divisions are demonstrating. | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
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| | improvement initiatives. Project breakdown of the detailed programme of work to achieve the £2.5 million savings incorporated in the first half plan – to date £2.1 million has been identified | Is Financial Sustainability covered in the Trust's induction programme? | Yes - a video presentation from the finance director does include the topic | Review the material in the light of the changed emphasis |

**Rob Graves**
**Chair of Finance and Digital Committee**
**3 June 2021**

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**
**From Audit and Assurance Committee Chair –** Claire Feehily, Non-Executive Director

This report describes the business conducted at the Audit and Assurance Committee on 18 May 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / gaps in controls or assurance |
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| **Risk Assurance Report** | Regular assurance report confirming: <br>• Changes to register <br>• No new risks <br>• Location of each risk in terms of assurance Cttee oversight <br>• Existing/planned mitigations and controls <br>• Continued improvement in in risk KPIs <br>• Some increased delays arising from movement of tasks to divisions. | • Does the register correctly capture risks concerning new cleaning standards especially in terms of Emergency Dept? <br>• Does the fall in 7 day response KPI give rise for concern about divisional resource adequacy for the new responsibilities? <br>• Why were risks around 8 hour ED waits discussed at Risk Management Group in April but not in May? <br>• Re ED >8 hr waits and stroke care risks, is there any concern that these are taking too long to pass through our risk | Yes and further work taking place. <br><br> Variability in divisional approach was discussed and on reflection the transfer of tasks to divisions could have been better planned. <br><br> Relevant divisional input to correctly analyse the risk still in progress. <br><br> Time is taken to correctly analyse complex risks in order to correctly identify mitigations, but this does not | |

| | | management governance arrangements. Are we sure that there are not delays around correct articulation of the risk.<br>• Comment re lack of executive attendance and risk of loss of continuity between assurance committees (QandP) and the Risk Management Group | lead to delays in action being taken. | Further consideration to take place at QandP Cttee<br><br>Next Audit Cttee report to include commentary on levels of divisional compliance and consistency. |
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| **External Audit update** | Update from Deloittes on good progress.<br>Main areas emerging relate to VAT and management judgements and estimates.<br><br>Areas for adjustment of financial statement were discussed.<br><br>Positive feedback re relationship, responsiveness etc | Are there any specific concerns to be brought to the Cttee's attention?<br><br>Discussion as to reason for reclassification of transactions related to junior doctors' training. | No, good progress was reported and a healthy level of challenge.<br><br>Request from GMS FD for some specific matters to be discussed and progressed. | |
| **Internal Audit update** | Regular progress report to Committee.<br><br>Confirmed good progress against 2020/21 audit plan for both Trust and GMS.<br>Two audits to complete. | Discussion included:<br>• Whether the plan had been reviewed by Exec to check for its relationship to Covid recovery intentions.<br>• Recusc compliance checks | Yes and timing of hospital discharge audit altered following that review.<br><br>Update provided on completeness of checks | |

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| | **Moderate assurance** has been given for the Trust for the year in the internal auditor's annual report, which should be regarded positively after such a challenging year. | | | |
| **Counter Fraud update** | Regular report updating Cttee on a range of activities, training, national reporting etc<br><br>Cttee was briefed on the annual Counter Fraud Functional Standards Return which will be reported to next cycle.<br><br>Specific report discussed on **Security of patients' property**<br>Need for improvements identified in terms of completeness of a policy and executive ownership | | CEO confirmed responsibility will lie with Director of Nursing and Quality and that a review of policy and implementation will be brought back to the July Cttee. | |
| **Annual Report and Accounts** | Update confirmed good progress on both financials and text.<br><br>Chair thanked colleagues for supporting a detailed review meeting at which it was | | | |

| | possible for NEDs to engage in the detail of the accounts with colleagues from Finance team. | | | |
|---|---|---|---|---|

**Claire Feehily**
**Chair of Audit and Assurance Committee**
**June 2021**

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**

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

This report describes the business conducted at the Estates and Facilities Committee held 27 May 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| GMS Chair's Report | The Trust has received a considerable amount of equipment from NHS national teams – there is a problem with storage. | How are these assets accounted for and who owns them (Trust or GMS)? | It was confirmed that these items should be treated as "non-cash donations". | |
| | | Do we have any means to track them to ensure they are secure and accounted for? | There was an ICS-wide project looking at how to monitor and control portable assets. | Status report to come back to Committee on the progress of this work. |
| Contracts Management Group Exception Report | GMS performance is meeting or exceeding all contractual KPIs for Mar'21 with exception of two waste KPIs, which were due to lack of resource to write-up the reports.<br>New portering service has gone live.<br>CCTV enhancements have been implemented.<br>For the PFI contract, a small number of urgent calls were not closed in contractual time, which were due to lack | Has the shadow reporting of performance against the new (2021/22) KPIs given any cause for concern for the new financial year? | There are no early warnings that there may be issues, so this year's performance will now be against the agreed new KPIs. | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | of access to the areas and spare parts. | | | |
| Capital Programme | This report provided an overview of the capital projects activity undertaken by GMS through 20/21 financial year (a total of £18.5mln) and a look forward to the current capital programme confirmed by the Trust for 21/22. | Do GMS have the capacity and capability to deliver the extensive 21/22 programme, especially with some of the new technologies being installed? | GMS provided verbal assurance that they do have the capacity, but there needs to be good coordination with the Trust on scheduling. Sophisticated equipment will be installed by specialist contractors. | |
| | | Do the projects agreed in the programme actually address the Estates and Facilities risks that were reviewed in the last meeting? | Capital programme against risks is reviewd by the IDG on an ongoing basis. There is also the intention for the Trust to review long-term (up to 5 years) plans against the Risk Register. The 6-facet survey results, due in June, will also provide intelligence on higher-risk areas of the estate. | |
| Green Plan | This was an interim report to explain that the Green Plan is currently in draft and is likely to come to Committee in July. The work is being overseen by the Trust's Green Council. There are 108 Green Champions and 10 activity streams based on the UN's | | | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|------------------|-----------|-----------|------------------------------------------------|
| | Sustainable Development Goals. | | | |
| GMS Business Plan 2021/22 | The GMS Plan was first presented for approval to this Committee in March. Some changes were requested, and further approvals required. It has since been signed-off by the TLT and Finance & Digital Committee before coming back here. | Is the Plan a true reflection of what is required by the Trust – does it meet Trust's needs? | Assurance was provided by both GMS leaders and Trust Executives. The Plan address a number of legacy issues while also taking up opportunities for improvement. | . |
| Annual Review of Estates Return Information Collection (ERIC) | The report provided a commentary of the comparison between the GHFT ERIC data submitted by GHFT in September 2020, and the Model Hospital benchmarks for the GHFT Peer Group of Large Acute Hospitals. Of note are the movements in FM service costs closer to the benchmark for services delivered at GHFT, the improvement in energy costs for GHFT against the benchmark, the rising costs for waste disposal and that GHFT non-clinical space continues to drop in line with government targets. | While these are mandatory returns, it was questioned as to how useful the cost benchmarks are – for instance, reduced spend on maintenance is not necessarily a good thing. | It was agreed that these individual measures need to be approached with caution and balanced against other metrics and data points. They need to looked at in the light of other output measures. | |
| Input to Phase 2 | A presentation was given on | The strategy needs to | It was acknowledged that | This will be the subject of a |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| Estates Strategy | the next phase of the estates strategy (after the strategic site development), taking into account long-term requirements, backlog maintenance, critical infrastructure and buildings beyond their economic life. | take account of the trend towards greater digitalisation and virtual working, and the context of the ICS. | further work is required and this Committee will be consulted, as will the Board. | forthcoming Board Development session, possible in July or August. |

**Mike Napier**
**Chair of Estates and Facilities Committee**
**1 June 2021**

# NHS
## Gloucestershire Hospitals
### NHS Foundation Trust

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**

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

This report describes the business conducted at the Quality and Performance Committee held on 28 April 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| Review of Red rated Indicators | Update report on indicators which had been red rated for a period of time. ( previous report received un Sept 2020) All indicators have an executive owner and agreed delivery group. Four indicators require realignment of structured plan and improvement activities. Sepsis and antibiotics within 1 hour, VTE risk assessment, patient discharge summaries to GP within 24 hours and outpatients to follow up ratios. Further indicators need review to ensure improved performance. | Where do the indicators feature which do not currently have a RAG rating? | Assurance given that these indicators will also be reviewed. | |
| | | New to follow up ratios is a surprise, what is the CQC lens? can the | Will confirm | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|-------------------|------------|-----------|--------------------------------------------------|
| | | indicator be reviewed and amount of virtual appointments included | | |
| | | Is there a deadline for reviewing CQC domains? Can you make it automatic? | New software in due course will enable this, currently a manual application | |
| Medical Review Project | Annual report on progress against the 7 day medical standards following medical review audit carried out pre and during Covid. Two standards were not being met previously ( standard 2- time to first consultant review and standard 8 – ongoing patient review) | ? | Report and detail of audit welcomed and commended. | Agreed to update report to return to committee later in calendar year |
| | | What are the implications of being under a Consultant who no longer works for the Trust | Consultant allocation of patients key and linked to sunrise roll out. Progress has been made in last 12 months with more to do. | |
| | | Improvements seen with both standards during the Covid model in place, are they sustainable? | Re audit will be needed and reported into committee. | |
| Quarterly Executive Review | Summary of the quarterly Chief Executive led review meeting with clinical Divisions, underpinned by the approved Performance | As there had been a gap of the Chief Executive led reviews of 6 months due to Covid, were there any surprises or | Assurance given that the monthly executive review process had continued through the last 6 months, so sighted on the main | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | and Accountability Framework. Assurance also received of clinical divisional progress against the Trust objectives. All reviews noted to be successful with securing assurance on areas of concern, agreeing future priorities, addressing matters for escalation and any additional support needs. | anything unexpected? | issues. | |
| | | At P and OD Committee, some corporate divisional metrics seen to be worse than clinical divisions, but noted that not an equivalent process for corporate division in place | Process is in place but was deferred for practical reasons, will be recommencing now. | |
| Serious Incidents | Report updating on numbers of serious incident actions plans closed in month, new serious incidents identified (x5), New Maternity Healthcare Safety Investigation Branch – (HSIB) Investigation, nil Never Events reported in this period. | The 72 hour reports are helpful to see and comprehensively completed, what assurance do you have that the immediate actions identified to be taken, have in fact been taken? | In one case, national guidance circulated for staff with direct and multiple personal communications form the Medical Director | |
| | | Specific example, what insights and internal controls do you have | Regular audits noted to be in place but not enough in this situation, will be | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | | from the errors noted in one serious incident example? What had progress been from January to date? | reviewed. | |
| | Update received on progress against the wheelchair accident investigation and CQC formal interest. | | | Further briefings as required to committee and Trust Board |
| | | What happens if an assessment is missed in RIDDOR reporting and what is in place to ensure that doesn't happen again? | Links to ePR noted and reported that % of assessments undertaken and improved to 80% with work ongoing. | |
| Quality and Performance Report – Quality Delivery Group (QDG) | Review of the current QPR undertaken prior to new version in Autumn, will continue to evolve. Detail included on several areas including falls with links to risk assessment completed, importance of ratio of Registered /Nurses to Health care Assistants and ongoing recruitment campaign ( links to P and OD Committee agenda) Data of young people who deliberate self-harm noted, with partnership work in | Using the falls lens, how well does QDG function and what balance between analysis, encouragement, support, direction and compliance? | Assurance given that the executive review process is to hold to account, the QDG works in the improvement space and felt to be a balanced approach | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | progress. | | | |
| | | With the maternity safeguarding concerns, was there confidence with the skills, workforce and overall support? | Stated that the maternity approach has been robust, flexing resource if additional demands noted. Continuity of Carer development is important to help in this area. | |
| | | In addition to maternity, the DOLs applications being lower reflecting a lack of appreciation from staff is a concern | Reported that the dedicated safeguarding team have resumed team visits in clinical areas to raise awareness and support. | |
| | Published CQC visit concerning Infection, Prevention and Control. Very positive report with several examples of outstanding practice, leadership and focus. Three areas of 'should dos' which will be incorporated into future quarterly reporting to committee. | | Substantial and heartening assurance of cultural approach, communications and practical application of best practice in matters of IPC. Always relevant and especially so considering the last 14 months and ongoing pressures. | |
| Cancer Delivery Group | Reporting seven of eight cancer standards being met, eighth standard above national average. Continued management actions noted to improve and sustain | | Current performance commended, good assurance of operational knowledge of detail and individual patients progress through the | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | performance. | | system. | |
| Planned Care Delivery Group | Range of planned care metrics shared. Formal reporting of RTT and over 52 week waiting patients continue to be reported to NHSE/I, current position noted, comparable RTT performance, Over 52 weeks anticipated increase. National prioritisation processes being used. Good performance in diagnostics of MRI and CT noted. Terms of reference for new Restoration and Recovery Group shared. | How comfortable are you with the progress and speed on the communications front with patients? | Verbal update given that national, regional and local discussions continue and work internally progressing as planned. | Written update on communications to future committee. |
| | | Will reporting into committee change with the recovery plans prioritisation? | Question noted, prioritisation status included in report. | |
| Emergency Care Delivery Group | Care Quality Commission (CQC) unannounced visit to EDs on 30th March. No written report received yet, verbal feedback noted pressures, overcrowding with risks in meeting standards for ambulance handover, triage and use of escalation areas. | What if any impact is the 30 day system recovery plan having? | Evidence of strong and positive organisational response to the visit. 30 day plan in progress, some pathway and data improvements noted internally. Numbers of Patients who are medically stable for discharge is lower, but still remains | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | | | high and reliant on system working. Reported that this 30 day plan should be followed by continuous 30 day system improvement plan cycles for best effect. | |
| | Verbal update following visit show improvements and significant changes across unscheduled care internally. | Noting the issues re violence and aggression on staff, are you confident with what is in place to support? | New governance structure noted to be in place and confidence this will help. | |
| Maternity Delivery Group | Exception report noting new governance and assurance arrangements to oversee improvements. Leadership structure and some roles changed. New maternity dashboard to May/June meeting. | Noting the previous development of a single action plan to ensure a coherent approach to improvement, what will Committee see to be assured of progress against the plan? | Quarterly reports to Committee. Strengthening of governance and leadership roles noted. | |
| Planning Guidance and Recovery of Services | Latest guidance, scenarios used and implications, current operational position. Scenario 2 the main focus of work. | How have you satisfied yourselves that the assumptions are credible in the divisions where needed to work? | Assurance that engagement and internal governance processes being used including Directors Operational Assurance Group, Restoration and Recovery Group, Trust Leadership Team, before sign off at Finance and Digital Committee. Joint working with partners noted and | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|-------------------|------------|-----------|-------------------------------------------------|
| | | | dynamic. | |
| | | Where is it weakest and how would the scenarios be stress tested? | Early assumptions on primary care and community demand, targets being developed. Assurance that stress testing an important feature of the plans, noting a number of unknowns | |
| | | If the most at risk groups are to be seen first, how is this being progressed? | Internally, patients reviewed by clinicians, ICS issue with unknown patients and drop off of referrals, noted that Public Health colleagues are working on this, remains an outstanding issue. | |

**Alison Moon**
**Chair of Quality and Performance Committee**
**28th April 2021**

**REPORT TO COUNCIL OF GOVERNORS – JUNE 2021**

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

This report describes the business conducted at the Quality and Performance Committee held on 26 May 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| Quality and Performance Report | Comprehensive suite of papers outlining current position with key quality and performance metrics. | **Quality**<br>Noting the recent MHRA visit to the Laboratory, were there any areas of significant concern?<br><br>Concerning trends in safeguarding seen with absence of actions or plan.<br><br>Focus on caring for those with dementia and/or delirium noted and an update on the butterfly project | The quality of the Quality Delivery Group exception report is continuing to improve in its ability to provide assurance to the committee on areas of focus, risk, improvement plans and ambition.<br>Reported that the feedback was not significant and expected to be actioned within the required 28 days.<br><br>Deputy Chief Nurse now leading on a task and finish group to better manage people with complex mental health issues.<br>A suite of actions outlined which include the butterfly symbol, 'This is me' | Report back to committee through the Quality Delivery Group in July |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | | requested Significant investment from NHSE/I described to support better care for people with diabetes, what does success look like and what will the key performance indicators be? What will NHSE/I expect to see? Internal audit of CQC plan at Audit and Assurance Committee noted the closed action regarding checking of resus equipment. Due to recent incident, an action for this to be reviewed in line with the new actions, can we see the update at future committee? | document and whiteboard trials. Key indicators being worked up to ensure an integrated approach to diabetes care. Assurance that this investment partially offsets the existing risk on the risk register. | To be included in future Quality Delivery Group exception reports as appropriate. |
| | | **Cancer** Continued positive performance noted and commended, including national benchmarks Is there anything which will stop us continuing to achieve the standards? With the restart of elective work in theatres, would there be an issue | There are plans for increased demand, If referral patterns were to change significantly, a quick response and review of the plans would be needed. Assurance given that national prioritisation process continues to be in | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|-------------------|------------|-----------|-------------------------------------------------|
| | | with capacity? | place which includes care for patients with cancer. | |
| | | **Planned Care** Recruitment of new team for patient communications noted, how will you measure the effectiveness of the team and their work? The validation of the data is not progressing as quickly as desired, what is the plan to change this? Are there any current concerns with harm? | Plans not finalised yet but would include numbers of contacts. Current position improved in regards endoscopy, being monitored at regional and national level. Assured none to note, monitored at executive review process and harm reviews undertaken. | Written update on mass patient communications requested for June committee, including approach and timelines. |
| | | **Maternity** Internal CQC self assessment noted and new leadership role being appointed, which is part of the action plan. In line with other exception reports, a RAG rating will be useful for future updates and sight of the progress against the single cohesive plan signed off at a previous committee. How are the maternity | | Written update on progress of overarching action plan to be received by committee. |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|---|---|---|---|---|
| | | team feeling with the continued change and focus on the service? | The introduction of the maternity assessment tool had gone well and been welcomed and the new appointment is positive. | |
| | | **Unscheduled Care** Four main points raised by the CQC have been actioned, considerable focus and attention from leaders, as workforce one of the key issues, what thought has there been to the 2-3-5 year solutions? High level improvement plan noted which has department focus, useful for committee to see the whole internal pathway plans with timelines | Assurance that this had been covered at the recent executive review process and Medical Director will consider and draft a report outlining position and plans. | Cross connection to People and OD Committee  Consideration to what the committee needs to see for assurance at next committee |
| Corporate Risk Register | Reduced risk of nosocomial infections reported. Covid and duty of candour, patients across the county to be contacted soon. New patient safety training syllabus shared. | An action from the Audit and Assurance Committee was to focus on the risk regarding 8 hour waits in the emergency department. Does it take a long time for risks to be formulated? Can we link the | The Medicine Division have been asked to review all the relevant risks, with further consideration of the 8 hour issue.  Agreed as an action | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|-------------------|------------|-----------|--------------------------------------------------|
| | | syllabus to a future board development session | | |
| Serious Incident Report | No new never events, four x serious incidents reported, national inactivity of the PHSO to review cases continued. | Continued issue with risk assessments being undertaken, will this be picked up? Previous discussion concerned monitoring the number of non-clinical ward moves, is this or other relevant indicators being considered pre the new Quality and Performance report? | Assurance given that this is picked up at the Quality Delivery Group and through executive review process. Indicators being reviewed prior to new reporting in the Autumn | |
| Getting it Right First Time ((GIRFT) report | National pause due to covid now ended. A number of deep dives taken place and planned since February. Good practice and suggested areas of focus identified in the Trauma and pathology reviews. New long term (2023) programme of National Consultant Information Programme (NCIP) outlined, focussing on outcome and quality metrics. Glos is in 'fast followers' pilot nationally. | Does patients experience/qualitative data have a place in this methodology? How will the success of the NCIP programme be defined and what will patients know of it? | GIRFT data based on HES (Hospital Episode Statistics), other ways such as patient reported outcomes measures are in use. The programme will give early identification of issue and information sharing for services to review and improve. Not being considered to share wider at this point. | Report on patient reported outcome measures to future committee. |
| Infection, | Current position with key | | Assurance received on | |

| Item | Report/Key Points | Challenges | Assurance | Residual Issues / Gaps in Controls or Assurance |
|------|-------------------|------------|-----------|--------------------------------------------------|
| Prevention and Control Quarter 4 and year end report | indicators, several with good improvements and reduction in infections in year. Focus on hand hygiene audits continue, examples of goods practice and areas to improve noted. New national cleaning standards published, being reviewed regarding local implementation. CQC report shared for information (seen at previous committee) Outline plans for 21/22 shared. | Hand hygiene % of audits being carried out in some areas lower, how does improvement feature in the plan going forward? Good to see the detail for surgical site infections rates, where the figures are red rated, how confident are you that they will improve to acceptable levels? | practices (CQC report) and reduction in numbers of several key infections through the reporting period. Confidence that supporting some areas to carry out more audits is achievable, creating the right culture key. New piece of equipment purchased to support. Good consultant engagement is key, knowing own datasets tends to drive improvement. 21/21 plan has clear focus on surgical site infection rates. | |

**Alison Moon**
**Chair of Quality and Performance Committee**
**28 May 2021**

NHS
**Gloucestershire Hospitals**
**NHS Foundation Trust**

**COUNCIL OF GOVERNORS – JUNE 2021**
**Microsoft Teams at 14:30**

| Report Title |
| --- |
| **Notice of Upcoming Governor Elections** |

| Sponsor and Author(s) |
| --- |
| Author:      Natashia Judge, Corporate Governance Manager<br>Sponsor:     Sim Foreman, Trust Secretary |

| Executive Summary |
| --- |

<u>Purpose</u>
To update the Council regarding this year's Governors Elections.

<u>Key points to note</u>

**Vacancies**
Elections are required in 2021 for four public governors, one in each of the four constituencies. The first three are currently vacant due to resignations with the Cheltenham seat open as Tim Callaghan's term first term is due to end (although he can stand again).
- 1 x Forest of Dean District Council Area
- 1 x Tewkesbury District Council Area
- 1 x Cotswold District Council Area
- 1 x Cheltenham Borough Council Area

**Timeline**
While the exact timeline is being finalised the by the Trust's election agent, Civica, the timetable for governor elections is set out within the model election rules (included as an annexe within the Trust's Constitution). These state that the governor election process should be conducted over a 41 working day timetable as a minimum. In order to err on the side of caution the team have chosen the longer 55 working day timetable. Based on this, key dates are *likely* to be:

| | | |
| --- | --- | --- |
| **Monday 5 July** | Virtual Prospective Governor Evening | <u>Date finalised.</u><br>Information regarding the evening will be sent to Trust members, highlighted via social media and shared with stakeholders and community groups. |
| **Thursday 15 July** until **Thursday 12 August** | Nominations Open | Notice of Election will be published on the Trust's website and all Trust members will receive communications regarding how to nominate themselves to be a governor, as will stakeholders and community groups. |
| **Friday 3 September** | Notice of Poll published | Contested seats will be published on the Trust's website and nominees informed. |
| **Monday 6 September** until **Wednesday 29 September** | Voting packs despatched | All Trust members will receive communications regarding how to vote for their preferred candidate. |

| 30 September 2021 | Declaration of Results at the Annual Members Meeting | <u>Date finalised.</u><br>Notice of the Annual Members meeting to be announced at August Council of Governors |
|---|---|---|

**Approach**
The Corporate Governance Team will now begin the formal election process but will also be progressing a number of actions to ensure this runs as smoothly and effectively as possible whilst engaging as many people as possible.

The team will work alongside the election agent to create a simple and engaging Governor Election Platform as well as updating the Trust's web pages and governor information packs.

Building on last year's approach, the team will seek to highlight membership and the elections through not only social media and communications to members, but through extensive community engagement via the Director of Engagement and Patient and Public Involvement Manager. Community groups, stakeholders and more will be made aware of the value of Trust membership, the value of the governor role and how to get involved.

The ambition for 2021 is highlight the governor role across the community in order to ensure a diverse range of candidates who represent their communities and the population served by the Trust

**Actions required**
The Trust Board and Council of Governors are asked to highlight membership, governor elections and the upcoming prospective governor evening:
-   Amongst all relevant networks
-   Amongst individuals within their communities
-   Via social media (e.g Twitter, community Facebook Groups, LinkedIn)
-   Via community groups

**Useful resources**
The Trust has a number of resources that can be shared to highlight governor elections:
-   **Trust Website:** Information regarding the governor role and elections will be available on the Trust's website, including guides for both potentially public and staff governors
    https://www.gloshospitals.nhs.uk/about-us/governors/become-governor/
-   **Governor Video:** A video regarding the importance of the governor role will be shared via social media and the Board and Governors are encouraged to amplify within their networks.
-   **Governor Election Platform or Nomination Packs:** A comprehensive governor election platform will be available online once nominations open and nomination packs can be requested direct from Civica.
-   **Governor Role Quick Guide and Leaflet:** included as appendices, these are also available in hard copy from the Corporate Governance Team if needed,

**Recommendations**
That the Council receive this update for information.

**Impact Upon Strategic Objectives**
Governors are an integral part of the Foundation Trust Governance and contribute towards the delivery of the Trust's Mission, Vision and Strategic Objectives. In particular governor elections are a key component of how the Trust engaged with its members (public and staff) and therefore support the strategic objectives of involved people.

| Impact Upon Corporate Risks | | | |
|---|---|---|---|
| There are no specific related corporate risks. | | | |

| Regulatory and/or Legal Implications | | | |
|---|---|---|---|
| Governors are a prerequisite of being a Foundation Trust and their quoracy and engagement impacts a number of formal decisions i.e. NED appointments, changes to external auditors etc. | | | |

| Equality & Patient Impact | | | |
|---|---|---|---|
| The approach to elections must consider the ability of members to access information, particularly in relation to influencing and encouraging a strong turnout. | | | |

| Resource Implications | | | |
|---|---|---|---|
| Finance | X | Information Management & Technology | X |
| Human Resources | X | Buildings | |
| | | | |

| Action/Decision Required | | | | | | | |
|---|---|---|---|---|---|---|---|
| For Decision | | For Assurance | | For Approval | | For Information | X |

| Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT) | | | | | | | |
|---|---|---|---|---|---|---|---|
| Audit & Assurance Committee | Finance & Digital Committee | Estates & Facilities Committee | People & OD Committee | Quality & Performance Committee | Remuneration Committee | Trust Leadership Team | Other (specify) |
| | | | | | | | X |
| **Outcome of discussion when presented to previous Committees/TLT** | | | | | | | |
| Governance and Nominations Committee – April 2021 | | | | | | | |

# Governor Role Quick Guide

## What do governors do?

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors
- Represent the interests of NHS Foundation Trust members and of the public as a whole
- Relay information to members about the Trust
- Select and appoint the Chair and Non-Executive Directors (and remove if necessary)
- Approve the appointment of the Chief Executive
- Determine the pay and terms of office of the Chair and Non-Executive Directors
- Feed back to the Trust Board of Directors on a range of issues
- Appoint the Trust's External Auditor (and remove if necessary)
- Receive the Annual Report and Accounts and auditors reports on these
- Approve Significant Transactions (e.g. mergers)
- Grow the Trust membership by articulating it's benefits to the public

## What don't governors do?

- Deal with individual complaints
- Have responsibility for running the Trust
- Have a veto over a Board of Directors decision
- Have a "right" to inspect Trust property or services, meet patients or conduct quality review

## How do governors hold non-executive directors to account for the performance of the Board?

The meaning of "holding the non-executive directors to account" is not described in legislation, which means there is no one "right way" to hold the non-executive directors to account. Monitor's guidance *Your Statutory Duties* outlines the key principles, but in summary:
- Governors should scrutinise the way the Board is working
- Governors should challenge the Board in respect of effectiveness
- Governors should ask the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust

Governors should do this through:
- Questioning non-executive directors about the performance of the Board (making sure to present the interests of the Trusts members/the public)
- Observing the contributions of non-executive directors at meetings
- Engaging with the non-executive directors to share concerns, such as by way of joint meetings between the council of governors and non-executive directors.

## How do governors represent the interests of Trust members and the public?

- Governors should seek the views of members and the public on material issues or changes being discussed by the trust.
- Governors should feedback to members and the public information about the Trust, its vision, performance and material strategic proposals made by the trust board.
- Governors should try to make sure when they are communicating with directors of the Trust that they represent the interests of members and the public rather than just their own personal views.

# Governor Role Quick Guide

## How can governors relay information to members about the Trust?

- ➢ Through Trust events such as the Annual Members Meeting and Members Evenings
- ➢ Through the Trust's membership and staff newsletters
- ➢ Via the websites Contact a Governor form
- ➢ Through encouraging public attendance at the Council of Governors
- ➢ Attending local events, both health related and not
- ➢ And much more!

## What meetings do governors attend?

- ➢ All governors' should attend Council of Governors' meetings
- ➢ The Lead Governor and three other elected governors should attend the Governance and Nominations Committee
- ➢ Nominated governor observers should attend Trust Board Committees
- ➢ All governors are also encouraged to attend :
    - o Governor Development Sessions
    - o Governors' Quality Group
    - o Governors' Strategy and Engagement Group
    - o Trust Main Board
    - o The Annual Members Meeting

| Annual Members Meeting | 3-4 hours, once a year | Held outside of office hours but there can be activities during the day |
|---|---|---|
| Council of Governors | Up to 6 hours (including a pre-meet) 6 times a year | Pre-meet (AM before CoG) Council of Governors 14:30 – 18:00 |
| Governance and Nominations Committee (if relevant/elected) | 2 hours, around 4 times a year | Outside of office hours (usually 17:00 – 19:00) |
| Governor Development Sessions | 2 hours, around 4 times a year | Outside of office hours (usually 17:00 – 19:00) |
| Governors' Quality Group | 2 hours, around 4 times a year | Outside of office hours (usually 17:00 – 19:00) |
| Governors' Strategy and Engagement | 2 hours, around 4 times a year | Outside of office hours (usually 17:00 – 19:00) |
| Trust Committees (if relevant i.e. appointed governor observer) | Up to 4 hours, 6-12 times a year | During office hours (usually 09:00 – 12:00) |

Additionally, governors will:
- ➢ Engage with members on feedback/issues
- ➢ Take part in training
- ➢ Participate in social gatherings
- ➢ Participate in Governor Walkabouts
- ➢ Take part in engagement events
- ➢ Get involved in staff groups, focus groups or meetings as a governor contributor

## How to find out more

See the Trust's Governors' Handbook for more resources or contact the Corporate Governance Team

**Governors have an important part to play by listening to the views of the Trust's members, the public and other stakeholders, and representing their interests in the Trust.**

Members are encouraged to engage with their relevant Governor and share their feedback, experiences and views on Trust Services.

You can engage with Trust Governors in a variety of ways:

- By attending our public Council of Governors meetings
- By emailing your Governor through the Contact a Governor form on the Trust website
- By attending membership events and talks
- By attending Trust held engagement sessions
- By attending our Annual Members' Meeting

## Get in touch with our Governors:

Corporate Governance Team
Trust Headquarters,
Alexandra House
Cheltenham General Hospital
Cheltenham, GL53 7AN

**Details on how to contact your area governor can be found out our website, alternatively email:**

**ghn-tr.governors@nhs.net**

**NHS**
**Gloucestershire Hospitals**
**NHS Foundation Trust**

Our
**Governors**

www.gloshospitals.nhs.uk

**BEST CARE FOR EVERYONE**

# The role of a Governor

**Governors represent the views and interests of the Members and the local community, including the people who use the Trust's services and their carers; the public; staff; and partner organisations.**

Our Governors help ensure that our Trust is rooted in its community and responds to community needs. At Gloucestershire Hospitals our Governors are valued partners, whose expertise, enthusiasm, challenge and support help us deliver "Best care for everyone".

## What Governors do

▶ Represent the interests of NHS Foundation Trust members and of the public as a whole

▶ Hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

▶ Select and appoint the Chair and Non-Executive Directors (and remove if necessary)

▶ Approve the appointment of the Chief Executive

▶ Determine the pay and terms of office of the Chair and Non-Executive Directors

▶ Feed back to the Trust Board of Directors on a range of issues

▶ Appoint the Trust's External Auditor (and remove if necessary)

▶ Receive the Annual Report and Accounts and auditors reports on these

▶ Approve Significant Transactions (e.g. mergers)

## Other Responsibilities

▶ Acting as a source of ideas about how the Trust can provide its services in a way that meets the needs of the communities it serves

▶ Being consulted on the development of forward plans for the trust and any significant changes to the delivery of the Trust's business plan

▶ Overseeing the Foundation Trust's Membership Strategy and encourage membership

## What Governors don't do

▶ Deal with individual complaints

▶ Have responsibility for running the Trust

▶ Have a veto over a Board of Directors decision

▶ Have a "right" to inspect Trust property or services, meet patients or conduct quality reviews

## The Council of Governors

The Trust's Council of Governors is made up of the following groups:

**Public Governors (elected)**

▶ Two representing each of the following district council areas in Gloucestershire: Cheltenham Borough Council area; Cotswold District Council area; Forest of Dean District Council area; Gloucester City Council area; Stroud District Council area; Tewkesbury Borough Council area.

▶ One representing 'Out of County' areas where the Trust provides services

**Staff Governors (elected)**

▶ One representing medical and dental staff

▶ Two representing nursing and midwifery staff

▶ One representing allied health professionals

▶ One representing all other non-clinical staff

**Stakeholder Governors (appointed)**

▶ One appointed by local government in Gloucestershire

▶ Three appointed by partner organisations (currently Carers Gloucestershire, Gloucestershire Clinical Commissioning Group and Gloucestershire Healthwatch)

## Meetings of the Council of Governors

Council of Governors' meets every other month. The meetings rotate between Redwood Education Centre at Gloucestershire Royal Hospital and Sandford Education Centre at Cheltenham General Hospital and are open to the public.

Dates and further details regarding upcoming meetings can be found on our Trust Website at gloshospitals.nhs.uk

| Report Title |
|---|
| **Governors' Log Report** |

| Sponsor and Author(s) |
|---|
| Author:      Natashia Judge, Corporate Governance Manager |
| Sponsor:     Sim Foreman, Trust Secretary |

| Executive Summary |
|---|
| Purpose |
| To update the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 21 April 2021. |
| |
| Key issues to note |
| The Governor's Log is now available to view at any time within the Governor Resource Centre on Admin Control. |

| Recommendations |
|---|
| That the Council receive the report for information. |

| Impact Upon Strategic Objectives |
|---|
| The Governors' Log supports the Involved People strategic objective. |

| Impact Upon Corporate Risks |
|---|
| There are no related Corporate Risks. |

| Regulatory and/or Legal Implications |
|---|
| There are no related legal implications. |

| Equality & Patient Impact |
|---|
| Engaged and involved governors better represent the views of members (public and staff) ensuring better patient and staff experience. |

| Resource Implications | | | |
|---|---|---|---|
| Finance | | Information Management & Technology | |
| Human Resources | | Buildings | |

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

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

| REF | 03/21 | STATUS | Closed | | |
|---|---|---|---|---|---|
| SUBMITTED | 15/04/2021 | DEADLINE | 29/04/2021 | RESPONDED | 11/05/2021 |
| GOVERNOR | Debbie Cleaveley | | | | |
| LEAD | Deborah Lee | | | | |
| THEME | Ezec | | | | |

**QUESTION**

1. What level of performance monitoring/ KPIs are applied to the Ezec contract?
2. How many complaints are made regarding Ezec?
3. Is there any sense of how much clinic time has been lost due to Ezec patient transport issues?
4. How do Ezec take forward complaints and learning from poor patient experience and how do they provide assurance to the Trust on this?

**ANSWER**

Ezec Medical are commissioned by Gloucestershire CCG to provide non-emergency patient transport services. There are two parts to the contract; a 'pre-planned' element as well as an 'on the day' element.

Ezec have generally performed well over the last year and regularly meet all KPIs except two. These are:

• Patients should not arrive after their booked arrival time.
• Patients should not wait >75 minutes after their agreed pick up time for outward/return journey (excludes dialysis and on-day bookings).

Achievement of these KPIs is set at 95%. Unfortunately, many of the changes put in place due to COVID have affected performance of these which were 85% and 83% respectively for March 2021. When we return to normal commissioning arrangements these KPIs carry penalties as they impact upon patients and the Trust.

As with any organisation providing NHS services, Ezec have to operate a complaints process that adheres to requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Ezec provide a summary report each month which is discussed at Contract Management Board. Since the start of the year Ezec have undertaken around 16,000 journeys and reported receiving six complaints, with one complainant also contacting the CCG and MP.

As services return to normal, monthly Transport Working Groups have been re-established between Ezec, CCG, GHFT and Gloucestershire Health and Care NHS Foundation Trust to discuss issues, share insights and with the aim of continual improvement.

| REF | 04/21 | STATUS | Closed | | |
|---|---|---|---|---|---|
| SUBMITTED | 15/04/2021 | DEADLINE | 29/04/2021 | RESPONDED | 21/04/2021 |
| GOVERNOR | Maggie Powell | | | | |
| LEAD | Steve Hams | | | | |
| THEME | Communication with Staff, Patients and Families | | | | |

**QUESTION**

A constant theme of feedback to HWG over a number of years has been communication between Trust staff, patients, and families and carers. Inevitably this increased during the worst of the pandemic with restrictions on visiting and the pressures staff were under. There have been particular concerns around facilitating contact with patients who cannot manage their own devices; the breaking of bad news to people on their own; access to information on patients (especially those seriously ill and unable to communicate directly), especially at weekends, with ward phones not answered and promised call-backs not happening. Can the Trust say what they have learnt and how things will improve going forward?

**ANSWER**

The restrictions on hospital visiting has been one of the most challenging aspects of the last year, hospital visiting is an important and therapeutic part of helping our patients get better , and we know that the last year has been challenging for our patients, their loved ones and our colleagues.

Throughout the pandemic we have sought to balance the risks to patients, visitors and our colleagues, we have always worked together across the Gloucestershire NHS system, so all visiting arrangements are consistent across Gloucestershire Hospitals and Gloucestershire Health and Care. We moved our approach from 'compassionate' visiting (visiting at the end of life) to 'special circumstances' (visiting for dementia, mental health, autism, learning disability and end of life) which allowed a degree of flexibility whilst maintaining lawful visiting during national and regional lock downs.

Despite the restrictions to visiting we quickly developed three specific services, the establishment of the Patient Support Hub (led by our PALS team), this was an enhanced messaging service, we printed emails, shared pictures and ensured loved ones could bring belongings into patients. We established a digital visiting service, each of our clinical areas had iPads to help with connecting patients and loved ones, our third service was the daily call to families. Unlike many other organisations we took reasonable steps to allow loved ones to visit critically ill patients, albeit we were unable to offer our normal services.

In addition to our adult inpatient areas, we maintained visiting services (in part) for emergency patients, children, maternity and neonatal services. In maternity services we went above the national requirements for visiting, always allowing a birth partner to be with the woman and a birth partner to attend important antenatal scans.

We have learnt considerable amounts from the last year, sadly should there be future lockdowns and/or peaks on community transmission we would have to reduce and/or restrict visiting again. All of the services we instigated during the pandemic will continue to be developed and refined so that if they are required in the future we can mobilise quickly.

Thankfully hospital visiting will recommence on the 26th April, whilst we are unable to fully open, we are taking small steps forward and look forward to welcoming visitors back.

| REF | 05/21 | STATUS | Open | | |
|---|---|---|---|---|---|
| SUBMITTED | 10/05/2021 | DEADLINE | 24/05/2021 | RESPONDED | |
| GOVERNOR | Alan Thomas | | | | |
| LEAD | Steve Hams | | | | |
| THEME | Vaccinated Staff | | | | |
| QUESTION | | | | | |
| In a recent Blog, Deborah stated that around one in four of our staff remained unvaccinated. Is there information on percentages between clinical (patient facing) and non clinical (non patient facing) staff? | | | | | |
| ANSWER | | | | | |
| | | | | | |

| REF | 06/21 | STATUS | Closed | | |
|---|---|---|---|---|---|
| SUBMITTED | 12/05/2021 | DEADLINE | 26/05/21 | RESPONDED | 17/05/2021 |
| GOVERNOR | Geoff Cave | | | | |
| LEAD | Felicity Taylor-Drewe | | | | |
| THEME | Communication with patients regarding appointments | | | | |

**QUESTION**

To what extent are texts, emails and phone calls used to inform patients of appointments or are letters the only means of communication for this purpose?

**ANSWER**

Practices vary between services, but letters are considered the primary method of communicating appointments to patients and subject to the notice period for the appointment a letter would be sent in almost all circumstances. Although patients are occasionally telephoned to arrange an appointment this predominantly relates to short notice cancellations, to ensure the patient is available and effectively negotiate agreement. Subject to the notice period the patient is asked whether they wish to receive a confirmatory letter with the appointment details.

Appointments are not made/issued via text or email and digital communication of appointments forms part of the longer term IT strategy which we are taking forward.

Text messages are used, however these are only used as a reminder (once the appointment has been made and issued by letter) with reminders being issued both 14 days and 3 days prior to the appointment. During the covid pandemic this service was suspended due to uncertainty with clinics and the variations with telephone, video and face to face. This is gradually being re-introduced now that stability is resuming with services.

| REF | 07/21 | STATUS | Open | | |
|---|---|---|---|---|---|
| **SUBMITTED** | 17/05/2021 | **DEADLINE** | 01/06/2021 | **RESPONDED** | |
| **GOVERNOR** | Geoff Cave | | | | |
| **LEAD** | Felicity Taylor-Drewe | | | | |
| **THEME** | Patient Records and communication regarding reports | | | | |

**QUESTION**

    a) "What patient records are available on-line to be shared both ways between Primary and Secondary care 1) within the Trust and 2) between Trusts in the same Region that support each other? Can shared records be updated on-line?"

    b) To what extent are reports about patients' treatment communicated by letter, between the Trust and GPs, between Consultants in the Trust and between Trusts?

**ANSWER**

| REF | 08/21 | STATUS | Closed | | |
|---|---|---|---|---|---|
| SUBMITTED | 26/05/2021 | DEADLINE | 07/06/2021 | RESPONDED | |
| GOVERNOR | Alan Thomas | | | | |
| LEAD | Deborah Lee | | | | |
| THEME | Freedom of Information Request | | | | |

**QUESTION**

1. In light of the article in the Guardian today (https://www.theguardian.com/world/2021/may/25/unnecessary-secrecy-42-nhs-trusts-criticised-over-covid-deaths-data) could we understand why the Trust is on the list of FoI non-responders with regard to nosocomial infections. If there was indeed a FoI response despite the article, could governors understand what this was.

2. Linked to the above, I was asked to comment on a proposed letter to patients who may have been affected by nosocomial infection, in the light of my comments at various meetings. I did respond to this but have had no acknowledgement of this response and am unaware of whether any letters have been sent out. It would be good to understand where we are in the process, and the quantity of letters required.

**ANSWER**

1. The Guardian published an article about patients who had died after catching COVID in hospitals during the pandemic. The source for the article was data received via a Freedom of Information (FOI) request sent to every Trust in England. The article stated that our Trust had not responded – this is incorrect. We have been open and transparent throughout the pandemic on all matters including deaths related to COVID and have provided this information to numerous requestors, including journalists. A request for further information from the newspaper is still outstanding but regrettably the Guardian chose to publish ahead of the deadline for responses; this is disappointing and presumably the reason for their description of GHFT as a "non-responder".

2. We are just waiting for final sign off through James Brown and Health watch which should and then we can share the final version. We will then start the phone calls and letter sending in batches each week. The number does fluctuate slightly as we go through all the checking processes but currently it is around 320 patients, approximately half of whom have passed away.

| REF | 09/21 | STATUS | Closed | | |
|---|---|---|---|---|---|
| SUBMITTED | 01/06/2021 | DEADLINE | 15/06/21 | RESPONDED | 09/06/21 |
| GOVERNOR | Alan Thomas | | | | |
| LEAD | Deborah Lee | | | | |
| THEME | Freedom of Information Request | | | | |

**QUESTION**

In Alex Chalk's recent email update to his subscribers, he mentions that there were 7 COVID cases in GHT on 27 May - including '2 in intensive care'.

We no longer seem to get information on COVID cases in Deborah's blogs - is there a reason for this?

**ANSWER**

When the Covid case numbers reduced significantly, the daily updates into Comms temporarily stopped. However, we did get a large number of requests from colleagues for them to be re-introduced (even if it was zero) as teams wanted to know the status and see any changes in activity.