PUBLIC AGENDA

Gloucestershire Hospitals NHS Foundation Trust

Meeting: Council of Governors - Public

Date/Time: Wednesday 20 October 2021 at 17.00

Location: Council Chamber, Shire Hall

	Agenda Item	Lead	Purpose	Time	Paper
	Welcome and Apologies (RG, AM)	Chair		17.00	
1.	Declarations of Interest	Chair			
	ITEMS FOR DISCUSSION				
2.	Minutes from the Previous Meeting	Chair	Approval		YES
3.	Matters Arising	Chair			YES
4.	Chair's Update	Chair	Information	17.05	
5.	Report of the Chief Executive	Deborah Lee	Information	17.10	YES
6.	Patient Experience Report	Katie Parker-Roberts	Information	17.25	YES
7.	DWC Widening Participation Report	Deborah Lee	Information	17.45	YES
	BREAK (15 minutes)			**18.05**	
	REPORTS FROM BOARD COMMITTEES				
8.	Chairs' Reports from: • People and Organisational Development Committee • Finance and Digital Committee • Audit and Assurance Committee • Estates and Facilities Committee • Quality and Performance Committee	Balvinder Heran Rob Graves Mike Napier Mike Napier Claire Feehily / Elaine Warwicker	Assurance	18.20	YES
	OTHER ITEMS				
9.	University Hospital Status *(ANED and Appointed Governor)*	Simon Lanceley	Approval	19.20	YES
10.	Elected Governor Vacancies	Sim Foreman	Approval	19.30	YES
11.	Governance and Nominations Committee Appointment	Sim Foreman	Information	19:40	YES

12.	Governor's Log	Sim Foreman	Information	19:45	YES
13.	Any Other Business	Chair			

CLOSE   19:50

Date of the next meeting: Wednesday 15 December 2021 at 14.30.

MINUTES OF THE COUNCIL OF GOVERNORS HELD VIA MICROSOFT TEAMS ON WEDNESDAY 18 AUGUST 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:		
Peter Lachecki	PL	Trust Chair
Alan Thomas	AT	Public Governor, Cheltenham (Lead)
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
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)
Fiona Marfleet	FM	Staff Governor, Allied Health Professional
Pat Le Rolland	PLR	Appointed Governor, Age UK Gloucestershire
Maggie Powell	MPo	Appointed Governor, Healthwatch
Julia Preston	JP	Staff Governor, Nursing and Midwifery
IN ATTENDANCE:		
Emily Craig	EC	Graduate Management Trainee (minutes)
Lisa Evans	LE	Assistant Trust Secretary
Claire Feehily	CF	Non-Executive Director
Rob Graves	RG	Non-Executive Director
Micky Griffith	MG	Programme Director
Deborah Lee	DL	Chief Executive Officer
Sim Foreman	SF	Trust Secretary
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director
Rebecca Pritchard	RP	Associate Non-Executive Director
Roy Shubhabrata	RS	Associate Non-Executive Director
Becky Smith	BS	Corporate Governance Apprentice
Elaine Warwicker	EWa	Non-Executive Director
Qadar Zadar	QZ	Chief Operating Officer
MEMBERS OF THE PUBLIC/PRESS/STAFF		
There were no members of the public present.		
APOLOGIES:		
Liz Berragan	LB	Public Governor, Gloucester
Debbie Cleaveley	DC	Public Governor, Stroud
Marie-Annick Gournet	MAG	Associate Non-Executive Director
Balvinder Heran	BH	Non-Executive Director
Sarah Mather	SM	Staff Governor, Nursing and Midwifery
Russell Peek	RPe	Staff Governor, Medical and Dental

ACTION

022/21	DECLARATIONS OF INTEREST

There were none.

023/21	MINUTES FROM THE PREVIOUS MEETING

RESOLVED: Minutes APPROVED as an accurate record.

024/21 MATTERS ARISING

RESOLVED: The Committee APPROVED the closed items.

025/21 CHAIR'S UPDATE

The Chair updated the Council on the new approach and logistics for future Council of Governor meetings: October meeting would be virtual, and this would remain under review subject to national guidance for healthcare settings. All Board committee meetings would remain virtual until a review in January 2022, and Board meetings were being decided month by month.

The Chair also thanked the Governors for their regular attendance at committee and Board meetings, noting that their presence was helpful and important.

RESOLVED: The Council NOTED the update.

026/21 REPORT OF THE CHIEF EXECUTIVE OFFICER (CEO)

DL advised she was still feeling the restorative benefits of two weeks of annual leave and reported all of the executive team were taking two week breaks over the summer too.

DL presented her report to the Council and provided a contemporary update: COVID-19: community transmission rates were on a downward trend in the county and lower than both South West and England averages. The Council noted that the number of COVID-19 patients in the hospital had been broadly stable between 24 and 26. The small number of these patients who were double vaccinated demonstrated the success of the vaccine in reducing the severity of the disease and thus limiting hospital admissions and notably critical care. DL also said it was a positive sign that after the lifting of restrictions, there had not been the big bounce back of cases as some had feared. The vaccination programme for 16 and 17 year olds are now the target group, those of that age who work for the Trust had already been vaccinated.

DL explained that the Trust continued to be very busy operationally and in emergency care particularly. This picture was compounded by patients staying longer due to being more ill, and the legacy of patients who did not present during the height of the pandemic last year.

Elective recovery continued to go well and the Trust had moved up to second best performing Trust in the region for the number of patients waiting over 52 weeks. DL stressed that additional activity at weekends was on a volunteer basis.

DL noted the high number of patients ready for discharge which was a concern and a longstanding, complex issue. System partners remained engaged.

DL highlighted the Board presentation from colleagues working in undergraduate medicine where Gloucester academy was the 'best of the best'.

DL noted the Cancer Services Annual Report which was available for Governors to read.

DL concluded her report by thanking Felicity Taylor-Drewe for her contributions, particularly for attendance at CoG and answering many Governor's Log questions.

DL noted the Strategic Site Development public engagement events consisting of 2 half-days, the morning at Cheltenham and the afternoon at Gloucester on the 8th September. The information would be sent to Governors soon.

SF

MP noted the very positive Cancer Services report and that the Quality and Performance committee had referenced patients presenting at the Emergency Department (ED) possibly being at odds with diagnostic improvements reported. DL explained that it was not at odds as some diagnostic improvements were yet to come on stream, and that the services required patients to notice symptoms early. DL continued to explain that patients presenting to ED were those who would have presented during the pandemic but didn't for a number of reasons. This meant that patients' symptoms were more severe, so came to ED rather than their GP surgery. DL added that work needed to be done to remind the public that Primary Care was open for business. Access to GP appointments had increased, however demand had increased even more.

GC asked what the Trust was doing about staff who have not had a Covid vaccine. DL explained there were less than 105 unvaccinated staff who were known by name, and each had received a personal letter inviting them to have a conversation about risks to patients etc. There was no appetite to mandate vaccination and no plan to redeploy these staff away from patient facing jobs as PPE was still being used.

PL asked how long current social distancing and PPE regulations would last in the healthcare setting. DL shared that it had benefits for other infectious diseases throughout winter in clinical settings so was likely to continue, however the approach might be reversed in other settings.

RESOLVED: The Council NOTED the CEO's report.

| 027/21 | GOVERNORS LOG QUERY |

GCa spoke on the issue raised as a Governors Log query regarding patient records being shared online between Primary and Secondary care, within the Trust and between Trusts in the region.

PL highlighted that not all Governor Log questions could be discussed at CoG.

DL explained that the Trust still kept paper records, so there would be a risk of not having the 'whole story' available. The goal was to have sufficient electronic data to create a 'summary record' for each patient.

There was not a current timeline for this work to be completed by.

AM asked if single health records for maternity and children's services was a project. DL confirmed that it was, and even though different systems would be utilised including Badger Net and Sunrise EPR, in practise it would feel like a single record.

RESOLVED: The Council NOTED the update.

| 028/21 | FIT FOR THE FUTURE UPDATE |

MG provided a presentation which had been received by the Gloucestershire Health Overview and Scrutiny Committee (HOSC) on 13th August. This provided:
• an update on the progress towards implementation of the Fit for the Future (FFTF) Programme
• a summary of issues previously raised by HOSC
• and proposals for the next stage of the programme (FFTF Phase 2).

Micky Griffith described plans for the continued development of health services to improve quality and ensure sustainability.

AT asked if there had been any opposition at HOSC? MG reported that there was a new Chair of HOSC who was keen to move forward to a more collaborative relationship with the NHS. The Council noted that there would be challenge but this felt positive.

PL reported that engagement in the FFTF was now live and positive feedback had been received so far. The Council noted that an Interim report would be provided in the Business Case going to Trust Board in October.
The Chair thanked MG for the presentation.

RESOLVED: The Council NOTED the update.

| 029/21 | CHAIRS' REPORTS |

People and Organisational Development (OD) Committee (PODC)

AM presented the Chair's report from the June 2021 meeting. PLR noted the update on the Wellbeing Guardian role and asked if these were for all staff or for a particular professional group. DL explained they were for all staff. PL added that the role profile was indistinguishable from an exec role and took away the independent nature of a non-executive.

AT asked for the reasons and background of the move of person-facing staff from Beacon House to Victoria Warehouse. DL clarified that there would still be staff present on site, but that the move would help with visible leadership and teams physically being together.

Finance and Digital Committee
RG presented the Chair's report from the June and July 2021 meetings.

The finance sections were noted to be about the unusual situation of the

year in two halves for financial planning and measurement. At the end of the first half of half one, there was a surplus of £134,000 and the Trust was on target to break even in the first half. The variance analysis the committee received was thorough and showed no issues. For the second half of the year the national directives were yet to be released which was a nationwide situation. RG noted the current challenge around the level of pay awards and how much would be offset by enhanced funding versus demands for cost improvement plans. RG noted the change of concept from cost Improvement Programme (CIP) to Financial Sustainability, and the committee were very encouraged by the way it was being looked at within the Trust. RG noted that the balance sheets and capital spending were reported on comprehensively. The capital budget was in excess of £50 million, a lot of which was associated with the Strategic Site Development. The committee had seen a draft action plan from year end, and were encouraged at the early start of looking into making improvements.

The digital sections focussed on the deployment of the Electronic Patient Record (EPR) into Gloucester ED which had gone well. The Trak Care Laboratory System (TCLE) launch had just taken place and had presented a number of operational challenges; RG explained the Trust was the first in the UK to deploy such software, the exceptional relationship between the clinical and digital teams was noted. The committee was aware of the risk of reliance on digital systems and the resources required for rollout and maintenance. The increasing demand on the team was noted.

AT added that he had asked staff on the ward how they found the EPR and comments were mainly positive; he was impressed at the speed at which things were seen by those in other departments.

Audit and Assurance Committee
CF presented the Chair's report from the July 2021 meeting. Key topics highlighted at the Committee included discussions with other Audit committees from different Trusts. Risk management was discussed and the Committee considered how risks would be managed in the new Integrated Care System (ICS) particularly patient flow throughout different care settings. CF mentioned the external auditor's report which had useful but tough input from auditors, and the committee had requested a more reflective piece to ensure the Trust was on track for future audits, the Charity account and GMS account. There was good input from internal auditors, particularly governance in the surgical division. CF explained there was a continuing piece of work around custody of patients' property which would be discussed at the Committee in September.

PL commended CF and colleagues for investing time in looking at the work of other trust's Audit Committees.

Estates and Facilities Committee
MN presented the Chair's report from the July 2021 meeting. Key topics highlighted at the Committee included an update on the new interim chair of GMS Kaye Law-Fox, and the upcoming review of GMS which would be reported on at the end of the year/early next year. Customer satisfaction was monitored at GMS Board over and above Key

Performance Indicators (KPIs). MN noted the increased number of staff leaving GMS to GHC, but challenge from the NEDs had reassured the Committee that GMS were not currently losing key people or key talent, and the situation would continue to be monitored. KPI's from May were reviewed and an issue of thermometers going out of calibration was recorded on the risk register. Cleaning standards were being met, and the committee was reassured despite audit failings. The Trusts C-difficile reduction plan relied heavily on cleaning and would be monitored.

MN highlighted the increase in violence and aggression cases, from 113 to 318 incidents quarter on quarter which were becoming more complex and serious of which Porters were trained as first responders. Impact on staff was raised and would be picked up next committee meeting. The GMS RAG report was seen for the first time and would be presented at each Committee meeting; it was noted that this was mostly red and amber due to GMS being prudent. The deep dive into risks in March was making progress. The SSD building contractor Kier started on site at the end of July. The committee was reassured that effective project management was in place.

JP asked if the impact on porters' workload from responding to violence and aggression incidents was monitored, and if they were the correct staff members. MN explained the decision was made in a formal review of security arrangements end of last year. DL added that a model of recruiting specific security was looked at but would have meant those staff not having constant work, and assured the CoG that the extra headcount that would have come from separate security advisors had been added into the portering capacity.

AD asked about a lack of mandatory training for staff dealing with patients with mental health conditions attending for physical health. DL assured the Council that this was covered in the statutory compassionate leaders and managing conflict modules and in managing challenging behaviours and de-escalation. DL also assured the CoG that there was a working group currently looking into this.

Quality and Performance Committee
AM presented the Chair's reports from the June 2021 meeting. Key topics highlighted at the Committees included a commendation of the executive tri for quality of papers aiding discussion. A theme of 'how do we know what it feels like for colleagues' particularly for ED and maternity services. The quality delivery group reported on sepsis compliance, and AM commended the group for seeking further assurance. The Cancer annual report was positively received, and the committee wanted to look into how good performance could be sustained. AM noted the Clinical Negligence Scheme for Trusts, and the committee had been tasked by the Board on signing off the evidence for delivery of the 10 safety standards, none of which was presented to the committee, however, a separate meeting was held to better explain the system. AM noted the multiple action plans in Maternity that the Committee required assurance on and were assured that the right plans were in place. Pressure currently on the service and the effect on staff was a priority and a listening event will be held. The committee was reassured that the new deputy chief nurse would be picking up work on self-harm in younger people.

CF presented the Chair's reports from the July 2021 meeting. Key topics highlighted at the Committees included good work around sepsis, the Urgent Care pathway demand impacting on Winter Planning, insights into how patients in planned care were being communicated with, and a superb infection control report. CF noted that the teams initiatives had been commended locally and nationally.

JP asked if the Maternity action plan containing lots of red and amber was a problem, and if the Trust would be welcoming to a CQC inspection. DL explained that there were three action plans; many of the actions were already completed so the majority of actions were now not red or amber. DL recognised that the service wouldn't be considered outstanding to the CQC yet, but continuous improvements were being made, and if the CQC came to inspect, there would be a wealth of evidence of huge progress made. DL also reiterated the improvements extended to staff working conditions, with listening events being scheduled.

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

028/21	NOTICE OF ANNUAL MEMBERS MEETING

SF verbally updated the Council on the formal notice of the Annual members Meeting. SF noted that the team had tried to obtain a physical space but weren't able to due to technology constraints, so the meeting would be held on Youtube and Slido as per last year.

RESOLVED: The Council APPROVED the formal notice.

029/21	UPDATE ON GOVERNOR ELECTIONS

SF updated the Council on upcoming governor elections, noting that nominations had closed the previous week. There were contested seats for Tewksbury, Cotswolds and Cheltenham, but unfortunately no candidates had come forward for the Forest of Dean. Voting would close on the 23rd September. SF would recommend to the Governance and Nominations Committee that another election be called in the autumn for the vacancy in the Forest of Dean.

RESOLVED: The Council NOTED the update for information.

030/21	GOVERNOR'S LOG

The Governors' Log was presented for information. SF thanked Governors who continued to submit questions.

RESOLVED: The Council NOTED the report for information.

030/21	FEEDBACK TO GOVERNORS NEW PROCESS

SF explained that as part of BS's apprenticeship the 'contact a governor' process had been reviewed. A survey was sent out and a new process had been implemented. BS thanked the Governors who got involved.

RESOLVED: The Council NOTED the update for information.

031/21	**ANY OTHER BUSINESS**

The Council noted that TC was finishing as a Trust Governor. PL thanked TC for his time in the role.

PLR asked when Governor visits would be restarting. DL explained that SH was working on a plan, but did not want to be at odds with current visiting restrictions in place. DL noted that virtual visits may be a possibility.

DATE AND TIME OF THE NEXT MEETING

The next meeting of the Council of Governors will take place at 14:30 on Wednesday 20 October 2021.

Signed as a true and accurate record:

Chair
18 August 2021

Council of Governors (Public) – Matters Arising –October 2021

Minute	Action	Owner	Target Date	Update	Status
18 August 2021					
026/21	**CEO report**				
	SF to provide the Governors with information on the Strategic Site Development public engagement events consisting of 2 half-days, the morning at Cheltenham and the afternoon at Gloucester on the 8th September	**SF**	October 2021	Information was sent out to Governors.	**CLOSED**

COUNCIL OF GOVERNORS - OCTOBER 2021
CHIEF EXECUTIVE OFFICER'S REPORT

Operational Context

1.1 Operationally, the Trust remains extremely busy with activity in urgent and emergency care more redolent of winter months. The expected surge of the paediatric respiratory illness Respiratory Syncytial Virus (RSV) has not manifested as feared, with very few children requiring hospital care although plans to respond to an increase remain in hand. Regionally, neonatal and maternity services are also under considerable pressure and this picture is replicated locally with the Trust supporting a number of tertiary neonatal units through the provision of mutual aid in the form of early step down and maternity services currently managing a peak in births.

1.2 Despite the efforts of many, including our system partners, the numbers of patients whose discharge from hospital is delayed has risen significantly in the last month and this is making improvements in flow, and thus A&E waiting times, very difficult to achieve as well as not reflecting the optimal experience for our patients and their families. One of the key constraints impacting on the ability of the system to support discharge is the provision of domiciliary home care. Like other sectors that rely on European workers and are characterised by low wages and sometimes poor working terms and conditions. Our Local Authority partners have the lead for manging this aspect of the care sector and are working closely with care providers and NHS partners to explore opportunities to improve the current situation, with an early focus on retention and managing the impact of the mandatory vaccination legislation which will affect care home providers from 10th November 2021.

1.3 Positively however, in the face of these pressures, elective activity levels remain very strong with the Trust continuing to outperform most other systems both with respect to activity volumes and the numbers of long waiting patients. This is testament to strong performance during the pandemic period and the continued hard work and commitment of staff across the organisation. There has been a small increase in the number of cancer patients waiting more than 62 days from referral to first treatment and all teams continue to prioritise this group of patients; relative to other Trusts and systems, Gloucestershire cancer performance remains one of the best. Thanks to the efforts of many, there have been no cancellations of cancer patients.

1.4 In the four weeks since my last report, community rates of COVID-19 continue to fall slowly overall and currently stand at 168.9 per 100,000 population, compared to 320 cases per 100,000 last month. However, rates in the vaccinated population continue to decline with the greatest prevalence now in the largely unvaccinated 10-14 years age group. The Gloucestershire position remains better than the South West average.

1.5 The County's COVID booster programme is underway and more than 2,250 staff already having had their booster and a similarly positive uptake in the

wider population. The booster is available to all those in priority groups 1-9 including health and care staff, six months after their second vaccination.

1.6 Positively, the numbers of patients with COVID, in our hospitals, remains low and is plateaued in a range of 18-24 patients and at one time, and with no more than four requiring critical care at any one time. Our local picture adds to the increasingly strong evidence that the vaccination programme is limiting transmission but most importantly has significantly weakened the all-important link between the virus and the severity of the disease and thus requirement for hospitalisation and associated mortality. Currently, those admitted reflect a younger cohort of patients than in surge 2 (49 years on average compared to 66 years in the second surge) and more than 85% have had no or just one vaccine.

2   Key Highlights

2.1 Since my last report the NHS has received the national Operational Planning Guidance for the second half of 2021/22. The guidance restates the six priorities described in the March 2021 annual guidance, although it is clear that elective recovery is currently being positioned as one of the most important priorities for the second half of the year. The priorities are
- Supporting the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate restoration of elective and cancer care and manage increasing demand on mental health services
- Extending primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care (UEC) to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

2.2 With respect to elective recovery, there are a number of new national milestones which all providers are expected to deliver which are:
- Eliminate waits of over 104 weeks by March 2022, except where patients choose to wait longer
- Hold or, where possible, reduce the number of patients waiting over 52 weeks
- Stabilise total waiting lists around the level seen at the end of September 2021
- Return the number of people waiting for longer than 62 days to the level seen in February 2020 i.e. pre-pandemic levels, by March 2022.
- Meet the Faster Diagnosis Standard (FDS) from Quarter 3 2021/22 thus ensuring that 75% of patients will have cancer ruled out or diagnosed within 28 days of referral for diagnostic testing.

Alongside these milestones providers are expected to deliver all of the *Elective High-Impact Changes and Transformation Opportunities* set out in the Annual Planning Guidance 2021/22. All of these form part of the Trust's approach to elective recovery.

2.3   Following the Board on the 9 September, the Executive Team (and other colleagues) alongside independent consultants DWC who led and hosted the *Big Conversation* have hosted a series of events to share the findings from DWC's work and to ensure that the dialogue between the senior team and front line staff continues. These events have been hugely positive both in respect of the findings and proposed actions but also heard from many colleagues that they feel that "things are changing". They pointed to an increase in the number of Band 6 and 7 appointments in nursing as especially positive and welcome.

2.4   This month is Black History Month and the Trust is taking the opportunity to recognise and celebrate Black colleagues and their heritage and achievements. The month will include offering coaching sessions for colleagues from an ethnic minority, our restaurants will be offering an African and Caribbean menu on the 26th October and we will be supporting the development of a Menu of Memories Recipe Booklet which will capture Black colleagues favourite African and Caribbean recipes. We will also be continuing last year's literary theme with *Desert Island Books* through which we are asking colleagues to share their favourite books by Black authors and to encourage staff to read these books. Finally, we are supporting the event being organised by the local Police Constabulary which will hear from renowned author David Olusuga who will address the audience under the title *Undaunted by Struggle, Inspired by Hope.* Details of all of this are available on the Trust Intranet.

2.5   This month we are also promoting our "speaking up" culture as part of national *Freedom To Speak Up* month and this will be a focus of this month's Board story. The number of guardians in the Trust has now increased to seven with recruitment for more underway; we have an increasingly diverse group of guardians from different professional groups with different personal characteristics. We have also agreed that in keeping with our approach to other guardians, the FSUP Guardian will also report directly to the Board.

2.6   In keeping with the Trust's commitment to our *Compassionate Culture* and the Compassionate Leadership framework of *Listening ; Understanding ; Empathising ; Acting,* members of the Board and Women's and Children's Leadership Team undertook three "listening events" in the second half of September. These events were hugely valuable and has resulted in a series of "you said : we did" responses to the issues raised in these events. It was very clear that many of the issues raised by midwives and doctors in the service have their origins in the current staffing challenges (which are being addressed) but we were also able to identify a good number of issues which are already being addressed and will improve the work load pressures being faced by the service. The service leadership team is now looking at how they can ensure these two-way feedback mechanisms are embedded into "business as usual" models.

2.7   The development of Integrated Care Systems (ICS) continues to gather momentum and this month with the closing date for the Accountable Officer recruitment and the publication of model role profiles for other Board level roles including the statutory roles of Chief Nurse, Chief Medical Officer and Chief Finance Officer. Work is now underway to develop the ICS Constitution which is expected to be agreed by the end of the calendar year, work on the

vision and priorities for the "new" ICS is now underway as well as work to scope the key milestones that will require input or approval from partner organisations so that these can be programmed into our own work planners.

2.8 This month (after an initial unavoidable postponement) we will be delivering our Annual Members Meeting which, alongside our statutory pieces, will be show casing some of the innovation and developments that the Trust has achieved in the last year as part of the developments of our two *Centres of Excellence.* As last year, the event will be virtual and I am hopeful we will secure the same level of interest as previously.

2.9 Celebrating success remains a core ingredient to our approach to valuing people and I am delighted that three of our teams were recognised and secured four national awards this month. In this year's British Medical Journal Awards, our MERIT Team won Anaesthesia and Peri-operative Team of the Year, our Respiratory High Care service was highly commended and our work on reducing surgical site infection PreciSSIon (delivered in partnership with the Academic Health Science Network) won the Infection Control Award. PreciSSion also won Quality Improvement Team of the year in the Health Service Journal Patient Safety Awards.

Deborah Lee
Chief Executive Officer

7th October 2021

NHS
Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS – OCTOBER 2021

Report Title
Patient Experience Annual Report 2020/21

Sponsor and Author(s)
Author: Katie Parker-Roberts, Head of Quality and Freedom to Speak Up Guardian Sponsor: Steve Hams, Director of Quality and Chief Nurse

Executive Summary
Purpose This paper represents an annual report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in 2020/21. As part of this report, we review what our patients have told us in the past year about their experiences of services in our Trust, and look forward to what we plan for 2021/22. Our ratified Quality Strategy outlines a clear approach to ensuring we have robust systems and processes in place to gather and analyse patient experience data, and involve patients, colleagues and communities in a cycle of continuous improvement. The Quality Strategy was approved by the Quality and Performance Committee in October 2019. The strategy outlines our approach to delivering Outstanding across the Trust and this is through the Insight, Involvement and Improvement model: · Improve our understanding of patient experience by drawing insight from multiple sources (**Insight)** · Equip patients, staff and partners with the opportunity to co-design with us to improve (**Involvement**) · Design and support programmes that deliver effective and sustainable change (**Improvement**) **Review of 2020/21** Overall, our patients report a mostly positive experience of our services, with 91.8% of patients recommending our services through the Friends and Family Test (FFT), up from 91% over the last three years. Some of this change has been due to the impact of the pandemic, with less patients in our hospital for large periods in the year, and a different relationship between the NHS and public during the peak of the pandemic. While this provides reassurance that we get it right for the majority, 9% of our patients are consistently not receiving a positive experience, and this has certainly been the case as we start our recovery journey. Through FFT and PALS, patients are reporting concerns about wait times, cancelled appointments and communication, and these are the areas that will continue to be a focus for us as a Trust over the coming year. Due to Covid our National Surveys for 2020/21 have all been delayed, meaning we won't get any results until 2021/22. We did receive the National Cancer Patient Experience Survey in September 2020, which showed the most positive scores that we have ever had as a Trust. Despite the challenges that Covid has posed, teams have continued to drive forward changes in patient experience, and have adapted to work in new ways. In addition to our FFT programme, we have run a number of local surveys to support developing new models of care, to inform our strategic site development, and to get further insight into patient experience. Our patient experience team developed a patient support

service in a number of days, offering a seven day service that included:

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

The teams worked closely with divisions to highlight areas from improvement, and a number of pilot projects were undertaken focussed on improving communication with relatives, as well as in depth thematic reviews for Urgent and Emergency Care. This report shares the extensive work being led by the teams to improve patient experience in our emergency department, as well as plans still underway.

Looking forward to 2021/22

The impact of Covid will be felt by our patients, carers and relatives for a long time to come; our teams have a number of priority areas of focus for the coming year for improving experience of patients in out care. This includes:

- Introducing a new Patient Experience Manager role to support the development of our patient experiences service, including closer working with divisions and further enhancing our patient experience improvement work with GSQIA
- Introducing new volunteer roles that work closely with PALS and divisional teams to focus on improving communication and experience for our inpatients
- Working closely with divisional and corporate teams to review and improve our property management and how we minimize lost property in our hospitals
- Working with teams across the hospital and our hospital reflections group with carers to look at how we can continue to develop our offer to carers of patients in our hospital
- Reviewing our National Survey programmes for 2020 and working with divisional teams to develop local plans reviewed within division and through executive review/Quality Delivery Group
- Developing our PALS service to include more outreach with community services, particularly focused on engaging ethnic minority communities in understanding who PALS are and how they can support with resolving concerns
- Patient Experience team will support the development of Patient Experience Groups in divisions, providing insight and data as well as coaching support for QI projects
- The Maternity services team are developing a SOP for how they work with the Maternity Voices Partnership, and are planning a co-designed patient experience improvement plan with colleagues, the MVP and women who have used services to identify key areas for improvement
- Developing sessions led by the patient experience team to support greater engagement with divisions about the experience data available and how to lead experience improvement projects
- Work will be happening across the system to respond to the system wide Healthwatch Gloucestershire report looking at experience of discharge in Gloucestershire
- There are plans to launch a personalised care council, utilising the Pathway to Excellence approach, bringing together colleagues across the Trust to support the implementation of the Patient Safety Framework, and agree future projects and priorities for a personalized care programme
- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work
- A full Hearing Audit is in progress across all of our sites, to review how we support patients with a hearing impairment when accessing our services, and making a number of recommendations for improvement

✓ Our cancer teams are running a number of focus groups to co-design a new prehabilitation service for patients across a number of cancer pathways	

Recommendations

The report is being shared for information and assurance.

Impact Upon Strategic Objectives

Patient experience is a key measure for delivering our Outstanding Care objective.

Impact Upon Corporate Risks

Patient experience data can carry reputational risk

Regulatory and/or Legal Implications

Experience is used as a measure of quality by CQC, and reported nationally by NHSE/I

Equality & Patient Impact

By focussing on improving patient experience across services we aim to make our services accessible and offer the best outcomes for all

Resource Implications

Finance	X	Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required

For Decision		For Assurance	X	For Approval		For Information	X

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

Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
				August 2021			

Outcome of discussion when presented to previous Committees/TLT

APPROVED.

Patient Experience Annual Report 2020-21

Our Covid Response

Contents

1

Introduction

This paper represents an annual report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in 2020/21. As part of this report, we review what our patients have told us in the past year about their experiences of services in our Trust, and look forward to what we plan for 2021/22.

Our ratified Quality Strategy outlines a clear approach to ensuring we have robust systems and processes in place to gather and analyse patient experience data, and involve patients, colleagues and communities in a cycle of continuous improvement. The Quality Strategy was approved by the Quality and Performance Committee in October 2019.

The strategy outlines our approach to delivering Outstanding across the Trust and this is through the Insight, Involvement and Improvement model:

- Improve our understanding of patient experience by drawing insight from multiple sources (**Insight)**
- Equip patients, staff and partners with the opportunity to co-design with us to improve (**Involvement**)
- Design and support programmes that deliver effective and sustainable change (**Improvement**)

Review of 2020/21

Overall, our patients report a mostly positive experience of our services, with 91.8% of patients recommending our services through the Friends and Family Test (FFT), up from 91% over the last three years. Some of this change has been due to the impact of the pandemic, with less patients in our hospital for large periods in the year, and a different relationship between the NHS and public during the peak of the pandemic.

While this provides reassurance that we get it right for the majority, 9% of our patients are consistently not receiving a positive experience, and this has certainly been the case as we start our recovery journey. Through FFT and PALS, patients are reporting concerns about wait times, cancelled appointments and communication, and these are the areas that will continue to be a focus for us as a Trust over the coming year.

Due to Covid our National Surveys for 2020/21 have all been delayed, meaning we won't get any results until 2021/22. We did receive the National Cancer Patient Experience Survey in September 2020, which showed the most positive scores that we have ever had as a Trust.

Despite the challenges that Covid has posed, teams have continued to drive forward changes in patient experience, and have adapted to work in new ways. In addition to our FFT programme, we have run a number of local surveys to support developing new models of care, to inform our strategic site development, and to get further insight into patient experience. Our patient experience team developed a patient support service in a number of days, offering a seven day service that included:

- our PALS function, offering advice and managing concerns;
- a telephone helpline for relatives and carers to ring to help take the volume of calls away from the wards while providing reassurance to families;
- supporting virtual visiting and the management of iPads on wards;

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- acting as a central team for letters, photos and messages for patients, that can be printed and delivered to the wards;
- created a team manned by volunteers who manage belongings drop off for patients in our hospitals;

The teams worked closely with divisions to highlight areas from improvement, and a number of pilot projects were undertaken focussed on improving communication with relatives, as well as in depth thematic reviews for Urgent and Emergency Care. This report shares the extensive work being led by the teams to improve patient experience in our emergency department, as well as plans still underway.

Looking forward to 2021/22

The impact of Covid will be felt by our patients, carers and relatives for a long time to come; our teams have a number of priority areas of focus for the coming year for improving experience of patients in out care. This includes:

- Introducing a new Patient Experience Manager role to support the development of our patient experiences service, including closer working with divisions and further enhancing our patient experience improvement work with GSQIA
- Introducing new volunteer roles that work closely with PALS and divisional teams to focus on improving communication and experience for our inpatients
- Working closely with divisional and corporate teams to review and improve our property management and how we minimize lost property in our hospitals
- Working with teams across the hospital and our hospital reflections group with carers to look at how we can continue to develop our offer to carers of patients in our hospital
- Reviewing our National Survey programmes for 2020 and working with divisional teams to develop local plans reviewed within division and through executive review/Quality Delivery Group
- Developing our PALS service to include more outreach with community services, particularly focused on engaging ethnic minority communities in understanding who PALS are and how they can support with resolving concerns
- Patient Experience team will support the development of Patient Experience Groups in divisions, providing insight and data as well as coaching support for QI projects
- The Maternity services team are developing a SOP for how they work with the Maternity Voices Partnership, and are planning a co-designed patient experience improvement plan with colleagues, the MVP and women who have used services to identify key areas for improvement
- Developing sessions led by the patient experience team to support greater engagement with divisions about the experience data available and how to lead experience improvement projects
- Work will be happening across the system to respond to the system wide Healthwatch Gloucestershire report looking at experience of discharge in Gloucestershire
- There are plans to launch a personalised care council, utilising the Pathway to Excellence approach, bringing together colleagues across the Trust to support the implementation of the Patient Safety Framework, and agree future projects and priorities for a personalized care programme

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- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work
- A full Hearing Audit is in progress across all of our sites, to review how we support patients with a hearing impairment when accessing our services, and making a number of recommendations for improvement
- Our cancer teams are running a number of focus groups to co-design a new pre-hab service for patients across a number of cancer pathways

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Our Covid Response – Developing a Patient Support Service

In the last 12 months, the factors that have shaped our adult inpatient experience have changed significantly due to the pandemic. Of particular concern for our inpatients and relatives was the introduction of visiting restrictions, which meant relatives were often unable to get through to our patients and wards due to the volume of calls being put through to the wards at this time.

As with other services, our Patient Experience team needed to adapt during the pandemic to better support our patients, relatives and colleagues across the hospitals Not being able to have regular contact with family and friends has a huge impact on patient experience, and so the patient experience team were reconfigured into the Patient Support Service, to support patients, relatives, families, carers and staff during this pandemic, offering a seven day service. This included:

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

Since the service was set up on 3 April, we have taken 6800 calls, delivered over 1100 messages, letters and photos to patients on our wards, and collected over 4500 belongings from relatives unable to visit our patients. The belongings service has been staffed by volunteers at both sites, and has proved extremely popular and was available 7 days a week. The graph below shows the significant increase in calls that the Patient Support Service have handled in 2020/21:

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Fig One: Numbers of calls received by PALS team by quarter

The graph above shows the huge increase in calls received by the PALS team, which included calls from relatives who could not visit, as well as concerns and enquiries from patients and relatives about their care. Alongside this increase in calls, the teams introduced a virtual PALS service, offering video appointments with relatives while we have no visiting on our sites, and this will continue to be developed and offered to patients and relatives as part of our recovery plans.

In 2020/21, in addition to the calls for the Patient Support Service and handling the letters, messages and photos for patients, the PALS team have received 2394 concerns, 865 enquiries and 827 compliments, compared to 2294, 882 and 793 respectively in 2019/20.

We try to deal with all concerns within 5 working days. By dealing with concerns quickly and appropriately, we aim to ensure that less than 5% of all concerns transfer to the formal complaint process. During 2020/21 PALS referred 2.8% of concerns to complaints – an improvement from 2.92% in the previous year. The graph below shows the increase in concerns for inpatient and emergency department services this year, and a reduction in the number of concerns related to outpatient services. This correlates with our FFT feedback, with outpatient services being consistently above 94% positive response, highlighting how a new model integrating remote and telephone consultations has been beneficial for a number of patients accessing outpatient services.
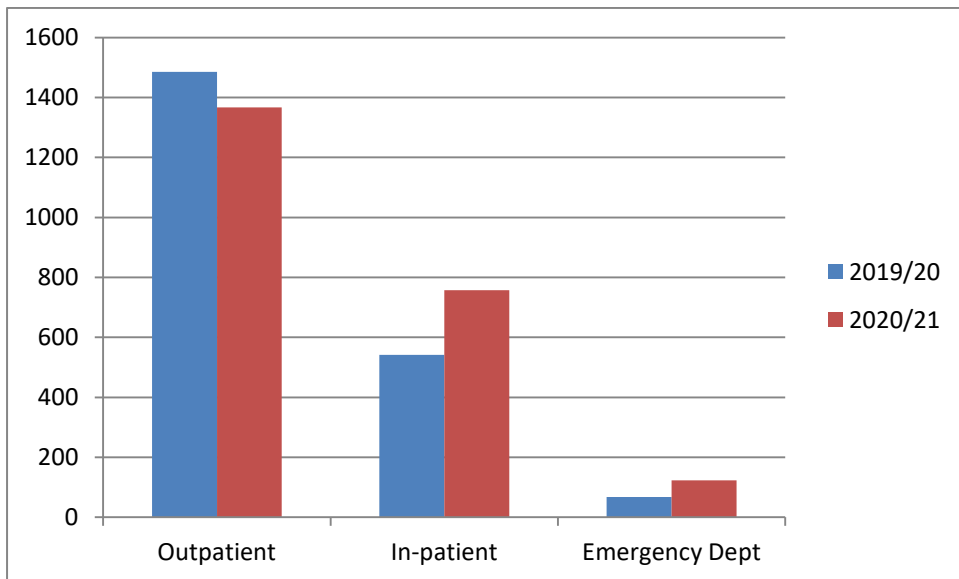
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Fig Two: Numbers of calls received by PALS team by area in 2020/21

The following graphs show the breakdown of concerns by division for the year. Medicine has the largest number of concerns, but this is also where a lot of the operational pressure was felt during covid, including inpatient and urgent care. The concerns reported under corporate section relates to the number of letters that were sent in the first wave to patients who were on waiting lists to reassure them that they had not been forgotten and apologising for the delays. All 76 calls were logged in one day. A lot of patients misread this letter and thought that appointments that they already had were being cancelled. The PALS team worked with the divisional leads to revise the letter before further batches were sent out to teams, which has reduced the number of calls PALS have received.
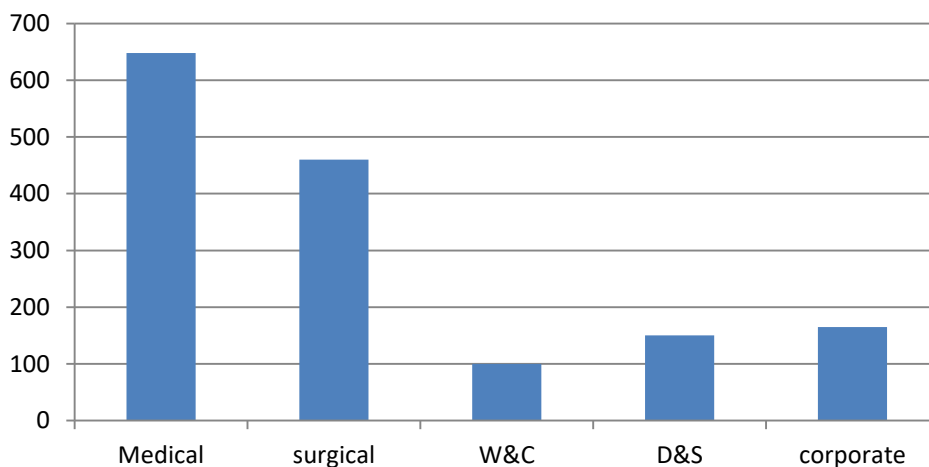
number of concerns by division

Fig Three: Numbers of concerns received by PALS team by division in 2020/21

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The table below shows the ten most common themes in the last twelve months and the number of concerns by division in each of these themes:

	Medical	Surgical	W&C	D&S	Corporate
Communication with patient	125	117	24	58	19
Communication with relatives/carers	229	51	12	12	8
Appointment - availability (inc urgent)	63	88	17	37	5
Commercial decisions	6	3	9	5	127
Delay or failure in treatment or procedure	33	90	11	6	0
Loss property	88	27	2	8	1
Appointment - failure to provide follow-up	23	46	2	5	3
Referral - Failure	12	22	15	10	0
Discharge Arrangements	35	10	1	7	2
Failure to provide adequate care	34	6	7	2	0

Table One: Themes of concerns received in 2020/21 by division

During pandemic and with visiting restriction, communication became the main reason for concerns in almost every division. It has proven difficult for wards to manage the expectations of relatives and the amount of information that they wanted to have, with staffing challenges and managing new ways fo working. The problem was compounded by the number of ward clerks who were unable to work which put additional pressure on ward staff to answer the phones which rang constantly.

The PALS team have worked with divisional colleagues throughout the year to raise these concerns and to support trialling new ways of working. The Emergency Department introduced dedicated resource to call relatives when patients arrived which significantly reduced the number of concerns coming through to PALS, and the ward teams have piloted different approaches to improving communication, including purchasing of additional mobile phones.

The PALS team are also looking at volunteer roles that can be introduced to help support video calling or telephone calling with patients and relatives, to help support ward staff.

New Covid-19 volunteer roles

As well as maintaining a service at our welcome desks, volunteers were asked to support roles specifically required due to the pandemic.

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- *Patient Belongings* – due to no visiting for patients we needed to offer the ability to get the belongings of our patients to them. A process was written and whether admitted as an emergency or long-stay patients volunteers receive, record and deliver patient belongings 7 days a week on both main hospital sites. Whilst slow to start the service quickly grew and to date volunteers have delivered over 4,500 parcels to patients. We have had some excellent feedback from relatives who are very grateful to be able to get personal items to their loved ones at this especially difficult time

- *Boost boxes* – volunteers have played a key role in assisting the Trust with the making up of and distribution of boost boxes and welfare bags for busy staff.

- *Admin support, Microbiology* – one of the first roles a volunteer was asked to support at the outbreak of the pandemic was supporting our Microbiology team with admin tasks due to a spiked increase in their workload. One of our volunteers supports this team Monday to Friday for 4 hours each day. Staff members say *"Helen has performed stock takes for feedback to the national teams, undertaken various tasks that ensure the continued safety of all staff working in the COVID section, such as environmental swabbing and airflow monitoring of the safety cabinet and has managed the recording of quality control material. Primarily however, Helen has proven invaluable in her help with the management of clinical data, from collating results to the provision of databases and graphical analysis of the data which has helped us steer possible improvements to the quality of the service we are providing."*

- *DCC* – we recruited a recently retired nurse to support staff in DCC on a voluntary basis. This volunteer undertook non-clinical tasks three shifts per week to make life as comfortable as possible for staff in this area, especially during the peak of the crisis.

- *Vaccination Centre support* - We are proud that our volunteers supported Gloucestershire's efforts at rolling out the Covid-19 vaccine to healthcare staff across the county. We quickly responded to our Trust's request for volunteer support in our vaccination hub based in REC. A total of 16 volunteers were re-deployed (one newly recruited) into the hub where we offered additional support 12 hours per day, 7 days a week. Volunteers undertake a variety of roles including assisting with queue management, the booking in process, managing stocks of PPE and other equipment, making up information booklets, other admin tasks and helping with the telephone calls for appointments. They have been incredibly flexible to the needs of this particular service and very much appreciated by the team.

Friends and Family Test data

During the pandemic, we suspended all Real-time and paper surveys, including the FFT postcards, due to an increased infection control risk. Reporting of FFT data to NHSE/NHSI was also suspended from March onwards, as many organisations collect their FFT data using paper cards. We made a decision as a Trust to continue to monitor our FFT feedback, as we run our

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surveys electronically, and could continue to use this as a Quality measure of our services during Covid.

With the go-ahead from Infection Control, we resumed paper and postcard surveys from June 2020. We have started to reintroduce local surveys in areas to support gaining greater insights. The graphs below provide headline summaries of our FFT scores in 2020/21:

Date: (All)		**Site:** (All)	
Division: (All)		**Care Type:** (All)	
Ward/area: (All)		**Specialty:** (All)	

Question 1: Overall, how was your experience of our service?

| Answers	Responses
Very good	59,136
Good	12,083
Neither good nor poor	2,473
Poor	1,540
Very poor	1,763
Don't know	591
Total	**77,586**
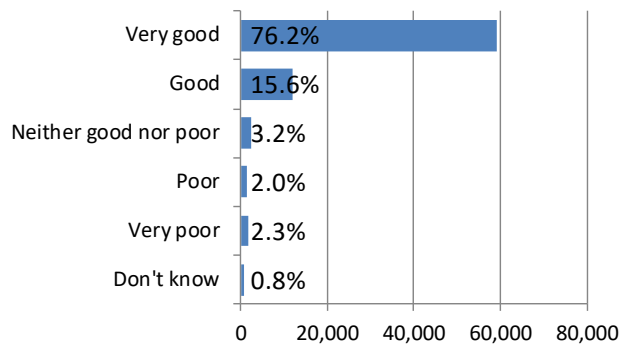
Question 1: Positive score trend

The below chart shows the the percentage of positive feedback (very good + good) responses received each month
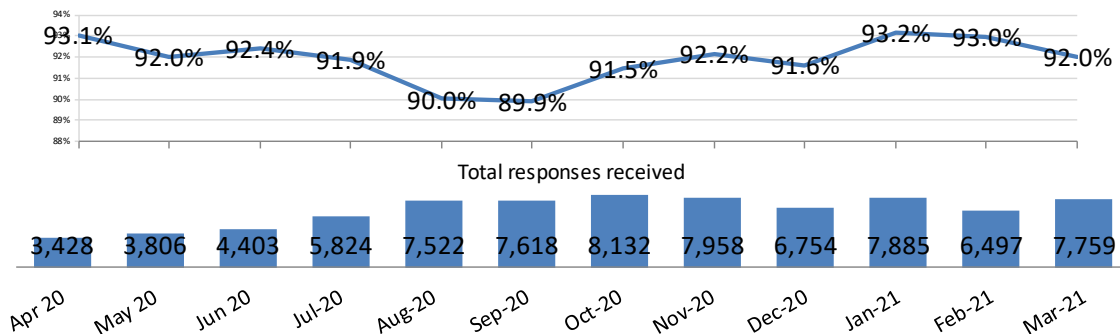
Question 2: Can you please tell us why you gave that response?

Comments received	
Positive	39,404
Neutral	1,562
Negative	2,132
Total	**43,098**
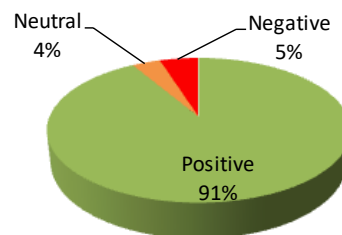
There were 77,586 FFT responses in total throughout 20/21, and 43,098 free text comments. The overall percentage of positive responses for the year was 91.8%.

- The average number of responses received each month was 6,466

- Over half (57%) of feedback was for GRH

- Just under 3 quarters (72%) of responses were for outpatient services

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- The Medical division received the largest share of feedback, accounting for 42%. Surgical accounted for 39%.

National reporting for the FFT is divided into 4 main care types;

1. **Unscheduled care** – includes Gloucester ED and Cheltenham Minor injury unit
2. **Inpatients** – includes all inpatient and day cases
3. **Outpatients** – includes all outpatient services
4. **Maternity** – this is reported on at 4 separate touchpoints; Antenatal, Birth, Postnatal ward, and postnatal community.

Care type		Q1	Q2	Q3	Q4	2020/21 Total
Unscheduled care	Total Responses	1,875	2,653	1,733	2,085	8,346
	Positive score	87.3%	77.3%	78.9%	83.2%	81.3%
Inpatients & Day cases	Total Responses	1,907	3,095	2,875	3,404	11,281
	Positive score	91.9%	87.7%	86.2%	89.7%	88.6%
Outpatients	Total Responses	7,460	14,822	17,767	16,124	56,173
	Positive score	93.8%	93.4%	94.1%	94.6%	94.0%
Maternity	Total Responses	251	347	222	270	1,090
	Positive score	96.0%	92.5%	87.4%	92.6%	92.3%
Other*	Total Responses	144	47	247	258	696
	Positive score	91.0%	93.6%	82.6%	89.5%	87.6%
Trust Total Responses		11,637	20,964	22,844	22,141	77,586
Trust Positive score		92.5%	90.5%	91.8%	92.7%	91.8%
Overall Trust Positive score (Quarterly)		**92.5%**	**90.5%**	**91.8%**	**92.7%**	**91.8%**

*Other includes generic postcards, late or unmapped responses, and other non specific feedback

Table Two: Gloucestershire Hospitals FFT Total Responses & Positive score – Quarterly Data

Quarter Two saw the biggest decrease in overall score, with August 2020 showing an overall score of 90% and September an overall score of 89.9%. This coincides with a peak in PALS concerns being raised, as patient and communities expectations of services resuming after the first wave reached a peak, with services not yet able to fully recover.

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The chart below shows the key themes emerging from the feedback received; the majority of negative comments received relate to waiting and pain; these themes were mostly found in the unscheduled care feedback, and have been reviewed in more depth in a thematic review carried out in the year. Further details of this can be seen later in the report.
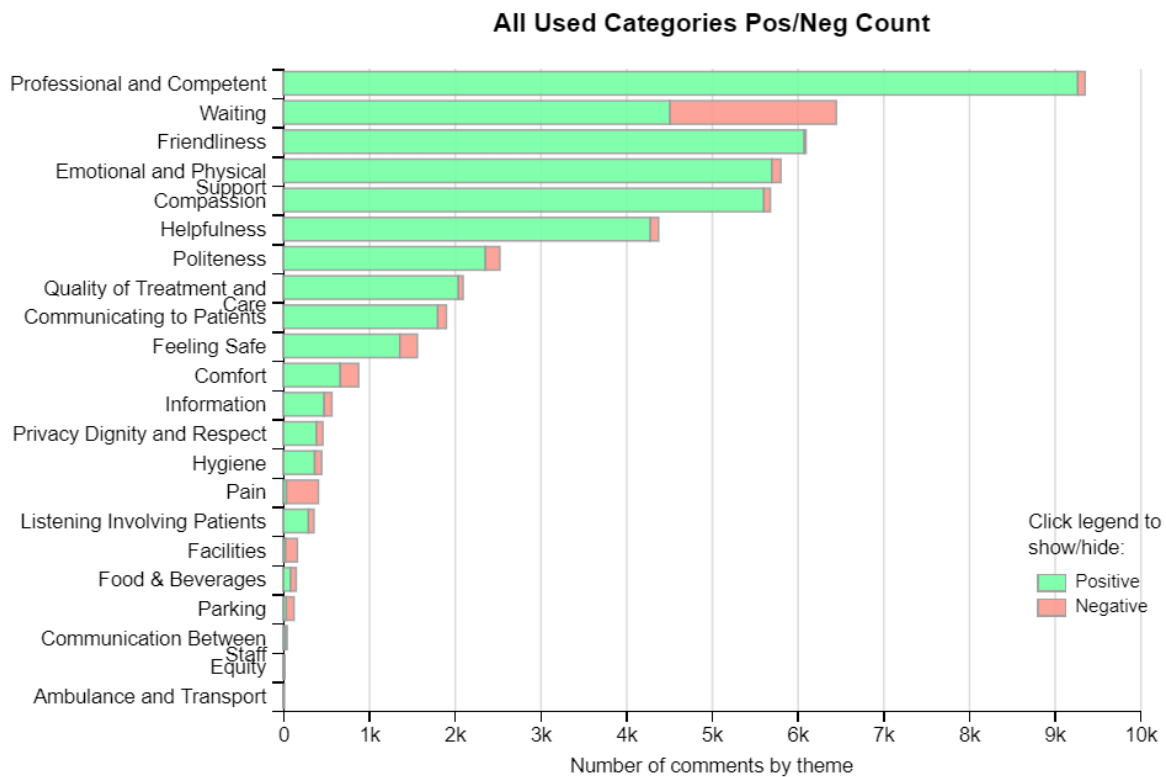
Fig Four: Themes of comments received through Friends and Family Test surveys

The graph below shows the trends for the FFT positive score across each of the four key surveys, as well as a line for the overall Trust Positive score. Unscheduled care showed the greatest variation in experience throughout the year, and a more in depth review has been undertaken which can be seen further on in the report.

Fig Five: Trend lines for Friends and Family Test surveys 2020/21

Urgent and Emergency Care – FFT experiences thematic review

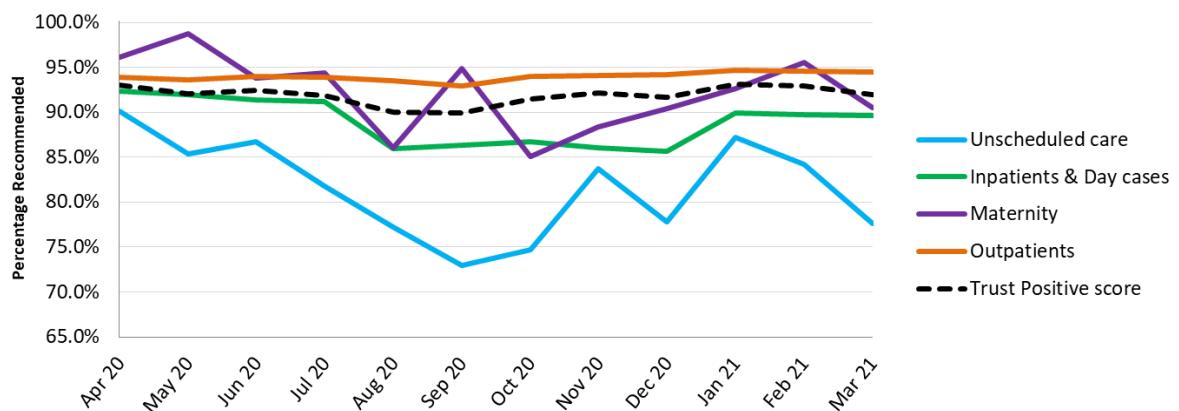The graph below shows the Friends and Family Test score for our urgent and emergency care services in 2020/21, and also the 2019/20 score trend line for comparison. The graph highlights the impact of the pandemic and the variability of experience throughout the year; in 2020/21, patients reported a more positive experience at the height of wave one and during the second surge, and a more negative experience in the period between the two waves.
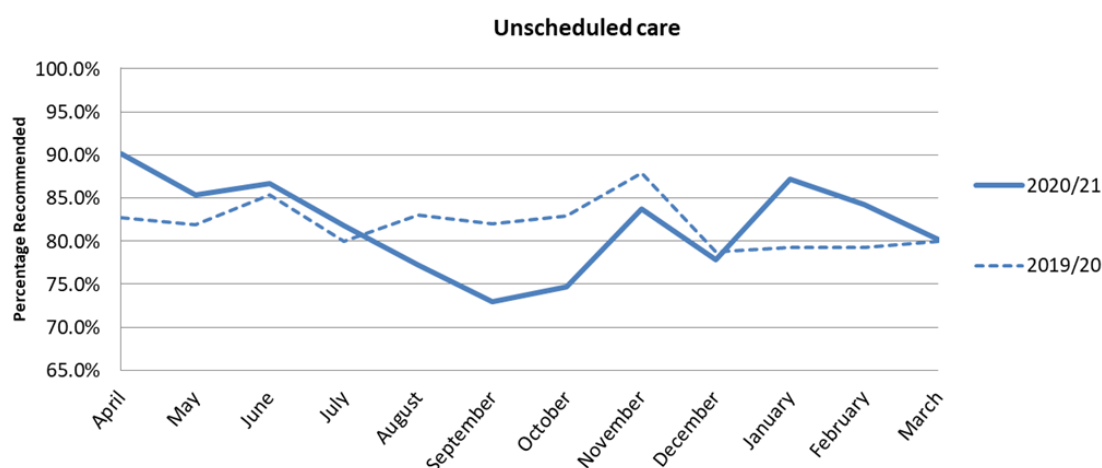

Fig Six: Trend lines for Unscheduled Care (ED) Friends and Family Test surveys in 2019/20 and 2020/21

Thematic reviews were undertaken, to better understand the experiences of our patients, from August 2020 to January 2021 at Gloucester Royal Emergency Department. We focussed on Gloucester, as during this time Cheltenham Emergency Department was operating as a Minor Injury Unit as part of our temporary service reconfiguration.

For the Period August 2020 – January 2021, Gloucestershire Royal Hospital received 3,109 FFT responses in total and 2,267 free text comments left. A total of 2,053 comments - 91% of all comments - were analysed and themed for this report. The remaining comments left did not fit in to the main theme categories, but were still shared with teams,

The majority of comments contained very positive remarks, and complimented staff and the NHS for their care and treatment.

The key themes that emerged from this work were:

- **Waiting** – this was divided into 2 themes; either long waits/overall time spent in ED, or seen quickly/not too long a wait overall. If a comment indicated a quick response in triage but then a long wait for results or in MIU then this would be listed as long wait overall. Similarly, if a comment suggested a very long wait for triage but once seen OK, this would still be listed as long wait overall.

- **Staff** – this category identifies all comments made about staff attitudes or helpfulness. The vast majority of comments refer to staff as professional, kind, caring, helpful and

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polite. There are a number comments that indicate the majority of staff were good, however may have been let down by some or one staff member in particular.

- **Communication** – this category identifies all comments that referred to communication in one form or another. This may be as simple as being kept informed of wait times, or having their problem well explained. Other comments made reference to some sort of miscommunication, or lack of information regarding the problem or illness. Others inferred a general lack of update or explanation of what was to happen next. Also some mentioned concerns over long periods of time with no contact or any communication with staff.

- **Cleanliness** – this is split between Covid related precautions and general cleanliness.

- **Processes** – many comments referenced or inferred confusion and misunderstanding of general procedures. Many comments were concerned with their initial referral or reason for attending ED or being bounced between care centres. Others had issues with administration or internal process. Some indicated a perceived lack of coordination or organisation.

- **Clinical Care** – the majority of patients who left comments stated how well cared for they were or that they received an excellent service. Some comments however were identified where the patient felt the problem they attended ED for was not properly assessed. Identifying either a lack treatment or insufficient examination. Other comments mentioned missed medications, incorrect diagnosis, or that the problem was not solved.

- **Emotional Support** – this category was used to identify patients that indicated they were well supported or felt "reassured" by staff while in ED. There were also a number of comments that suggested a lack of emotional support, or in some cases a feeling that they were forgotten, or that they were wasting staff time. Others mention a feeling that no one cared and they shouldn't be there. There were also a few comments regarding mental illness and awareness.

- **Physical Help** – comments in this category identified patients that felt they needed additional physical support due to their injury or illness, in particular when moving from one part of the hospital to another – e.g. Ed to Xray or MIU. This category was also used to identify any comments made about a lack of pain relief.

- **Environment** – a lot patients mentioned how busy or overcrowded the ED was. It should be noted that this did not correlate to an overall negative rating however. The majority of patients who mentioned how busy the department came across as appreciative and understanding of staff working under difficult conditions. There were some comments made that suggested an unsafe environment or that they felt scared while in the ED. It was also noted in this category that many patients felt the ED was a very impersonal environment and lacked privacy either when checking at reception or that they were examined in public areas.

- **NHS pressures** – there were a lot of remarks about general "NHS pressures" and or a lack of government funding. Generally patients are sympathetic to the pressures that staff are under, and are perceived to be overworked and understaffed.

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- **Facilities** – used to identify comments about space or comfort in the waiting area. Poor toilet facilities, access, and signage. There were a number of comments regarding patients getting lost or having to find their own way from one part of the hospital to another.

- **Food and drink** – some patients also mentioned a problem with access to food and drink while waiting.

As well as undertaking the thematic reviews, in September we changed the format of the FFT in ED from a "question and answer" style text message to a broadcast message. This allowed the questionnaire to be extended in order to ask additional questions alongside the main FFT question. The main focus of this was to monitor how Covid was affecting patient's experiences while in ED. We also introduced some questions in February to assess how well the department was working with the NHS Think 111 initiate which is able to book patients in to ED directly in attempt to reduce wait times.

These themes were used by the urgent care leadership team to develop a patient experience improvement plan, which will continue into 2021/22. This plan is regularly updated and reviewed at the Trust Quality Delivery Group. Some progress has already been made in 2020/21, including:

- Launch of 3 Little Big Things campaign, focussed on pain relief, Comfort and Hydration
- Regular meals being provided to patients in emergency department
- Recruited volunteer roles to support the team with refreshments, hydration, helping with stocking of equipment, administration and welcoming patients
- Screens in waiting areas have been installed providing information for patients to keep them updated and better manage expectations
- Mobile phones have been purchased for staff to contact family members and provide more regular updates
- Using clear masks to improve communication between staff and patients with hearing loss/impairments
- Developed transfer cards for patients when leaving department and going to the ward, including PALS details, visiting times for each ward, key telephone numbers which can be shared with relatives

Maternity extended FFT questionnaire
The Maternity extended FFT questionnaire is also under review with the potential to help monitor the Continuity of Carer programme, by differentiating the experiences of women who have been part of this programme. This is in its initial phases and being developed with key partners including Maternity Voices Partnership.

Maternity feedback is further divided is to 4 touchpoints – antenatal, birth, postnatal ward, and postnatal community - Antenatal feedback is collected via the outpatient FFT survey under specialty Midwife episode. Postnatal community feedback is being collected via a postcard that is filled in on day 5 after birth during either home visits or on site if still admitted. This was introduced in June and uptake has been limited.

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Other examples of patient experience work happening in divisions includes:

- Medicine and surgical divisions have both set up their patient experience councils, using the Pathway to Excellence model, to engage teams in their patient experience data and identify priority areas for improvement. This has included setting up pilots in medicine to support effective communication between wards and relatives of patients, and sharing learning across teams and specialties to drive improvement.
- Oncology have been running a You Said We Did campaign in the department and on social media, actively promoting how they are hearing and responding to patient feedback, and this is being picked up by other departments
- Paediatric teams have ongoing active engagement with the Youth Forum co-chaired by our Youth Ambassadors and Patient and Public Involvement Manager. The team have worked with young people to create 'Our Promise', a charter which outlines our commitment to our patients and what they can expect from our colleagues and services
- In August 2020, working with Comms the patient experience team were able to set up an internal webpage on the intranet to make each departments FFT data more available to staff. The team are currently uploading approx. 113 reports each month, including the PALS monthly activity report.

National Surveys

The National Survey programme provides Gloucestershire Hospitals NHS Foundation Trust with the only comparison of patients reported experience against other NHS Trusts in England.

Due to the pandemic, all surveys scheduled to be delivered and received in 2020 were put on hold, meaning that the latest national survey scores are as shown in the table below, with headline results from National Surveys received in 2019/20:

Survey	Headlines	Improved Areas	Areas for Improvement
National Inpatient Survey 2019 *(Published 2020)*	• **48%** response rate (above average for Acute Trusts) • Compared to average scores, we have 13 'worse' scores, 2 better, and 47 'about the same' • In last year's Picker League table, we were **62/77** Trusts; this year we are **43/74** Trusts, a significant overall improvement	• We have made huge improvements in patients responding to the **noise at night from staff** question– this was one of our 'worse' scores last year, and we are in line with national average (shift from 74% to 81%)	• Feedback on quality of care remains an issue – increase from 5% to 7% (but still red against national average of 14%), and only 10% saying received information explaining how to complain (compared to 19% national average) • Discharge responses account for 6 of the 13 'worse' scores - and also the 2 'better

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Maternity Survey 2019 *(Published 2020)*	• 43% response rate (up from 35% in previous survey) • Our Trust results were 'About the same' as other Trusts across 38 questions, with 14 scoring 'Better' and none scoring 'Worse' • We were 5th in the Picker League table	• We have made significant improvements in a number of areas, as shown by our 14 'Better' scores compared to 3 'Better' scores in the last survey	• Although we have no 'Worse' scores, the team are using the data to inform local improvement plans as part of our journey to Outstanding, to continue to increase our number of 'Better' scores
Urgent and Emergency Care Survey 2018 *(Published 2019)*	• 33.78% response rate • Our Trust results were 'About the same' as other Trusts across all 36 questions, with none scoring 'Better' or 'Worse'	• Although we are 'About the Same' across our survey scores, we are within the range of our peer group Trust's rated 'Outstanding' by the CQC. The scores also reflect that where we have seen a significant decrease in two questions from our last survey, this is not an area of major concern as this is in line with national scoring, and we are rating higher than some of the 'Outstanding' organisations in these questions.	• Comparing our results to our own scores in the last survey (2016), we showed no significant improvements on our own results from the last report, but did have two questions which were significantly lower this year, both in the 'Waiting Times' section of the survey: ▪ How long did you wait before you first spoke to a nurse or doctor? (6.2/10) ▪ Overall, how long did your visit to A&E last? (7.1/10) • Both these questions still scored 'About the same' as other organisations, showing a national shift in patient experience around waiting times for Urgent Care
Children and Young People	• 26% response rate (same as national	• Children felt the Wi-Fi was good	• 74% of children said the hospital was

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| Survey 2018

(Published 2019)	average) • Our Trust results were 'About the same' as other Trusts across 57 questions, with 4 scoring 'Better' and 3 scoring 'Worse' • We were 43rd in the Picker League table	(92% compared to 80% national average) • Staff did not give conflicting information showed a great improvement on our previous score and compared nationally • Parents felt they were listened to and knew who to contact if they were worried • Generally we were around the national average, so while the scores are 'good', there is still lots of scope to move towards 'Outstanding'	quiet enough to sleep (compared to 84% nationally) • Food and drink and general overnight facilities for parents scored low compared to our own previous scores and national average scores • The team is working with GMS and the Patient Experience team to deliver improvements in these areas as part of a Silver Collaborative programme with GSQIA

Table Three: National Survey headline scores and data

The updated timelines for the 2020 surveys can be seen below:

2020 Urgent and Emergency care survey

- This surveyed patients who attended Gloucester ED (type 1 setting) or Cheltenham MIU (type 3 setting) during August-September 2020
- Results due under embargo in April 2021

2020 Adult Inpatient Survey

- This will survey patients who were on inpatient wards during November 2020
- The sample was drawn and was submitted in Early January
- Results due under embargo in June 2021

2020 Children and young people's survey

- This will survey patients who attended the hospital during November 2020-January 2021 (note this period was extended due to the National reduction in activity seen in Children's services since the Covid outbreak)
- The sample was drawn submitted in March and mailings should begin in April
- Results due under embargo in the Autumn

2021 Maternity Survey

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- This will aim to survey patients who give birth in February 2021
- The samples was drawn and submitted in March 21
- Results are due under embargo in the Autumn

The only national survey programme where we did receive updated scores for 2020 was the National Cancer Patient Experience Survey, which was published in September 2020. Headlines from this can be seen below:

Cancer Patient Experience Survey 2019 *(Published 2020)*	• The latest Cancer Patient Experience Survey 2019 scores were published in September 2020; • The Trust results are the best results since the survey started with 39 out of 52 questions scoring equal or greater to national average • Our patients on average rated their care as 8.9 out of 10. This result is the highest score we have had since the survey started and above national average (8.8) • 4 questions scored higher than 'upper expected range' which is an increase from last year • 5 questions scored lower than 'lower expected range' which is a reduction from last year (9). Noting that question 5 and 54 would be considers a shared responsibility between primary care and secondary care. Whilst these 5 questions scored lower expected range, the scores were still an improvement from last year's report. • A patient experience action plan was developed in partnership with patients to identify key areas for improvement, based on their experience and the experiences shared in the national surveys

Table Four: Cancer Patient Experience Survey 2019 headline information

This year has clearly been a challenging year with the significant impacts on cancer care by the pandemic. Cancer Services are proud that despite the pandemic, diagnostics and treatment services kept running. Cancer Services core team as well as CNS's and Cancer Support Workers flexed to provide additional support to patients who were on our patient tracking lists throughout both waves of the pandemic. Due to this some of the patient experience actions were put on hold however there were also some significant improvements made.

The Trust signed up to a national Quality Improvement project in September 2020 focusing on using data from NCPES, Cancer Wait Times, internal surveys and local public health reports to understand our demographics and communities that experience health inequalities. Following analysis of data, it showed some interesting trends relating to patients not attending appointments. A project was set up to target additional support and understanding barriers to attending both 2ww and follow up clinics - specifically within gynaecological cancer and our local South Asian Community.

Further to this the Information hub number was also placed on all 2ww letters as a point of contact. 86 calls were received from Sept 20 to Jan 21. Themes were recorded and fed into Cancer Services team and specialties for pathway improvements.

Alongside the national Quality Improvement programme work, the Trust has developed a Patient Experience Improvement plan for cancer services, co-designed with cancer patients,

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which will continue into 2021/22. A number of actions identified as priorities by patients were progressed in 2020/21, including:

- Review of IT processes to ensure better communication between patients and their multidisciplinary around their diagnosis and treatment plan
- Developed end of treatment summaries for breast cancer, which was co-designed with breast cancer patients
- Reviewed public website for all specialities and placed under one cancer services page, to make it easier to navigate for patients and relatives
- Adapted the 2ww letter to include the information hub contact details so that patients have a consistent point of contact
- A directory of support services has been developed and is sent out with all 2ww letters to patients
- Target promotion to African-Caribbean patients around skin and prostate cancer through GFM local radio, with plans for further events.
- All Cancer Nurse Specialists have been given supervision, to support reflective and compassionate practice

Local Surveys

A number of local surveys have been completed this year to support programmes of work in corporate services and in divisions. These include:

- Volunteers survey – Completed in July 2020 to gain insight into the experience of volunteers during Covid, and understand how we can continue to improve the support offered to them
- Ambitions for Palliative and End of Life Care – This work was completed in September 2020 as part of a system-wide series of workshops looking to review and reset the Palliative and End of Life Care Strategy in Gloucestershire. This project involved partners across the system, including patients, carers and communities, to co-design our new approach.
- There were a number of surveys run to support wider strategic projects including Fit for the Future and SSD, as well as local divisional improvements, to inform plans for models of care and get baseline data for projects including:
  - Day surgery unit – Dec 20
  - Children's outpatients clinics – Feb 21
  - Nuclear medicine – Feb 21
  - Ophthalmology New clinic poll – Feb 21
  - Rheumatology and Dermatology joint clinic survey - ran from June 20 - March 21
  - Trauma Triage – ran Dec 20 – March 21

This programme will continue to grow in 2021/22, with plans to introduce more local surveys using QR codes across our sites, targeted on key themes that emerge from our national survey responses, to gain greater insight to prioritise improvement projects.

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Supporting our carers

A monthly Hospital Reflection Group is set up with Gloucestershire Carers Hub, where carers and colleagues from the Trust can meet to discuss concerns and issues, and where carers are involved in shaping our priorities. One of the key pieces of work delivered this year includes reviewing and relaunching our carers handbook, designed in partnership with the group, which is now available on our public website, along with a video which explains the handbook and how we support carers, provided with subtitles and British Sign Language to support our carers who have a sight impairment or who are deaf/hard of hearing. This can be accessed on the link below:

https://www.gloshospitals.nhs.uk/your-visit/visitors-and-carers/information-carers/

Plans for improvement 2021/22

A number of priority areas and projects have been identified for 2021/22, including:

- Introducing a new Patient Experience Manager role to support the development of our patient experiences service, including closer working with divisions and further enhancing our patient experience improvement work with GSQIA
- Introducing new volunteer roles that work closely with PALS and divisional teams to focus on improving communication and experience for our inpatients
- Working closely with divisional and corporate teams to review and improve our property management and how we minimize lost property in our hospitals
- Working with teams across the hospital and our hospital reflections group with carers to look at how we can continue to develop our offer to carers of patients in our hospital
- Reviewing our National Survey programmes for 2020 and working with divisional teams to develop local plans reviewed within division and through executive review/Quality Delivery Group
- Developing our PALS service to include more outreach with community services, particularly focused on engaging ethnic minority communities in understanding who PALS are and how they can support with resolving concerns
- Patient Experience team will support the development of Patient Experience Groups in divisions, providing insight and data as well as coaching support for QI projects
- The Maternity services team are developing a SOP for how they work with the Maternity Voices Partnership, and are planning a co-designed patient experience improvement plan with colleagues, the MVP and women who have used services to identify key areas for improvement
- Developing sessions led by the patient experience team to support greater engagement with divisions about the experience data available and how to lead experience improvement projects
- Work will be happening across the system to respond to the system wide Healthwatch Gloucestershire report looking at experience of discharge in Gloucestershire

- There are plans to launch a personalised care council, utilising the Pathway to Excellence approach, bringing together colleagues across the Trust to support the implementation of the Patient Safety Framework, and agree future projects and priorities for a personalised care programme
- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work. This post is currently a FTC and we will be seeking further funding to extend this role.
- A full Hearing Audit is in progress across all of our sites, to review how we support patients with a hearing impairment when accessing our services, and making a number of recommendations for improvement
- Our cancer teams are running a number of focus groups to co-design a new prehabilitation service for patients across a number of cancer pathways

Conclusion

- Covid has changed the way we deliver healthcare, and the experience that people have when receiving treatment at our hospitals. Overall, the majority of our patients report a positive experience of our services across the year, with 91.8% of our patients recommending our services through FFT. The majority of concerns raised through PALS focussed on missed/cancelled appointments or communication issues, which was exacerbated by visiting restrictions in our hospitals.

- Although 91% of patients report a positive experience, we recognise we need to improve the experience for the 9% of patients who are currently not satisfied with the services we provide. An area of particular concern has been our urgent and emergency care services, with our FFT responses fluctuating throughout the year. The team undertook a full thematic review of six months of comments, and a number of projects and improvements have been introduced as a result. The experience improvement plan work will continue into 2021/22, and be updated when the National Urgent and Emergency Care Survey results are received.

- Our teams established a seven day Patient Support Service in response to Covid, to continue to support our patients, relatives and colleagues. Since the service was set up on 3 April, we have taken 6800 calls, delivered over 1100 messages, letters and photos to patients on our wards, and collected over 4500 belongings from relatives unable to visit our patients. The belongings service has been staffed by volunteers at both sites, and has proved extremely popular and was available 7 days a week

- A number of priority areas and projects have been identified for 2020/21, including a new leadership role in the Patient Experience team to develop our services further, incorporating the learning from our response to Covid, and enhancing our PALS service with outreach into communities. There are plans for new volunteer roles to support improved communication, introducing development sessions focussed on greater understanding of how to use patient experience data for improvement, and plans to launched a personalised care council.

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- Our Arts Coordinator, who is currently on a fixed term contract, has a full programme of projects aiming to improve staff and patient experience in our hospitals, including working with local schools to support our strategic site work, supporting the development of our Covid memory wall and artwork, and working with the Children and Young People's teams to create a more welcoming and inviting environment for young people using our services

Recommendation

That the Group notes this update for assurance.

Author:	**Katie Parker, Head of Quality and Freedom to Speak Up Guardian**
Executive Lead:	**Professor Steve Hams, Director of Quality and Chief Nurse**

Date: 25 August 2021

Widening Participation Review 2020–21

Drivers Of The Review

NHS
Gloucestershire Hospitals
NHS Foundation Trust

- **Societal Events**

  - Murder of George Floyd and the resulting Back
    Lives Matter movement
  - Pandemic and its impact on health inequalities

- **NHS Workforce Race Equality Data**

  -Negligible progress on key measures of success
    in the last decade, across the NHS

- **Gloucestershire Hospitals WRES Data**

  - Worse performance than many comparable
    NHS Trusts on key measures of inclusion

Engagement

31 'Big Conversation' events, attended by 121 staff - 65 hours of shared experiences.

In addition, there were:
- 18 one-to-one confidential interviews.
- Four public 'Facebook Live' events with over 9,500 views.
- Over 250 colleagues engaged in discussions with DWC including: 100 Leaders, Board, Staff Side and Staff Diversity Networks.

Since report was published

Over 1000 unique visits to the Compassionate & Inclusive culture section on the Trust website

- 21 planned 'Big Conversation' events with over 100 staff signed up to attend
- 25/26 October – Service visits with DWC and Exec Leads
- A further 100 colleagues engaged through 100 Leaders, Pathway Councils and Board
- Culture Animation part of Trust induction and shared across a number of events

NHS
Gloucestershire Hospitals
NHS Foundation Trust

What were the key findings?

Theme 1: Leadership Ambition

Outlining the commitment required of leaders in placing a high priority on Race and EDI.

Theme 2: Taking Positive Action

The importance of measures that give pace to advancing the delivery of Race and EDI targets.

Theme 3: Operating Culture and Cultural Competence

What is required to support the Trust moving toward a compassionate and inclusive culture.

Theme 4: Speaking Up with Confidence

Encouraging the rich feedback which can support the Trust's change agenda.

Theme 5: Governance and Accountability

Addressing the managerial and bureaucratic arrangement necessary to achieve Trust Race and EDI goals.

Next Steps

Over 20 Big Conversations across September, October and November. Led by DWC and Executives:

- Mix of face to face and Virtual.

- Visits to services and teams to engage and listen directly.

- Ongoing engagement from listening to colleagues experiences.

Launch of Compassionate & Inclusive Culture programme:

- Inclusive Recruitment & Selection
- Interview Skills
- Flourish Positive Development Programme
- Respectful Resolution
- Compassionate Leadership
- Our Culture Animation

NHS Staff Survey **2021**

We each have **a voice that counts**

NHS

People Promise

REPORT TO COUNCIL OF GOVERNORS – OCTOBER 2021

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

This report describes the business conducted at the People and Organisational Development Committee on 24 August 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
Board Assurance Framework	Summary of performance and update provided. No new risks or changes in scores	What progress has been made on the Just and Learning Culture programmes of work given previous reports indicated a delay in case management.	Work has progressed since the 1st report to committee circa1 year ago. We now have in place - Case reviews for employee relations cases with visibility of case information and demographics - Respectful resolutions implementation progresses with revision to dignity at work, grievance and disciplinary policies and newly designed training and guides to resolve issues informally where possible - Increased of cases closed - Case management timelines improving	Further reports on the progress of Just and Learning culture will be provided as part of the Employee Relations report. Impact of changes and feedback from staff requested at future meetings to provide assurance that new arrangements are effective
		What efforts are being made to get managers involved to	Divisional visibility and reporting taking place.	

		close cases?	Executive reviews and the People and OD Delivery Group are holding regular discussions and more partnering with divisional and service line TRIs	
		What extent do the 'clients' of HR contribute to the Board Assurance Framework ratings?	Ratings and updates come from working groups which include stakeholders, and their feedback is included in updates. The Exec review meetings also cover elements of the Board Assurance Framework as does the People and OD Delivery Group.	Consider formally reviewing BAF through internal governance routes to aid rating and enable 'clients' of the service to provide their input
People and OD Dashboard	Appraisal compliance showing as amber - due to capacity issues.

National retention metrics being refreshed, and the Trust is starting to see some local changes in turnover and has moved into the 2nd quartile

Healthcare Social Workers retention remains positive, and benefits are being felt from the national programme of support and local implementation. | How sensitive are the summary dials which show a green rating where there is (in part) a downward trend in performance?

Is the attrition issue likely to continue? | The dials link to the overall strategic measure and ambition as set out in the People and OD Strategy and summarises where the Trust is with regards to these as opposed to single elements which form part of the overall rating

It is unknown if attrition will continue in line with national trends but there is activity underway from line managers to HR teams to focus on colleague experience and wellbeing, | Review the use of dials for complex, multifaceted issues in the next report to ensure that narrative and summaries are aligned.

Future activities to demonstrate the links between P&OD and divisional relationships and areas for improvement/best practice |
| **Risk Register** | Risk register entries discussed. | Is there a risk surrounding | Risks are recorded which | Consider how to |

		sustainability of how people feel; Psychological safety, impact of exhaustion and colleague experience?	have specific focus on health and wellbeing, resilience and stability and colleague experience but not specifically about psychological safety or culture. All programmes of work relating to colleague experience seek to drive improved cultures and psychological safety and are reported upon within the committee in various reports The desire to add a principal risk to our compassionate workforce objectives around our 'culture' is underway.	capture the risk of poor lived experiences as related to our culture and the Trusts ability to deliver upon our compassionate workforce objective. Committee to receive updates to review how assurance will be given because of these changes
Health and Safety Update inc Fire Safety and V&A	An update on annual targets was provided. Improvements were noted in: - SHARPS compliance - risk assessment library - violence and aggression improvement programme - capital programme to improve building safety and environment	How well resourced is the Health and Safety team and what impact does this have on objectives? Were fire safety risk assessments conducted according to risk profile?	Nearly all posts filled giving good divisional cover. Women and Children still have a long-standing vacancy leading to insufficient cover. Upskilling staff in health and safety duties is the next priority for the corporate team. Higher risk areas were covered first. The audit frequency is being renegotiated for this year	Deep dive on violence and aggression to be added to the October agenda along with progress update on recruitment and training

		What would be the main area of change and improvement within Health and Safety the team would like to see?	Risk assessment skill and ability of staff to conduct and write these up.	
Assurance on Governance (Corporate Manslaughter)	The report described how a decision relating to corporate manslaughter might be made and how the Trust manages risks to mitigate this and associated governance processes

The paper reviewed the assurances taken in committees and delivery groups and highlighted the importance of relationships with GMS and other sub-contractors with devolved and shared responsibilities for health and safety | Are there any major outliers in the risk management process which gives cause for concern?

Some risks have reduced from high to medium with little narrative on why the change has been made? | The Trust has improved Health and Safety management as evidenced by recent audit reports. Risk management continues to show improvements, and this is evidenced in our data. There are no major outliers.

There is sufficient information in Datix to evidence these changes however to share this detail would be difficult given the peculiarities of the current system and the lack of ability to show tracked changes. Datix is being upgraded which will enable better sharing of information | Report to be taken to AAC and EFC

A joint update from CDIO and Chief People Officer on Datix upgrade requested especially as digital resources showing gap for this project in their update to F&DC |
| **DWC Findings** | DWC report presented and an overview of the work from the past year and the Big Conversation provided.

The report provides feedback across a number of themes and a view on Trust progress | What is the Trusts view on the recommendation to focus on race as opposed to all protected characteristics? | The Trust focus is on all protected characteristics, but additional resources have meant action specifically relating to race has been taken and will continue. The EDI lead has a clear focus on race and the Trust has set metrics relating to race equality to ensure it remains a key focus following the | The report will be discussed further at private Board in September and comments made by PoDC reflected after Board discussion. The DWC report identifies specific areas of concern raised through interviews and |

			evidence of the disproportionate impact of COVID on ethnic minority communities. Staff engaged in our response and how best to progress matters raised. The Trust will continue to measure the targets set and review outcomes from a quantitative and qualitative perspective	consideration on how the Trust response reflects those to be considered. Committee to receive further updates/assurance on effectiveness of staff engagement and measures of success to demonstrate how the workforce feel about working for the Trust, how that compares with best-in-class organisations
		Will our response to the recommendations and issues raised feel different to staff and how will we test success?		
Equality Report	The Equality Report was provided with an overview of the activity undertaken within the Trust for patients and colleagues. Details included how the Trust adapted during COVID and focussed on patient centred care and community engagement	Is sufficient progress and impact being made/felt	Good progress was being made across majority of areas. Main exception was the delay in developing GHNHSFT as an inclusion hub. Main issue for delay was around lack of resources. New EDI team appointed with candidates to start in mid-October and focus on getting this area back on track	The Equality report to be published and Committee assured of the data and progress made.
WRES/WDES	The WRES and WDES data was reviewed once more by the committee for approval before national release		The report was approved for national publication.	WRES and WDES data to be provided to NHS Improvement

	NEDS noted the report and activity to address the recommendations			

Board note/matter for escalation
Board to discuss the DWC report and recommendations

Balvinder Heran
Chair of People and OD Committee, 24 August 2021

REPORT TO COUNCIL OF GOVERNORS – OCTOBER 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 26th August 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
Digital Programme Report	Report highlighted the month's key activities: • Support and issue management for Pathology following the go-live of the new lab system (TCLE) • Dedicated support programme for EPR in ED at GRH • Digitising the Sepsis pathway • Solution design for the new document management system • Planning activities for the upgrade to the Sunrise EPR system scheduled for the Autumn	Discussion at the Q & P Committee had highlighted the difficulties notably delays resulting from the TCLE deployment – what is the situation?	The issues are known and acknowledged and receiving urgent attention. A revised approach to responsibilities for the system to concentrate resource is under way. Data shared on the performance of the EPR system in ED and the "Follow Me Desktop" application highlighted the strength of recent accomplishments. Upcoming work programme provided assurance that the right issues are in focus.	Regular updates will continue at Committee
Information Governance and Cyber Security	Update on the current requirements of the Data Security and Protection		Organisational change in hand to provide independent assurance of	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Toolkit. Review of Information Governance incidents. Detail of the proposed participation in the Information Commissioner's Office consensual audit which will provide the Trust with an independent assessment of compliance with data protection legislation. Preliminary review of Cyber security risk profile.	To what extent is our Trust protected in the event of an attack at national level?	system and team effectiveness.	Further review to be undertaken - date to be set
Digital Strategy	Review of progress with implementation of the Trust's Digital Strategy – focus on advances along the Healthcare Information and Management Systems Society (HIMMS) 6 point scale since June 2019 and approach to project request prioritisation.	Are we ahead of where we wanted to be?	Granular analysis of the progression along the HIMMS scale provided assurance of sustained and sustainable improvement (from an exceptionally low starting point!). No – lack of resources has and is constraining progress	System wide momentum is missing – merits ICS Board discussion
Other IT Systems	Review of all other project activity analysed by: - Essential projects - Department-funded initiatives - Digital Aspirant Enabled initiatives		Robust analysis demonstrated strong understanding of the current situation.	Continued review of resourcing levels and prioritisation decisions

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	- Projects without funding or resource			
Financial Performance Report	Report covered the results of month 4 and highlighted the year to date surplus of £136k compared to a planned breakeven position. Cost pressures in Mental Health Nursing arising from high demand have been offset by a positive Elective Recovery Fund performance. No significant balance sheet issues. Briefing on the status of the second half planning process.	Can we see a correlation between vacancies and agency spend?	A very clear report complimented by the Committee Extensive discussion about the second half planning assumptions and cost pressures including appropriate accounting treatment.	To be incorporated in reporting
Capital Programme Update	The total year capital plan remains at £58.3 million. At month 4 the year to date spend is £11.4 million compared to a plan of £19.2 million. Total supported by detailed programme analysis with RAG ratings	As spending is behind plan at Month 4 should we be injecting a greater sense of urgency? Detailed questions on project spending (SSDP) and funding streams (Digital Aspirant)	The original profiling of the spend in year was not robust. There is strong emphasis on avoiding prior year's back end surge of spending. Exception reporting has been strengthened and is being extended to include issues beyond timing of outgoings. Answers provided reassurance of the grip on spending.	 Future funding options to be explored in committee

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Strategic Prioritisation Framework	Detailed explanation of a revised investment prioritisation methodology to better match investments to the Trust's strategic objectives. An 8 step annual process is planned utilising a set of 6 weighted criteria.	Does 1/3 for each of the key categories represent a good starting point given the significantly different project types and relative priorities?	Proposed approach provided assurance on significantly improved thinking and methodology with application of weighting by key criteria a critical aid in decision making. Process will include assessment across disciplines to ensure reasonability of outcomes.	Outcome of process to be reviewed at Committee
Proposed New Ledger	Verbal update on the approach to the replacement of the Trust's ageing core financial system software	This is an important part of wider back office initiatives – what flexibility is there to allow time for a suitably wide review?	Process is getting started with data gathering, project scoping and input sought from other Trusts. Opportunity exists to extend contract for existing system.	Maintain review in Committee
Financial Sustainability	Trust on track to deliver the first half savings requirement of £2.5 million. Planning and communication underway to establish second half targets and plans –	Important to keep what is considered "influencable" cost under review as transformation can change the cost	Well planned approach emphasising quality and environmental sustainability rather than just cost reduction continues. Strong support	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	national guidance on requirements not finalised.	structure mix	and very constructive input from new Deputy Chief Operating Officer. Finance Director acknowledges that transformation can change the "influencable" cost base.	

Rob Graves
Chair of Finance and Digital Committee
2nd September 2021

REPORT TO COUNCIL OF GOVERNORS – October 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 30th September 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
Financial Performance Report	Detailed financial report covering the year to date results. Ytd surplus of £0.14 million compared to a break even position. Activity at 100% of 19/20 levels. Higher than planned agency costs and pressures from Mental Health Nurse requirement	What are the specifics in terms of required mental health nurse staffing levels? Can we conduct a deep dive into agency costs?	Comprehensive report provided continued assurance that the financial position is well understood and in control There are instances where a patient can need care from 3 high level mental health nurse on a 24/7 basis.	In depth review to be scheduled – requires co-ordinated approach with the People and Organisation Development Committee to avoid duplication of effort
Capital Programme Report	Update on capital spending - year to date £14.5 million, £9.6 million behind plan. Detailed project analysis described and presented	Can the supporting narrative addressing major variances be reinstated?	Committee assured by detailed reporting Yes, this is planned	Consideration being given to project owners attending committee to explain issues on projects that are significantly behind plan
Long Term	Update on the previously	What if the available	Agreement that the	Current plan submission is

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Capital Plan	provided long term plan based on annual expenditure of £24 million utilising a 3 way split - equipment, estates and digital	funds are not sufficient to provide a safe and efficient service?	approach was robust and appropriate. Extensive discussion around funding options and possible escalation of shortfall provided further assurance of grip but highlighted risks	draft and further iteration expected
Financial Sustainability	Update on the year to date, first half and preliminary second half positions. Year to date savings at £3.1 million exceed plan by £1.1 million but are weighted excessively to non-recurrent benefits.	Can the Committee see more detail of the benchmarking tool that has been developed?	The analysis is comprehensive and shows the expectation.	Further analysis expected and identification of gaps once national guidance finalised.
Update on H2 Planning	Briefing on the status of the second half financial and operational plans plan which have been prepared in the absence of national guidance at this stage.	Are the demand levels and consequent financial impacts congruent given the capacity shortfall indicated by the graphs?	This is work in progress and the next stage is to match the demand and financial assumptions The committee was assured by the thoroughness of the approach	
Costing	The Committee received an update on the status of the National Cost Collection submission which was required by NHSE/I by October 5th. The presentation also covered the current year's challenges in meeting the deadline and described opportunities for future improvements	Is there good liaison between the costing team and the benchmarking work in	He Committee was assured of the robustness of the process for 20/21 acknowledging that the pandemic had complicated the process and would lead to some limitations which NHSE/I accepted	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		the project management office	Yes close cooperation and a steering group is in place	
Gloucestershire Managed Services Dividend Plan	Presentation by the GMS Finance Director of the proposed revised approach to GMS dividend payments to obviate issues associated with year-end consolidation and audit	Are there any legal/statutory considerations associated with declaring a dividend ahead of final accounts? Why is it necessary to have interim and divided declarations given we are dealing with a wholly owned subsidiary?	No this is permissible and any variance would be below the materiality threshold Issue discussed and conclusion reached that a single declaration would be appropriate and simpler to administer	
Board Assurance Framework	Update on the principal risks as reviewed by Executives up to the end of August with no new risks or changes to scores of existing risks.	Is there a revenue risk arising from the digital industry move to subscription based services?	Discussion around the risk assessments provided assurance	Needs to be considered going forward
Cash Analysis	The Finance Director presented detailed cash flow projections to support the proposal to finance £7.9 million of in year capital expenditure rather than apply for NHSI funding and its associated costs and impact on the Trust's financial sustainability metrics .	Why is the Trust still recorded as distressed against some measures?	The Committee was assured of the robustness of the process and supported the proposal. The preparation work had highlighted an oversight at Regional level that had failed to correctly record the Trust's improved position – correction is being formally pursued by	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			the Finance Director	
Digital Programme Report	Project progress report presented following the standard format highlighting changes since the prior month and areas of focus. The principal effort has been the support of Pathology following the go live of the new laboratory system (TCLE)	Is the deployment of TCLE a more significant issue than current reporting indicates? Is there a capacity constraint with IT resource?	RAG rated progress reports provide assurance of individual project status levels	The TCLE task and finish group report will be presented to the next committee for assurance. Requires further review once the second half cost position is refined
Integrated Care System	Committee advised that deployment of the Health Information and Management Systems Society (HIMMS) to assess the Continuity of Care Model was imminent		Committee assured that this system wide work was now planned	
EPR Benefits	An update on the work that has been undertaken to quantify the benefits of the Sunrise EPR system. This highlighted: - The release of hours to provide patient care, - reduction in length of stay - coding benefits - elimination of hard copy letters		Analysis continues to develop well but the work to provide full validation is extensive.	

Rob Graves
Chair of Finance and Digital Committee
8th October 2021

REPORT TO TRUST BOARD – October 2021

From Audit and Assurance Committee Chair – Mike Napier (deputising for Claire Feehily), Non-Executive Director

This report describes the business conducted at the Estates and Facilities Committee held 28th September 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
Matters Arising	It was reported that this is still no new system, or plan, for a register for gifts and hospitality. It would be part of the ESR (Electronic Staff Records), but it is not currently considered a priority.	Do we have an effective system for registering gifts or other potential conflicts?	It was reported that some staff are probably not reporting everything they receive. It should be declared/raised during staff appraisals, but there is a risk things get missed.	An update will be provided at the next Committee meeting.
Risk Assurance Report	A new risk relating to TCLE implementation has been raised.	There don't appear to be any actions against this risk. What are the gaps in controls?	Committee were advised that the Risk Management Group process was robust and that new risks would not be accepted without associated actions.	
	A new risk relating to the implementation/use of cinapsis.	Is this a specialty or corporate risk? How is it being addressed/mitigated.	The original implementation of cinapsis was on a pilot basis but had been extended during the pandemic. The Medical Director advised that there was a piece of work ongoing centrally to bring the system under proper	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			control and scrutiny. Progress would be reported through the Digital Care Board.	
Business Assurance Framework	The Committee considered the overall framework that covers all strategic objectives. It was agreed that reviews of this would be half-yearly in future (from quarterly).	The RAG scoring of Finance risk profile of RED seems overly pessimistic.	Director of Finance advised that this reflected the current high levels of uncertainty of the external funding regime/levels.	
External Audit	Report was received covering final situation and lessons learned. Trust audit is completed, while GMS and Charity audits would be signed off before the end of November. Verbal notification of an increase in costs due to the value for money review and the additional time that was needed to concluded the Trust's audit.	Are we at risk of missing any filing deadlines? Why was the Audit Certificate delayed?	No, we should not miss any deadlines. There was a confusion on dates. While it should have been issued by the end of August, it was actually mid-September.	
Internal Audit	Only one audit report was issued (Clinical Audit).	Are operational pressures impacting the audit programme?	While there have been some delays, there is nothing of significance and it was expected that reports would catch up for the next meeting.	
	Clinical Audit Final Report: report reviewed by	This was considered a good report, with some	The report has been reviewed by the Quality	Progress and completion of audit actions will be monitored

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Committee. Opinion was "Substantial" for Design and "Moderate" for Operational Effectiveness. There were two medium findings with actions agree.	good practices reported.	and Performance Committee.	by Q&P Committee.
GMS Update	External Audit will commence in October for completion in November. There are a number of internal audit actions delayed due to a software package (MiCad) not yet implemented.	Are there operational concerns? Will implementation go ahead according to the revised timeline?	There are no serious operational issues. The revised plan is robust and there are good relationships with Trust Digital time, so confident implementation will be according to plan (Jen/Feb 2022).	
Counter Fraud Update	Regular report on counter fraud activities, including ongoing investigations	How are staff managed during periods when they are under investigation?	There are formal conduct routes and whether staff continue to work or are suspended will depend on severity of the case.	Committee to receive further assurance on this process.
Cyber Assurance Report	Audit report from PwC covering DSPT (Data Security and Protection Toolkit), which had been commissioned in conjunction with NHS Digital. The audit reflected refreshed National Safety Guardian "10 steps to cyber security". The overall opinion was "unsatisfactory" with the greatest concern	How concerned should we be with this opinion? Will we achieve a situation of zero unsupported software?	Given the renewed standards, the outcome was not a surprise. A number of actions had already been completed to address findings, such as combining Cyber and IG in the Trust and strengthened controls against ransomware.	The audit report will be taken to Finance & Digital Committee for review and monitoring of actions.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	being unsupported software in the Trust.		Actions to address unsupported software/systems are being incorporated into the workplan and work was taking place to address the options to eliminate them.	
Patient Property Assurance Report	The Chief Nurse updated Committee on the Patient Property boxes. Counter to previous updates, he advised that the "purple boxes" proposal had not been funded and this project had not been progressed. He reassured Committee that a new box had been designed and would be rolled out shortly.	This is a highly emotive issue and one that patients		Committee will want to see confirmation of this roll-out, with the associated updated policy and procedures. It was also expected that there would be some form of follow-up audit to ensure that the new arrangements would be effective.

Mike Napier
Stand-in Chair of Audit and Assurance Committee
7th October 2021

REPORT TO TRUST BOARD – October 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 23rd September 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	Recent NHS pay award has been implemented by GMS Board for all GMS staff, at a cost of £400k over budget.	How was this decided?	GMS are obligated to match NHS award for A4C staff, but it was a discretionary decision for other GMS staff. The justification was equal treatment of all staff and to maintain a competitive offer.	
	GMS Board received the GMS Annual Performance Review. Overall, it was a positive report with some areas for improvement now being considered by the Board.	What were those areas for improvement?	Relationship management with key stakeholders on the Trust and how to make better use of emerging technology. These will be investigated further as part of GMS' innovation agenda.	
Contracts Management Group Exception Report	It was report that all monthly KPIs for July '21 were met with the exception of planned preventative maintenance metrics.			To be monitored in case of repeats or emerging trends.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	It was also reported that there has been a decrease in cleaning audits.	Are cleaning standards being maintained?	There are no data to imply that cleaning standards are falling. With respect to the audits, GMS Board will monitor this and have committed to intervene if the lower numbers of audits continue.	Future scores and audit numbers to be monitored by Committee.
Gloucestershire Cancer Institute	A paper was presented on the options for the GCI development with a recommended option amounting to some £18.8mln of new build and £5.9mln for refurbishment. While the plan is to fund the development by charitable contributions, the Trust has submitted a speculative request for central capital funding.	While the preferred option was supported by Committee, there was concern over the increase in development costs. Are we confident that this new sum can be met through charitable giving?	Alternative funding sources will continue to be explored (such as sustainability funding if it's a "green building"). However, the Charitable Funds Committee also believe that the target is achievable.

Funding options and scheme design/phasing will continue to be reviewed. | Proposal to be submitted to full Board. |
| Green Plan | The Trust's Green Plan, which is a collaborative effort between Trust and GMS, was presented. It is a comprehensive and ambitious document and was submitted to Committee for approval ahead of submission to full Board. | It is very ambitious – are we trying to do too much? There are also many actions of a clinical nature, is it aligned with clinical leaders?

Have we engaged with ICS partners? | It was stressed that sustainable strategies and actions should be embedded in all the Trust's strategy documents, but there is obviously a timing issue so this is a larger plan than we would expect to see in future years. Also, quick wins will be | |

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			progressed as quickly as possible to maintain positive momentum. A communications strategy is being developed and ICS partners have been, and will continue to be, actively engaged.	
6-facet survey output	The survey was carried out in May/June this year. The initial report indicates that backlog maintenance has increased in value to c. £72mln, subject to verification.	This represents a significant increase and is a large number – how can we act upon it given capital funding restraints? If we make prioritised choices, what are the risks and regrets of works deferred?	The Trust needs to do further analysis, with the aim of developing a 5-year plan. Risks and regrets will be reviewed as part of that work.	Further committee discussions are required on the risks to the Trust that this backlog represents, especially the statutory and high risk categories of the backlog works.

Mike Napier
Chair of Estates and Facilities Committee
7th October 2021

REPORT TO COUNCIL OF GOVERNORS – OCTOBER 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 25th August 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	Quality Delivery Group report outlining update on improvement and reduction of paediatric backlog, continued issues with children presenting with self-harm, reduced FFT results in ED with slide deck on work in progress, improved ePR compliance.	Noting the continued rates of self-harm, will committee see the outcome of the wider system review? With falls figures not improving, what is next? Various factors are noted as contributing to falls, what is their relative weighting? Can future reports break this down and specific actions to improve? Are there any risks in safeguarding or delays	System review update will be presented to committee in October Continued focus described and aim to reduce bed moves as a contributor to falls. To add to future reporting. Discharge summaries a key safety intervention, all women in maternity are given a discharge letter to take home. Work in train to strengthen divisionally prior to digital improvements. Cross-referencing to	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		of notifications?	safeguarding records in place.	
			Remains a challenge in medicine, workforce key, aim of longer term agency staff to train up. Good practice between divisions being shared.	
		Noting good improvements in ePR compliance apart form in medicine, what support do they need?	Need to consider full end to end processes when moving teams/service.	
		With the paediatric backlog, what learning is there?	Recruitment underway, remains a challenge, play specialists will be in dept from reopening. Update coming back to committee with support for potential wider workforce collaborations with other providers.	
		With paediatric return to ED, will paediatrically qualified staff be present?	Policy and structural changes needed working with Saba and the police, work in progress.	
		Can you provide more clarity on the issues of the car park and self	Medical Director well sighted on the issues and potential risks, plans being drawn up and risk	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		harm What risks are there with the emerging national shortage of blood bottles?	assessment review. .	
	Cancer report noting achievement of 6/9 cancer standards, still a positive position relative to south west and nationally.	Why is the escalation level now rated red? With staff movement in COO team/divisions, what is your sense of staff capacity? Has there been any adverse impact of the movement?	Using national standards, achieving 9/9 would indicate a green status. Mutual aid in breast pathway noted as being provided to SW Trust , well received. Assurance given that no significant change in the cancer management team, stability also with clinical teams delivering the care.	
	Planned care reporting RTT at 74%, particular challenges with endoscopy and echocardiogram waiting times.	Is there enough leadership capacity in this area? Concern with the number of specialties with lack of consultant engagement with the Referral Assessment Service	Active recruitment underway to fill roles and additional support, better position noted. Acknowledged more work needed, key was working with people.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		What risks to patients waiting who have not been contacted. Important to be able to articulate ambition of planned care plans over 2-3 year period.	Same dedicated team contacting patients, covering both welfare and process. Confirmed will be part of H2 planning, awaiting guidance.	
	Urgent Care update noting continued and significant challenges to achieving the 4 hour standard, circa 62.5% continues high demand and high numbers of inpatients medically stable for discharge. System issues of capacity noted eg 14 community assessment beds currently closed due to workforce issues.	Divisional grip and focus noted, concern that still internal areas for improvement which need focus. How do we match the workforce to the demands through the 24 hour period? Ambulance handover standards are deteriorating, is improvement in this area part of the overall plan or a separate plan? Discussion at P and OD Committee the previous day regarding base	Assurance that operational managers active and visible in ward areas to support end to end processes. Regular review re medical staff rotas and demand, wider assessment undertaken, despite efforts, daytime performance consistently better than out of hours. Assurance given that this standard is part of the single plan for achievement. Most recent data shows improvement from previous month. Reminder of the safer staffing work which comes to committee, assurance	Further assurance to come back to committee regarding plans to improve out of hours performance

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		budgets, is there a drift which needs attention?	given of flexible use of resources.	
	Maternity Delivery Group updated on the progress of the action plan completion and recruitment of additional senior capacity, new Head of Midwifery in September and new Consultant Midwife just appointed. CQC inspections of other units noted.	Are we at risk of prosecution by the CQC? How do we maintain the 'carrot' approach to supporting colleagues to improve? Remains crucial that there is understanding of how it feels to be a colleague within the maternity service at the moment.	Assurance given that the internal improvement plan set off before this CQC round of inspections was to identify our own issues and resolve them at an earlier stage. The maternity improvement plan would highlight any risks and as the plan was drawing to a close, this should give assurance regarding safety. Noted the input of an improvement director working with the divisional tri and wider including coaching.	Monthly updates on progress at committee
Serious Incident Report	1 x never event reported, x 4 serious incidents and 2 x Maternity HSIB investigations. Proactive communications with CQC	Questions of clarity and detail regarding the never event and in the context of several previous never events.	Some early observations/ learning shared. More assurance needed on impact of improvement plans currently in place.	Deep dive to September committee.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	noted regarding the never event.	Current status of complaints backlog queried	Assurance given of improvement.	
Continuity of Carer (CoC)	Good presentation on the progress made of the CoC service, initial outcomes since set up in March and aim for full coverage for all women by March 2023	Is diversity of workforce an ambition?	Plans in place confirmed with recent appointment of equality, diversity and inclusion lead. Positive progress seen with the service now up and running.	
Pathway to Excellence	Update report on the improvement programme focussed on cultural and transformational change for a healthy nursing and midwifery workforce.	As this is a leadership led programme, how do nurses and midwives feel about it?	Several examples given of interactions with direct care nurses and enthusiasm for developing Councils. Good progress noted in the last year despite the covid context.	
Patient Experience Annual Report	Annual report detailing activities, systems, processes and progress in 20/21.		Assurance received on positive leadership and progress. Well written report to be commended. Good range of plans for 21/22	Will go to Council of Governors.
Risk Register Review	New risks noted, progress against existing risks and mitigations in place.			

Alison Moon
Chair of the Quality and Performance Committee
27th August 2021

REPORT TO COUNCIL OF GOVERNORS – October

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 22nd September 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	Quality Delivery group update including latest FFT themes and trends, refreshed focus on improvement in EPR compliance and detail of key quality metrics.	With CQC 'must dos' action plan following recent visit to the Emergency Department, was the action regarding increase of senior decision makers at night going in the right direction?

Can the use of the EPR and releasing time to care be quantified? | This recommendation still outstanding as work in progress. Assurance provided that 1, 2 and 5 year plans being worked on. Confirmation that all other actions completed.

How to describe the impact will be reviewed, noting not a linear process. | Detailed update on non-achieved KPIs to October meeting.

Revised reporting on EPR will come through QDG exception reporting to Committee. |
| | Cancer Delivery group report on latest validated performance of cancer standards. | Is there an impact of the group not having met since June?

Further update on the risk with TCLE issues in pathology requested. | Assurance given that daily and weekly meetings and reviews taking place, noting formal meetings will also resume.

Progress described as being made and a process for clinical prioritisation in place which means any | |

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		Noting previous achievement of 9/9 standards, does the forward plan and trajectory for recovery include all specialties? Do we know the future demand and what GPs are seeing in terms of cancer presentations?	sample of concern could be escalated through the system. Confirmation that trajectories in place and will be shared with committee. Confirmed that people have presented who may have held back during early covid period, broadly speaking, demand in most specialties returning to pre covid levels.	
	Planned care report highlighted latest performance and detailed work being undertaken on those waiting over 104 weeks.	Has there been progress with Consultant engagement with the referral assessment service and will it give the impact required? Is there confidence with the speed of the communications plan for patients, the set up of the customer service hub model and use of digital systems? What is the position with independent sector support?	Progress described although not suitable for all specialties with impact being dependent in part for alternative management for patients in the system. Service hub being recruited to within next 6 weeks and existing staff being utilised. Work underway regarding letter and text opportunities. Discussions ongoing regarding local progress.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Emergency Care update reporting sustained severe operational pressures at both Trust sites and system level. Running at high occupancy levels, which limits ability for flow. No 12hour waits reported.	With use of escalation areas, what leant from previous covid waves?	Escalation process planning and trigger points refined and specific use of non-bedded clinical areas, considering staffing levels and dignity. Despite this, remains very challenging operationally.	
	Maternity Delivery Group briefing on various work streams including the Maternity Incentive Scheme, Perinatal Quality and Safety Report, update on leadership recruitment and service pressures. Letter from the Healthcare Safety Investigation Branch (HSIB) noted detailing contentment with Trust approach.	Concern was raised on missing surgical site infection (SSI) rates for caesarean sections within the report noting a long-standing issue and Trust PPH rate against nationally reported rates. When will Committee see any outcomes of the listening events?	Reassured that (SSI) was a timing issue and that significant plan in place to address, results of which should come to Committee through usual reporting. Reporting of progress with PPH improvements will come through regular reporting. Need to understand themes following the events and verbal update will come to next meeting.	
Draft Winter Plan	Emerging plan presented at early stage with assumptions, challenges and plans with various scenarios outlined.	Several questions on plans in place, confidence of mitigations, modelling and learning from covid regarding colleague well-being. Also the need for a credible plan with success criteria.	Commended for seeing the developing plan at such an early stage and positive system support noted.	Review at next Sub-committees, including Quality and Performance and onward to Board.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Clinical Improvement, Audit and GSQIA Annual Report	20/21 Annual Report received including oversight, function, plans and training.	Clarity asked on how Quality Improvement ideas became supported projects.	Commended a good report outlining processes and progress during the year of a well-established function. Noted to be an important part of Trust and system ambitions and achievements.	
Safeguarding Children and Adult Annual Report	20/21 Annual Report received outlining increased capacity within the team, upcoming Liberty Protections Safeguards (LPS) legislation, areas of improvement focus and future plans. Update on system working to become one integrated team noted.	Questions on ability to recruit in time for LPS implementation, improvement of the transition of 16-18 year olds, progress of Single records and support for colleagues in challenging areas.	Commended a well-written report and progress from previous year. Council of Governors to receive the report as key area of interest.	
Safer Staffing- Strategic Nursing Workforce Review	Safe Nursing Care Tool reviewed, including x 3 times daily census undertaken. Divisional positions noted. Progress against previous recommendations outlined, further recommendations described and in year investment noted. Recruitment a challenge but domestic and international programmes in play. Retention a key area of focus.	Regarding recruitment, are there people out there to recruit?	Report commended. Reassurance that people are available, retention also crucial. Use of new/ different roles described.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Clinical Harm Policy implementation update	Update report, noting process previously paused on national advice although some clinical divisions had continued to use. All specialties have been asked to describe and undertake their own approach.	Balance between focussing on harm reviews and delivering clinically accepted, is the balance correct now?	Specialty teams to decide balance, generally felt to be working well although not fully embedded throughout.	Update in three months' time.
Serious Incident Report including Never Events update	Report into current position with never events, open and closed serious incidents, HSIB cases, complaints handling including PHSO.

As requested by Committee, detailed report received into never events themes Regular and proactive communications with the CQC in place. | Questions regarding 72 hour reports and closed action plans.

Ongoing delays to complaints handling noted previously, are planned improvements on track? | Some progress but remains an ongoing challenge.

11point plan for improvement noted and importance of attention on human factors reiterated. Committee will receive exceptions reports on delivery of the plan through the Quality Delivery group report. | |
| Risk Register | Review of current, new, closed and emerging risks and mitigations. New Patient Safety Forum being developed to support delivery on the patient safety strategy. | Is there a timescale on the resolution of the national blood bottle shortage?
When would all patients/ families countywide receive a personal letter regarding nosocomial infections? | Updated that the situation is dynamic and not currently creating a significant clinical challenge in the Trust. Multiple factors to be considered and confidence before sending individual letters, awareness of timeliness.

Trust approach to | |

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Communications from the Care Quality Commission CQC) on the wheelchair incident indicate no further action to be taken and investigation closed.		communications with the CQC commended.	

Alison Moon
Chair of Quality and Performance Committee
24th September 2021

Report Title
University Hospital Accreditation: Request to recruit an Academic Associate Non-Executive Director and an Appointed Governor from a University partner

Sponsor and Author(s)
Author: Cailey Jones, Programme Manager - Strategy and Transformation Sponsor: Simon Lanceley, Director of Strategy and Transformation   Dr Sean Elyan, Consultant Oncologist & Clinical Lead for University Accreditation

Executive Summary

Purpose

- To present to the Council a draft job description for the academic Associate Non-Executive Director (ANED) for approval.

- To request approval from the Council to appoint a governor from one of two partner Universities; Bristol or Worcestershire.

Background

- As the council will be aware the commitment to become a University Hospital by 2024 is defined in the Trust's strategic objectives: *We are research active, providing innovative and groundbreaking treatments; staff from all disciplines contribute to tomorrow's evidence base, enabling us to be one of the best University Hospitals in the UK.*

- To meet this objective the Trust needs to become a member of the University Hospital Association (UHA). The UHA has defined a number of criteria a Foundation Trust needs to evidence in order to become a member.

- These include close partnership working with Universities which we will pursue with Gloucestershire University, Worcestershire University and Bristol University and define in a unique Memorandum of Understanding.

- We aim to submit our application to UHA by the end of 2021/22 financial year. We may not be successful first time around, but any feedback will show where we need to focus ahead of any subsequent application.

For consideration

- UHA also define within their criteria that a Foundation Trust and University faculty should maintain strategic links and a close working relationship, which should include:

  - Board membership of a non- Executive Director (NED) from a University Faculty

  - If the applying Trust includes a medical or dental school provided by a university, at least one member of the Council of Governors must be appointed by that University.

- The criteria for a NED has been discussed at a previous meeting and agreement was made for recruitment of an Associate NED following subsequent approval of the attached job description.

- As a reminder the next full NED vacancy is February 2023, so this Associate NED position should be advertised as a fixed 18 month appointment with a review after 12

months.

- The requirement of an appointed governor from a University with a medical school was discussed at Governor Nomination Committee (GNC) on the 14th of September. It is proposed that this governor would not be appointed until the next financial year from April 2022/23.

Key issues to note

- Currently only University of Bristol has an accredited medical school.
- The University of Worcestershire should have ratification of its new 'Three Counties Medical School' by the end of this calendar year.

Implications and next steps

- Advertise Associate NED vacancy and appoint – aim to complete this by March 2022.
- Once a successful candidate has been appointed to the Associate NED position, to advertise and appoint to the appointed Governor position – aim to start this process from April 2022.

Recommendations
The Council of Governors is asked to: • Approve the Associate NED job description so that recruitment can begin.   • Approve the request to recruit an appointed Governor, from a University with a medical school, and for that recruitment process to begin from April 2022.
Impact Upon Strategic Objectives
Associate NED role is part of Board succession planning   Impact on success to achieve membership with UHA and becoming a University Hospital.
Impact Upon Corporate Risks
Not applicable.
Regulatory and/or Legal Implications
Not applicable.
Equality & Patient Impact
Not applicable.
Resource Implications

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

Action/Decision Required					
For Decision	✓	For Assurance		For Approval	✓
For Information					

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
							GNC, 14/9/21
Outcome of discussion when presented to previous Committees/TLT							
Approval from GNC for ANED job description and request to recruit an appointed Governor from a University proceed to Council of Governors for a decision.							

University Hospital Accreditation
Council of Governors – October 2021

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Job Description Associate Non-Executive Director

Job Title:	Associate Non-Executive Director – University Link
Responsible to:	Chair
Location:	Cheltenham General Hospital, Gloucestershire Royal Hospital and other Trust sites, as required
Hours of work expected:	2-2.5 days/month
Time remuneration:	£7,315 per annum

Main Purpose of the Job

Gloucestershire Hospitals NHS Foundation Trust is led by a Board, comprising both Executive and Non-Executive Directors. The Board is collectively responsible for the exercise of powers and for the performance of the organisation, including:

- promoting the success of the organisation;
- providing leadership to the organisation within a framework of prudent and effective controls;
- setting strategic direction, ensuring management capacity and capability and monitoring and managing performance.

Foundation Trusts have a Council of Governors which represents the interests of Members and the public and holds the Non-Executive Directors to account. The Board and Council have a corporate responsibility to uphold, safeguard and promote the organisation's values particularly relating to ethics, integrity and social responsibility.

The Board is accountable for ensuring that the Trust operates effectively, efficiently and economically. The Council of Governors is expected to ensure that the Trust responds to the needs and preferences of stakeholders and local communities and it is also involved in offering advice to the Board about strategic options.

The Non-Executive Directors and Associate Non-Executive Directors work closely with the Chair of the Trust and are accountable to the Council of Governors. The Non-Executives play a crucial role in bringing an independent perspective to the Trust, in addition to any specific knowledge or skills they may have. The Council of Governors of an NHS Foundation Trust has specific responsibility for the appointment of the Non-Executives and the Chair and will participate in the annual evaluation of their performance.

All Directors, Executive and Non-Executive and Associate Non-Executive have responsibility to constructively challenge in reaching decisions of the Board and to help develop proposals on priorities, risk mitigation, values, standards and strategy.

The Associate Non-Executive Director (Associate NED) role is used successfully in the NHS to support Board succession strategy and achieve a balance of Board level skills.

The Associate NED role is role aimed to attract potential Non-Executive Director candidates who do not yet have (sufficient) Board-level experience, or are unable to commit to the

required time commitment but have the ability, potential and specific knowledge, skills and experience (see Person Specification) to succeed in a Trust Board-level role.

We are looking for someone who can help us to make decisions which better support the diverse communities we serve, particularly in the areas of clinical education and health and social care research.

We encourage applications from people from Black, Asian and Minority Ethnic (BAME) communities to improve the diversity of our board and provide a broader perspective. In addition lived experience as a service user or carer would be especially welcomed, and we would provide support to enable you to develop into the role.

For the avoidance of doubt, Associate Non-Executive Directors are not Directors of the Trust or Board members and don't have the associated rights or liabilities.

Main Responsibilities and Accountabilities of an Associate Non-Executive Director:

Strategy and Accountability

1. Assist in the setting of the Trust's strategic aims, ensuring that the necessary financial and human resources are in place.

2. Ensure that the Trust manages risk effectively and that all risks taken can be managed.

3. Ensure that services are run for the people using them, with particular attention to alignment to the Trust's Vision, Mission, Strategy and Values.

4. Promote safety and quality in all aspects of services and ensure that the Trust's Clinical Governance Strategy is adhered to.

5. Ensure the long term sustainability of the Trust.

6. Analyse and contribute positively to the development of Gloucestershire Integrated Care System and strategic development of long term healthcare plans for the community.

7. Build and maintain close relations between the Foundation Trust's constituencies and stakeholder groups to promote the effective operation of the Trust's activities. Act as an ambassador for the Trust in engagement with stakeholders.

Compliance

8. Ensure the Foundation Trust meets its commitment to patients and targets for treatment.

9. Ensure the Trust establishes and maintains the highest standards of clinical and environmental hygiene to assure robust infection control standards.

Specific Responsibilities of Associate Non-Executive Directors

10. Prepare for, attend and contribute to the monthly Board of Directors' meetings, bi-monthly Council of Governors' meetings, and Board development activities.

11. To the extent that the required time commitment allows, participate in those activities where it has been agreed that Associate Non-Executive Directors involvement would bring an external and independent perspective.

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12. Ensure effective stewardship through planning, strategy, control and value for money.

13. Work in conjunction with the Council of Governors to promote public sector values and the interests of Foundation Trust members through good corporate governance.

14. Attend the Annual Members' Meeting, and attend the Board committees, as agreed with the Chair.

15. Have an on-going dialogue with the Council of Governors on progress in delivery of the Trust's strategic objectives and high level financial and operational performance. To this end, participate in formal and informal Governors' meetings.

16. Participate in ward/departmental visits and occasional external stakeholder meetings.

17. Participate in an annual review and appraisal of own performance with the Chair and contribute to both the annual appraisal of the Chair and Executive Directors, and periodic reviews of the performance of the Board.

18. Support the Chair, Chief Executive and Executive Directors in the governance and stewardship of the Trust.

19. Provide advice and guidance on issues relevant to their own skills, expertise and experience.

20. Through own behaviours, model the Trust values in all interactions with internal and external stakeholders.

21. Work corporately with the Non-Executive, Executive Directors and Governors of the Foundation Trust.

22. Bring their diversity of thought to the Board with the aim of improving services for all communities and staff.

Key Terms and Conditions:

Term of office	Initial Term two years, with a review at the end of year 1 (option to terminate appointment, if performance development not satisfactory); Possibility of extension at the end of year 2, if no suitable NED vacancies at the time.
Remuneration	£7,315 per annum.
Hours of work expected	2-2.5 days/month
Allowances	Mileage and expenses for formal Trust business
Location of work	Any of the Trust sites
Notice period	Three months

Time Commitment and Flexibility

The time requirement is a minimum of two days a month, with a mixture of set commitments and more flexible arrangements for ad hoc events, reading and preparation. The time commitment is split between the working day and evenings.

This job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances, in discussion with the post holder. This role profile is intended to provide a broad outline of the main responsibilities only. The

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post holder will need to be flexible in developing the role with initial and on-going discussions with the Chair.

This job description should be read alongside the supplementary information provided on NHS Jobs and the Trust's website.

Person Specification Non-Executive Directors

Part One – Eligibility, Background and Experience <mark>(please address these criteria in your covering letter)</mark>

- Eligible to be a member of the NHS Foundation Trust (please refer to Eligibility criteria document)

- Strong, demonstrable senior role within one of our partner University's Faculty and ability to network across the Universities of Gloucestershire, Bristol and Worcester.

- Meet the independence criteria for Non-Executive Directors* and meet the Fit and Proper Persons Requirement as defined in the Health and Social Care Act 2008 (Regulation of Regulated Activities) (Amendment) Regulations 2014**

- Genuine commitment to patients and to the promotion of excellent health care services

- Expertise in clinical education and health + social care research.

- Expertise of and/or commitment t developing the role the Trust plays as part of an Integrated Care System.

- Sufficient time to fulfil the requirements of the post

Part Two – Knowledge, Skills and Abilities (these criteria will be tested at interview)

- A broad understanding of healthcare issues and how large organisations operate within the NHS locally, regionally and nationally.

- Commitment to NHS values and principles and the aims of NHS Foundation Trusts

- Proven leadership skills in a University based academic setting across the range of healthcare staff

- Excellent interpersonal skills with proven track record in delivering productive networking between universities

- Proven track record of successful research grant application particularly in a healthcare setting and establishing research collaborations

- Evidence of developing undergraduate and postgraduate education programmes in line with the NHS long term plan to include (but not exclusively) medical education

- Able to assess strategies and plans of action to achieve objectives with a focus on the emerging University Hospital / health and social care aspirations of the Trust

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- Astute, able to grasp relevant issues and understand the relationships between interested parties

- Sound independent judgement, common sense and diplomacy

- Creative and diverse thinker

- A commitment to good corporate governance

Values

We will expect your values and behaviours to reflect the values of the Gloucestershire Hospitals NHS Foundation Trust.

*Refer to Non-Executive Director and Associate Non-Executive Director Eligibility Criteria

**Fit and Proper Persons Requirement

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 5 and Schedule 4 play a major part in ensuring the accountability of directors of NHS bodies and outline the requirements for robust recruitment and employment processes for board level appointments. As part of the assurance against the fit and proper person requirements for board members, you are required to address questions relating to topics including misconduct or mismanagement, bankruptcy and convictions.

Please refer to the questionnaire accompanying this advertisement.

COUNCIL OF GOVERNORS – 20 OCTOBER 2021

Report Title
ELECTED GOVERNOR VACANCIES

Sponsor and Author(s)
Author: Sim Foreman, Trust Secretary Sponsor: Peter Lachecki, Trust Chair

Executive Summary
The paper sets out options for filling three elected governor vacancies; a current public governor vacancy and the Allied Health Professional (AHP) staff governor vacancy created by the resignation of Fiona MARFLEET. The Corporate Governance team will implement the arrangements following the decision.

Recommendations
It is RECOMMENDED that the Committee hold elections for both these vacancies.

Impact Upon Strategic Objectives
There is no impact on the Strategic Objectives.

Impact Upon Corporate Risks
There are no impacts on corporate risks.

Regulatory and/or Legal Implications
The Constitution sets out the provisions related to governor vacancies between meetings.

Equality & Patient Impact
A public governor vacancy could limit the ability for the interests of members in that constituency to be fully represented and increase reliance on the other public governor in post. The absence of an AHP staff governor means that membership class are not represented.

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

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

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
							GNC 14 Sep
Outcome of discussion when presented to previous Committees/TLT							
The Governance and Nominations Committee RECOMMEND that elections be held for these two vacancies.							

COUNCIL OF GOVERNORS - ELECTED GOVERNOR VACANCIES

1. **Purpose of Report**

1.1. To make a recommendation in relation to the ongoing public governor vacancy in the Forest of Dean and a staff governor vacancy resulting from the resignation of Fiona MARFLEET as the Allied Health Professional (AHP) staff governor.

2. **Constitution**

2.1. The Constitution sets out provisions for dealing with an elected governor vacancy in Section 8.11.3 and there three options: Call an election, defer election until next planned elections or invite the next highest polling candidate. The relevant section is provided in full as Appendix 1.

2.2. The considerations related each of these were outlined to the Governance and Nominations Committee (GNC) on 14 September 2021 for them to make a recommendation to the Council of Governors.

3. **Governance and Nominations Committee recommendations**

3.1. The GNC supported the recommendation to hold an elections for the vacancies, as if filled this would provide a full Council. The GNC supported that the election term for successful candidates would run until Annual Member Meeting 2024 (just under three years).

3.2. The GNC AGREED additional targeting of candidates for the Forest of Dean vacancy would be needed and requested the Trust Secretary work with Hilary BOWEN and the engagement team on this. The Trust Secretary has already contacted the Forest Health Forum and the Forest Voluntary Action Forum to raise awareness.

3.3. The GNC disregarded the option to elect the next highest polling candidates for the AHP staff governor vacancy as the previous election was over 12 months ago, although previous candidates will be advised of this alongside wider communications to that group of staff. There was no next highest polling candidate option for the Forest of Dean.

3.4. The GNC disregarded the option to defer the elections as it would mean AHP staff were not represented on the Council and Hilary BOWEN would continue to be the only public governor for the Forest of Dean.

4. **Recommendation**

4.1. The Council of Governors APPROVE the recommendation from the Governance and Nominations Committee to HOLD elections for both vacancies (Forest of Dean and AHP) commencing in October 2021 with a view to successful candidates joining the Council in December 2021 or January 2022.

Author and Presenter: Sim Foreman, Trust Secretary

APPENDIX 1 – Extract from Constitution

8.11   Vacancies

8.11.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply.

8.11.2 Where the vacancy arises amongst the appointed Governors, the Director of Corporate Governance shall request that the appointing organisation appoints a replacement to hold office for the remainder of the term of office.

8.11.3 Where the vacancy arises amongst the elected Governors, the Council of Governors shall be at liberty:

8.11.3.1   To call an election to fill the seat for the remainder of that term of office; or

8.11.3.2   Having regard to the number of Governors remaining in post to represent that constituency, to defer the election until the next planned elections; or

8.11.3.3   Invite the next highest polling candidate for that constituency at the most recent election to take office to fill the post for any unexpired period of the term of office and if that candidate is not willing to do so to invite the candidate who secured the next highest number of votes until the vacancy is filled.

8.11.4 Notwithstanding the provisions of Paragraph 8.13 an election shall be called by the Trust as soon as reasonably practicable if by reason of the vacancy the number of Public Governors thereby ceases to be more than half of the total number of Governors in office at that time.

8.11.5 No defect in the appointment or election (as the case may be) of a Governor nor any vacancy on the Council of Governors shall invalidate any act of or decision taken by the Council of Governors.

COUNCIL OF GOVERNORS – 20 OCTOBER 2021

Report Title
Governance & Nominations Committee (GNC) Appointment Process

Sponsor and Author(s)
Author: Sim Foreman, Trust Secretary Sponsor: Peter Lachecki, Trust Chair

Executive Summary
Purpose To confirm the process for Governor nominations and appointment to the GNC for APPROVAL. Key Issues to note • The Council of Governors have ANNUALLY approved the following process for Governors to serve on the GNC. • The Lead Governor is a member of the Committee by office. There are usually THREE other Governors elected in addition to the Chair and Senior Independent Director/Vice Chair, however given the importance of the GNC in 2022 in the recruitment and selection of the new Trust Chair, it is proposed that FOUR other governors be appointed for 2022. Please note that the GNC members and the appointment panel do NOT have to be the same people as the GNC agree the final panel members. • Stakeholder governors are eligible for election. For 20022, membership of the Committee must include TWO public governors and one staff governor. • Candidates must be able to commit to the scheduled meetings and recognise additional ad hoc meetings may be needed to support the chair appointment process. The next meeting is on 14 December 2021 and from 2022 the meetings will be held approximately two weeks before a Council of Governors meeting. • ANY Governor may nominate themselves to join the Committee. • If there are no more than FOUR nominations the candidates will be elected unopposed, subject to meeting the TWO public and ONE staff governor requirement. If there are more than FOUR candidates an election will take place using the Single Transferable Vote method. Timeframe: • 20 October 2021 – Council of Governors APPROVE the process and nominations open. • 27 October 2021 – Nominations close at 17:00. Corporate Governance team review and determine if election is needed. • 28 October – 31 October – Election takes place if required. • 1 November 2021 – New Committee appointed.

Recommendations
The Council of Governors is asked to APPROVE the process and timeline for appointing Governors to serve on the Governance and Nominations Committee and note the changes proposed for 2022 only.

Impact Upon Strategic Objectives
Not applicable.

Impact Upon Corporate Risks
Not applicable.

Regulatory and/or Legal Implications
The GNC plays a key role in the appointment of the Trust Chair with a successor due to be appointed in 2022.

Equality & Patient Impact
Not applicable.

Resource Implications		
Finance	Information Management & Technology	
Human Resources	Buildings	
No change.		

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

Date the paper was presented to previous Committees						
Quality & Performance Committee	Finance Committee	Audit & Assurance Committee	Workforce Committee	Remuneration Committee	Trust Leadership Team	Other
						GNC 14 Sep
Outcome of discussion when presented to previous Committees						
Last reviewed in October 2020 by Council of Governors. GNC reviewed process and their feedback has been incorporated into the process.						

COUNCIL OF GOVERNORS – 20 OCTOBER 2021

Report Title
Governors' Log Report

Sponsor and Author(s)
Author and 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 18 August 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
The Council of Governors is asked to NOTE 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)

Gloucestershire Hospitals
NHS Foundation Trust

REF	12/21	STATUS	CLOSED		
SUBMITTED	04/08/2021	DEADLINE	18/08/2021	RESPONDED	20/09/2021
GOVERNOR	Alan Thomas				
LEAD	Mark Hutchinson				
THEME	Civica/Patient care				
QUESTION					

Does Civica's partnership with GHC (https://www.civica.com/en-gb/container---news-insights--events/ghc-adopts-civica-cloud-solution-to-improve-patient-care/?utm_campaign=Oktopost-Health+%26+Care&utm_content=Oktopost-twitter&utm_medium=social&utm_source=twitter) help patients who pass through our Trust and/or their GP - or is this a stand-alone system benefitting only GHC's patients?

ANSWER

Although this is a stand-alone system being used by GHC, it will have wider benefits to GHFT, GPs and the ICS as a whole. It will allow them to provide more patient information via JUYI (Joining Up Your Information) - and this is the system accessed by the wider Gloucestershire Health System.

As a Trust, we are implementing Hyland OnBase to achieve a similar outcome.

REF	14/21	STATUS	OPEN		
SUBMITTED	17/08/2021	DEADLINE	31/08/2021	RESPONDED	13/10/2021
GOVERNOR	Alan Thomas				
LEAD	Steve Hams/Craig Bradley				
THEME	Visiting Restrictions				
QUESTION					

A recent article in the HSJ (https://www.hsj.co.uk/patient-safety/patient-deaths-spark-multiple-warnings-about-visiting-restrictions/7030673.article?utm_campaign=691785_THN%20-%2016%20August%202021&utm_medium=email&utm_source=NHS%20Providers%20%28Main%20account%29)
around patient deaths and visiting restrictions raised a number of concerns. Would it be possible please to have a Trust view on this?

ANSWER

During the pandemic we have aimed to keep visiting restrictions to a minimum and have maintained a more flexible approach when special circumstances apply. We are aware of the potential harm that can be caused as a result of restricted visiting and the balance has always been in trying to manage the risk of increased visiting and the restrictions.

With this in mind we are planning some changes to our visiting arrangements and are pleased that we will be able to relax the restrictions with a move back to mostly pre-pandemic rules with some important mitigations.

REF	15/21	STATUS	OPEN		
SUBMITTED	13/09/2021	DEADLINE	27/09/2021	RESPONDED	22/09/2021
GOVERNOR	Geoff Cave				
LEAD	Deborah Lee				
THEME	Communication with Patients RE: Cancer				
QUESTION					

If a GP refers a patient on the two week wait system on suspicion of cancer, who decides to send a letter to the patient to notify them of an appointment with a Consultant instead of a phone call/text or email?

FOLLOW UP QUESTION, AWAITING RESPONSE - Could the response explain why the referral is made to a national booking system (the patient is given the impression that the referral has been sent to the Trust), this seems a potential for extra time being taken.

ANSWER

It is very important that when a GP makes a 2 week referral for suspicion of cancer that they are open with the patient about this and confirm that they are available to be seen in the next 14 days and explains they will receive an appointment letter to their home address. The practice then submits the referral into a national booking system (which "talks" to our outpatient booking system) and the patient receives an appointment letter. Once booked, if we have a mobile number on record, they will also get text reminders which would alert a patient who has not picked up their appointment letter.

In summary, if GPs are clear that a patient has been referred on a two week pathway then the scenario you describe should not arise. If a GP does not make this clear, which I think unlikely, then the risk you describe may present but given the pathway starts in primary care, is not something easily safety netted by the Trust. However, if a patient fails to attend a booked 2 week wait appointment, at that point we will get in touch by whatever means we can – we start with a telephone call where possible, to rebook the appointment.