2022-09-21

Wed 21 September 2022, 17:00 - 19:45

MS Teams

Agenda

17:00 - 17:00
0 min

AGENDA

00_Agenda CoG - Public_September 2022.pdf (1 pages)

17:00 - 17:00
0 min

1. Welcome and Apologies

17:00 - 17:00
0 min

2. Declarations of interest

17:00 - 17:00
0 min

3. Minutes of meeting held on 20 July 2022

03_July 2022 - COG Public Minutes.pdf (3 pages)

17:00 - 17:00
0 min

4. Matters arising

17:00 - 17:00
0 min

5. Chairs Update

17:00 - 17:00
0 min

6. Report of the Chief Executive (Deborah Lee)

06_CEO Briefing.pdf (5 pages)

17:00 - 17:00
0 min

7. Governance & Nominations Committee

17:00 - 17:00
0 min

8. Governor Election Update

08_Governor Election Update v1.pdf (2 pages)

17:00 - 17:00
0 min

9. Lead Governor – Job Description

09_Coversheet Lead Governor.pdf (2 pages)
09_Lead Governor JD - Appendix 1.pdf (1 pages)
09_Lead Governor Nomination Form 2022.pdf (1 pages)

17:00 - 17:00
0 min

10. Overview of Audit Work – 2021/2022

17:00 - 17:00
0 min

11. Fit for the Future Phase 2 – Outcome of Engagement

- 11a_FFTF CoG Coversheet Sept 2022.pdf (1 pages)
- 11b_FFTF2 OoE Report v1.2.pdf (68 pages)
- 11c_GHFT CoG FFTF OoE 210922 v1.pdf (9 pages)

17:00 - 17:00
0 min

12. Key Issues and Assurance Reports

- 12a_Audit and Assurance Committee KIAR 26.07.2022.pdf (2 pages)
- 12b_Estates and Facilities KIAR 28.07.2022.pdf (2 pages)
- 12c_Finance and Digital Committee KIAR 25.08.2022.pdf (1 pages)
- 12d_Finance and Digital Committee KIAR 28.07.2022.pdf (2 pages)
- 12e_Quality and Performance Committee KIAR 27.07.2022.pdf (3 pages)

12.1. Audit and Assurance Committee

12.2. Estates and Facilities Committee

12.3. Finance and Digital Committee

12.4. Quality & Performance Committee

17:00 - 17:00
0 min

13. Update from the Youth Ambassadors

- 13_V4 Council of Governors Young Influencers Presentation.pdf (10 pages)

17:00 - 17:00
0 min

14. Governor’s Log

- 14_Governor's Log - Cover.pdf (1 pages)
- 14_Governors log 2022.pdf (3 pages)

17:00 - 17:00
0 min

15. Any other business

NHS
Gloucestershire Hospitals
NHS Foundation Trust

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
17.00, Wednesday 21 September 2022
Lecture Hall, Sandford Education Centre, Cheltenham
AGENDA

Ref	Item	Purpose	Paper	Time
1	**Welcome and Apologies** *Deborah Evans, Chair*			17.00
2	**Declarations of interest**			17.05
3	**Minutes of meeting held on 20 July 2022**	Approval	YES	17.10
4	**Matters arising**	Information	YES	
5	**Chairs Update** • **Discussion and Format of Council of Governors** • **Proposed schedule of meetings 2023**	Discussion	YES	17.15
6	**Chief Executive's Briefing** *Deborah Lee, Chief Executive Officer*	Assurance	YES	17.30
7	**Governance and Nominations Committee** *Deborah Evans, Chair* • **NED Recruitment Update**	Information	Verbal	17.45
8	**Governor Election Update** *Lisa Evans, Assistant Trust Secretary*	Information	YES	17.55
9	**Lead Governor Nominations Process** *Kat Cleverley, Trust Secretary and Lisa Evans, Assistant Trust Secretary*	Information	YES	18.00
10	**Audit Overview 2021-22 Report** *Michelle Hopton, Deloitte*	Information	Verbal	18.05
11	**Fit for the Future Programme: Engagement Outcome Report** *Simon Lanceley, Director of Strategy and Transformation, and Micky Griffith, Programme Director*	Information	YES	18.20
Break (18.20-18.30)				
12	**Key Issues and Assurance Reports:** • Audit and Assurance Committee *Claire Feehily, Non-Executive Director* • Estates and Facilities Committee *Mike Napier, Non-Executive Director* • Finance and Digital Committee *Rob Graves, Non-Executive Director* • Quality and Performance Committee *Alison Moon, Non-Executive Director*	Assurance	YES	18.30
13	**Youth Ambassadors Update**	Information	Verbal	19.00
14	**Governor's Log** *Lisa Evans, Assistant Trust Secretary*	Assurance	YES	19.10
15	**Any other business**			19.15
Close at 19.20 **Date of next meeting: Wednesday 16 November 2022**				

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST Minutes of the Council of Governors - Public Meeting 14.30, Wednesday 20 July 2022 By Microsoft Teams			
Present	Rob Graves	RG	Non-Executive Director (Chair)
	Alan Thomas	AT	Public Governor, Cheltenham (Lead)
	Carolyne Claydon	CC	Staff Governor, Other, Non-Clinical Staff
	Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
	Hilary Bowen	HB	Public Governor, Forest of Dean (from item 12)
	Geoff Cave	GCa	Public Governor, Tewkesbury
	Graham Coughlin	GCo	Public Governor, Gloucester
	Anne Davies	AD	Public Governor, Cotswold
	Pat Eagle	PE	Public Governor, Stroud (to item 11)
	Mike Ellis	ME	Public Governor, Cheltenham
	Andrea Holder	AH	Public Governor, Tewkesbury
	Pat Le Rolland	PLR	Appointed Governor, Age UK Gloucestershire
	Jeremy Marchant	JM	Public Governor, Stroud
	Sarah Mather	SM	Staff Governor, Nursing and Midwifery
	Maggie Powell	MPo	Appointed Governor, Healthwatch
	Russell Peek	RPe	Staff Governor, Medical and Dental Staff
	Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals
Attending	James Brown	JB	Director of Engagement, Involvement of Communications (to item 10)
	Kat Cleverley	KC	Trust Secretary
	Lisa Evans	LE	Assistant Trust Secretary
	Claire Feehily	CH	Non-Executive Director
	Marie-Annick Gournet	MAG	Non-Executive Director
	Balvinder Heran	BH	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
	Mike Napier	MN	Non-Executive Director
	Katie Parker Roberts	KPR	Head of Quality
	Mark Pietroni		Chief Executive (Interim) (items 1-7)
	Rebecca Pritchard	RP	Associate Non-Executive Director

Ref	Item
1	**Welcome and Apologies** Apologies were noted from Deborah Evans, Liz Berrigan, Julia Preston
2	**Declarations of Interest** There were no declarations of interest.
3	**Minutes of meeting held on 22 May 2022** The minutes were agreed as a true and accurate record.
4	**Matters arising** Updates were noted.
5	**Chairs Update**

	RG welcomed all to the meeting. He reported that NED recruitment and Governor elections were progressing.
6	**Governance & Nominations Committee (G&N) – NED Recruitment** RG reported that G&N had met earlier that day. NED recruitment was discussed; three NED vacancies were being recruited to, with appointments to be made in November. The list of recruitment consultants was reviewed and it was agreed that the Chair would contact all Governors for input. AT reported that as he would be leaving the Council and GC was up for re-election during the recruitment, it had been agreed that two additional governors would be asked to be involved. The Council noted that AH and ME had agreed to join the recruitment panel. The Governors discussed the qualities and experience required of the new NEDs.
7	**Report of the Chief Executive** MP reported that the Trust had managed well during the heatwave. Ambulance waiting times had been reduced to zero and some learning would be taken from this. However, not all responses to the emergency would be sustainable in the long term and could not be adopted as 'Business as usual'. The annual pay review had taken place and an average award of 4.5% had been agreed. Governors noted that junior doctors were excluded from this and would receive 2% this year. A call for ballots for industrial action was likely and this would be dealt with appropriately. The CQC report on the maternity service would be published on Friday and would be shared with Governors. GC asked that Governors be involved in discussions and MP agreed. **ACTION**
8	**Governor Election Update** Elections were taking place for eight seats on the Council of Governors; seven Public Governors and a Nursing and Midwifery Staff Governor. The Corporate Governance team was working with colleagues in the Communications Team to engage with members, partner organisations and other interested parties in order to publicise the vacancies and to attract prospective candidates. The elections would be highlighted through social media and in a membership newsletter. The Trust's webpages and governor information packs would be updated. The press release would be sent out to Governors to be shared with their own contacts. JB reported that the Youth Ambassadors were meeting the following week and he would share the press release with them for wider dissemination. Discussions were taking place around permitting younger members of the Trust, which would require a review of the Constitution. The timetable for the election was noted and nominations would close on Friday 5 August.
9	**Patient Experience Annual Report 2021/22** KPR presented the Patient Experience annual report which provided assurance that the Trust reviewed patient experience risks, patient experience data and insights. The Council noted the patient experience improvement activity across the Trust in 2021/22. Patients had reported a mostly positive experience of Trust services, with 89.6% of patients recommending Trust services through the Friends and Family Test (FFT), however, this was down slightly on the previous year. Some of this change had been due to the impact of beginning to recover from the pandemic, with an increase in patients requiring the services of the NHS, and a shift in public opinion of the NHS compared to during the peak of the pandemic. The Council noted the priority areas for 22/23.
10	**Stakeholder Governor Vacancy** Following the introduction of the Integrated Care Board, the current Stakeholder Governor vacancy for Gloucestershire CCG had become redundant. The Council discussed options for the vacancy and AD reported that she had discussed Youth Ambassador involvement with DE.

	Environmental Change was discussed as a focus for a new Governor or NED, and CC suggested that a second non-clinical governor could be appointed. MPo reported that the Stakeholder Governor must represent an organisation. A further discussion on options for the Stakeholder vacancy would be held at Governance and Nominations Committee.
11	**Notice of 2022 Annual Members' Meeting (AMM)** KC reported that the 2022 AMM was to be held on 27 September 2022 between 16:30 and 18:30. It had been proposed that this meeting would be undertaken virtually due to ongoing concerns around COVID-19 in healthcare settings. However, RG reported that at the meeting of the G&N earlier that day it was agreed that the option of holding a hybrid meeting would be considered.
12	**Key Information and Assurance Reports (KIAR)** The Council received the KIARs from recent Committee meetings and these were taken as read. Governors received and commented on the following reports: • Audit and Assurance Committee • Estates and Facilities Committee • Finance and Digital Committee • People & Organisational Development Committee • Quality & Performance Committee **RESOLVED:** The reports were NOTED
13	**Governor's Log** The themes raised via the Governors' Log since the last full Council meeting were noted.
14	**Any other Business** There was no other business for discussion.
15	**Date of next meeting: 17 September 2022**
Close	

Actions/Decisions			
Item	**Action**	**Lead/ Due Date**	**Update**
7	The CQC report on the maternity service would be published on Friday and would be shared with Governors.	MP	Completed

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS - SEPTEMBER 2022

CHIEF EXECUTIVE OFFICER'S REPORT

1. INTRODUCTION

As I return to my first full week at work following my phased return, I wanted start by thanking everyone for such a warm welcome – it's good to be back! Most notably, however, I'd like to acknowledge and thank Mark Pietroni and the Executive Team for stepping into the breach at such short notice. It has been a challenging three months for the organisation and for them; as such I am indebted to Mark for his leadership during these months, and to the Executive Team for providing him with such excellent support.

I know I speak on behalf of everyone in our organisation in saying how incredibly saddened we were to learn of the death of Her Majesty the Queen. For more than seven decades, the Queen has been a consistent source of strength across the country and around the world, demonstrating a steadfast commitment to public service exemplified by extraordinary compassion and humility. It was the proudest moment for the NHS when, earlier this year, she awarded all NHS staff the George Cross in recognition of their compassion and courage over the last 74 years but particularly during the pandemic.

The Trust has observed the period of national mourning, including providing opportunities for staff to express their condolences and access support, whilst ensuring all critical services continued to run. Staff required to work the additional Bank Holiday have been appropriately recognised and rewarded in line with all other statutory bank holidays.

I consider myself fortunate to have had the opportunity to host King Charles lll and Camilla, Queen Consort, on behalf of the Trust, on two occasions in recent times. Firstly, when they visited our hospitals and met front line staff to thank staff for the incredible efforts during the pandemic and on a second occasion when they formally opened The Jenner Vaccination Centre and again spent time with staff and patients. I know from these engagements and my interactions with Their Majesties that they are similarly staunch supporters of the NHS and its staff.

The Queen's final act of public service was to appoint our new Prime Minister, the Rt Honourable Liz Truss MP. It is too early to assess the impact of these changes in Government on the NHS, not least as one of her first acts was to appoint a new Secretary of State for Health the Rt Honourable Teresa Coffey MP however, she has stated that the NHS will remain a government priority.

We have now received the Care Quality Commission's draft reports following their Core Service Inspection of Surgical Services and their Well-led Review of the Trust. We are currently going through the next step of factual accuracy checking but I am hopeful that by the time we meet later this month we will have a further update on their findings, ratings and recommendations.

As part of our work to increase the visibility of senior leaders in the organisation, Executives have started a 'back to the floor' programme spending two half-days a month in frontline areas 'volunteering' as receptionists, health care assistants, porters and with our corporate teams. We know from feedback that staff value these interactions and will hopefully expedite our endeavours to ensure all staff feel heard and valued. A seminar with the 100 Leaders group has also been held as part of our desire to improve the way in which staff can be engaged in addressing issues in their work area and feel empowered to both drive and lead change. All of this feeds into our long-term approach to improving the culture in the organisation with the aim of significantly improving retention of staff; we will track our progress through the National Staff Survey measure of the number of staff who would recommend the Trust as a place to work.

2. OPERATIONAL CONTEXT

Since the last Public Board meeting, we removed the necessity to wear a mask except in clinically high-risk areas such as Oncology and from 1st September all routine testing of staff and patients has been stood down. Testing for patients now follows pre-pandemic rules for influenzas i.e. symptomatic individuals only or where there is clinical suspicion. Staff can still access tests online but twice weekly routine staff testing is no longer required. Plans for winter flu vaccination are being developed and will include Covid booster vaccination for all NHS staff. Staff are encouraged to get vaccinated as soon as they can, once bookings become available as we are anticipating an earlier flu season this year.

Operationally, the Trust continues to perform well in the delivery of our elective programme, diagnostics and cancer performance. In each of these areas we remain in the top quartile within the South West. We have provided some mutual aid to other regions where we have capacity and can do this without disadvantaging patients in Gloucestershire. Despite our relatively low waiting lists our elective activity, especially day case, has still not returned to pre-pandemic levels and we are working to improve productivity in a number of areas. Some of this relates to staffing issues but positively we have made progress in recent months in recruitment, especially to operating theatre. The focus now is ensuring a positive experience and development pathway for these staff to maximise retention and team stability.

Recent improvements in ambulance handover delays have been sustained and are starting to result in significant improvements in ambulance response times in Gloucestershire. There has been significant scrutiny of the Trust's performance including weekly meetings with the national team. This has resulted in additional financial support, both revenue and capital, to help us deliver agreed actions including a new, expanded discharge waiting area, flow coordinators and extra staff in ED and on the wards at the weekends. Step-wise improvement will only come with system change which results in an improvement in flow within the Trust and a reduction in the number of patients who are Medically Optimised for Discharge which remains well in excess of 200 patients on most days. The Integrated Care Board (ICB) has a crucial role to play in holding individual partner organisations to account for their performance against issues within their control and for improvement in cross-organisational working.

The Gloucestershire Health Overview and Scrutiny Committee (HOSC) has also recently "called in" the area of Urgent and Emergency Care (UEC) for further scrutiny. This

commenced this week with a workshop for members where they were briefed on the findings of the Local Government Association (LGA) Peer Review and the diagnostic work underway by external consultants Newton who have been commissioned by the ICB to identify opportunities and provide implementation support to improve UEC performance.

Finally, after many years of planning and a lengthy phased implementation, we have recently commenced the provision of 24/7 emergency primary angioplasty and coronary artery stenting in Cheltenham General Hospital, meaning that patients will no longer need to travel to Bristol for this service overnight. Given the criticality of timely care – described as "pain to balloon time" – this has the potential to significantly improve outcomes for patients and make the service more attractive to new staff.

3. COST-OF-LIVING CRISIS

The cost-of-living crisis continues to impact significantly on staff throughout the organisation and, inevitably, most notably on those lower banded staff which make up more than half of our workforce; this is soon to be compounded by further increases in energy bill from October.

Although, as a Foundation Trust, the organisation has the ability to set local pay rates, in keeping with the vast majority of NHS Trusts we have continued to operate the nationally negotiated pay framework call Agenda for Change (AfC) and the national pay arrangements for medical and dental staff. The 2022/23 pay award for AfC staff will be implemented this month with staff receiving their new salary, plus arrears backdated to April 22 in their September pay; this will include staff in Gloucestershire Managed Services (GMS) who are on retained AfC employment terms. This award will mean all staff on AfC contracts will receive a minimum pay award of £1400. However, unfortunately for many staff this uplift will be lower in real terms due to increased employee pension contributions. At the end of September, the GMS Board will be considering the cost-of-living increase for staff on their local terms and conditions. Finally, we also know that several hundred staff are paid less than the Real Living Wage and, whilst we are not yet in a position to make any commitment to address this, we are investigating the possibility and implications of making sure that all staff, including GMS, receive at least the Real Living Wage.

Our current offer of support to staff includes:

- The 2020 Hub Financial health and wellbeing intranet page has recently been significantly updated and restructured. We now include signposting to financial support and debt advice, managing your money, telephone numbers for local agencies such Citizens Advice, as well as a discounts/offers page. The 2020 Hub team will continue to regularly maintain and update this with the latest information.
- The 2020 hub is proactively contacting local shops and businesses such as retail, hairdressers, vets/pet care, hardware and repairs to see what offers/discounts are available to NHS staff and posting these on the Discounts and Offers intranet page.
- In partnership with the Communications Team, we are planning to run a 3-month long comms campaign (October-December) to highlight and promote the sources of support that are available. In addition to the financial wellbeing page above we will highlight existing offers available including promotion of:

- Salary Sacrifice and discount schemes including the cycle to work scheme given its potential to significantly reduce fuel and parking costs for staff in cycling distance.
- Salary Finance (loans, savings, advance)
- Promoting the Employee Assistance Programme (EAP) which, in addition to providing counselling, can offer certain kinds of financial advice
- 2020 Hub offering a listening and signposting service to colleagues who are anxious and worried about money

- We have begun working with the catering team to identify where savings and discounts can be offered to colleagues. A range of options are being developed and costed. This may include reward schemes e.g. buy 4 meals and get one free; lunchtime "Meal Deals", budget meal of the day and discounts on freshly prepared meals.
- We have started working with GMS and finance colleagues to explore opportunities and mechanisms for offering staff interest-free loans on annual travel passes (rail, coach, bus).
- We are just commencing work with system colleagues in One Gloucestershire to identify where we can agree a consistent financial wellbeing offer to colleagues. A Task-and-Finish group is due to meet in early September and will report into the Organisational Development Steering Group. Areas we are likely to explore collectively include, in addition to what's already been listed:
  - Provision of Hardship funds/grants
  - Parking charges
  - Provision of food bank vouchers to staff

4. Other Highlights

The estates work continues at pace and we opened the new Frailty Ward in the Gallery Wing in August which is a superb environment for staff and patients in contrast to their previous "home". This is part of a planned reorganisation of frailty services aiming to provide direct pathways that avoid the need for patients to attend our Emergency Departments and to promote faster turnaround for patients who do need hospital care.

September 20th is Maternity Safety Champions Day. We are holding an event to share good practice and safety improvement projects in maternity and to share the future work of the safety champions to inspire more direct care staff to be involved.

Fundraising for the Gloucestershire Cancer Institute is about to launch with an inaugural event at Berkeley Castle on the evening of September 29th. The event aims to create momentum for the private phase of our appeal. Significant donations will be crucial for the success of this £16.5M Capital Appeal, and the charity team will work with our Appeal Board following the event to convert interest into engagement and pledges of support.

5. THE END OF AN ERA

Today we say our official goodbye to Alan Thomas, Public Governor for Cheltenham and Lead Governor. I consider myself blessed to have had the opportunity to work with Alan for the past six years. I met Alan before I commenced in post and felt an immediate bond. When the challenges I had taken on became apparent, I knew that in Alan I had someone

who would be a constant sort of wise counsel and support and with whom I could navigate the challenges ahead – I wasn't wrong.

Alan has served the Trust for nine years, the maximum a Governor can serve. He has been both champion and critical friend to the Board over these years and I can say, without hesitation, that the organisation and our patients are better for having been served by him. He has championed many causes over his years, often "batting" for the underdog and he will be especially remembered for his campaigning for those with mental health needs. I would also like to thank him for appointing two outstanding Chairs!

Deborah Lee
Chief Executive

September 2022

Report to Council of Governors	
Date	21 September 2022
Title	Governor Election Update
Author /Sponsoring Director/Presenter	Lisa Evans, Assistant Trust Secretary Kat Cleverley, Trust Secretary

Purpose of Report		Tick all that apply ✓	
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Link to Council of Governors Duties			
Hold to account		**Appointment/remuneration**	
Represent interests of members and public	✓	**Contribute to strategy**	
Approve increase in non-NHS income		**Approve significant transactions**	
Approve merger/acquisition etc.		**Approve constitution changes**	

Summary of Report

Elections have been taking place over the summer for seven seats on our Council of Governors. These elections are for the following public governor constituencies:

- Cheltenham x1;
- Forest of Dean x2;
- Gloucester x1;
- Stroud x1;
- Tewkesbury x1 and,
- Out of County x1.

In addition, elections are also being held for a Nursing and Midwifery, Staff Governor.

- The Corporate Governance team worked with colleagues in the Communications Team and partner organisations to engage with members and other interested parties, in order to publicise the vacancies and to attract prospective candidates. The elections were highlighted through social media and in membership newsletters.

- We are pleased to report that for this election we received at least one nomination for each vacancy. The following vacancies received just one nomination per vacancy and therefore the Governor is elected unopposed:
    - Cheltenham (1 nomination – 1 vacancy)
    - Forest of Dean (2 nominations for 2 vacancies)
    - Gloucester (1 nomination – 1 vacancy)

- Out of County

- The election timetable is reproduced below. The election voting packs have been despatched and the elections will close on 22 September with the declaration of results the following day.

Election Timetable

ELECTION STAGE	
Trust to send nomination material and data to CES	Friday, 24 Jun 2022
Notice of Election / nomination open	Friday, 8 Jul 2022
Nominations deadline	Friday, 5 Aug 2022
Summary of valid nominated candidates published	Monday, 8 Aug 2022
Final date for candidate withdrawal	Wednesday, 10 Aug 2022
Electoral data to be provided by Trust	Monday, 15 Aug 2022
Notice of Poll published	Friday, 26 Aug 2022
Voting packs despatched	Tuesday, 30 Aug 2022
Close of election	Thursday, 22 Sep 2022
Declaration of results	**Friday, 23 Sep 2022**

Planning for the Lead Governor election is underway.

Recommendation

The Council is asked to note the report.

Enclosures

None

Report to the Council of Governors

Date	21 September 2022
Title	Lead Governor - Election
Author /Sponsoring Director/Presenter	Lisa Evans. Assistant Trust Secretary Kat Cleverley, Trust Secretary

Purpose of Report		Tick all that apply ✓	
To provide assurance	✓	**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	
To provide advice		**To highlight patient or staff experience**	

Summary of Report

The process for the Lead Governor elections will begin in the next few weeks and the nomination form is attached.

If you would like to put yourself forward, or nominate another governor (with their agreement) please complete and return the form to Corporate Governance. Alan Thomas has confirmed that he is happy to have a private conversation on what the role entails. The Nominations will open formally on Monday 26 September and will follow the process outlined below:

- Any Governor may nominate another Governor with the agreement of the nominee.
- Any Governor may nominate themselves.
- Each candidate, even if unopposed, will provide a one-page statement setting out what they would bring to the role.
- If there is more than one nomination there will be an election conducted by email – a simple majority will win. If there is a tie the Chair of Governors has a casting vote in consultation with the G&N Committee members.
- If there is a single nomination the Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining.
- If there are no nominations the Chair in consultation with the Governance and Nominations Committee will nominate a Lead Governor for approval by the Council of Governors, for a period of one year.

ELECTION STAGE	
Nominations open	Friday 14 October 2022
Nominations deadline	Friday 21 October 2022
Summary of nominated candidates published & voting opens	Monday 24 October 2022
Close of election	Monday 31 October 2022
Declaration of results	Tuesday 1 November 2022

We have taken this opportunity to review the Job Description for the Lead Governor post. Only minor amendments have been made.

Recommendation
The Council is asked to note the report and approve the Lead Governor Job Description.
Enclosures
• Lead Governor Job Description • Nomination Form

Lead Governor
Job Description

Principal responsibilities as developed at GHNHSFT:

(a) To act as the point of contact between the Governors and NHS England.
(b) To sit on the Governance and Nominations Committee (see Terms of Reference).
(c) To input to the Chair's and Non-executive Directors' annual appraisals on behalf of the Council of Governors.
(d) To work to ensure a continuing good relationship between Governors and Directors.
(e) To bring to the Chair's notice any issues from the Governors.
(f) To work towards the effectiveness of the Council of Governors and its subcommittees.
(g) To chair meetings of the Council of Governors which cannot be chaired by the Trust Chair, Vice-Chair or other Non-Executive Director due to a conflict of interest.

Conditions of appointment and Term of Office:

(a) To be a Governor of at least one year's standing.
(b) To be appointed by the Council of Governors.
(c) An initial term of three years, with the possibility of a further three-year term on reappointment.
(d) Removal of the Lead Governor will require the approval of three-quarters of the members of the whole membership of the Council of Governors.

Person specification:

(a) Integrity in accordance with the Nolan Principles, concerning conduct in public life.
(b) To work in the best interest of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.
(c) Understanding of the Trust's Constitution and how the Trust is influenced by other organisations.
(d) To be committed to the values of the Foundation Trust.
(e) To represent the position and wishes of Governors.
(f) To be able to commit the time necessary.
(g) To be IT literate, including ability to use email, Microsoft Office, Internet.
(h) To have the ability to influence and negotiate.
(i) To be able to present a well-reasoned argument.

Process for appointment:

- The Trust Secretary will organise the process.
- Any Governor may nominate themselves.
- Any Governor may nominate another Governor with the agreement of the nominee.
- Each candidate, even if unopposed, will provide a one-page nomination statement.
- If there is more than one nomination there will be an election. A simple majority will win. If there is a tie the Chair of Governors has a casting vote in consultation with Governance and Nomination Committee members.
- If there is a single nomination, the Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining.
- If there are no nominations the Chair, in consultation with the Governance and Nominations Committee, will nominate a Lead Governor for approval by the Council of Governors, for a period of one year.

Lead Governor Election

Name	
Position	
Nomination Statement	

Report to Council of Governors

Agenda item:		Enclosure Number:	
Date	21/09/22		
Title	Fit for the Future 2: Output of Engagement Report		
Author /Sponsoring Director/Presenter	Micky Griffith, Programme Director - Fit for the Future Simon Lanceley Director of Strategy and Transformation		

Purpose of Report		Tick all that apply ✓	
To provide assurance		**To obtain approval**	
Regulatory requirement	x	**To highlight an emerging risk or issue**	
To canvas opinion	x	**For information**	x
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Purpose:
To review the Fit for the Future 2 Output of Engagement Report.
Objectives:

- To provide a reminder of the FFTF2 proposals
- To review the FFTF2 engagement activities
- To review the FFTF2 engagement quantitative and qualitative responses.

Recommendation

As part of the agreed process for service change proposals, CoG are requested to review and discuss the Output of Engagement Report prior to any recommendations being formulated. This report, combined with the Clinical Senate Panel Review Report and any other information deemed necessary, will be used to determine next steps recommendations.

Enclosures

FFTF2 OoE (Output of Engagement) Report v1.2	This is the main report for review and discussion
OoE presentation	Summary presentation
Appendices 1a-e Responses	These are all the comments received by respondent type and are included for completeness but are **not required** reading. They can be found at Fit for the Future 2 | Get Involved In Gloucestershire (glos.nhs.uk)
Appendices 3a & b Engagement materials	These are for information only and are **not required** reading and can be found at Fit for the Future 2 | Get Involved In Gloucestershire (glos.nhs.uk)

One Gloucestershire
Transforming Care, Transforming Communities

NHS

Output of Engagement Report

Version 1.2

August 2022

Work in Progress: Proposals subject to public involvement

Fit for the Future 2

Developing specialist health services in Gloucestershire

Contents

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1 Executive Summary

1.1 What we engaged on[1]

The Fit for the Future 2 engagement covered ideas[2] for consideration for six services:

- **Benign Gynaecology**: to continue to locate the majority of Benign Gynaecology Day Cases at Cheltenham General Hospital **[3].
- **Diabetes and Endocrinology:** to continue to centralise the dedicated Diabetes and Endocrinology Inpatient beds at Gloucestershire Royal Hospital and provide a Diabetes and Endocrinology Consult service at Cheltenham General Hospital **.
- **Respiratory**: to continue to centralise Respiratory Inpatient beds and establish Respiratory High Care at Gloucestershire Royal Hospital and provide a Respiratory Consult service at Cheltenham General Hospital **.
- **Non-Interventional Cardiology**: To centralise Non-Interventional Cardiology inpatient beds at Gloucestershire Royal Hospital and provide a Cardiology Consult service at Cheltenham General Hospital.
- **Stroke**: to continue the change of location for Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU) at Cheltenham General Hospital **.
- **Frailty**: rather than a specific service change, we provided information on existing services, ideas for improvements and asked *What do you think are the most important things to be considered in improving Frailty services*?

1.2 Engagement key facts

- Public, patient and staff engagement focussed on six specialist health services: Benign Gynaecology; Diabetes and Endocrinology; Non-interventional Cardiology; Respiratory; Stroke and Frailty/Care of the Elderly.
- Approximately 3,000 Engagement booklets distributed across the county, including at Cheltenham General and Gloucestershire Royal Hospital.
- 50+ engagement events.
- 6 Facebook Live streamed independently hosted events with 9,800 views.
- A comprehensive series of activity for staff including question and answer drop ins and regular newsletters.
- Telephone interviews conducted with members of the public who wanted to share more insights about their personal experience of services.
- Over 1,800 face-to-face conversations with members of the public and staff at engagement events.
- Facebook adverts reached approximately 64,500 individual people. This resulted in 925 people clicking the link through to the Engagement survey.
- Twitter adverts had more than 55,000 impressions with the link to the survey clicked 87 times in total.
- 200+ Fit for the Future 2 (including Easy Read) surveys completed

[1] A copy of the engagement booklets can be found in Appendix 3

[2] Subsequent to the engagement, an options appraisal process has been undertaken and these ideas are now our preferred options and have been submitted to the South West Clinical Senate and NHSE for review.

[3] **Currently under temporary service change

An example of promotional communications is presented below

1.3 Engagement survey quantitative responses

Full details are provided in section 7, but in summary:

- Strong level of support for all service ideas
- Survey respondents answer the questions they are interested in so respondents either skip or indicate no opinion.

Service	Support[4]	Oppose
Benign Gynaecology	92%	8%
Diabetes and Endocrinology	98%	2%
Non-interventional Cardiology	99%	1%
Respiratory	97%	3%
Stroke	84%	16%

[4] Analysis of standard survey

1.4 Engagement survey qualitative themes

Responses to the engagement focussed on the following themes, these included:

1.4.1 *Public and Patients respondents' themes*

- Support for Centres of Excellence approach
- Travel and Transport
- Car parking
- Ward environment

1.4.2 *Staff respondents' themes*

- Benefits of the Centres of Excellence approach
- Travel and Transport
- Car parking for patients
- Health inequalities
- Interdependencies with other clinical services
- Improved integration with primary and community services

As previously stated, all responses to Frailty/Care of the Elderly are qualitative.

All the individual comments are included in Appendix 1.

1.5 Who got involved?

In terms of the reach of the engagement, demographic information is known about those survey respondents who chose to provide 'About You' information in their survey responses. There is a broad representation of groups in responses to the survey. There is extended reach through some of the targeted activities, which ensured a diverse range of voices had an opportunity to be heard.

During the engagement, participants took the opportunity to access information, ask questions and comment on other health and wellbeing related matters. Access to GP and NHS dental appointments were the most frequently occurring non-FFTF2 matters raised during the engagement period.

A detailed summary of feedback received can be found in Sections 6 & 7. All feedback received can be found in the Appendix 1 to this Report.

2 Introduction

2.1 Purpose of this report

The Fit for the Future (FFTF2) Output of Engagement Report is intended to be used as a practical resource for One Gloucestershire Integrated Care System (ICS) partners; to provide them with information about how the public, patients, community partners and staff feel about the FFTF2 ideas for change. One Gloucestershire is a partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed.

The NHS partners of One Gloucestershire Integrated Care System are:

- NHS Gloucestershire Integrated Care Board (ICB) (NHS Gloucestershire Clinical Commissioning Group until 30.06.2022)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust (GHC)
- Gloucestershire Hospitals NHS Foundation Trust (GHT)
- South Western Ambulance Services NHS Foundation Trust (SWAST)

This Report will be shared widely across the local health and care community and will be made available to all on the NHS Gloucestershire website https://www.nhsglos.nhs.uk/ and on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.net

One Gloucestershire partners are invited to consider the feedback from the Engagement and indicate how it has influenced their thinking. Full details of the next steps for the Fit for the Future Programme can be found in section 3.6

This Report has been prepared by the One Gloucestershire Communications and Engagement Group. This report is produced in both print and on-line (searchable PDF) formats. For details of how to obtain copies in other formats please turn to the back cover of this Report.

2.2 Making the best use of the information provided

This report is divided into sections.

- **Section 3**: provides background information about the Fit for the Future Programme
- **Section 4**: provides details of our approach
- **Section 5**: describes our engagement activities
- **Section 6**: provides demographic information on those responding to our survey
- **Section 7**: provides quantitative and qualitative feedback on the individual service ideas
- **Section 8**: is an evaluation of the Engagement activity.

There are elements of feedback which will be relevant and of interest to all readers; these can be easily found in the report.

All feedback received can be found in Appendix 1 and includes all comments collated through the Fit for the Future 2 Engagement survey.

The theming of the qualitative feedback received through the FFTF2 Engagement survey presented in this report has been undertaken by members of the One Gloucestershire Communications and Engagement Group using Smart Survey.

All feedback received has been read and themes identified; these are presented in section 7.

All qualitative feedback received by representatives of One Gloucestershire partners during the Engagement period is available in the Appendices. The information provided in this report and Appendices will be used by decision makers to 'conscientiously consider'[5] all feedback received.

2.2.1 *Appendices*

Details of the appendices are listed in Section 10.

Following internal review all appendices will be made available on the NHS Gloucestershire website https://www.nhsglos.nhs.uk/ and on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.net

We would like to thank everyone who has taken the time to share their views and ideas.

[5] One of the Gunning Principles that have formed a strong legal foundation from which the legitimacy of public involvement is often assessed.

3 Information about the Fit for the Future Programme and Engagement Activities

3.1 Background

Over the last few years, the NHS in Gloucestershire Fit for the Future (FFTF) programme has been involving local people and staff in looking at potential ways to develop specialist hospital services in Gloucestershire. Through this process the 'centres of excellence'[6] approach has been designed. In FFTF2 the conversation about some of these services is broader, covering both:

- the continued development of the 'Centres of Excellence' approach at Cheltenham General and Gloucestershire Royal Hospitals, including inpatient care; and
- support for people in their own home, in their GP surgery or in the community.

As part of our response to the NHS Long Term Plan and commitment to the public in Gloucestershire, when patients require specialist care, we believe they should receive treatment in centres with the right specialist staff, skills, and equipment by delivering care that is fit for the future.

Our FFTF Programme includes looking at how we can develop outstanding specialist hospital care in the future across the Cheltenham General (CGH) and Gloucestershire Royal (GRH) hospital sites. Our "*Centres of Excellence*" vision for the future configuration of specialist hospital services with GRH focussing more (but not exclusively) on emergency care, paediatrics, and obstetrics and CGH focussing more (but not exclusively) on planned care and oncology. Across the UK and the world, it is recognised that an element of separation between planned and emergency care services can improve care for everyone.

[6] Centres of excellence: bringing staff, equipment, and facilities together in one place to provide leading edge care and create links with other related services and staff.

What we mean by *centres of excellence…*

Not all clinical specialties will be centres of excellence in their own right.

Co-locating services that work together to rapidly stabilise, triage, diagnose and treat patients will form the basis of our centre of excellence for emergency care at GRH…

Wherever possible, **planned care and oncology will be provided on a separate site** to ensure our teams and patients have reliable access to diagnostic facilities, inpatient beds, daycase trollies, operating theatres and critical care will form the basis of our centre for excellence for planned care at CGH.

Not a purest strategy, not all emergency care will be provided from GRH and not all planned care will be provided at CGH.

Centres of excellence are not limited to our acute sites. Some services will deliver better outcomes and experience from being co-located off-site with community or primary care services.

Through the FFTF Engagement in 2019 and Consultation in 2020; and during earlier conversations about the NHS Long Term Plan in 2018, the NHS in Gloucestershire has been involving staff, patients, local people and the public in looking at a number of services and developing potential 'solutions. The FFTF 2 Engagement is the latest element of the engagement cycle to develop the Gloucestershire response to the NHS Long Term Plan:

- **2018**: Development of our local NHS Long Term Plan (informed by earlier engagement feedback)
- **2018/19**: Countywide public / community partner /staff engagement - What matters to you?
- **2019**: FFTF1 Engagement: developing specialist hospital services in Gloucestershire. Developing potential solutions.
- **2020**: FFTF1 Consultation: developing specialist hospital services in Gloucestershire. Options for change consulted upon and agreed following conscientious consideration of output of consultation. Implementation underway.
- **2022**: FFTF2: developing specialist health services in Gloucestershire: Engagement about ideas for change.

3.2 What the Fit for the Future 2 Engagement was about

The purpose of the Engagement was to discuss and receive views about ideas about the future provision of six specialist hospital services in Gloucestershire:

- Benign Gynaecology (day-case) *
- Diabetes and Endocrinology (inpatients and community) *
- Non-interventional cardiology (inpatients)
- Respiratory (inpatients) *
- Stroke (inpatients) *
- Frailty/Care of the Elderly (inpatients and community)

* Changes already in place as part of Temporary Service Changes

3.3 What the Fit for the Future 2 Engagement was not about

It was not about:

- Saving money. The priority is quality of care and health outcomes
- FFTF1 - the public consultation in 2020, past decisions and the service changes that are now being implemented
- The Accident and Emergency Department in Cheltenham, which remains a 24-hour A&E (nurse led service overnight 8pm to 8am).

3.4 Engagement activity summary

The Fit for the Future 2 public and staff Engagement started on 17 May 2022 and ran until the survey closed on 31 July 2022. Further conversations will continue over the summer.

A range of engagement and communication channels have been used including:

Gloucestershire Hospitals: Facebook Live (@GlosHospitals)	Targeted engagement to address the homogeneity of participants
'Your Say' area on the One Gloucestershire Health website and Get Involved in Gloucestershire online participation platform	GHNHSFT staff FFTF2 events plus presentations and awareness raising at team, divisional and Trust-wide meetings
NHS Information Bus Tour	Public events
A phased communication campaign for GHNHSFT staff using existing channels (CEO briefing etc.), weekly FFTF2 service focus emails, posters across both hospital sites, booklet drops to teams and Q&A sessions.	Presentations to Integrated Locality Partnerships; ILPs are operational and strategic partnership of senior leaders of providers and local government, supporting integration at PCN level
Healthwatch Gloucestershire	Presentations to local councillors
Presentations to PCN clinical leads	Media releases and stakeholder briefings
Media (print and social) advertising	

Full details of the Engagement activities can be found in Section 5.

3.5 Engagement review period

There is an Engagement review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Integrated Care Board will carefully consider all the feedback. This Output of Engagement Report will be reviewed by NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), NHS England and the Gloucestershire Health Overview and Scrutiny Committee (HOSC).

3.6 Decision regarding next steps

Decisions regarding whether the service change ideas which are the subject of the Fit for the Future 2 Engagement are deemed to be a substantial development of the health service in Gloucestershire, or a substantial variation in the provision of those services, will be taken by NHS Gloucestershire Integrated Care Board in partnership with Gloucestershire Health Overview and Scrutiny Committee, taking into account the Output of Engagement Report, the

NHS England Clinical Senate Clinical Review Panel Report and other information that the Integrated Care Board deems necessary to such a decision.

3.7 Process of implementation

If the ideas set out in this Engagement are supported by the Board, and if it were decided based on the information and evidence that no further consultation is required, the current temporary changes would be made permanent immediately. The timescale for other changes would be determined by a number of factors such as estates, staff recruitment and training.

The Fit for the Future Programme implementation structure would remain in place with programme and project managers working with clinical staff within the specialties to develop and then deliver detailed implementation plans. Plans to involve local people in the implementation and evaluation process would be developed.

3.8 Providing feedback

Following internal review, the feedback from the engagement will be published on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.uk

4 Our Approach to Communications and Engagement

4.1 Working with others

The planning and delivery of the Fit for the Future engagement has been supported by many external groups:

- The Consultation Institute: We have benefited from advice and guidance throughout membership of the Consultation Institute (tCI) Throughout the last three years tCI have been key partners in developing and assuring our approach to involving people and communities. The Fit for the Future 1 Consultation was Quality Assured by tCI and learning from that, and Fit for the Future 1 Engagement, has been applied to Fit for the Future 2.
- Inclusion Gloucestershire: Assisted with the development of Easy Read materials.
- Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the full consultation booklet and made suggestions for changes, which were incorporated into the final version. A HWG representative will be a member of the independent Oversight Panel for the second Fit for the Future Citizens' Jury.
- Aneurin Bevan Health Board (ABHB): ABHB facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the consultation.
- District/Borough Councils and Retail partners: Supported the visits of the Information Bus to locations with maximum footfall across the county. Tewkesbury Borough Council also hosted members' seminars to discuss the Fit for the Future 2 Engagement.
- Local media: Gloucestershire Live, BBC Radio Gloucestershire and GFM Radio
- Others: Many other groups and individuals have helped to raise awareness of the Engagement such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations such as homelessness support charities.

4.2 Equality and Engagement Impact Analysis (EEIA)

Equality, diversity, Human Rights, and Inclusion are at the heart of delivering personal, fair, and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics[7] are not barred from access to services and decision-making processes.

The FFTF2 Engagement has been informed by the experience of managing earlier extensive engagement activities. The approach and detailed plan for communications and consultation was informed by feedback from those engagement activities, including feedback from NHS England Assurance processes.

[7] It is against the law to discriminate against someone because of age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex, sexual orientation. These are called protected characteristics. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

4.3 Integrated Impact Assessment (IIA)

An integrated impact assessment supports decision making by evaluating the impact of a proposal, informing public debate, and supporting decision makers to meet their Public Sector Equality Duty and their duty to reduce inequalities.

In relation to equality, these responsibilities include assessing and considering the potential impact which the proposed service relocation could have on people with characteristics that have been given protection under the Equality Act, especially in relation to their health outcomes and the experiences of patients, communities, and the workforce. With reference to health and health inequalities, the responsibilities include assessing and considering the impact on the whole of the population served by the relevant statutory bodies and identifying and addressing factors which would reduce health inequalities, specifically with regard to access and outcomes.

The assessment uses techniques such as evidenced based research, engagement, and impact analysis to understand the impact of change on the population, the impact on groups with protective characteristics and the impact on accessibility and quality of services. The aim of the report is to understand and assess the consequences of change whilst maximising positive impacts and minimising negative impacts of the proposed change.

The Fit for the Future (FFTF) programme undertakes the following process to develop its IIA.

1. Undertake a baseline IIA for each service based on the proposals, clinical evidence and potential outcomes prior to the engagement process and include recommendations based on the evidence review to inform an action plan.
2. Update the baseline IIA following public engagement to take account of feedback from the public, patients, staff, and stakeholders. The IIA report contains evidence that decision-making arrangements will pay due regard to equalities and inequalities issues and the Brown principles[8].
3. Where public consultation is undertaken, the PCBC IIA is updated to take account of feedback from the public, patients, staff, and stakeholders.

Our IIA process is made up of 3 factors:

- Equality Impact Assessment
- Health inequalities impact assessment
- Health impact assessment

The ideas presented in the FFTF2 Engagement for all groups were found to be either neutral impact, significant positive impact/moderate adverse impact, or significant positive impact.

Our approach to the Engagement targeted all groups, ensuring proactive engagement amongst older and disabled residents more likely to be service users and ensuring opportunities for people to have their say were provided in both urban and rural venues through the extensive use of the NHS Information Bus.

[8] R. (Brown) v. Secretary of State for Work and Pensions [2008] EWHC 3158 at paras 90-96.

4.3.1 *IIA Summary*

The impact assessment for services consolidating at either the Cheltenham General Hospital or Gloucestershire Royal Hospital is often similar including:

- Centralisation of services can improve patient outcomes, continuity of care, length of stay, patient experience and reduces mortality particularly beneficial to patients with protected characteristics including those with long term conditions or co-morbidities which are prevalent in patients with disabilities and those over 65.
- Studies of secondary care usage have found that ethnicity is a significant predictor of acute hospital admission. The district with the highest proportion of ethnic diversity is Gloucester city meaning that a geographical distribution of services to GRH might have a greater positive impact on these communities
- On the basis that there is a higher proportion of the population in the Gloucester district who are living in deprivation (25%) and who suffer from Type 2 Diabetes (6.8%) there is a potential that patients who access the service from Gloucester will be positively impacted by a movement of services to GRH
- The re-location of services from GRH to CGH will impact some patient and carer travel times either positively or negatively (see section 7 for individual service impacts)
- There is no conclusive evidence to suggest that access to and experience of acute hospital care differs solely based on a person's sex.
- There is currently limited data to determine any impact of the changes for women during pregnancy.
- There is currently limited data to ascertain any impact of the changes for those who are from any particular marital status.
- According to the Stonewall survey, 13% of LGBTQ+ people have experienced some form of unequal treatment from healthcare staff because they are LGBTQ+
- There is currently limited data to ascertain any impact of the changes for those who are from any particular religious background.
- There is limited evidence regarding the impact to those who have undergone gender reassignment, however, impacts may mirror those of sexual orientation.
- Caring responsibilities can have an adverse impact on the physical and mental health, education, and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes.
- Consolidation of the inpatient bed base should provide shorter lengths of stay, faster diagnostics and minimised waiting times which will help carers who have to attend hospital regularly.
- Services centralising at GRH will be located nearer to the highest proportion of homeless people in Gloucestershire. Homeless people are more likely to have long term conditions and multiple conditions which means consolidating and co-locating services will provide support for more complex needs such as these.
- Mortality rates suggest that the district of Gloucester City has the highest rates of deaths due to substance misuse, significantly higher than county and national averages. Relocation of services may therefore be beneficial to this group.
- Gloucestershire Hospitals NHS Foundation Trust admission data demonstrates that more people attend GRH than CGH with mental health related issues. Relocating services to GRH may therefore be beneficial to this cohort.

- The consolidation of relevant specialist services improves training and enhanced understanding of patient conditions, leading to better clinical outcomes and improving access to services with fewer cancellations
- Feedback from staff and patients suggests parking can be a challenge at both sites.
- Forest of Dean is the only district locally that exceeds the national average in terms of the proportion of residents living with a disability. People with disabilities may have an increased risk of developing secondary conditions that are more likely to result in the need for acute care. This geographical clustering means that geographical changes to where services are delivered may have a disproportionate impact on those with disabilities in terms of access.

4.4 Communications: Developing understanding and supporting Fit for the Future engagement

A range of communications and engagement methodologies were used during the Fit for the Future 2 Engagement. This section describes the wide-ranging approach taken to promoting the *Fit for the Future 2* Engagement and the range of involvement opportunities.

In summary:

4.4.1 *Media releases and stakeholder briefings*

This included:

- launch materials – media release and stakeholder briefing
- media statements reinforcing key messages and involvement opportunities
- a further open stakeholder letter sent to community stakeholders by email including Patient Participation Groups, local authorities, voluntary and community organisations
- Foundation Trust Membership communications promoting the Engagement

4.4.2 *Stakeholder briefing*

Stakeholder briefing sent on launch day to core stakeholders including MPs, Chairs and Chief Execs of NHS partners, Gloucestershire County Council leadership including HOSC Chair and members (via democratic services), District Councils, Healthwatch Gloucestershire, VCS Alliance.

4.4.3 *Printed engagement booklets*

Approximately 3,000 booklets were widely distributed to a range of public places including Cheltenham General and Gloucestershire Royal Hospitals and GP surgeries. The booklets included the Freepost survey and information detailing the ways people could get involved.

4.4.4 *Get Involved in Gloucestershire online participation platform*

All Engagement materials can be found at: https://getinvolved.glos.nhs.uk/fit-for-the-future-2 *Get Involved in Gloucestershire* is an online participation space where anyone can share views, experiences and ideas about local health and care services.

4.4.5 *Further engagement to address the homogeneity of participants*

Targeted opportunities for Engagement with protected characteristic groups were identified through the Equality and Engagement Impact Analysis. An Easy Read version of the Engagement Booklet and Survey were produced and other alternative formats of all

Engagement materials were available on request. We have a contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation.

4.4.6 *Social media*

Social media was used extensively to support the Engagement and planned activity covered topics such as promotion of how people could get involved, the Information Bus Tour, promotion of the booklet and survey, and promotion of the online Facebook Live clinical discussions.

As part of the social media promotion of the FFTF2 Engagement we ran paid for adverts on Twitter and Facebook for four weeks in total, split into two separate two-week blocks.

On Facebook, the combined total for our two adverts reached 64,410 individual people. This resulted in 925 people clicking the link through to the survey.

On Twitter the two adverts had 55,767 impressions, this means that the advert was seen a total of 55,767 times but not necessarily by different people each time. On Twitter the link to the survey was clicked 87 times in total.

4.4.7 *Media Advertising*

As well as the methods described above, the Engagement was promoted in local media titles including Gloucester Citizen, Gloucestershire Echo, The Forester, Wilts & Glos Standard, Stroud News & Journal, Cotswold Journal and Gloucestershire Gazette.

Title	Locality	Advert details
Gloucestershire Live	Countywide	Quarter page ads in Echo and Citizen for two weeks, plus digital support, including sponsored advertorial and 100k impressions on MPU/DMPU ads across one month
Forest of Dean and Wye Valley Review	Forest of Dean	Quarter page ad for one-week, small number of digital ads
Forester	Forest of Dean	Quarter page ad for one-week, small number of digital ads
Stroud News and Journal	Stroud and Berkeley Vale	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Cotswold Journal	Cotswolds	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Wilts and Glos Standard	Cotswolds (e.g., Cirencester, Tetbury)	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts
Gloucestershire Gazette	Stroud/Cotswolds (e.g., Dursley, Wotton-under-Edge)	Quarter page for one-week, plus 127,000 impressions on digital (across all Local IQ titles) and sponsored Facebook adverts

4.4.8 *Staff communication and engagement*

Several programmes of internal communication and engagement were rolled out to support staff at Gloucestershire Hospitals NHS Foundation Trust.

Staff Global Briefings to all staff	Date
Staff Global Briefing - Frailty / Care of The Elderly Briefing	25/05/2022
Staff Global Briefing - Diabetes & Endocrinology	01/06/2022
Staff Global Briefing - Non-interventional cardiology Briefing	08/06/2022
Staff Global Briefing - Respiratory Briefing	15/06/2022
Staff Global Briefing – Stroke	22/06/2022
Staff Global Briefing – Benign Gynaecology	29/06/2022
Staff Global Briefing Staff Forum	17/06/2022 & 04/07/2022

In all briefings relevant upcoming events were mentioned including upcoming Facebook lives, where to find and complete the FFTF2 survey and requests to attend clinical staff meetings to discuss FFTF2 and the staff forum

4.4.8.1 Promotional posters and booklet distribution

Posters advertising the Engagement and opportunities to have your say were distributed across the Trust.

Numbers of posters and booklets distributed and locations		
Item	**#**	**Location**
Posters - Staff Rooms	25	GRH staff rooms
	20	CGH staff rooms
FFTF Engagement Booklets	490	CGH waiting rooms
	490	GRH waiting rooms
	20	Sandford Lido
	20	Community venues
	70	Big health event

4.4.8.2 Staff Engagement event: Friday 15 July 2022

A drop-in session where staff could join the virtual briefing where the ideas for FFTF2 were summarised, and staff had the opportunity to pose questions and to share their views.

4.4.9 *Other stakeholder communication and engagement*

4.4.9.1 Elected Representatives

Members of Parliament

Regular MP briefings have taken place prior to and during the Fit for the Future 2 Engagement period.

Gloucestershire County Council (GCC) Health Overview and Scrutiny Committee (HOSC)

County Council Elected representatives and officers have received information about the Fit for the Future 2 Engagement via the GCC Democratic Services Department.

Gloucestershire County Council Health Overview and Scrutiny Committee Members have received regular updates on the FFTF2 programme and Engagement. Engagement materials have been available to elected members and staff. The Output of Engagement report will be presented and discussed with HOSC members in October 2022.

District and Borough Councils

District and Borough Council Elected representatives and officers have received information about the FFTF2 Engagement via their Democratic Services Departments. FFTF2 Members Seminars, similar to those that took place during FFTF1 were offered to District and Borough Members. Tewkesbury Borough Council Scrutiny Committee responded to the invitation and a presentation and question & answer session was held at Tewkesbury Borough Council Offices in June 2022.

Neighbouring Integrated Care Boards and Welsh Health Boards

The FFTF Programme team have been in contact with neighbouring ICBs at the start of our engagement to encourage them and their residents to participate. We have shared information on the programme scope, exchanging of activity information and agreements to build relationships and share information as the preferred option(s) are finalised.

The overall activity numbers for FFTF2 are considerably lower than FFTF1 and the impact on patients registered outside Glos. is similarly reduced. We also look at patients per GP practice and have contacted the practices direct (those >4 patients impacted).

Integrated Locality Partnerships and PCNs

Presentations and discussions took place with Primary Care, Community and Voluntary Sector colleagues through the 6 Integrated Locality Partnership Boards across the county. These sessions enabled people who work together in local areas to hear about the Engagement

REACH Campaign

Information about the FFT2 Engagement and how to get involved was sent to REACH representatives on the launch day of the Engagement. The REACH (Restore Emergency at Cheltenham General Hospital) campaign was launched by Cheltenham Chamber of Commerce.

5 Public Engagement Activities

5.1 Gloucestershire Media: Live social media partnership (@GlosLiveOnline)

Underpinning the approach to the Engagement was a partnership with local media stakeholder Gloucestershire Media. This built on the approach taken during the FFTF1 consultation.

Throughout the Covid 19 pandemic the use of video conferencing has proliferated as a means of effective communication and engagement. The advantages are extensive and include:

- The opportunity to reach a greater audience
- The material is more accessible
- The content is available in perpetuity/matter of public record
- Opportunity to ask questions and engage in two-way dialogue
- Ensures the events are available in perpetuity/matter of public record

Working in partnership with Gloucestershire Live, we broadcast a series of live Q&A sessions throughout the month of June 2022. Working with Gloucestershire Live ensured we reached a greater audience and enabled the sessions to be independently chaired. Each Q&A session was broadcast via Gloucestershire Live's Facebook page as well as Gloucestershire Hospital NHS Foundation Trust's Facebook page.

Each session was led by clinical representation who spoke openly and transparently about the ideas for their service. Additional software was incorporated into the live broadcasts that made public participation simple and straightforward. Questions could be submitted in advance or submitted live during the event. Questions were read out by the chair and responses given.

5.1.1 *Promotion*

The events were heavily promoted by Gloucestershire Live in advance. Methods of promotion included:

- Homepage takeovers of the Glos Live website in advance
- Feature articles both previewing and reviewing content
- Promotional posts on Glos Live's Facebook and Twitter accounts
- Promotional posts via NHS Gloucestershire social media channels

5.1.2 *Impact*

Please click on the links in the table below to visit the session adverts.

Facebook Promo Posts	Total Reach	Total Engagement	Post Clicks	Likes	Comments	Shares
Respiratory	21, 233	1090	758	165	75	15
Frailty	33, 693	2125	1788	156	22	30
Gynaecology	31, 353	1073	955	81	22	11
Stroke	20, 653	1116	974	121	5	11
Diabetes	25, 055	1537	1361	116	28	20
Cardiology	25, 469	1231	1062	114	17	17

Please click on the links in the table below to visit the session adverts.

Twitter Ads (The first out of the 2)	Total Impressions	Likes	Retweets	Comments
Respiratory		9	8	-
Frailty		10	6	-
Gynaecology		3	2	-
Stroke		6	7	1
Diabetes		4	3	
Cardiology		5	5	1

Please click on the links in the table below to visit the session recordings.

Live Q&As	Total Reach	Total Views	Peak Live Views	Total Clicks	Minutes Viewed (Rounded)	Likes	Comments
Live Q&A with Respiratory & Glos Live - Monday 13th June 2022	5K	1.8K	74	1.8K	28	18	4
Live Q&A with Frailty and Glos Live - Tuesday 15th June 2022	4.5K	1.6K	48	1.5K	21	11	12
Live Q&A about Benign Gynaecology Care and Glos Live - Wednesday 16th June 2022(External link)	3.8K	1.3K	36	1.1K	13	4	15
Live Q&A with Stroke services and Glos Live - Friday 17th June 2022	5.6K	1.7K	46	1.3K	17	8	14
Live Q&A with Diabetes/Endocrinology and Glos Live - Wednesday 22nd June	5.8K	1.6K	37	1.3K	22	6	11
Live Q&A with Cardiology services and Glos Live - Friday 24th June 2022	5.7K	1.8K	49	1.3K	20	7	24

Please click on the links in the table below to visit the relevant articles

Articles	Page Views (7 day window)	Average Dwell Time
Respiratory	650	04:03
Frailty	631	04:28
Gynaecology	1000	05:13
Stroke	1100	04:45
Diabetes	2000	04:10
Cardiology	1500	05:23

5.2 Gloucestershire Patient Participation Group Network

All GP practices in England are required to have a patient participation group[9]. The Gloucestershire PPG Network is organised by NHS Gloucestershire. It is designed to provide a space for PPG members from across the county to share their experiences with one another in order for each PPG to learn and continue to provide an effective role in their practice.

NHS Gloucestershire involves PPG members in engagement and consultation work, provides support to PPGs on an individual basis and also provides opportunities for PPGs to learn and develop. In addition, NHS Gloucestershire hosts a quarterly network meeting. However, during the current pandemic this has moved to holding meetings virtually using MS Teams. The PPG Network in May focussed on the Fit for the Future 2.

5.3 NHS Information Bus Tour

The Information Bus aims to facilitate partnership working, offering information and activities which support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also used to support engagement with the public to inform service planning and design. An Information Bus Tour to raise awareness of the Engagement to gather views and answer questions took place during May, June and July 2022.

[9] https://getinvolved.glos.nhs.uk/ppg-network

Gloucester City Centre, Armed Forces Day 25 June 2022

During the Engagement 750 people visited the Information Bus. See Section 5.6 for details of all Information Bus Tour dates.

5.4 Fit for the Future 2 Surveys

Two surveys (standard and Easy Read) were developed by the NHS to support the Fit for The Future engagement.

These were available as print, as FREEPOST return copies in the engagement booklets and also on line at: https://getinvolved.glos.nhs.uk/fit-for-the-future-2

More than 200 Fit for the Future survey responses have been received.

5.5 Engaging people with protected characteristics and others identified in the Integrated Impact Analysis

The Engagement took two main routes to reach, gather and record views from people with protected characteristics and others identified in the independent Integrated Impact Analysis:

- promoting the engagement routes and encouraging participation. The consultation survey asks for respondents to provide demographic information (see Part 2)
- proactive engagement with targeted groups. The Engagement team contacted groups across Gloucestershire using existing well established networks and Your Circle https://www.yourcircle.org.uk/, which is a local online directory to help you find your way around care and support and connect with people, places and activities in Gloucestershire.

5.5.1 *People with disabilities*

There is a good response to the survey from people who indicated they have a disability (including mental health problem or learning disability). During the Engagement, members of the consultation team attended Know Your Patch meetings across the county to promote FFTF2 and the Get Involved in Gloucestershire online participation platform. Know Your Patch builds networks for those working with individuals and groups to help people stay independent for longer and to lead full and happier lives. Know Your Patch has a network of organisations in each district in Gloucestershire. These networks meet quarterly for networking and discussion and communicate through email bulletins and updates. These networks help connect VSCE and statutory organisations together for effective partnership working https://knowyourpatch.co.uk/networks/ Information about the consultation was also promoted to the Mental Health and Learning Disability Partnership Boards.

5.5.2 *Over 65s who are more likely to have long term conditions*

There is a good response to the survey from people aged over 65 and, and also from people who indicated they have a disability.

5.5.3 *Frail older people*

The activities described above for over 65s with long terms conditions apply to this group as well. The Information Bus attended an event at Highnam Court organised by Age UK Gloucestershire to promote the Engagement.

5.5.4 *Carers*

There is a good response to the survey from people who indicated that (unpaid) they look after, or give any help or support to, family members, friends, or others because of either a physical or mental health need or problems related to old age.

5.5.5 *People living in low-income areas*

Low income is not a characteristic the survey collects. However, there is information within local data which records indices of deprivation and shows which areas of the county are most likely to be low income areas. Details can be found at https://inform.gloucestershire.gov.uk/deprivation/overview/, which states that:

The Indices of Deprivation 2019 are national measures based on 39 indicators, which highlight characteristics of deprivation such as unemployment, low income, crime and poor access to education and health services. The 2019 indices offer an in-depth approach to pinpointing small pockets of deprivation. Each indicator was based on data from the most recent time point available. Using the latest data available means there is not a single consistent time point for all 39 indicators.

https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf

There are 12 areas of Gloucestershire in the most deprived 10% nationally for the overall IMD. [9 of the 12 are in Gloucester District Council: GL1, GL2 and GL4 postcode areas, 2 in Cheltenham GL50 and GL51 and 1 in the Forest of Dean GL14.

LSOA	District	National Rank (1 most deprived)
Podsmead 1	Gloucester	621
Matson and Robinswood 1	Gloucester	735
Westgate 1	Gloucester	1,183
Kingsholm and Wotton 3	Gloucester	1,456
Westgate 5	Gloucester	1,579
St Mark's 1	Cheltenham	2,178
Moreland 4	Gloucester	2,221
St Paul's 2	Cheltenham	2,368
Cinderford West 1 *	Forest of Dean	2,729
Tuffley 4 *	Gloucester	2,801
Matson and Robinswood 5	Gloucester	2,948
Barton and Tredworth 4	Gloucester	3,126

Employment status is one of the indices of deprivation. Information available on the Inform website the latest available unemployment data for October and November 2020 indicates that Barton and Tredworth ward in the GL1 postcode of Gloucester has the highest claimant rate (Job Seekers Allowance and Universal Credit) in Gloucestershire.
https://inform.gloucestershire.gov.uk/media/2102589/unemployment-bulletin-147-oct-20.pdf and https://inform.gloucestershire.gov.uk/media/2103578/unemployment-bulletin-148-nov-20.pdf

The FFTF2 Engagement survey collects top level postcode information (first part of the postcode, e.g., GL16 or GL3) to avoid potential for identifying individual survey respondents. Survey response information can be found in section 6.1.

5.6 Engagement events activity timeline

Activity	Reach/ Contacts	Date
ICS Non-Executive Directors & Lay Member Network	Approx.30 Non-Executive Directors and Lay Members	12 Apr 2022
GHNHSFT Board of Directors	Approx.15 Non-Executive Directors and Executive Directors	14 Apr 2022
PCN Clinical Directors	Approx.15 PCN Clinical Directors and CCG staff	28 Apr 2022
ICS Executives	Approx.10 CEOs, Executives and system leaders	05 May 2022
NHS Gloucestershire CCG Governing Body	Approx.15 CCH Executives and Governing Body members	05 May 2022
HOSC meeting	13 HOSC members – elected representatives	17 May 2022
Forest of Dean Integrated Locality Partnership (ILP)	Approx. 12 Mixed membership, clinical, community and voluntary sector	18 May 2022
Stroud and Berkley Vale ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	19 May 2022
Integrated Care System Board	Approx. 20 Board Members	19 May 2022
Countywide Patient Participation Group (PPG) Network	Approx. 40 PPG Members	20 May 2022
Cotswold ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	24 May 2022

Activity	Reach/ Contacts	Date
Kingfisher Treasure Seekers staff meeting	Approx. 12 staff members	24 May 2022
Glos. CCG Transformation Directorate meeting	Approx.40 CCG Staff	25 May 2022
Information Bus Tewkesbury Morrisons	25 visitors	30 May 2022
ICS Frailty Task & Finish Group	Approx.15 Clinical staff (GHNHSFT, GHCFT and CCG)	30 May 2022
ICS Stroke Task & Finish Group	Approx.15 Clinical staff (GHNHSFT, GHCFT and CCG)	31 May 2022
GHNHSFT Council of Governors	Approx.20 Governors and staff	31 May 2022
University of Gloucestershire – Nursing Students	300+ students (face-to-face / virtual)	1 June 2022
NHS Black and Minority Ethnic commissioning staff group	Approx. 10 colleagues	6 June 2022
Information Bus Stroud Tesco	121 visitors	7 June 2022
Cheltenham ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	8 June 2022
Tewkesbury ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	9 June 2022
Information Bus, Cheltenham High Street	57 visitors	11 June 2022
Information Bus, Abbeydale Morrisons	55 visitors	13 June 2022
Respiratory Facebook Live Discussion	Peak live views 74	13 June 2022

Activity	Reach/ Contacts	Date
Information Bus, Cirencester Market Square	140 visitors	14 June 2022
Frailty Facebook Live Discussion	Peak live views 48	14 June 2022
Stow-on-the-Wold, Market Square	36 visitors	15 June 2022
Tewkesbury Health and Wellbeing Event	Approx. 75 visitors	15 June 2022
Benign Gynaecology Facebook Live Discussion	Peak live views 36	15 June 2022
Information Bus, Cheltenham High Street	85 visitors	16 June 2022
Big Health Day (Learning Disabilities), Oxstalls Sports Park	100+ visitors	17 June 2022
Stroke Facebook Live Discussion	Peak live views 46	17 June 2022
Diabetes and Endocrinology Facebook Live Discussion	Peak live views 37	22 June 2022
Information Bus, Lydney Town Centre	17 visitors	23 June 2022
Cardiology Facebook Live Discussion	Peak live views 49	24 June 2022
Information Bus, Gloucester City Centre	77 visitors	25 June 2022
Information Bus, Chepstow Community Hospital	6 visitors	29 June 2022
Primary Care Commissioning Committee	Approx. 20 members	30 June 2022
CPG Leaders forum	Approx.20 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	7 July 2022
GHNHSFT Strategy & Transformation Delivery Group	Approx.25 Clinical, operational and transformation team staff	8 July 2022

Activity	Reach/ Contacts	Date
Frailty & Dementia CPG	Approx.15 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	9 July 2022
Circulatory CPG	Approx.15 Clinical staff (Primary Care, GHNHSFT, GHCFT and CCG)	12 July 2022
Health Overview and Scrutiny Committee	Approx. 15 HOSC members – elected representatives	12 July 2022
Tewkesbury Borough Council Seminar	Approx. 20 elected representatives and officers	12 July 2022
Telephone interviews	7 interviewees	13 July – 4 August 2022
GHNHSFT Staff virtual meeting/ drop-in	Approx. 20 Clinical, admin and operational	15 July 2022
Information Bus, Age UK Event, Highnam	Approx. 50 visitors	17 July 2022
Gloucester ILP	Approx. 12 Mixed membership, clinical, community and voluntary sector	19 July 2022
GHNHSFT Staff-side Committee	Approx.10 Clinical, operational and corporate staff	20 July 2022
GHNHSFT Outpatient Nurses meeting	Approx.8 Clinical staff	21 July 2022

6 Responses to the Engagement - Demographic Information

Demographic information about respondents was collected by the Fit for the Future 2 surveys. Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. Therefore, it is really important to provide an explanation that the process is worthwhile and necessary.

The Fit for the Future 2 survey included the following statement:

About You: Completing the "About You" section [of the survey] is optional, but the information you give helps to show that people with a wide range of experiences and circumstances have been involved. Your support with this is really appreciated.

The Fit for the Future Easy Read survey included the following statement:

About You: You don't have to fill in this information, but it will help us know that we have asked a lot of different people what they think about our ideas.

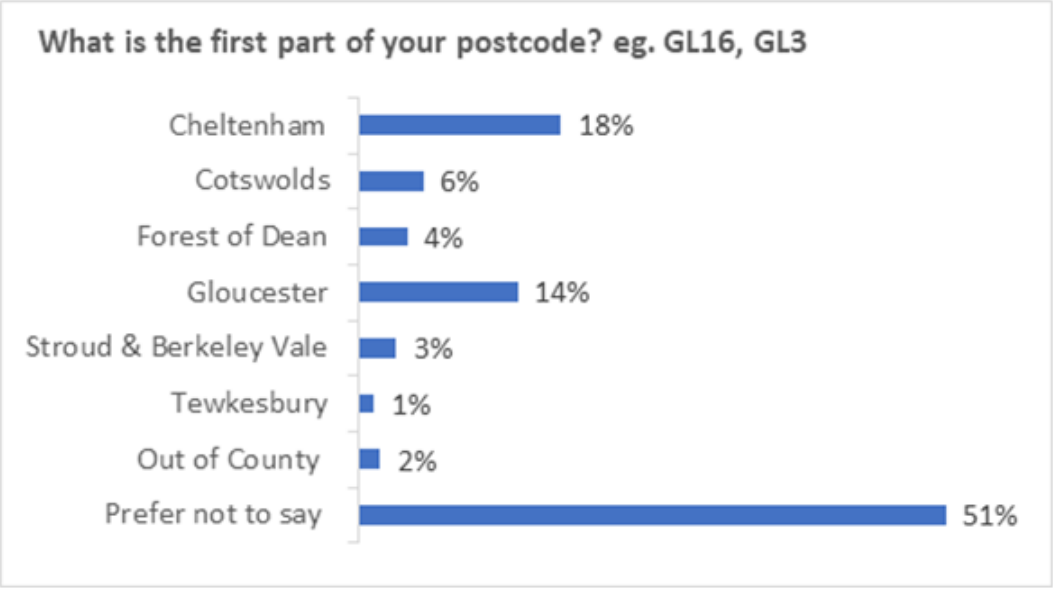
Not everyone who responded to the surveys completed any/all of the demographic questions. However, the data presented in this section indicates that a diverse range of respondents from all protected characteristic groups, and those identified in the Independent Integrated Impact Assessment have provided feedback to the Engagement.

The level of support for each proposal from staff and public is included in section 7.

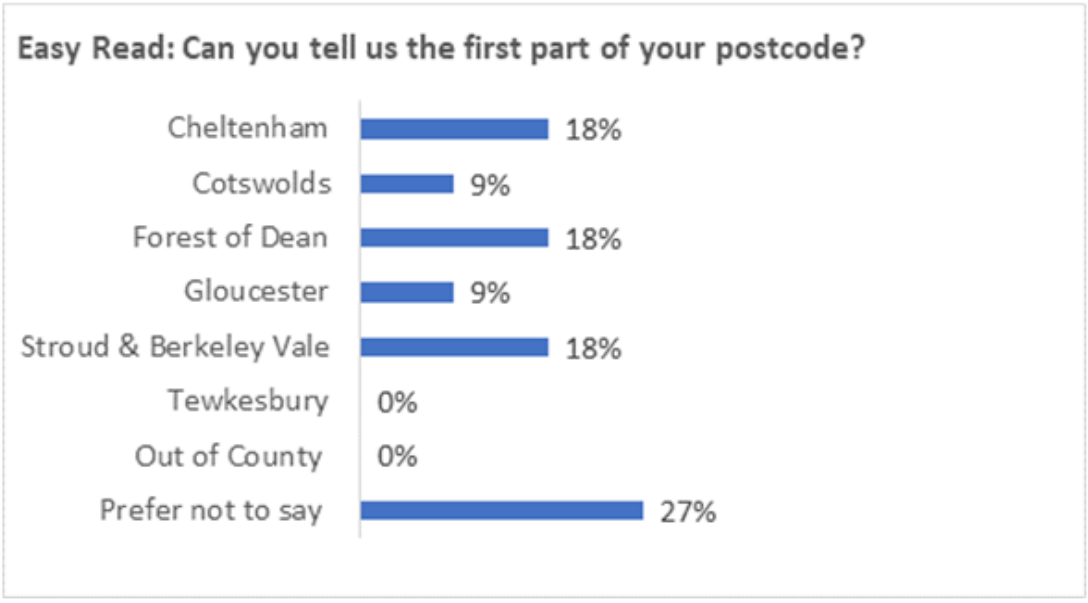
6.1 Location

As stated above, a high proportion of respondents either skipped or preferred not to provide their postcode.

Standard Survey



Easy Read


Easy Read: Can you tell us the first part of your postcode?
Cheltenham
18%
Cotswolds
9%
Forest of Dean
18%
Gloucester
9%
Stroud & Berkeley Vale
18%
Tewkesbury
0%
Out of County
0%
Prefer not to say
27%

6.2 Age

Standard Survey

Which age group are you?			
Answer Choices		Response Percent	Response Total
1	Under 18	0.00%	0
2	18-25	3.25%	4
3	26-35	10.57%	13
4	36-45	8.13%	10
5	46-55	23.58%	29
6	56-65	21.95%	27
7	66-75	20.33%	25
8	Over 75	10.57%	13
9	Prefer not to say	1.63%	2
		answered	123
		skipped	83

Easy Read Survey

Which age group are you:			
Answer Choices		Response Percent	Response Total
1	0 - 18	0.00%	0
2	18-25	0.00%	0
3	26-35	12.50%	1
4	36-45	0.00%	0
5	46-55	37.50%	3
6	56-65	12.50%	1
7	66-75	37.50%	3
8	75+	0.00%	0
9	Not saying	0.00%	0
		answered	8
		skipped	3

6.3 Role

Standard Survey

Are you?			
Answer Choices		**Response Percent**	**Response Total**
1	An employee working in health or social care	38.71%	48
2	A community partner	3.23%	4
3	A member of the public	50.00%	62
4	Prefer not to say	8.06%	10
		answered	124
		skipped	82

Easy Read Survey

Are you?			
Answer Choices		**Response Percent**	**Response Total**
1	Someone who works in health or social care	37.50%	3
2	A member of the public	62.50%	5
3	Not saying	0.00%	0
		answered	8
		skipped	3

6.4 Services Accessed

Standard Survey

Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

	Answer Choices	Response Percent	Response Total
1	Primary Care (GP)	80.95%	85
2	NHS Community Service (e.g. Community Nursing)	6.67%	7
3	Outpatient Hospital Service	57.14%	60
4	Specialist Inpatient Hospital Service	18.10%	19
5	Voluntary or community support related to your health and wellbeing	13.33%	14
6	Urgent care (e.g. 111, Minor Injury and Illness Unit, A&E)	39.05%	41
		answered	105
		skipped	101

Easy Read Survey

Have you used any of these services or had support from them in the last year?

	Answer Choices	Response Percent	Response Total
1	GP	83.33%	5
2	NHS Community Service (e.g. Community Nurse)	0.00%	0
3	Outpatient Hospital Service	33.33%	2
4	Specialist Inpatient Hospital Service	16.67%	1
5	Voluntary or community support for your health	16.67%	1
6	Urgent Care (A&E, Minor Injuries Unit, 111 Service)	33.33%	2
7	Not saying	0.00%	0
		answered	6
		skipped	5

We asked a follow-up question: Please tell us which hospital, community or voluntary service(s) you have accessed (e.g., respiratory, community nursing, support group). Details of the 62 services can be found in Appendix 1.

6.5 Disability

Standard Survey

14. Do you consider yourself to have a disability? (Tick all that apply)

	Answer Choices	Response Percent	Response Total
1	No	63.11%	77
2	Mental health problem	6.56%	8
3	Visual Impairment	2.46%	3
4	Learning difficulties	2.46%	3
5	Hearing impairment	6.56%	8
6	Long term condition	21.31%	26
7	Physical disability	10.66%	13
8	Prefer not to say	2.46%	3
		answered	122
		skipped	84

Easy Read Survey

Do you have a disability - tick the ones that describe you?

	Answer Choices	Response Percent	Response Total
1	No	28.57%	2
2	Mental health problem	28.57%	2
3	Problems with your sight	0.00%	0
4	Learning difficulties	0.00%	0
5	Problems with your hearing	0.00%	0
6	A health problem you have had for a long time like asthma, diabetes, or something else	71.43%	5
7	Physical disability	14.29%	1
8	Not saying	0.00%	0
		answered	7
		skipped	4

6.6 Carers

Standard Survey

Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

	Answer Choices	Response Percent	Response Total
1	Yes	36.36%	44
2	No	57.02%	69
3	Prefer not to say	6.61%	8
		answered	121
		skipped	85

Easy Read Survey

Do you look after, or give any help and support that you don't get paid for, to other people because they are ill or older?

	Answer Choices	Response Percent	Response Total
1	No, I don't	71.43%	5
2	Yes, I do	28.57%	2
3	Not saying	0.00%	0
		answered	7
		skipped	4

6.7 Ethnicity

Standard Survey

Which best describes your ethnicity?

	Answer Choices	Response Percent	Response Total
1	White British	84.80%	106
2	White Other	3.20%	4
3	Asian or Asian British	2.40%	3
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	2.40%	3
7	Prefer not to say	7.20%	9
8	Other (please specify):	0.00%	0
		answered	125
		skipped	81

Easy Read Survey

Please can you tell us which o the groups in our list best describes you? This is called ethnicity.

	Answer Choices	Response Percent	Response Total
1	White British	75.00%	6
2	White Other	0.00%	0
3	Asian or Asian British	0.00%	0
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Not saying	25.00%	2
		answered	8
		skipped	3

6.8 Religion or belief

Standard Survey

Which, if any, of the following best describes your religion or belief?

	Answer Choices	Response Percent	Response Total
1	No religion	29.27%	36
2	Buddhist	1.63%	2
3	Christian (including Church of England, Catholic, Methodist and other denominations)	58.54%	72
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.81%	1
7	Sikh	0.00%	0
8	Prefer not to say	7.32%	9
9	Other (please specify):	2.44%	3
		answered	123
		skipped	83

Easy Read Survey

Please tick if you have any of these religions or beliefs

	Answer Choices	Response Percent	Response Total
1	None	42.86%	3
2	Buddhist	0.00%	0
3	Christian	28.57%	2
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Other	14.29%	1
9	Not saying	14.29%	1
		answered	7
		skipped	4

6.9 Sex and Gender

Standard Survey

Are you?			
Answer Choices		Response Percent	Response Total
1	Male	19.51%	24
2	Female	73.98%	91
3	Transgender	0.00%	0
4	Non-binary	0.81%	1
5	Prefer to self-describe	0.00%	0
6	Prefer not to say	5.69%	7
		answered	123
		skipped	83

Easy Read Survey

Can you say about your gender? Tick the one that describes you.			
Answer Choices		Response Percent	Response Total
1	Male	37.50%	3
2	Female	50.00%	4
3	Transgender	0.00%	0
4	Non-binary	0.00%	0
5	Not saying	12.50%	1
		answered	8
		skipped	3

6.10 Sexual Orientation

Standard Survey

Which of the following best describes how you think of yourself?			
Answer Choices		Response Percent	Response Total
1	Heterosexual or straight	87.80%	108
2	Gay or lesbian	2.44%	3
3	Bisexual	0.81%	1
4	Other	1.63%	2
5	Prefer not to say	7.32%	9
		answered	123
		skipped	83

Easy Read Survey

Can you say how you think of yourself?			
Answer Choices		Response Percent	Response Total
1	Heterosexual or straight	71.43%	5
2	Gay or lesbian	14.29%	1
3	Bisexual	0.00%	0
4	Other	0.00%	0
5	Not saying	14.29%	1
		answered	7
		skipped	4

6.11 Pregnancy

Standard Survey

Are you currently pregnant or have given birth in the last year?			
Answer Choices		Response Percent	Response Total
1	Yes	0.00%	0
2	No	73.39%	91
3	Not applicable	22.58%	28
4	Prefer not to say	4.03%	5
		answered	124
		skipped	82

Easy Read Survey

Are you pregnant or had a baby in the last year?			
Answer Choices		Response Percent	Response Total
1	Yes	0.00%	0
2	No	62.50%	5
3	Not saying	0.00%	0
4	This question doesn't apply to me	37.50%	3
		answered	8
		skipped	3

6.12 Interviews

The survey included the following:

If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (to protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

27 people responded positively to this question. Each individual was contacted resulting in 7 telephone interviews conducted.

7 Responses to the Engagement: Individual Services

This section sets out the survey feedback received about each of the services.

The Fit for the Future 2 survey included two types of questions:

1. **Quantitative** questions, which offer a choice for the respondent, for example, Benign Gynaecology: Please tell us what you think about the ideas for Benign Gynaecology:
    - *Strongly support*
    - *Support*
    - *Oppose*
    - *Strongly oppose*
    - *No opinion*
2. **Qualitative** questions which invite the respondent to write a comment,

Please tell us why you think this, e.g., the information you would like us to consider:

As mentioned previously, the qualitative feedback from completed surveys and correspondence has been grouped into themes. In this report, we have addressed the themes from Engagement feedback and included some illustrative quotations have been selected from the free-text responses from the survey for each of the proposals and other correspondence received. All free text responses can be found in Appendix 1.

7.1 Benign Gynaecology

The idea that we engaged on was to continue to deliver the majority of Benign Gynaecology Day case surgery at Cheltenham General Hospital.

- **92%** of all respondents either **strongly supported** or **supported** the idea
- **96%** of staff respondents either **strongly supported** or **supported** the idea

7.1.1 *Quantitative Survey responses*[10]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	28%	45%	39%	16%	84%
A community partner	4%	50%	50%	0%	100%
A member of the public	37%	39%	56%	5%	95%
An employee working in health or social care	27%	33%	63%	4%	96%
Prefer not to say	5%	50%	33%	17%	83%
Grand Total	**100%**	**40%**	**52%**	**8%**	**92%**

[10] Analysis of standard survey

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		71.43%	5
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		14.29%	1
5	Not saying		14.29%	1
			answered	7
			skipped	4

7.1.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.1.2.1 Public and Patients themes

Theme	Survey comment examples
Reduced cancellations	• It releases women from worry over a long period of time. • Fewer cancellations and shorter waiting
New Day Case unit at CGH	• The day case unit at CGH will be good for this, and having it at a site where there is less likely to be cancellations is good • Privacy and lack of fear of constant cancellation are far more important than the inconvenience of a longer journey • Individual rooms especially for those with disabilities etc.
Centres of Excellence	• If the intention is to make Cheltenham the main day-case site, then it would seem an appropriate to relocate this service to Cheltenham. • The case makes sense • Excellent plan benefits outweigh drawbacks
Travel	• Useful to centralise system but transport will always be a problem if you expect day cases to arrive by 7.30am • I find it incredibly difficult to get to Cheltenham general and I am fit and well with my own transport. GRH is far easier to get to it's all about not having the choice
Patient experience	• Women need to feel they are being seen speedily, by a professional who will listen and expedite treatment, in the near future. • Expertise in one place. Better services. Better access to services.

7.1.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Sensible if the procedure is minor and doesn't involve complications, consideration needs to be given to more complex patients with additional needs, who may require inpatient care. minor surgery suitable for CGH • For day case procedures not expecting overnight stays, I feel this appropriate
New Day Case unit at CGH	• Exciting to be having treatment in the new Day unit being built in CGH rather than the very tired unit in GRH
Reduced cancellations	• Reductions in cancellations are a necessity • Get operations done when no beds • Sounds like a robust plan to consolidate services on a single site and reduce the impact of bed availability on cancellations
Car Parking	• More car parking for our patients is needed

7.1.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
New Day Case unit at CGH
It is welcomed that both staff and the public see the benefits from undertaking Benign Gynaecology Day cases at the new Chedworth Day Surgery Unit (opening Jan 2023)
Reduced cancellations
The negative impact of cancellations on this cohort of patients is recognised by both staff and the public and the positive impact that the reduction in cancellations will have if these proposals are confirmed.
Travel
The negative impact of increased travel, particularly for patients travelling from the Forest of Dean to CGH is clearly recognised. Analysis has indicated that ~ 18% of patients will be negatively impacted, with 82% neutral or positive. For this cohort the impact is only for one day and as it is not the intention to bring all day-case gynaecology to CGH, a smaller number will remain at GRH to offer choice based on circumstances. Finally, if follow up clinics or therapy is required post operatively, this can be carried out at a site closest to the patient's home.

7.2 Diabetes and Endocrinology

The idea we engaged on was to continue to centralise the dedicated Diabetes and Endocrinology Inpatient beds at Gloucestershire Royal Hospital and provide a Diabetes and Endocrinology Consult service at Cheltenham General Hospital.

The ideas under consideration only relate to changing inpatient services. There would continue to be a choice of outpatient appointments at both acute hospital sites, in the community and virtually when appropriate. The idea for the Diabetes and Endocrinology Service is to maintain the centralised inpatient beds at GRH on Ward 9B of the Tower Block and to continue supporting General Medicine patients who are also admitted onto the Ward. All patients who have an acute diabetic or endocrine episode would continue to be admitted to GRH. The service would continue to provide support to other hospital patients, who also happen to have diabetes, but are under the care of other specialties (service areas), on both hospital sites.

- **98%** of all respondents either **strongly supported** or **supported** the ideas
- **100%** of staff respondents either **strongly supported** or **supported** the ideas

7.2.1 *Quantitative Survey responses*[11]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	26%	57%	36%	7%	93%
A community partner	4%	50%	50%	0%	100%
A member of the public	38%	44%	56%	0%	100%
An employee working in health or social care	28%	42%	58%	0%	100%
Prefer not to say	5%	40%	60%	0%	100%
Grand Total	**100%**	**47%**	**51%**	**2%**	**98%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		87.50%	7
2	Quite idea		12.50%	1
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	8
			skipped	3

[11] Analysis of standard survey

7.2.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.2.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• I think it's good to centralise a specialty in one place however I do think that you need make more use of technology, e.g., virtual monitoring • Self-help, education and support for new patients and healthy eating should be part of any new service approach • Train other NHS staff (Drs, nurses, AHPs & dietitians) to enable triage process. These trained staff can refer on &/or discuss directly (phone/email) with specialist diabetes personnel to determine care plan.
Clinical considerations	• A protocol for treating Addisons Crisis and patients being "red flagged" for urgent treatment • More support needed for long-term diabetics. • I think life style is very important and self-control of healthy eating is a better option than reliance on medication. Healthy exercise is also vital. • The staff need to be trained and competent, to deal with patients who have complex needs.
Centres of Excellence	• This seems to be the most efficient way to organise services, but continued support to patients with diabetes or endocrine conditions located on other wards is essential. • The case made is good • The Centres of Excellence approach should bring patient benefits
Travel	• Having the team under one roof is a good thing, but the transport problem is still there. • The benefits are partially outweighed by transport for some people • I believe there should be inpatient beds available at both Gloucester and Cheltenham sites.
Patient experience	• Would just like any services focusing on patient care.

7.2.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• It has several linkages to acute specialties that it should remain at GRH. • Centralising service will improve outcomes, patient care and experience.
Integration	• It is important to integrate care for people with diabetes • Diabetes specialists/teams in the community to offer specialist care. • Patient education is really important especially in the community or primary care • I am concerned that reconfiguration discussions which are 'site centric' overlook the overwhelming need to move diabetes services into the community to point of near exclusivity.
Workforce	• There are not enough Diabetic Community Nurses to cover the whole county. • The Diabetes team is extremely small and therefore centralising services to GRH site makes sense
Car Parking	• Parking needs to be improved massively.

7.2.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
A protocol for treating Addisons Crisis
There are protocols available on the Trust's intranet for treating Addisonian crisis. The previous Trakcare system has an icon available to all patients with specific healthcare needs, of which steroid dependency is one of them. Whenever a patient is started on replacement steroids the icon will be allocated to them on Trakcare. There have been some issues pulling this through onto the new EPR system, but this is being addressed currently.
Diabetes specialists/teams in the community to offer specialist care
Confirm that community D&E outpatient clinics will not be impacted. Although this particular proposal focuses on inpatient care, The Hospital Trust does work in collaboration with Gloucestershire Health and Care to share information and projects being worked on in health care settings across Gloucestershire. ICS Diabetes and Endocrinology Integration Model Project aims to develop a single point of access to manage patients in the community who may not need to go into Acute Trust. Type 2 diabetic patients would be included within the scope of this project, with the objective being that the vast majority of these patients would be seen in a community clinic by default. In order to facilitate this, the ICS have recruited a community Diabetic consultant. CCG Virtual Ward Round Project - The virtual ward project is currently being scoped out by the ICS and focuses upon Diabetic and Endocrine patients who are discharged from the Hospital to reduce readmissions.

Patient education is really important especially in the community or primary care
The ICS run various patient education programs of people with newly diagnosed type 2 diabetes and for people who are starting on insulin. There are also a number of courses covering diet and lifestyle to assist in the prevention of the development of type 2 diabetes. In terms of type 1 diabetes, we do a lot of one-to-one work and also offer a number of options on learning to carbohydrate count, these are mainly online based.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 4% of patients will be negatively impacted, with 96% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.
Train other NHS staff (Drs, nurses, AHPs, dietitians) to enable triage process.
The future plan is to have two Diabetes link nurses for each ward and ED areas. In addition, there will be updated training every 2 months for healthcare professionals. There is currently and diabetes e-learning available online for staff, which is currently being considered to become mandatory training for all medical staff members. Furthermore, the service already RAG rates patients to determine which inpatients do need to be seen by the specialist team.

7.3 Non-interventional Cardiology

The idea we engaged on was to centralise Non-Interventional Cardiology inpatient beds at Gloucestershire Royal Hospital and provide a Cardiology Consult service at Cheltenham General Hospital.

The ideas we are considering only relate to potential changes to overnight inpatient services. There would continue to be a choice of outpatient appointments at both GRH and CGH, in the community and virtually when appropriate. Our idea is to centralise all Cardiology inpatient beds at GRH and therefore relocate the remaining eight inpatient beds from CGH to GRH.

- **99%** of all respondents excluding staff either **strongly supported** or **supported** the ideas
- **97%** of staff respondents either **strongly supported** or **supported** the ideas

7.3.1 *Quantitative Survey responses*[12]

Respondent type and proportion (%)		Strong support	Support	Oppose	Total Support
Not stated	14%	50%	50%	0%	100%
A community partner	4%	33%	67%	0%	100%
A member of the public	42%	49%	51%	0%	100%
An employee working in health or social care	37%	45%	52%	3%	97%
Prefer not to say	4%	33%	67%	0%	100%
Grand Total	**100%**	**47%**	**52%**	**1%**	**99%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		71.43%	5
2	Quite good		28.57%	2
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	7
			skipped	4

[12] Analysis of standard survey

7.3.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.3.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• Use of technology to reduce referral times, e.g., patient/ GP/ specialist video calls and portable ultrasound and ECG equipment that can be used to provide diagnostic information to specialists
Clinical considerations	• How are patients with other medical issues who also have a need for non-interventional cardiology be treated in CGH? • It seems to make sense to consolidate cardiology beds in one site (GRH). Would be great for additional funding for MRI, CT, services as well as services related to heart failure and genetic heart conditions. • Reduce length of stays. All different specialists under one roof, better for care and training, more likely to get correct specialists.
Centres of Excellence	• I can see the logic in moving the remaining non-interventional beds to be under the care of the centralised inpatient cardiology team. • Concentrating expertise in one hospital is important. • Objectively - absolutely right to optimise cardiac services in one place. Hard sell for past patients who have been treated successfully in Cheltenham, but this should be pushed forward.
Travel	• Transport over the county is appalling • Makes sense but it is the traveling that could be a problem for those without their own
Patient experience	• My first symptoms were over 65 years ago, and I am truly grateful for the NHS support I had since! I still enjoy life.

7.3.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Best located where support services are • Agree cardiology inpatient provisions should be based at GRH • Centralising services on the GRH site will be of great benefit to ongoing cardiac care/services hopefully reduce waiting times for interventions, improving patient outcomes and LOS in the long term and decreasing the need for transfers out of county. • Better pathway to interventional investigations
Interdependencies	• Cardiology should be on the same site as Vascular Services • Cardiology should be based on the site with greatest cover from Vascular and Interventional Radiology

	• I am concerned that this good work in centralising specialist services will be overly reliant on Ambulance Service performance.
Travel	• Travel may cause a difficulty for some people; however, the benefits appear to outweigh the negatives.

7.3.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Co-location of all cardiology services (FFTF1 and FFTF2)
It is welcomed that both staff and the public see the benefits from centralising all cardiology inpatient services at GRH
Co-location of cardiology with vascular
It is welcomed that staff see the benefits from centralising all cardiology inpatient services at GRH which will be co-located with vascular services.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 10% of patients will be negatively impacted, with 90% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

7.4 Respiratory

The idea we engaged on was to continue to centralise Respiratory Inpatient beds and establish Respiratory High Care at Gloucestershire Royal Hospital and provide a Respiratory Consult service at Cheltenham General Hospital.

As a result of the temporary service changes in response to COVID-19, the Hospital Trust's inpatient respiratory services are currently centralised at GRH. The respiratory high care service (initially established as a COVID response), aims to improve the quality of service for the population of Gloucestershire and enable the team to quickly respond to high acuity (very unwell) patients, including those with COVID-19, who need this level of specialist care.

- **97%** of all respondents either **strongly supported** or **supported** the idea
- **100%** of staff respondents either **strongly supported** or **supported** the idea

7.4.1 *Quantitative Survey responses*[13]

Respondent type and proportion (%)		Strong support	Support	Oppose	Strongly oppose	Total Support
Not stated	12%	36%	64%	0%	0%	100%
A community partner	4%	50%	50%	0%	0%	100%
A member of the public	43%	41%	51%	5%	3%	92%
An employee working in health or social care	34%	48%	52%	0%	0%	100%
Prefer not to say	6%	40%	60%	0%	0%	100%
Grand Total	**100%**	**44%**	**53%**	**2%**	**1%**	**97%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		100.00%	6
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	6
			skipped	5

[13] Analysis of standard survey

7.4.2 *Qualitative Survey responses*

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.4.2.1 Public and Patients themes

Theme	Survey comment examples
Innovation	• More opportunities for self-referral and annual pulmonary rehab
Clinical considerations	• Need to ensure that patients on these wards with other health conditions receive good support from other specialties. • If the last 2.5 years has shown this to work and be beneficial, that's a pretty compelling 'inadvertent pilot'!! • Review by same practitioners maintain continuity of care. This gives the patient confidence in their care.
Ward environment	• On the whole this idea should be supported however the wards in Gloucester Hospital are poorly ventilated and understaffed.
Integration	• Lack of community support is a huge problem • Putting respiratory professionals in GP clinics/hubs rather than only in GRH • Community involvement may be needed, and it is important to introduce them as soon as possible, to maintain quality care.
Travel	• Makes good sense and has been 'trialled' through the pandemic, again we need to acknowledge limited resources, and the distance is manageable but could be costly for some.

7.4.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• Anyone with a diagnosis of acute respiratory illness having access to relevant teams to avoid A&E attendance, perhaps contact through the direct admission pathway to avoid the emergency department. • Patient transfers from CGH. • Respiratory is a service that has worked well being centralised to GRH site • It seems to make sense to consolidate beds in one site especially with more consultant emergency cover should the patient become acutely unwell
High Care	• Respiratory high care service is a needed service to be able to meet the requirements of acutely unwell respiratory patients. • Evidence from COVID suggests a higher level of respiratory care needed.
Workforce	• The proposal is exciting, there needs to be consideration of the workforce resource required outside of medics and nursing. • The Respiratory service at the Trust is exceptionally well lead and proactive in its outlook and approach.
Integration	• There is further work to be done with improving integration of services across the ICS with further investment for managing

	respiratory conditions and access to services such as pulmonary rehabilitation and care/support in the community. • Curious as to why some respiratory services couldn't be offered at community level.

7.4.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Respiratory High Care
The business case includes on average 11 respiratory high care monitored beds – demand is highly variable. Extra beds are to have monitors in the side rooms for times of high demand of infection control needs. Additional resources required to develop this service are 2 x Advanced Clinical Practitioners and 1.5 x band 7 physiotherapists. The medical and nursing support can be provided within existing establishments.
Patients who come in for surgery may develop other problems that need respiratory help
This would be covered by the consultant based at Cheltenham, very sick patients could be looked after in intensive care.
Patients needing transfer
At the point that the ED team think that the patient needs to be admitted they would put them on the Acute take list, arrangements would then be made to transfer the patient (via a Trust inter-site ambulance) to Gloucester. The patient would be taken directly to the Acute Medical Unit, avoiding the ED.
Community support
Cheltenham outpatient clinics will not be changed. We are also developing an Acute Respiratory Infection Virtual Ward. This model will be aimed at patients who would otherwise have been admitted to hospital on a <5 LOS bed stays and have a News2 score of <4. This model also supports patients being discharged from hospital to the care of this ward who would otherwise have had to remain in hospital longer.
Travel and Transport
The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 9% of patients will be negatively impacted, with 91% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

7.5 Stroke

The idea we engaged on is that both the Hyper Acute Stroke Unit and Acute Stroke Unit remain permanently at CGH and the way that patients currently access the service remains the same. The learning over the past two years is that it's easier to manage and deliver a quality service if both units are on the same site (CGH).

- **84%** of all respondents excluding staff either **strongly supported** or **supported** the idea
- **73%** of staff respondents either **strongly supported** or **supported** the idea

7.5.1 *Quantitative Survey responses*[14]

Respondent type and proportion (%)		Strong support	Support	Oppose	Strongly oppose	Total Support
Not stated	12%	36%	46%	9%	9%	82%
A community partner	4%	50%	50%	0%	0%	100%
A member of the public	44%	51%	47%	0%	2%	98%
An employee working in health or social care	35%	36%	37%	0%	27%	73%
Prefer not to say	5%	20%	20%	0%	60%	40%
Grand Total	**100%**	**43%**	**41%**	**1%**	**15%**	**84%**

Easy Read Survey

Answer Choices			Response Percent	Response Total
1	Good idea		100.00%	6
2	Quite good		0.00%	0
3	Not sure		0.00%	0
4	Bad idea		0.00%	0
5	Not saying		0.00%	0
			answered	6
			skipped	5

[14] Analysis of standard survey

7.5.2 *Qualitative Survey responses*

It should be noted that the ideas for stroke received the highest proportion of opposition from survey respondents compared to other services, particularly from staff concerned with the location of stroke at the non-emergency site. Concerns were raised especially regarding co-location with vascular surgery and cardiology.

All survey comments (Appendix 1) were reviewed by the Stroke team and a response is provided below. Arrangements are also underway to arrange meetings between the services.

A summary of the key themes and some example comments (from staff and the public) are presented below.

7.5.2.1 Public and Patients themes

Theme	Survey comment examples
Interdependencies	• Getting a stroke patient to one of these units within the critical 4 hours is another matter given the current demand for ambulances.
Clinical considerations	• I'm very unsure about this. No mention made of thrombectomy • I am concerned that, with the often time critical nature of strokes, the move of in-patient stroke to CGH might lengthen the time before a patient received a necessary thrombolytic agent. • The issues of patient transport need to be addressed, especially walk-ins to GRH which are subsequently transferred to CGH. • Why would you have Stroke based at Cheltenham General when cardiac, interventional radiology and vascular services are all at Gloucestershire Royal Hospital • Happy that CGH has control of stroke admissions. I agree with potential benefits.
Benefits	• Excellent - good analysis of potential drawback • Streamline to get the best optimal service. The better and sooner we treat stroke, the way better the outcomes for patients and their long-term outlook.
Ward environment	• It makes sense to have both the HASU and ASU on the same site, but also that they are separated so as to have the ASU in the quieter area. • Vital to have prompt effective assessment and treatment. Good to have a therapy areas on Woodmancote Ward.
Inter-site transfers	• There will still be transfers required, but there would be anyway if it was all located at GRH. However, as ever the issues of patient transport need to be addressed, especially walk-ins to GRH which are subsequently transferred to CGH. • Same site for both makes sense and if transport between the 2 hospitals if needed is in place, that should cover the unusual cases

Patient experience	• As I've said Cheltonians prefer Cheltenham over Gloucester. • The family should always be involved in all care plans. Because it needs to be an holistic approach.

7.5.2.2 Staff themes

Theme	Survey comment examples
Clinical considerations	• The purpose-built ward at CGH is suitable • I share the concern about receiving the correct treatment, diagnosis and transfers to Cheltenham. • The new model for HASU works well having limited beds and a focus on patients being moved on quickly
Interdependencies	• Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are on the main acute site. • Acute stroke is an emergency service, and it should be based at a site where there is 24 hour ED • What happens to overnight Strokes when ACUC moves to GRH, and the medical cover goes with it? • Removing the service from the main ED and delaying crucial intervention such as thrombolysis.
Workforce	• It has hugely helped with staffing and team moral being on the same site. • I point out that, especially for understaffed therapy teams, HASU and ASU being on the same site saves huge amounts of resources as the therapists can help out on each ward depending on staffing and patient demands. • I would also say that the service should have more funding for therapists and assistants and would benefit from an activities coordinator, social work support and complex discharge coordinator
Ward environment	• The current HASU ward is not fit for purpose • Larger clinical area for HASU - more room for beginning rehabilitation of patients • Woodmancote is more modern, lighter and purpose built for Stroke rehabilitation. • Woodmancote is well suited to the therapy needs of patients considering the track hoists and large therapy room and Cheltenham hospital is a good environment for these patients with nice outdoor areas that can be accessed.
Health inequalities	• Stroke services should be at biggest acute hospital in the city where socioeconomic circumstances make stroke most common

7.5.3 *Addressing themes from engagement feedback*

Feedback received and FFTF2 response
Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are on the main acute site.
There is currently no interventional radiology input from Gloucester or Cheltenham. The interventional radiology for strokes is carried out at Southmead and there is no intention that that will change. If, and when, GHNHSFT starts providing thrombectomy for strokes, we will revisit our service configurations, but currently and the for the next few years, this is not an issue. The vascular issue is around access to carotid dopplers and carotid endarterectomy for the high TIAs. Surgery is not performed on the same day and best practice is within seven days. The vascular unit at GRH includes patients from Swindon which is acceptable. Cardiology input is for telemetry and tapes and echoes. We will continue to have cardiac investigations on both sites. Furthermore, echoes are never immediate to help guide next steps of treatment. It's not emergency care. We rarely share stroke patients with cardiology. We may occasionally ask for advice on rhythm disturbance, but we have not had a patient that suddenly had a heart attack and needed resuscitating.
Medical cover at CGH
Out of hours there is 24/7 medical registrar cover at CGH. This registrar provides cover for the acute take as well as supporting the stroke service. Once the acute take centralises at GRH the responsibilities of this post will reduce. The medical registrar works closely with the specialist nurses and the Advanced Care Response Team. There is a Consultant Specialist regional on call rota for thrombolysis/thrombectomy queries. At weekends there is a Stroke Consultant on site at GRH from 8am – 12.00
Strokes at GRH
If a patient with stroke symptoms 'walks in' at GRH Emergency Department, they receive a priority assessment and there is immediate communication with the stroke team. If appropriate the patient is transferred to CGH for rapid stroke assessment. There is a consult model in place for GRH, which means that stroke staff will provide advice and support to other specialties (service areas) on the GRH site. There is now an agreed protocol for managing COVID positive stroke patients in CGH.
Ambulance travel times
As with FFTF1, the FFTF2 programme has worked closely with the South Western Ambulance Service NHS Foundation Trust (SWASFT) and Operational Research in Health (ORH) Limited to model the "blue light" ambulance travel impact. The impact has been assessed for both the ambulance incident response times and the Call to Hospital. The findings for HASU are as follows: • The impact to response performance of making the proposed changes are generally small, at 18 seconds for both the C2 mean and C2 90th percentile in Gloucestershire CCG. • Average ambulance utilisation across the model increases by 0.1 percentage points; this is expected as despite travel time to CGH being 3m 37s longer on

average, only 1.2% of transported patients in NHS Gloucestershire are affected by the change.

- The total time from time of call to handover at hospital increases by 7m24s for HASU patients. This measure is impacted by many factors including resource availability, changes in travel times and stacking of vehicles at hospital during handover.
- A series of simulation runs were then carried out, adding additional ambulance deployments at Staverton to identify the additional resources required to mitigate the performance impacts.
- An additional 14 ambulance hours per week at Staverton are needed to restore performance, delivered through the extension of shifts. In terms of scale, this is approximately 10% of the overall additional ambulance hours required for FFTF1.

Ward environment

As part of proposed moves for Cardiology in May 23, the HASU will be able to relocate into the Cardiology ward at CGH, which will provide 21 beds. This ward looks out on to a courtyard garden providing better space for recovery. It will also provide better space for therapy services. Cheltenham has better car parking access for wheelchair users.

Travel and Transport

The negative impact of increased travel is clearly recognised. Analysis has indicated that ~ 15% of patients will be negatively impacted, with 85% neutral or positive. Our Integrated Impact Assessment would indicate that the benefits (patient outcomes) outweigh the negative travel impact.

Inter-site transfers

The Trust currently has a contract with an independent company to provide patient transfers by ambulance. The transfers include transporting patients from the GRH to Hartpury Suite (Cath Lab) at CGH, supporting patient discharge to their place of residence or to other providers and transferring patients between the two hospital sites.

As part of FFTF Phase 1, work was carried out to identify the inter hospital demand to support the centralisation of emergency general surgery and the acute medical take at GRH, and the transfer of vascular services and interventional cardiology services to GRH. This work has been updated to reflect the current experience during the temporary service changes and the proposed service changes within FFTF Phase 2, i.e., the centralisation of respiratory, cardiology, diabetes and endocrinology services at GRH and the centralisation of stroke services at CGH.

7.6 Frailty / Care of The Elderly

The decision was made to include Frailty / Care of The Elderly as part of the FFTF Phase 2 Engagement to seek the views of our population regarding the whole frailty pathway.

On the basis that detailed proposals will not be developed at this time the decision has been made to withdraw Frailty/Care of The Elderly from the NHS England clinical review panel process and external scrutiny (as agreed with NHSEI).

The Frailty Clinical Programme Group has led a series of workshops in 2021 with the aim to develop a Frailty Strategy for Gloucestershire. A Task and Finish (T&F) group has been established to undertake a diagnostic review of current service configuration, develop a case for change and a preferred option for the future configuration of frailty services. This includes the Frailty Assessment Unit (at GRH and any proposals for CGH), Frailty and Care of the Elderly ward and bed numbers at CGH and GRH, direct admit pathways and Same Day Emergency Care (SDEC) offer and integration with existing Community Frailty Services and development of any new services. Membership of this group includes clinical and management representatives from GHNHSFT and GHCFT, CCG commissioning leads, GPs, VCSE and lay representation.

The T&F group will receive and review all the feedback received during the Fit for the Future 2 Engagement. Themes from the feedback relating to Frailty and Care of The Elderly were grouped into the following areas:

- Hospital services
- Information sharing
- Integration between services
- Out of hospital care
- Prevention agenda
- Responsiveness of services
- Other

As and when service development proposals are progressed these will be assessed with regard to our statutory duties and, where required, will be subject to the standard FFTF assurance process.

8 Evaluation

8.1 Considerations and learning points for future engagement and communication activities

Our approach to evaluating the effectiveness of our consultation activities locally is to apply a well-known quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle) https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf

Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council has developed a useful engagement evaluation framework, https://stfc.ukri.org/files/corporate-publications/public-engagement-evaluation-framework/ We have adapted this to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle.

Dimension	Definition	Response
Inputs	Engagement (and Consultation), experience and inclusion inputs include the time, skills and money that are invested into delivering engagement activities.	A comprehensive Fit for the Future Communications and Engagement plan was developed to support the consultation activity. This plan set out the approach to communications and consultation. The plan was evaluated using an Engagement and Equality Impact Assessment
Outputs	Engagement (and consultation), experience and inclusion outputs are the activities we undertake and the resources that we create.	Over 50 public and staff Engagement events were held. The mix of face-to-face and online events were held. Approximately 3000 information booklets were produced and distributed in local communities. Feedback received did include comments on the Fit for the Future2 process itself. Feedback received was a mixture of positive and negative comments. An example of learning from feedback of this kind from the earlier Fit for the Future 1 Engagement and Consultation was to work with Inclusion Gloucestershire to produce and Easy Read version of Engagement materials.

Dimension	Definition	Response
Reach	Reach has two main elements: The number of people engaged, this includes attendance at events, completion of surveys, social media interaction etc. The types or diversity of people engaged.	Total face-to-face contacts was more than 1000 individuals. More than 200 Fit for the Future 2 surveys completed. Facebook adverts reached approximately 64,500 individual people. This resulted in 925 people clicking the link through to the Engagement survey. Twitter adverts had more than 55,000 impressions with the link to the survey clicked 87 times in total. We do not routinely collect demographic information about individuals participating in events/drop-ins etc. Demographic information was collected through our survey, but these questions were optional and consequently were not always completed. However, the demography of the county is considered during Engagement planning and events/meetings targeted to reach a wide range of communities of interest and those groups identified though the independent Integrated Impact Assessment.
Outcomes	Outcomes are the way that audiences respond to the engagement, experience and inclusion activity – completed event evaluation forms, independent observation reports	We have received no written complaints regarding the Engagement approach. The respondents who participated in the follow up telephone interviews with a member of the Engagement Team indicated that they valued the approach taken.

Dimension	Definition	Response
Processes	Processes are the way we work to plan, develop and deliver our engagement, experience and inclusion activities. They include our approaches to quality assurance and following good practice.	Inclusion Gloucestershire: Assisted with the development of Easy Read materials. Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the Engagement booklet and made suggestions for changes, which were incorporated into the final version. The Readers Panel completed a second review of a more fully worked up version of the full Engagement Booklet – again all feedback was considered. Aneurin Bevan Health Board (ABHB): facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the consultation. Know Your Patch (KYP) Coordinators: KYPs allowed us to share information to promote the Engagement. District/Borough Councils and Retail partners: Supported the visits of the Information Bus to locations with maximum footfall across the county. Tewkesbury Borough Council hosted members' seminars to discuss the Fit for the Future 2 Engagement. Local media: ran articles promoting the Engagement. Paid for advertising was also undertaken. Others: Many other groups and individuals have helped to raise awareness of the Engagement such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations.

8.2 ACT - following Fit for the Future 1

The following actions were undertaken following feedback received during the Fit for the Future 1 Engagement to support future communications and engagement associated with Fit for the Future Programme:

Inclusion Gloucestershire participants identified the following areas for us to consider to improve engagement further (extract from Inclusion Gloucestershire Engagement Report):

- Less information, less jargon and easy read copies of all information.
- From our experience, people who represent the seldom heard groups tend to need more time and preparation to support them to engage. It would have been helpful to have had at least two weeks research time prior to each area workshops.
- Some people from the BME communities were not able to engage in the workshops due to a language barrier. Going forward it might be more beneficial to liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters. We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment options.
- For One Gloucestershire to go out to community groups such as the Inclusion Hubs for those who need to go at a slower pace and for a wider group of people to be included in the process.

8.3 ACT - following Fit for the Future 2 Engagement

The following actions will be undertaken in response to Fit for the Future 2 to support future communications and engagement, we will:

- Consider the introduction of 'incentives' for participation: financial would be prohibitive on a countywide scale, we have previously tried prize draws but these made no difference to response rates.
- Think about how to maximize impact of postage options, e.g., inclusion of NHS information with other door to door communications distributed by ICS partners, such as District Council "Council Tax News" or "The Local Answer".
- Think about how the input of past, current, and future users of services under engagement and consultation and patient experience can be emphasized more in engagement and consultation materials.
- Using our One Gloucestershire Integrated Care System Citizens' Panel approach investigate 'Sampled' market research as an alternative option to consider in future – but note that sample size of this kind would be a smaller number of responses than general survey response rate.
- Continue to pursue further opportunities to promote participation in less well represented districts.
- Consider additional methods for signposting to outcomes of earlier engagement and consultation activity.
- Continue to work with Inclusion Gloucestershire and others to develop Easy Read documents to a high standard and review methods to increase awareness of Easy Read.

- Consider producing engagement information and surveys for individual services separately; respondents to 'multi-service' engagement are often only interested in one or two services.
- Develop and further raise awareness of ***Get involved in Gloucestershire*** across Gloucestershire with the aim of encouraging local people to register to keep up to date with involvement opportunities.
- Establish a 'lay/public' reference group to be involved with reviewing implementation plans for changes approved by decision makers – * A Working with People and Communities Advisory Group is a new part of the ICS Governance arrangements.
- Continue to recognize the value of analysis of free text/qualitative feedback and actively seek innovations to maximize the impact of this important engagement and consultation data.
- Make available decision-making documents in the public domain on the One Gloucestershire ICS Website and the Get Involved in Gloucestershire online participation space and share these with participants to the consultation (for whom we have contact details
- Continue to investigate innovative opportunities to communicate with local people, building on the new media online/social media partnerships developed during the FFTF programme to date.

9 Copies of this report

Following internal review, copies of this report will be made available on the on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.uk

Print copies of the report will be made available from the NHS Gloucestershire Integrated Care Board Engagement and Experience Team by calling:

Freephone 0800 0151 548

or email: glicb.gig@nhs.net

To discuss receiving this information in large print or Braille please ring **0800 0151 548.**

To discuss receiving this information in other formats please contact:

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V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

આ માહીતી બીજા ફોરમેટસમાં મળાવાની ચર્ચા કરવામાટે કૃપાકરી સંપર્ક કરો

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FREEPOST RRYY-KSGT-AGBR,
PALS, NHS Gloucestershire Clinical Commissioning Group, Sanger House,
5220 Valiant Court, Gloucester Business Park Gloucester GL3 4FE

10 Appendices

Appendix 1a: Survey responses - Public

See separate document

Appendix 1b: Survey responses - Staff

See separate document

Appendix 1c: Survey responses – Easy Read

See separate document

Appendix 1d: Survey responses – Community Partners

See separate document

Appendix 1e: Survey responses – Prefer not to say

See separate document

Appendix 2: Glossary

See overleaf

Appendix 3a: FFTF2 Engagement Booklet

See separate document

Appendix 3b: FFTF2 Easy Read Booklet

See separate document

Appendix 2: Glossary

ACUC (Acute Medical Take)	The Acute Medicine team coordinates initial medical care for patients referred to them by a GP or the Emergency Departments and decides on whether they need a hospital stay (also referred to as 'the acute medical take')
A&E	Accident and Emergency department (also known as Emergency Department (ED)
Aneurin Bevan Health Board (ABHB)	The local health board of NHS Wales for Gwent, in the south-east of Wales
Addison's crisis	A life-threatening situation that results in low blood pressure, low blood levels of sugar and high blood levels of potassium
BME	Black and minority ethnic
Centres of Excellence (CoEx)	The development of the two main hospital sites. Part of the Fit for the Future Programme
CGH	Cheltenham General Hospital
COVID-19/ Coronavirus	COVID-19 is a new illness that affects lungs and airways. It is caused by a virus called coronavirus.
NHS Gloucestershire Integrated Care Board (ICB)	Previously known as Gloucestershire CCG is responsible for planning and investing in many local health and care services, including the majority of hospital care and stroke services.
Gloucestershire Health & Care NHS Foundation Trust (GHCFT)	Formed in 2019 by the merger of 2gether Trust and Gloucestershire Care Services to provide joined up physical health, mental health and learning disability services
Gloucestershire County Council (GCC)	Responsible for a large number of services, including education, health and transport.
Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)	Provides a wide range of specialist acute services
GRH	Gloucestershire Royal Hospital
Hyper acute stroke unit (HASU)	Provides the initial investigation, treatment and care immediately following a stroke
Healthwatch Gloucestershire	An independent service which exists to speak up for local people on Health and Social Care
Health overview and scrutiny committee HOSC	A committee of the relevant local authority, or group of local authorities, made up of local councillors who are responsible for monitoring, and, if necessary, challenging health plans.
Inclusion Gloucestershire	A charity run by disabled people for disabled people (a user-led organisation) with a vision to help achieve an inclusive society
Integrated Impact Assessment (IIA)	The purpose of the Integrated Impact Assessment is to explore the potential positive and negative consequences of the proposals. It includes a Health Impact Assessment (HIA), Travel and Access Impact Assessment, Equality Impact Assessment (EqIA) (in which the impacts of the proposals on protected characteristic groups and deprived communities are assessed) and Sustainability Impact Assessment.

Integrated Locality Partnerships (ILPs)	Partnerships made up of senior leaders of health and social care providers and local government.
Know Your Patch	Networks based in each district of Gloucestershire for anyone involved in the adult social care field, supporting older and vulnerable people to maintain independence and wellbeing
NHS Long Term Plan (LTP)	Sets out priorities for the NHS over the next ten years
One Gloucestershire Integrated Care System (ICS)	The working name given to the partnership between the county's NHS and care organisations to work in partnership in improving health and care, to help keep people healthy, support active communities and ensure high quality, joined-up care when needed in Gloucestershire
Patient Participation Group (PPG)	A group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience.
PCN Primary Care Networks	Groups of GP practices working closely together - along with other healthcare staff and organisations - providing integrated services to the local population
South West Ambulance Service Foundation Trust (SWASFT)	Provides a wide range of emergency and urgent care services across South West England
The Consultation Institute (tCI)	A not-for-profit organisation specialising in best practice public consultation and stakeholder engagement
VCS Alliance	Acts as an independent voice for the voluntary and community sectors within Gloucestershire

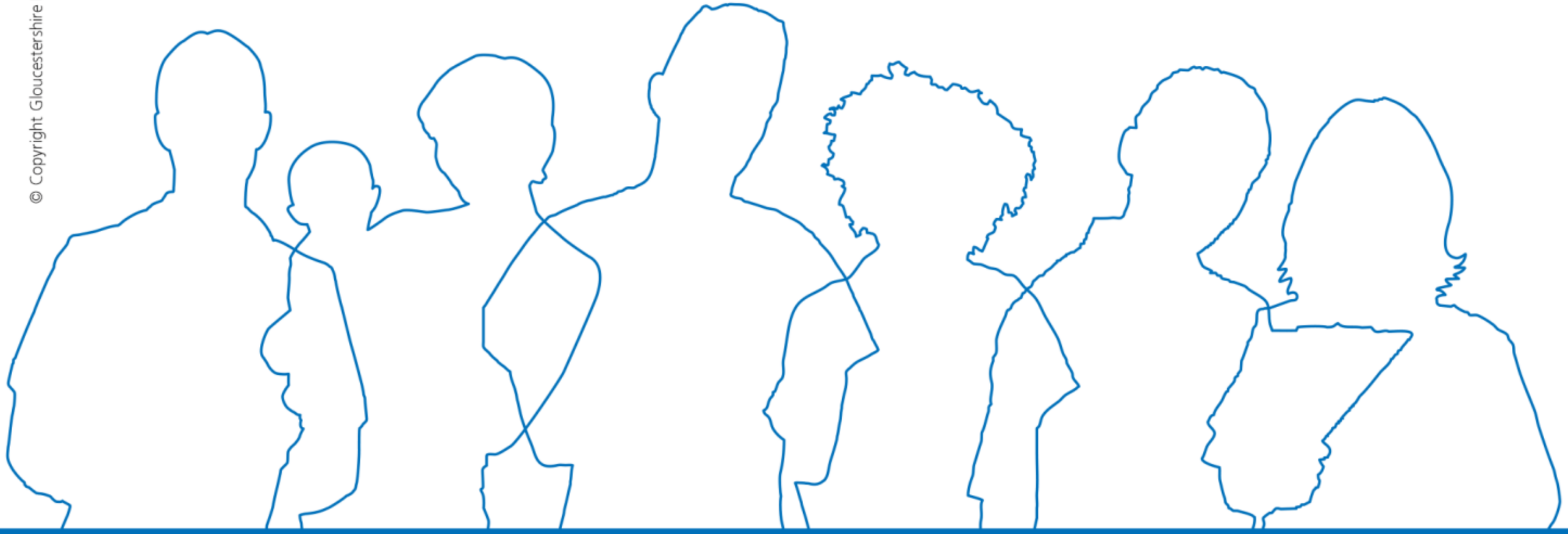
Gloucestershire Hospitals
NHS Foundation Trust

Council Of Governors

21st September 2022

Fit for the Future Phase 2

Output of Engagement Report



Gloucestershire Hospitals
NHS Foundation Trust

Session Purpose and Objectives

Purpose:

To review the Fit for the Future Phase 2 Output of Engagement Report.

Objectives:

- To provide a reminder of the FFTF Phase 2 (FFTF2) proposals
- To review the engagement activities
- To review the quantitative and qualitative responses.

Output of Engagement Report - content

- FFTF background
- Our engagement approach
- Engagement activities
- Responses – demographics
- Responses – services
    - Quantitative
    - Qualitative
        - ➢Engagement themes
        - ➢Addressing themes
- Evaluation

FFTF2 options…

Gloucestershire Royal Hospital

- Diabetes and Endocrinology (In-Patient)
- Respiratory (In-Patient & High Care)
- Non-Interventional Cardiology (In-Patient)

Cheltenham General Hospital

- Benign Gynaecology (Day Case)
- Stroke (In-Patient)

Gloucestershire Hospitals
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FFTF2 Engagement - Key Facts

- 50+ engagement events
- 3,000 Engagement booklets distributed
- 6 Facebook Live streamed
- Over 1,800 face-to-face conversations with members of the public and staff
- 200+ surveys completed
- NHS Information Bus Tour
- Internal communication campaign
- Presentations to Primary Care Networks, Integrated Locality Partnerships, Clinical Programme Groups
- Presentations to Health Overview & Scrutiny Committee and local councillors.

Quantitative Feedback

Service	Support		Oppose	
	All	Staff	All	Staff
Benign Gynaecology	92%	96%	8%	4%
Diabetes and Endocrinology	98%	100%	2%	0%
Non-interventional Cardiology	99%	97%	1%	3%
Respiratory	97%	100%	3%	0%
Stroke	84%	73%	16%	27%

Qualitative Feedback – key themes

Public and Patients

- Support for Centres of Excellence approach
- Travel and Transport
- Car parking
- Ward environment
- Innovation
- Clinical considerations

Staff

- Benefits of the Centres of Excellence approach
- Clinical considerations
- Travel and Transport
- Car parking for patients
- Health inequalities
- Interdependencies with other clinical services
- Improved integration with primary and community services

Gloucestershire Hospitals
NHS Foundation Trust

Stroke – key themes

84% support (public, patients, staff)

73% support (staff only)

- "Stroke services need to be located where ED, Interventional Radiology, Vascular and cardiology are, on the main acute site"
- Need greater clarity on the medical cover that will be provided at CGH
- Need to define pathway for stroke patients that arrive at GRH
- Need to consider ambulance travel times for patients in West of the county
- Need to consider impact on Inter-site transfers.

Frailty

- Included as part of the engagement to seek the views of our population regarding the whole frailty pathway.
- Detailed service change proposals are not developed so service not subject to NHS England clinical review panel process and external scrutiny
- Frailty T&F group will receive and review all the feedback received.

  Themes were grouped into the following areas:

  - Hospital services
  - Information sharing
  - Integration between services
  - Out of hospital care
  - Prevention agenda
  - Responsiveness of services

KEY ISSUES AND ASSURANCE REPORT
Audit and Assurance Committee, 26 July 2022

The Committee fulfilled its role as defined within its terms of reference. The reports received by the Committee and the levels of assurance are set out below. Minutes of the meeting are available.

Items rated Red

Item	Rationale for rating	Actions/Outcome
Risk Assurance Report	Five new risks had been added, with one downgraded and one removed. The Committee was advised that a number of risk-related activities are underway, including: • Continued work on the Board Assurance Framework, including reconciliation with the Trust Risk Register. • A review of the Committee structure and its delivery and operational groups to ensure the Trust's work is effective and relevant, adding value and protecting staff time. • A review of clinical governance to ensure divisional compliance.	The Committee was concerned in relation to the significant level of non-compliance of divisional achievement of Key Performance Indicators, and was not assured by the actions against some of the risks, some of which were absent. Additional relevant actions to address KPIs would be requested from executives to ensure the management of intolerable risk. Additional information on assurance and/or concerns to be addressed in future reports.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Internal Audit Review: Research and Development	The review had been given a moderate assurance rating for both Design and Operational Effectiveness. There were three medium priority recommendations related to ensuring a fully updated Standard Operating Procedure, thorough documentation for obtaining capacity and capability approval, and supporting the Research and Development Strategy with an action plan.	Progress on management responses to the recommendations within the report would be received in due course.
External Audit Progress Report	The Annual Report and Accounts 2021-22 had been approved and signed in June. Work on Value for Money was progressing well and was due to be completed in mid-August. The Committee was assured that the audit work on GMS was in progress and would be completed in August. The Committee was informed of a delay to the charity audit; fieldwork was now in progress, and was anticipated to be completed for signing by October.	A clear communication plan to set out effective information flow around audits would be used in future, however the Committee acknowledged that audit was in a much-improved position from last year. The Charity account remained an area of concern where improved coordination was required.
Counter Fraud Report	***Draft Annual Report*** The annual work plan for 2021-22 had been successfully completed, despite continued disruption to direct contact with staff as a result of Covid. ***Fraud, Bribery and Corruption Risk Assessment*** The Trust had reported a red-rated assessment for the two last years, and was actively seeking to improve during the course of 2022-23. ***Draft Counter Fraud Workplan 2022-23*** A total of 200 days activity had been agreed. The workplan for 2022-23 demonstrated progress towards amber and green for a number of areas. ***Bank Mandate Fraud Report*** A review of processes identified that whilst verification searches were undertaken, they are not officially recorded or centrally stored. Bank mandate fraud was not currently included on any of the Trust's risk	Distribution of learning to all managers in all service divisions would be reviewed, in order to support improvements in Trust systems. Commentary would be included where long delays have been reported.

Assurance Key	
Rating	**Level of Assurance**
Green	Assured – there are no gaps.
Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
Red	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of action plans.

	registers. The Committee was satisfied with the management action plans in place to rectify these two areas, and was otherwise assured that the Trust was compliant. The Committee was assured by the Trust's green-rated Counter Fraud Functional Standard Return.	
Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Internal Audit Progress Report	The HFMA financial sustainability self-assessment toolkit was due for completion by the end of September. The Committee was advised of the planned approach, whereby individual organisations within the ICS would complete the review and a full report would be prepared to determine any key themes, best practice and cross-comparison across the health system. The Committee stressed the need to ensure the review added value to the Trust.	The internal audit review into Culture would take place at the end of the year to take into consideration recommendations from the well-led CQC report.
Internal Audit Review: Data Security and Protection Toolkit	A positive report was received, with a moderate assurance opinion given for overall risk management, and a high opinion level for confidence. The Committee noted the different assurance levels used for this particular report. The moderate assurance opinion related to three areas that had been categorised as not demonstrating compliance with the toolkit.	The Committee was pleased with the report and passed on its congratulations to the team. The team was working hard to ensure full compliance against the toolkit.
Single Tender Actions Report	A total of sixteen waivers had been received at a value of £2,095,847.56. Two retrospective waivers had been received within the reporting period.	The Committee was assured by the waiver management process, and noted that additional training had been received to continue to support the timeliness of single tender actions.
Losses and Compensations Report	The Committee was assured by the management of the process of losses and compensations, and approved the write off of 214 invoices totalling £2,241.87.	The Patient Property Policy was in development and would be approved at Quality and Performance Committee. A briefing on the progress of the Policy would be brought to the Committee in November. The private patient debt write-off process would be reviewed to ensure its appropriateness.
GMS Update	Annual accounts were due to be approved and signed at September's Board meeting. There was some outstanding work related to evidence sampling. The Committee was advised of work ongoing to reconcile risks across the Trust and GMS to ensure collective review of the Group's performance.	None.
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
Risk rationalisation was discussed. Additional assurance would be sought from Executives via a thorough review of the incorporated risks to ensure integration and triangulation, with clarity around strategic and organisational risks.		

KEY ISSUES AND ASSURANCE REPORT
Estates and Facilities Committee, 28 July 2022

The Committee fulfilled its role as defined within its terms of reference. The reports received by the Committee and the levels of assurance are set out below. Minutes of the meeting are available.

Items rated Red

Item	Rationale for rating	Actions/Outcome
None.		

Items rated Amber

Item	Rationale for rating	Actions/Outcome
GMS Chair Report	The Committee was provided an overview of the delivery of the business plan for 2022-23, particularly around the national cleaning standards rollout, the continuation of work to address 146 workforce vacancies, and the financial performance of GMS which was currently below budget year-to-date. GMS Board had discussed inflationary costs and reviewed some indicative increases which included a 70% increase in gas prices, 42% increase in fuel, and an 8% increase in cleaning products.	Inflationary cost details would be shared with the Director of Finance to ensure clarity.
Contract Management Group Exception Report	Funding for paediatric safer areas had been granted. Funding for dementia wards had not been granted; further information had been requested to understand why. The Trust was reviewing the heatwave business continuity incident, which had highlighted issues with the Trust's ageing estate; there had been a number of outages of air handling units and chillers, and power outages.	The Committee would receive an update on contract discussions with Saba, and resolution progress.
Workforce Action Plan	Plans to close the vacancy gap continued to progress, in collaboration with the Trust's Deputy Director for People and Organisational Development. Any proposals against the plan would be brought to the Committee for review. The Committee was concerned in relation to the pay award for Agenda for Change staff and how this could be applied and funded for non-Agenda for Change staff.	The Committee would receive the plan on the implementation of pay award funding for non-A4C staff at the next meeting.
Electrical Resilience Strategy	The Committee received an update on the Electrical Resilience Strategy, noting that an £8m investment was required to ensure full compliance.	The action plan was in discussion with the Trust to finalise and confirm capital planning for implementation.
Risk Report	The Committee was assured that all risks now formally belong to the Group, with a clear executive reporting process. Two new risks had been included on the register.	GMS and the Trust would collectively review risks and agree the operational lead for each. This would process would begin with the highest scored risks.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
Sustainability Report	The report detailed a number of achievements over the last year, including the increase in video and tele-conferencing which contributed towards reduced travel; the Trust as a carbon negative supplier for sandwiches and wraps; the creation of a wildlife garden at GRH; and the introduction of the new Social Value Model in all tender processes. The report also detailed a number of projects for 2022-23 including a new recycling/domestic waste contract and a new staff parking policy. The Committee was apprised of the ICS Green Plan, which did not replace the Trust's plans but confirmed common and collaborative actions and timelines across the local health system.	The team would consider a staff communication plan on sustainability initiatives.
GSSD Progress Report	The Committee was satisfied that the project was progressing well, and noted that the Trust was proud of the ongoing work.	A visit for non-executive directors would be arranged for the

Assurance Key	
Rating	**Level of Assurance**
Green	Assured – there are no gaps.
Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
Red	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of action plans.

		Cheltenham site.
Items not Rated		
Integrated Care System Update		
Impact on Board Assurance Framework (BAF)		
Risk rationalisation would be taking place with Executives and Committee Chairs throughout August and September.		

KEY ISSUES AND ASSURANCE REPORT
Finance and Digital Committee, 25 August 2022

The Committee fulfilled its role as defined within its terms of reference. The reports received by the Committee and the levels of assurance are set out below. Minutes of the meeting are available.

Items rated Red

Item	Rationale for rating	Actions/Outcome
Financial Performance Report	The Trust had reported a deficit of £6.5m, which was £4.6m away from plan. The position was driven by a number of factors, including: • Underperformance on out of county contracts (£1.2m) • Divisional pay pressures and overspend on temporary workforce (£2.5m) • Non-pay pressures due to clinical supplies, outsourcing and laboratory reagents (£3m) • Corporate underspends (£1.4m) • Wellbeing day release in month three (£1.3m) The position continued to highlight a significant challenge for the Trust, and a Financial Recovery Plan was in development, which would include: • A review of all income in order to maximise on all possible, including commercial • A forensic review of the financial ledger would be undertaken • A review of WTE workforce from 2019-20 to 2022-23 and recommendations on reassessment • Review of ESRF funding and costs • Divisional recovery plans to be included • A review of temporary staffing controls • Continue to identify additional schemes to meet the overall financial sustainability programme and income targets	The Financial Recovery Plan would be presented to the Committee in September.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
HFMA Financial Sustainability Audit Self-Assessment	NHSEI had advised Trusts to undertake an internal audit review of financial sustainability arrangements. BDO had been commissioned to undertake the review for the Gloucestershire ICS, with work commencing in late August 2022. The Trust had undertaken an initial self-assessment, which was included in the report to the Committee for information. Colleagues from Finance, People and OD, PMO and Corporate Governance had contributed to the self-assessment. The output from the scoring of the self-assessment was 4, which indicated that controls and assurances were in place, with room for improvement.	Audit and Assurance Committee would receive the Terms of Reference for the audit to be undertaken by BDO. The self-assessment would be submitted following the Audit and Assurance Committee in early September.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
None.		

Items not Rated

None.

Impact on Board Assurance Framework (BAF)

The finance risk would continue to be reviewed to include the financial recovery plan.

Assurance Key	
Rating	**Level of Assurance**
Green	Assured – there are no gaps.
Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
Red	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of action plans.

KEY ISSUES AND ASSURANCE REPORT
Finance and Digital Committee, 28 July 2022

The Committee fulfilled its role as defined within its terms of reference. The reports received by the Committee and the levels of assurance are set out below. Minutes of the meeting are available.

Items rated Red

Item	Rationale for rating	Actions/Outcome
Financial Plan Report	An estimate of additional costs and funding for passthrough drugs and devices had been included in the 2022-23 financial plan, based on anticipated outturn information and growth. The expectation had been that any under recovery of income would be offset by underspends within expenditure budgets. During the month three review of the financial position, an error in income assumptions for 2022-23 had been identified, as assumptions had been overstated due to unseen double counts within contractual values. The issues related to complexities of specialised commissioning and ICS contracts, with an overall net impact of £8.9m. The Committee was assured that immediately after the error was identified, the team was briefed and mitigations put in place. Options available to offset £7.3m of the £8.9m shortfall were presented, with the Committee acknowledging the resulting net pressure of £1.5m which would reduce flexibility in the overall financial position.	The Committee supported the move to a ledger-based medium term financial plan, and supported mitigations to eliminate the risk of repetition.
Financial Performance Report	The following key points were highlighted: • The Trust had reported a year-to-date deficit of £4.1m, which was £2m adverse to plan. This included one off benefits of £5m. • The Trust was maintaining its planned forecast breakeven position. • The ICS was required to breakeven for the year, with all organisations within the system forecasted to deliver the breakeven position. There were risks associated with the forecasts, however. The system had reported a year-to-date deficit position of £2m, which was a result of the Trust's deficit and a small surplus at GHC. • Pay and non-pay pressures continued. • Activity had reduced, resulting in a £1m pressure on variable contract income and out of area commissioners, and created a system risk of non-achievement of Elective Recovery Fund targets. • Agency staffing costs continued to increase. NHSEI would be applying an agency cap to the system, of £20.2m. The Committee was advised that if current spending continued, the Trust alone would spend £24.4m on agency, which was above the total system cap proposed for all organisations within the system.	The Committee acknowledged the significant challenge to the Trust, and would receive additional information on the Trust's recovery plan at September's meeting.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Capital Programme Report	At the end of month three, the Trust had delivered goods, works done or services received to the value of £8.4m, which was £1.5m behind plan. The key driver for the position was to the Strategic Site Development project. A revised forecast profile for the project had been calculated, with differentials recoverable over the coming months.	None.
Digital and EPR Programme Report	The Committee was advised that work continued to progress key digital workstreams and projects within the Trust.	The Committee considered the impact on staff during this

Assurance Key	
Rating	**Level of Assurance**
Green	Assured – there are no gaps.
Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
Red	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of action plans.

	The planned upgrade of TrakCare/TCLE had been cancelled and was replanned for autumn. This would impact the project to surface blood transfusion results into EPR. The Trust had not met the standard for this year's Data Protection Toolkit submission, due to the target for Information Governance training not being achieved.	particularly busy period, and the potential to reconsider the reprioritisation of programmes. The Committee noted progress against the five-year Digital Strategy.
Cyber Security	The Committee was assured by the actions and support provided to system partners as part of the CITS service level agreement. The team continued to progress the cyber security audit action plan, which focused on reducing risk and updated systems.	The cyber security risk would be fully reviewed to ensure the score was accurate in relation to the risks involved.
ICS Reporting and Framework	The Committee was advised of three components that would form the reporting required to the ICB and the financial governance arrangements. A review of internal month end processes and timetables to identify areas for efficiency and improvement. The Committee reflected on the benefit and capacity concerns related to the structure, and was keen to reduce any additional levels of bureaucracy.	A review of the committee, delivery and operational group structure was underway to identify efficiency of information flow. System reporting requirements would be considered.
Financial Sustainability Report	The Financial Sustainability target for the Trust was £19m; £7.5m is remained unidentified and contributed £1.8m to the deficit position. The plan was phased towards future months and the Committee was advised that the efficiency ask would be higher as the year progressed.	None.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
National Cost Collection Pre-Submission Report	The Committee was satisfied with the pre-submission report.	None.

Items not Rated

Risk Register	ICS Update	Information Governance Report	Contract Forward Look	Proposed New Ledger

Investments

Case	Comments	Approval	Actions
IGIC Contract Award	Approved by GMS Board on 26 July.	Approved	Board of Directors approval would be sought.

Impact on Board Assurance Framework (BAF)

A risk rationalisation and review exercise would take place during August and September with executives and the Committee Chair. The financial reporting error would be reflected in the BAF risk. The cyber security risk would be fully reviewed and updated.

KEY ISSUES AND ASSURANCE REPORT Quality and Performance Committee, 27 July 2022		
The Committee fulfilled its role as defined within its terms of reference. The reports received by the Committee and the levels of assurance are set out below. Minutes of the meeting are available.		
Items rated Red		
Item	**Rationale for rating**	**Actions/Outcome**
CQC Maternity Services Report	The report had been published and rated the Trust's Maternity Services as 'Inadequate'. Prior to this, a Section 29A notice had been received. Key drivers contributing to this assessment were staffing, training in key skills, timely response to investigations and safety incidents, lack of clear vision and values, staff not feeling respected and supported, capacity to concentrate on governance and risk management, and an insufficient competency framework. A number of 'must dos' related to the completion of appraisals, mandatory training, infection prevention and control procedures and cleaning of birth pools, and the introduction of safety huddles. The Committee was advised that the service was already on an improvement journey to rectify many of the issues raised in the report, and further consideration would be given to how the voice of staff and service users could help inform and develop improvements. The Committee was assured that staff would be supported by the Executive team.	Core themes from CQC reports to be shared across divisions. An executive review of quality governance across the organisation was underway to ensure effective systems and processes were in place to address issues. The Committee would receive the full action plan at the next meeting for assurance. The Maternity Delivery Group would continue to closely monitor the maternity action plan, which would report through to the Committee and to Board.
Quality and Performance Report	***Heatwave Response*** NHSEI had issued a letter setting out expectations that there would be no ambulances waiting over 30 minutes during the heatwave period. The Committee was advised that all operational teams within the Trust had met to discuss the best course of action to move waits from ambulance bays to hospital. Corridor care had been reintroduced where appropriate, and patients were pre-empted every two hours to ensure best care. The Trust would continue to remove ambulance queues and care for patients in corridors if staffing was available. Reflections on success and sustainability would be shared with the Committee.	Teams had worked very successfully together to manage the heatwave, and had moved from the worst-performing to the best-performing Trust in relation to ambulance handovers. Corridor care could not be a business-as-usual response, and should only be used in extreme situations when appropriately staffed.
Serious Incidents Report	Six serious incidents had been reported. There had been one Healthcare Safety Investigation Branch (HSIB) report raised, which had since been rejected by HSIB and therefore downgraded. Complaints per month was stable, with one partly upheld Parliamentary and Health Service Ombudsman (PHSO) report and eight under consideration. Overall incident reporting activity had increased by 20% in the past two years, with increases in complaints and Duty of Candour work seen. The Patient Safety team and investigation team had adapted and standardised processes and procedures, however demand was outweighing capacity and there was lack of resilience in the teams.	The new Patient Safety Incident Response Framework would require a complete review of the incident investigation process. A short-term plan to introduce temporary staff to support the team was in place, with medium-term plans to establish a revised structure and be part of the clinical governance review work. An integration of qualitative data would be considered to ensure a holistic review of patients and their experiences in the Trust.
Eating Disorders Report	The Trust saw an average of seven patients per month, with an average length of stay of 13 days. The Trust had no inpatient facility, no child and young adult home service in Gloucestershire and was not adequately set up to provide an effective service.	The Whole Person Care Strategy would support key improvements in eating disorder services. A systemwide approach would be discussed. A training needs analysis would be carried out, along with a

		service review. The Committee supported the recommendations and would receive further updates.
Items rated Amber		
Item	**Rationale for rating**	**Actions/Outcome**
Risk Register	Two new risks had been added to the register, and one risk had been downgraded. Progress continued on improvement work related to Never Events, specifically around wrong site and wrong implants. An event had been planned in the next few months to feedback on improvement work. The Committee was assured that any issues were raised through Quality Delivery Group. No Never Events had been reported in Theatres for six months.	A National Patient Safety Standards development session for the Board was scheduled to take place in October. Divisional risk governance would be incorporated to provide additional assurance on non-compliance at divisional level.
End PJ Paralysis	The report set out the plan to support and advocate for patients to mobilise out of bed each day and perform daily activities to maintain a sense of person, identity and general dignity. This was linked to ongoing delay-related harm work and Medically Optimised for Discharge (MOFD) patients with no criteria to reside; as the number of these patients was particularly high, it was critical to ensure they continued to remain optimised with the best possible chance of going home with maximum functionality.	Evidence of sustainable improvements would be reported through to the Committee. Work continued to fully embed the audit tool. The team would aim to widen this out into the community as a system approach.
Quality and Performance Report	Key points were highlighted as follows: • A number of MRSA and C. diff infections had been reported and were under investigation. • A reduction in pressure ulcers had been seen, and the Trust was performing well nationally. Issues related to staffing and documentation remained, but plans were in place to address this. • There had been a reduction in falls with harm and without harm over the last three months. • Maternity Services was reviewing the percentage of women booked by 12-weeks gestation as the reported rate had just dipped below 90%. It was likely that staffing issues were the key driver for this, however it was being closely monitored and would be brought back to the Committee if issues continued. • There had been an increase in mixed-sex accommodation breaches, which were related to patient moves required for Covid-19 infections. • Friends and Family Test feedback was at 88%, with key themes related to waiting times, access to services, and delays. There were clear links to challenges related to patient flow and delayed transfers of care. • PALS continued to improve, with 77% of concerns closed within five days. • Violence and Aggression work was underway, with a key aim to review and reduce porter involvement in patient feeding. • The action plan from Surgery's CQC Report was being reviewed, and risks to all patients were being assessed. The CQC had been invited on a walkabout of the division. • The Committee was advised that ambulance handover total hours was reducing, with the overall situation slightly improved.	Findings from the clinical governance review would support some of the issues around resourcing. The Infection Prevention and Control Annual Report would be received at the next meeting.
Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Getting it Right First Time Report	The Committee was assured by the progress made, and was advised of a Urology deep dive visit that had taken place in April. A deep dive into Neonatal Medicine was planned for May. Two key areas for review following the Urology visit were: additional training for Advanced Nurse Practitioners, and scope to provide procedures both in Outpatients and	Clinical lead recruitment was underway to support the programme. High-volume, low-complexity opportunities continued to be

	the Urology Assessment Unit. Seven national recommendation documents had been submitted for the following services: Neonatal, Paediatric Trauma and Orthopaedics, Stroke, Acute and General Medicine, and Lung Cancer.	explored. Governance work was underway to review structures and resources following a pause during the pandemic.
Patient Experience Annual Report	The Committee was assured by the report, and commended the team.	None.

Items not Rated		
System feedback	Quality Strategy Progress Update	

Impact on Board Assurance Framework (BAF)
Risk rationalisation would take place during August with Executives and Committee Chairs. A potential development session to ensure the enablers remain relevant would be discussed and agreed. The Committee was advised that the document should be a succinct capture of strategic risks, however risks can be added and removed according to the events and issues taking place within the Trust.

Gloucestershire Hospitals
NHS Foundation Trust

YOUNG INFLUENCERS PROGRAMME

What we do at the Trust

Our vision at Gloucestershire Hospitals NHS Foundation Trust is to make sure we include young people in conversations about what we are doing well and what we could do better.

We provide the unique opportunity to have their say whilst learning more about the NHS and gain work experience options to help further their future careers, all whilst having fun and meeting other young people from different backgrounds.

The Importance

To ensure we make the experience of our hospitals as comfortable as possible, we engage with **young people aged 11 to 25** as part of our young influencers programme.

We are training young people to champion the voice of the next generation of our hospital users to advise us on how we can make them better now and in the future and help us **stay fresh in how we communicate with people and communities**.

What our Young Influencers do

- Attending meetings (once a month) these are a mixture of virtual and in person meetings
- Working on projects to engage our next generation of hospital users
- Volunteering for our weekend club, where young people play games and provide company on wards to our patients
- Consulting us on possible campaigns
- Representing young people’s voice at Council of Governor Meetings

- Social media
- Photography
- Writing
- Planning
- Meeting new people and making them feel welcome
- Coordinating people
- Graphic design
- Attending external events on behalf of GHT
- Attending internal events on behalf of GHT
- Problem solving

Gloucestershire Hospitals NHS Foundation Trust

Skills Diagnosis

We are working with Birmingham Women's and Children's Hospitals Young Persons Advisory Group (YPAG) who have presented to us previous projects including how they got young people involved in the signage and wayfinding of the Children and Young peoples ward, and other projects we may want to follow suit on at a later date.

We are planning a collaborative charity fundraiser with them both leaning on our own local communities.

We are also developing a close working relationship with Haris Sultan, founder of the NHS National Youth Forum to ingrain best practices in the way we work.

NHS
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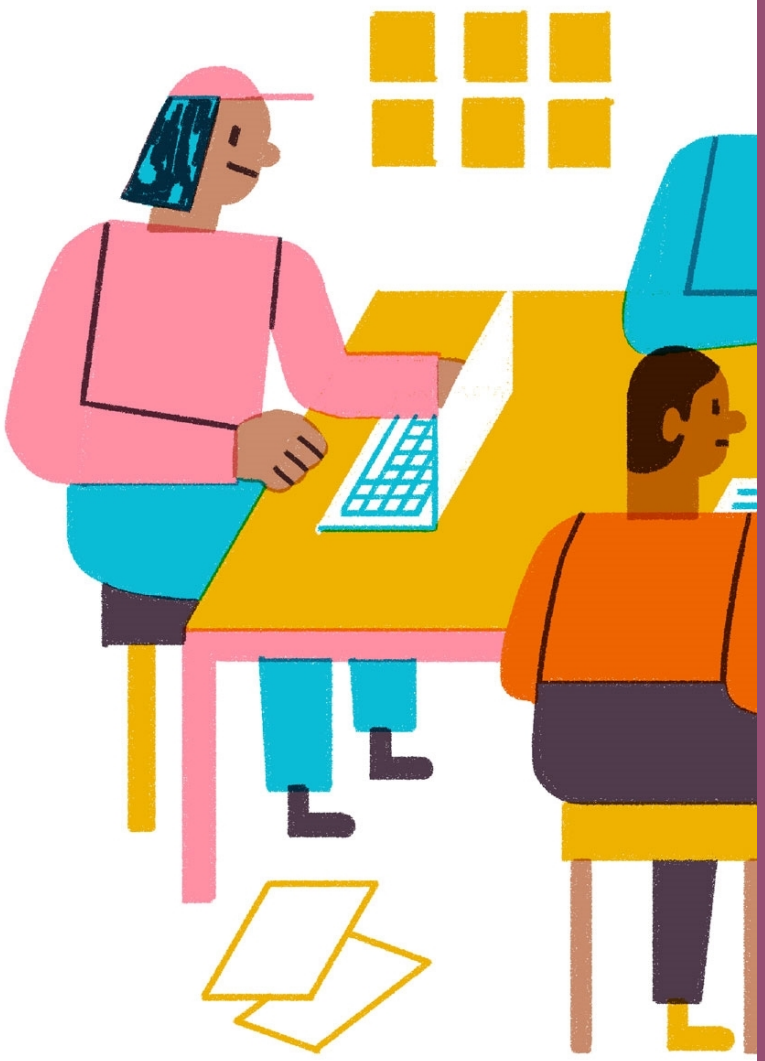
Collaboration



PLANS FOR THE NEXT YEAR

INTENTIONS

- To create and implement a structured outbound marketing plan to raise local awareness and increase membership.
- To work with comms to create a visual sub brand for marketing purposes.
- To continue to collaborate with other trusts
- To launch our weekend boardgames companionship club.
- To identify shadowing opportunities in careers in our trust our members have interest in.
- For our chair and members of the influencers to take an active role in Council of Governors meetings and offer a young persons perspective in decision-making

Training Opportunities

- First Aid training
- Mental Health First Aid
- Work Experience - shadowing
- Apprenticeships
- Guest speakers at monthly meetings - Doctors, medics, navy medics and other career role models

Young Glos

Gloucestershire Young Carers

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Health Research

Charity Fundraising

Gloucestershire Youth Parliament

Thank you!

Gloucestershire Hospitals NHS Foundation Trust

Report to Council of Governors				
Date	21 September 2022			
Title	Governor's Log			
Author /Sponsoring Director/Presenter	Lisa Evans, Assistant Trust Secretary Kat Cleverley, Trust Secretary			
Purpose of Report		Tick all that apply ✓		
To provide assurance	✓	**To obtain approval**		
Regulatory requirement		**To highlight an emerging risk or issue**		
To canvas opinion		**For information**		✓
To provide advice		**To highlight patient or staff experience**		

Summary of Report

Purpose

This report updates the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting in July.

Key issues to note

The Governor's Log is available to view at any time within the Governor Resource Centre on Admin Control.

Recommendation

That the report be noted.

Enclosures

Governors Log

REF	17/22	**STATUS**	OPEN
SUBMITTED	11/07/22	**ACKNOWLEDGED**	12/07/22
DEADLINE	26/07/22	**RESPONDED**	26/07/22
GOVERNOR	Julia Preston		
LEAD	Deborah Tunnell & Craig Bradley		
THEME	Covid & Sick Pay		

QUESTION

The trust policy is that all staff should take a lateral flow test on a regular basis and stay off work if they test positive. They can't return to work until they test negative, at the earliest day 5 and 6 for fully vaccinated and I believe day 11 and 12 for those not fully vaccinated. This applies if they are totally symptom free. Many people can remain testing positives for up to three months despite being non-infectious.

Given that hundreds of the lower paid staff do not get sick pay, including patient facing staff such as health care assistants and bank staff, how to you plan to ensure staff adhere to the policy. I imagine many staff would find it very financially challenging to remain off work if feeling well and hence would choose not to test themselves.

How can you reassure patients that staff will stay off work despite not getting paid?

ANSWER

From 7 July 2022, staff with new episodes of Covid-19 absence will receive pay in the form of their normal contractual sick pay entitlements.

To manage infection control, where the Trust requires a member of staff who is either, (a) asymptomatic or (b) symptomatic, but clinically well enough to work, to stay away from their workplace, the member of staff will receive the pay they would receive if they were at work. This is regardless of whether staff can work from home, including on altered duties or not, during this period. This will be treated as authorised absence, not sickness absence.

The national guidelines stipulate that Bank workers can claim Statutory Sick Pay for sickness lasting longer than 4 days by submitting a GP Fit Note.

We don't underestimate the challenges the national changes with Covid-19 sick pay will potentially create for individuals and the organisation. Monitoring the impact is essential. Although it is not possible to 'guarantee' that staff will stay off work, managers are being encouraged and supported to help their staff with their financial, mental and physical wellbeing, and are working with staff at an individual level to ensure there are no breaches to the infection control guidelines, keeping both them and our patients safe.

SUPPLEMENTARY SUBMITTED	26/07/22	**ACKNOWLEDGED**	26/07/22
DEADLINE	09/08/22	**RESPONDED**	09/08/22

I would be interested in what ways the Trust is working with managers and individual staff, to help them financially, mentally and physically and how many staff can get this?

ANSWER

In May 2019, the Trust launched the 2020 Staff Advice and Support Hub which is a confidential 'one stop shop' for all colleagues regarding any aspect of their physical, mental and financial wellbeing. There is a dedicated section on the Intranet which signposts colleagues to a wide range of resources. The 2020 Hub team offers signposting and a listening ear to anyone who needs it; this is predominantly done by phone and email. Specific support in place includes the following:

1. Physical health and wellbeing

- Bicycle User Group and access to financial discounts incentives such as Cycle to Work scheme and Bike Shop (run by our financial benefits provider, Vivup)
- Access to free eye tests for those who are eligible
- Discounts for local gyms
- Self-referrals to the Trust's audiology team for hearing tests
- Long Covid support group (run by the ICS Wellbeing Line team)
- Menopause at Work group (monthly informal get-togethers and talks for anyone affected by the menopause)
- Self-referrals to the Trust's physiotherapy team
- Walking routes around both sites that can be fit into people's lunch break

2. Mental health and wellbeing

2a) In-House

- **Specialist Intervention including prevention/treatment** Embedded Staff Psychology team – psychological therapy including trauma focused work offered on a 121 basis, consultations and training for managers around how to support teams, team interventions including decompression groups and workshops including Compassionate Resilience and compassionate mind skills training courses
- **Support intervention** Peer Support Network (volunteer colleagues who act as a 'listening ear' to anyone in the Trust who needs additional support)
- **Assessment intervention** TRIM – Trauma Risk Incident Management model with 50 colleagues trained as TRIM Practitioners who undertake assessments on colleagues following a potentially traumatic incident

2b) Signposted to services outside of the Trust

- Vivup Employee Assistance Programme (EAP) – confidential telephone counselling service for colleagues. Can access up to six x30 minute counselling sessions
- Qwell – online digital platform with access to self-care resources, information and trained counsellors

2c) Consultation and signposting

- ICS Wellbeing Line – telephone wellbeing line for everyone working in health and social care in Gloucestershire

3. Financial health and wellbeing

- Access to staff accommodation (long and short-term options)

- Childcare support – on-site nurseries and childcare vouchers to reduce costs. Up to 30 hours free child care for 3–4-year-olds from the Government
- Signposting to resources to help people manage their money and address debt issues
- Simplyhealth – health plans which enable staff to reclaim the cost of dental, optical, physio and prescription charges
- Discounts with local and national retailers, hospitality and entertainment services
- Salary Finance – access to loans repaid through salary; savings schemes; advanced access to up to 30% of earned pay prior to pay day
- Vivup – lifestyle savings (home, electronics, gardens, supermarkets, John Lewis). Salary sacrifice schemes to enable spreading the cost of purchasing large items

4. Other activities

- In the spring of this year, the 2020 Hub team commenced the 'Mobile Hub'. A member of the team will visit a team to talk about the health-wellbeing services on offer. We have been prioritising teams where staff survey response rates were lowest/poorest re health-wellbeing questions. We undertake visits most days of the week.
- We are currently developing a revised and updated financial wellbeing package to support colleagues to cope with the cost-of-living crisis. Where possible we will work in partnership with system colleagues to develop and agree a consistent offer to all health and social care employees in Gloucestershire