2022-11-16

Wed 16 November 2022, 14:30 - 17:00

Lecture Hall, Redwood Education Centre, Gloucester

Agenda

14:30 - 14:30
0 min

AGENDA

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

14:30 - 14:30
0 min

1. Welcome and Apologies

14:30 - 14:30
0 min

2. Declarations of Interest

14:30 - 14:30
0 min

3. Minutes of Meeting held on 21 September 2022

03_September 2022 - COG Public Minutes v2.pdf (4 pages)

14:30 - 14:30
0 min

4. Matters Arising

14:30 - 14:30
0 min

5. Chairs Update

14:30 - 14:30
0 min

6. Chief Executive's Briefing

06_CEO Report November 2022 (002).pdf (4 pages)

14:30 - 14:30
0 min

7. Governance and Nominations Committee

7.1. NED Recruitment Appointment

14:30 - 14:30
0 min

8. Lead Governor Election Update

14:30 - 14:30
0 min

9. Audit Overview 2021-22 Report

09_Deloitte - GHFT Governors presentation 2122 FINAL.pdf (9 pages)

14:30 - 14:30
0 min

10. Patient Experience Report

- 10_Patient Experience Report Q2.pdf (2 pages)
- 10_Patient Experience Report Q2 2022 23 CoG.pdf (9 pages)

14:30 - 14:30
0 min

11. Key Issues and Assurance Reports

11.1. Audit and Assurance Committee

- 11a_Audit and Assurance Committee KIAR 07.09.2022.pdf (1 pages)

11.2. Estates and Facilities Committee

- 11b_Estates and Facilities KIAR 22.09.2022.pdf (2 pages)

11.3. Finance and Digital Committee

- 11c_Finance and Digital Committee KIAR 29.09.2022.pdf (2 pages)
- 11d_Finance and Digital Committee KIAR 27.10.2022.pdf (2 pages)

11.4. People and Organisational Development Committee

- 11e_People and Organisational Development Committee KIAR 25.10.2022.pdf (1 pages)

11.5. Quality and Performance Committee

- 11f_Quality and Performance Committee KIAR 28.09.2022.pdf (2 pages)
- 11g_Quality and Performance Committee KIAR 26.10.2022 v2.pdf (2 pages)

14:30 - 14:30
0 min

12. Youth Ambassadors Update

14:30 - 14:30
0 min

13. Governor's Log

14:30 - 14:30
0 min

14. Any Other Business

NHS
Gloucestershire Hospitals
NHS Foundation Trust

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
14.30, Wednesday 16 November 2022
G2, Redwood Education Centre, Gloucester
AGENDA

Ref	Item	Purpose	Paper	Time
1	**Welcome and Apologies** *Deborah Evans, Chair*			14.30
2	**Declarations of interest**			14.35
3	**Minutes of meeting held on 21 September 2022**	Approval	YES	14.40
4	**Matters arising**	Information	YES	
5	**Chairs Update**	Discussion	YES	14.45
6	**Chief Executive's Briefing** *Deborah Lee, Chief Executive Officer*	Assurance	Verbal	14.50
7	**Governance and Nominations Committee** *Deborah Evans, Chair* • **NED Recruitment Appointment**	Approval	Verbal	15.00
8	**Lead Governor Election Update** *Kat Cleverley, Trust Secretary and Lisa Evans, Assistant Trust Secretary*	Information	Verbal	15.10
9	**Audit Overview 2021-22 Report** *Michelle Hopton, Deloitte*	Information	YES	15.20
	Break (10 minutes)			***15.30***
10	**Patient Experience Report,** *Katherine Holland, Patient Experience Manager*	Information	YES	15.40
11	**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* • People and OD Committee, *Balvinder Heran, Non-Executive Director* • Quality and Performance Committee *Alison Moon, Non-Executive Director*	Assurance	YES	15.55
12	**Youth Ambassadors Update**	Information	Verbal	16.35
13	**Governor's Log** *Lisa Evans, Assistant Trust Secretary*	Assurance	YES	16.50
14	**Any other business**			16.55
	Close at 17.00 **Date of next meeting: Thursday 9 February 2023 (14.00-17.00)**			

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
17.00, Wednesday 21 September 2022
Sandford Education Centre, Cheltenham

Present	Deborah Evans	DE	Trust Chair (Chair)
	Alan Thomas	AT	Public Governor, Cheltenham (Lead)
	Hilary Bowen	HB	Public Governor, Forest of Dean
	Geoff Cave	GCa	Public Governor, Tewkesbury
	Mike Ellis	ME	Public Governor, Cheltenham
	Jeremy Marchant	JM	Public Governor, Stroud
	Sarah Mather	SM	Staff Governor, Nursing and Midwifery
	Maggie Powell	MPo	Appointed Governor, Healthwatch
	Julia Preston	JP	Staff Governor, Nursing and Midwifery
	Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals
Attending	Ayesha Ahmed	AA	Engagement and Involvement Manager
	Bryony Armstrong	BA	Young Influencer
	James Brown	JB	Director of Engagement, Involvement of Communications
	Kat Cleverley	KC	Trust Secretary
	Bill Evans	BE	Incoming Governor
	Lisa Evans	LE	Assistant Trust Secretary
	Mickey Griffith	MG	Programme Director, Fit for the Future
	Fiona Hodder	FH	Incoming Governor
	Simon Lanceley	SL	Director of Strategy & Transformation
	Deborah Lee	DL	Chief Executive
	Ellie Martin	EM	Apprenticeships and Careers Engagement Officer
	Alison Moon	AM	Non-Executive Director
	Sally Moyle	SM	Associate Non-Executive Director
	Mike Napier	MN	Non-Executive Director
	Rebecca Pritchard	RP	Associate Non-Executive Director

Ref	Item
1	**Welcome and Apologies** Apologies were noted from Liz Berragan, Carolyne Claydon, Pat Eagle, Rob Graves, Balvinder Heran Andrea Holder, Pat Le Rolland, Russell Peek, Mark Pietroni
2	**Declarations of Interest** There were no declarations of interest.
3	**Minutes of meeting held on 20 July 2022** The minutes were agreed as an accurate record.
4	**Matters arising** The Governors noted the updates.
5	**Chairs Update** DE thanked MP for acting as Chief Executive in recent months; she welcomed DL back to the role. • **Discussion and Format of Council of Governors**

	DE reported that discussions were taking place around the format of Council of Governors meetings. Consideration was being given to how Governors could be more involved; changes were to be made to Committee reporting and there would be more discussion time for Governors. DE was open to working with the new Lead Governor on the content of agendas and a review of any changes would take place after a trial period. • **Proposed schedule of meetings 2023** DE reported that work was continuing on the Board and Committee meeting schedule for 2023; the Governors noted that Board and CoG meetings were proposed to take place in alternative months. Development, quality and engagement sessions would be scheduled on the same day as CoG to ensure optimum planning and maximise attendance. AT raised a concern about less frequent Board meetings and whether work would take place outside of the public meetings. As a Unitary Board, DE expected Executive colleagues to be active in taking matters forward between the proposed bi-monthly Board meetings. Key Committees would continue to meet monthly. DE also assured Governors that she was not an advocate for Confidential sessions and preferred business to be carried out at the public meeting where appropriate.
6	**Report of the Chief Executive** DL reported that receipt of the CQC Well Led and Surgical Services reports had been delayed slightly due to the period of national mourning. An update was provided on the operational position of the Trust. The Trust continued to perform well in the delivery of the elective programme, diagnostics and cancer performance. The number of patients Medically Optimised for Discharge remained high and poor performance on ambulance handover was noted. DL noted that this was the final meeting for AT and thanked him for his service to the Trust.
7	**Governance and Nominations Committee** • **NED Recruitment Update** DE reported that the Trust was advertising for three Non-Executive Directors. The G&N Committee had selected Gatenby Sanderson to undertake the recruitment and the closing date for applications was 10 October. MN noted the loss of two very experienced NEDs and DE confirmed that she would look at how terms could be staggered in future.
8	**Governor Election Update** Elections of seven Public Governors and a Nursing and Midwifery Staff Governor were taking place. LE reported that at least one nomination had been received for each vacancy, however the following vacancies received just one nomination per vacancy and the Governor was elected unopposed: • Cheltenham (1 nomination – 1 vacancy) • Forest of Dean (2 nominations for 2 vacancies) • Gloucester (1 nomination – 1 vacancy) • Out of County The elections were continuing for the vacancies in Stroud, Tewkesbury and for the Nursing and Midwifery vacancy. AT had agreed to remain as Lead Governor until after the AMM and planning for the Election of Lead Governor was underway. Work was continuing on the Governor Induction Programme.

9	**Lead Governor Nominations Process** Governors noted the process for the Lead Governor Election. The draft Job description was noted and it was agreed that the requirement for any interested party to be a Governor of at least one year's standing would be reviewed to provide some flexibility.
10	**Audit Overview 2021-22 Report** This item was deferred to the next meeting as the Auditors were unable to attend.
11	**Fit for the Future Programme: Engagement Outcome Report** The Governors received and noted the Fit for the Future 2 Output of Engagement Report. The report provided a reminder of the FFTF2 proposals, reviewed the FFTF2 engagement activities and the FFTF2 engagement quantitative and qualitative responses. Governors welcomed the report as a helpful piece of system working. MG reported that Blue light analysis had been carried out, general patient travel had been considered and Business Case analysis had been done. He agreed to share the analysis with Governors. **ACTION**
12	**Key Information and Assurance Reports (KIAR)** 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	**Youth Ambassadors / Young Influencers Update** JB introduced the work being undertaken in relation to young people. EM updated on the Trust apprenticeship scheme and work with schools. JB reported on the ambition to increase the number of young people involved with the Council of Governors. Bryony highlighted the work the Young Influencers were currently involved with, including collaborative work with other partners and Trust's. Plans for the future were noted, along with training opportunities for the young people. The Governors welcomed the work being undertaken.
14	**Governor's Log** The themes raised via the Governors' Log since the last full Council meeting were noted.
15	**Any other Business** At his final formal meeting of the Council AT thanked all outgoing Governors for the work they had carried out. He also thanked DE noting the positive perspective she had brought and welcomed DL back to her role.
16	**Date of next meeting: 16 November 2022**
Close	

Actions/Decisions			
Item	**Action**	**Lead/ Due Date**	**Update**
11	**Fit for the Future Programme: Engagement Outcome Report** MG reported that Blue light analysis had been carried out, general patient travel had been considered and Business Case analysis had been done. He agreed to share the analysis with Governors.	MG	Provided by email. CLOSED

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS– NOVEMBER 2022

CHIEF EXECUTIVE OFFICER'S REPORT

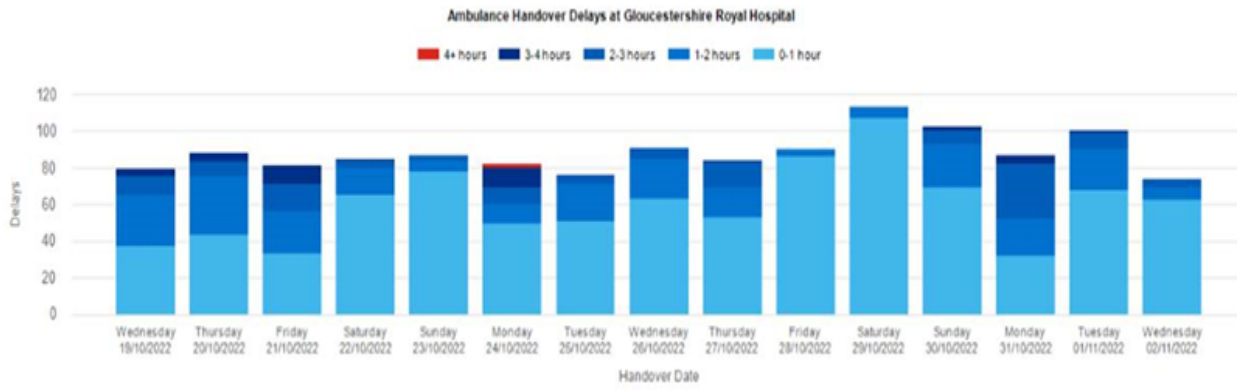
1 Introduction

1.1 I'd like to start by extending a warm welcome to our new Governors. I hope you already have a sense of the value the Board places on Governors and that your time with us is a positive one. I look forward to getting to know you individually and working with you collectively on the things that matter most to you and the constituents you represent.

As things settle post publication of the Care Quality Commission inspection findings, I remain heartened by the interest, engagement and support being shown by staff throughout the organisation. We are currently planning for a series of follow-up events to hear more from staff about how they would like to engage with the findings to which all Governors are welcome to attend.

2 Operational Context

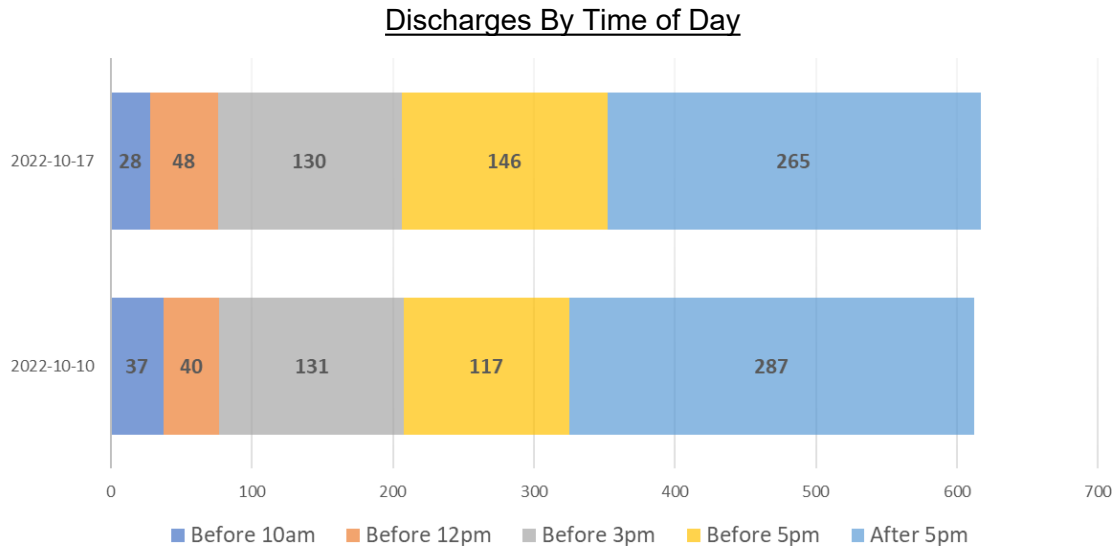
2.1 Whilst the Trust remains operationally very busy, recent improvements in urgent and emergency care (UEC) have been maintained. The renewed focus on the things that are in the Trust's gift to control, continue to pay dividends with just one patient waiting more than 4 hours to be offloaded from an ambulance in the last two weeks and 70% of ambulances being handed over within 60 minutes on average in the last seven days. Cat 2 response times continue to improve from the peak of 160 minutes and fall in a range of 27– 80 minutes with a mean of 44 minutes. Of note, there is now limited correlation between hours lost to handover delay and Cat response times and this has been escalated to SWAST (South West Ambulance Service Trust) colleagues. Positively, the Trust is expected to exit Tier 1 of the NHSE/I performance framework by the end of the month, assuming current performance is sustained. However, it is important to reiterate the challenging context within which patients are being care for and staff are working in.



2.2 The reasons for these improvements are multifactorial but the key contributor has been the decision to share risk more evenly across the UEC pathway by pre-empting more patients to our wards. This model is being advocated nationally, particularly to those in Tier 1. The early evidence indicates that this has reduced the risk in the community, at our front door and in our Emergency Department. This in itself is not without consequence, particularly in respect of quality of care for patients who are pre-empted,

which it is being very carefully monitored. Assurance in this regard was presented to the Quality and Performance Committee last month. Last week there was an average of 21 patients pre-empted across 21 wards at CGH and GRH, a reduction of eight from the prior week. A total of 146 patients were pre-empted last week, compared to 235 in the peak week of 10th October 2022.

2.3 The key areas of operational focus remain the decision to admit – the Reset Week indicated there is considerable opportunity still to reduce the number of patients who are admitted from the ED; earlier in the day discharge (and weekend discharges) which is crucial to manage the potential risks associated with pre-empting and time to ED assessment which is likely to require revision to workforce rotas for medical and nursing staff, particularly overnight. Despite considerable focus early in the day discharge remains our area of poorest performance with 45% of discharges happening between 5pm and midnight, and just 13% before noon. This work is now being led by the Medical Director reflecting the view that consultants and their juniors have the most to offer with respect to improvement opportunities. It is also hoped that the introduction of electronic prescribing will improve the timeliness of discharge medications which is one reason attributed to delays.



2.4 External partners, Newton, continue their system work on UEC and are in the diagnostic phase. A number of workshops have been held with colleagues from across the system to undertake a series of "case reviews". From those that have attended, these have proved invaluable in identifying the key themes that will need addressing if we are to succeed in our aims. Initial feedback was received last month, reflecting numerous opportunities to reduce the impact at both front and back doors; cumulatively, if fully realised, these have the potential to release demand for more than 100 acute beds. The most significant opportunities lie in "shifting left" patients on Pathway 1 and 2 and better utilisation and productivity of community services such as Rapid Response. There are also additional opportunities for the Trust pursue in relation to diagnostics and improved utilisation of our Frailty Assessment Unit.

2.5 Elective recovery remains very strong with the Trust holding its position regionally as the top performing Trust. Cancer performance continues to receive the Trust's full attention with strong performance in many areas, including being the only Trust in the Region to be achieving the 28 Day Faster Diagnosis Standard (FDS). This is a particularly

important standard as it is the point when patients have a diagnosis of cancer confirmed or ruled out – for the majority of patients this will result in good news and therefore with respect to patient experience is an important measure. The Trust's greatest area of concern remains achievement of the 62-day cancer standard; recovery plans and revised trajectories will be presented to next month's Elective Recovery Board and onward to Quality and Performance Committee.

Official sensitive- not for onward circulation

NHS England

Summary Dashboard

	104ww+		78ww+		>55ww Cohort (March 78ww)		52ww+		Total Waiting List		Cancer 62 day backlog	RTT
Region	w-e 16 Oct 22 (un-published)	w-e 23 Oct 22 (un-published)	w-e 16 Oct 22 (un-published)	w-e 23 Oct 22 (un-published)	w-e 16 Oct 22 (un-published) >54ww	w-e 23 Oct 22 (un-published >55ww	w-e 16 Oct 22 (un-published)	w-e 23 Oct 22 (un-published)	w-e 16 Oct 22 (un-published)	w-e 23 Oct 22 (un-published)	w-e 23 Oct 22 (un-published)	August 2022
SOUTH WEST	**812**	**780**	**6,206**	**6,272**	**36,771**	**34,438**	**42,399**	**42,646**	**639,951**	**639,808**	**3,493**	**60.8%**
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE STP	0	0	260	267	3,647	3,362	4,419	4,451	97,469	97,600	594	*65.8%*
BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE STP	82	82	1,131	1,178	8,329	7,965	9,502	9,676	113,659	115,273	810	*51.3%*
CORNWALL AND THE ISLES OF SCILLY HEALTH & SOCIAL CARE PARTNERSHIP (STP)	3	2	379	416	2,523	2,406	2,870	2,896	44,788	44,757	117	*60.2%*
DEVON STP	622	597	3,318	3,326	14,810	13,926	16,828	17,044	176,233	175,521	1,042	*51.4%*
DORSET STP	85	79	716	680	4,200	3,752	4,840	4,666	92,038	91,693	393	*62.2%*
GLOUCESTERSHIRE STP	0	0	32	36	920	817	1,214	1,200	66,863	65,907	270	*70.1%*
SOMERSET STP	20	20	370	369	2,342	2,210	2,726	2,713	48,901	49,057	267	*68.1%*

> 55WW Cohort (March 78ww): This cohort refers to the patients who will have waited over 78 weeks by the end of March if seen prior to this point

3 | National Elective Recovery Programme Board

Source: WLMDS

3 Key Highlights

3.1 Considerable work has gone into developing the **action plans** required by the Care Quality Commission in relation to statutory breaches identified in their report. These were submitted on the 1st November 2022 and oversight of these plans will be held at Committee level, with assurance back to the Board in the usual way.

3.2 Last week we welcomed the CQC back on-site to undertake an announced inspection of **radiotherapy and brachytherapy services**. The final report is awaited but feedback on the day was positive. Huge thanks for the exhaustive preparation led by Bridget Moore, Radiotherapy Service Manager, Penny Latimer, Head of Radiotherapy Physics and Dr Jess Bailey, Radiotherapy Clinical Lead. Unlike the Core Service inspections, this isn't rated in the usual way but is reflected as "a pass or fail" judgment however written reports are still provided.

3.3 Following concerns raised by myself and other CEOs in relation to the **regulatory risk** associated with addressing ambulance handover delays sitting solely with acute providers, I was pleased to join a meeting of Chief Executives from Trusts in Tier 1. The meeting was Chaired by Pauline Philip, National Director for Urgent and Emergency Care and attended by the new Chief Inspector of Hospitals, Sean O'Kelly and his Deputy along with regional CQC Heads of Inspection and Elizabeth O'Mahoney, SW Regional Director NHSE/I. Trusts were invited to share their concerns and in particular in relation to the siloed nature of inspections and judgements in a model that was responding to system risk. Further work has been agreed and GHFT has volunteered to join the working group.

3.4 This week saw the first phase of roll-out of the Trust's **electronic prescribing system** with the early adopter wards at Cheltenham General ahead of full roll-out to CGH on 9th November and GRH on the 23rd. Early signs are positive with prescribers describing the systems as very easy to use and "a massive step forward"; nursing colleagues have been proactive in reporting their ward drug rounds have been "quicker and easier to undertake" – this is especially good news as these rounds often consume many hours of a qualified nurses' hours on duty. Floor walkers have, again, characterised the roll-out and have been hugely appreciated by all. As usual, learning from these early adopters is being carried in the next phases of roll-out. Huge thanks to Mark Hutchinson and the digital team who are too many to mention.

3.5 In comings and goings, this month we said goodbye to **Vivien Mortimer**, Chief Midwife and Divisional Director of Quality & Nursing Women's and Children's Services. A huge number of colleagues, past and present, attended a surprise tea party to thank and acknowledge the huge contribution that Viv has made over more than two decades to women and children during her time in the Trust. We look forward to welcoming her back as a bank midwife!

3.6 Following a competitive process, I'm pleased to confirm that **Kate Hellier** has been appointed as Deputy Medical Director following the decision by Alex D'Agapeyeff to step down after five years in the role. Kate brings a wealth of clinical and management experience as clinical lead for stroke, specialty director, Chief of Service for Diagnostic and Specialties Division and one of the Trust's first Gloucestershire Safety and Quality Improvement Academy (GSQIA) Gold Coach. More recently, Kate has played a pivotal role in the Trust's digital programme.

3.7 Finally, I am delighted that *One Gloucestershire* was winner in the Health Service Journal (HSJ) Patient Safety Awards in the Safeguarding Category for the work led by Shona Duffy, Homeless Specialist Nurse. This is another in an increasingly long line of national recognitions for this pioneering work.

Deborah Lee
Chief Executive Officer
3rd November 2022

Deloitte.

Gloucestershire Hospitals NHS Foundation Trust

2021/22 External Audit

Presentation to the Council of Governors

Issued on 9 November 2022 for the meeting on 16 November 2022

Responsibility Statement

The following report has been summarised from the findings of the ISA 260 report on the Financial Statements Audit for year ended 31 March 2022. We have not been required to undertake an External Assurance Review of the 2020/22 NHS Quality Report. The ISA 260 report was presented to the Audit and Assurance Committee of Gloucestershire Hospitals NHS Foundation Trust on 17 June 2022.

The contents were prepared to provide Those Charged With Governance with details of the key findings identified during the external audit of the Annual Report and Accounts for 2021/22 in line with the requirements of our Terms of Engagement.

This report is prepared for Gloucestershire Hospitals NHS Foundation Trust. You should not refer to or use our name or the report for any other purpose, disclose them or refer to them in any prospectus or other document. No other party is entitled to rely on our report for any purpose whatsoever and we accept no duty of care or liability to any other party who is shown or gains access to this report.

Scope of our work

Accounts and Annual Report

- Identification and testing of the key risk areas.
- Performance of sample testing and analytical review.
- Testing of the auditable sections of the Remuneration Report.
- Review of the work of relevant regulatory bodies in relation to the Use of Resources opinion.
- Review of:
  - The Annual Report for consistency with the content of the Financial Statements.
  - The Annual Governance Statement.

FT accounts consolidation schedules

- Comparison of the Consolidation Schedules to the audited Annual Report and Accounts.
- Sample testing of the Whole of Government Accounts (WGA) balances for income, expenditure, receivables and payables to supporting documentation.

'True and Fair' Opinion on Accounts

Use of Resources

Consistency of the Consolidation Schedules

Confirmation to National Audit Office over content of WGA schedules

All opinions provided were unmodified

Key Findings

Financial Performance

At the year-end the Trust reported:

Surplus	Deficit £0.5m Adjusted plan: Breakeven
Cost Improvement Programme	£8.2m (Plan £7.2m)
Use of resource rating	FY 22 Single Oversight Framework 2
Cash Position	Balance at year-end of £70.7m (PY £77.9m)

Management and the Board must continue to monitor progress closely and ensure early corrective action is taken to address any shortfalls in performance during a period of increased uncertainty. We will continue to review the Trust's performance in 2022/23 as part of our ongoing responsibilities.

Audit findings

Key findings from the audit included:

Accounting performance	• Submission of draft and final accounts within deadlines • There was an improvement to the quality of working papers from the prior year, however there were issues in relation to Fixed Asset reconciliation and break down of assets, reconciliation of accruals and goods receipt notes.
Accounting policies and financial reporting	• Required to consider accounting policies and financial reporting; and • Minor comments provided were accepted by the Trust.
AGS and Annual report	• The review of the Trust's AGS and Annual Report identified no significant issues with a number of minor improvements recommended and reflected within the final signed report.
Controls findings	• A number of control improvements were recommended within the ISA260 which management have accepted.

Audit findings (continued)

Key findings from the audit included:

VFM

- A significant weaknesses were reported in the VFM opinion. These weaknesses reflect the findings of the Care Quality Commission's (CQC) inspection report issued in October 2022. The report had an overall rating of "Requires Improvement" and this was the rating given to safe, responsive and well-led domains of the quality rating.
- The final VFM report was provided on the 12 October 2022.

Appendix 1

Glossary

Acronym	Term	Explanation
NHS	National Health Service	The healthcare service of the United Kingdom.
NHSE & I	NHS England and NHS Improvement	NHS England and NHS Improvement have come together and are responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
CIP	Cost Improvement Programme	An NHS financial savings target with the aim to reduce costs while improving patient care, patient satisfaction and safety.
ISA	International Standards on Auditing (UK)	The guidelines that the external auditors follow when completing the audit of the Trust's financial statements.
ARM	Annual Reporting Manual	The accounting manual that Trusts must follow when preparing their financial statements.
RTT	Referral to Treatment	The NHS Constitution gives patients the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible.
WGA	Whole of Government Accounts	Consolidated accounts produced by NHSI for NHS providers (NHS trusts and foundation trusts).
EBITDA	Earnings Before Income, Tax, Depreciation and Amortization	This is a measure of a company's operating performance which excludes financing decisions, accounting decisions or tax impact.

Deloitte.

Report to Council of Governors	
Date	16 November 2022
Title	**Patient Experience Report – Quarter two 2022/23**
Author /Sponsoring Director/Presenter	Katherine Holland, Patient Experience Manager, Katie Parker-Roberts, Head of Quality and Lead Freedom to Speak Up Guardian

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 paper represents a quarterly report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in 2022/23. As part of this report, we review what our patients have told us in the past year about their experiences of services in our Trust, and look forward to what we plan for the rest of 2022/23 and beyond.

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

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

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

Key Issues to note

Overall, our patients report a mostly positive experience of our services, with 89.2% of patients recommending our services through the Friends and Family Test (FFT). This is slight increase on the previous quarter.

While this provides reassurance that we get it right for the majority, 10.8% of our patients are consistently not receiving a positive experience. Through FFT and PALS, patients are reporting concerns about communication, provision of appointments and clinical care including receiving enough help to eat and drink. These are the areas that will continue to be a focus for us as a Trust over the coming quarter and year.

In quarter 2 our PALS team saw an increase in the number of concerns they received. The complexity of these concerns has also increased. This increase in concerns is looking likely to continue into quarter 3 and as such discussion around resourcing this service will be needed.

Looking forward to Q3

Our teams have a number of priority areas of focus for the coming quarter for improving experience of patients in our care. This includes:

- Support our Maternity service to implement the agreed process for responding to, acting on and improving as a result of feedback including the introduction of a patient experience coordinator for the service
- Support the development and implementation of Patient Safety Partners
- Re-establish our volunteer recruitment programme and expand roles in areas where significant improvements to patient and staff experience can be realised through the presence of a volunteer e.g., ED, care of the elderly
- Follow procurement process for translation and interpreting contract in conjunction with community and mental health colleagues.
- To work with our system colleagues in the delivery of the Accessible Information Standard including testing the offer through Synertec
- Establish an accessibility reference group
- Establishment and delivery of PLACE lite to build a robust process ahead of PLACE 2023
- Support the rapid improvement work ongoing around our processes and policy related to boarded patients and discharge.
- Establish an Experience of Care council using the Improving Experience of Care framework

Conclusions

Overall, our patients report a positive experience of our services, though there are a number of areas identified where improvements are required, particularly around wait times and communication in unscheduled care and inpatient settings. Divisional teams are leading improvement work supported by the patient experience teams, and this will be reported through QDG by the divisions on an ongoing basis.

Recommendation

The committee are asked to receive this report for information and assurance

Enclosures

Patient Experience Quarterly Update – July - September 2022

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This paper represents a quarterly report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in 2022/23. As part of this report, we review what our patients have told us in the past year about their experiences of services in our Trust, and look forward to what we plan for the rest of 2022/23 and beyond.

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

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

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

Review of Q2 patient experience data

Overall, our patients report a mostly positive experience of our services, with 89.2% of patients recommending our services through the Friends and Family Test (FFT). This is slight increase on the previous quarter.

While this provides reassurance that we get it right for the majority, 10.8% of our patients are consistently not receiving a positive experience. Through FFT and PALS, patients are reporting concerns about communication, provision of appointments and clinical care including receiving enough help to eat and drink. These are the areas that will continue to be a focus for us as a Trust over the coming quarter and year.

In quarter 2 our PALS team saw an increase in the number of concerns they received. The complexity of these concerns has also increased. This increase in concerns is looking likely to continue into quarter 3 and as such discussion around resourcing this service will be needed.

Looking forward to Q3

Our teams have a number of priority areas of focus for the coming quarter for improving experience of patients in our care. This includes:

- Support our Maternity service to implement the agreed process for responding to, acting on and improving as a result of feedback including the introduction of a patient experience coordinator for the service
- Support the development and implementation of Patient Safety Partners
- Re-establish our volunteer recruitment programme and expand roles in areas where significant improvements to patient and staff experience can be realised through the presence of a volunteer e.g., ED, care of the elderly
- Follow procurement process for translation and interpreting contract in conjunction with community and mental health colleagues.
- To work with our system colleagues in the delivery of the Accessible Information Standard including testing the offer through Synertec
- Establish an accessibility reference group
- Establishment and delivery of PLACE lite to build a robust process ahead of PLACE 2023
- Support the rapid improvement work ongoing around our processes and policy related to boarded patients and discharge.
- Establish an Experience of Care council using the Improving Experience of Care framework

Surveys

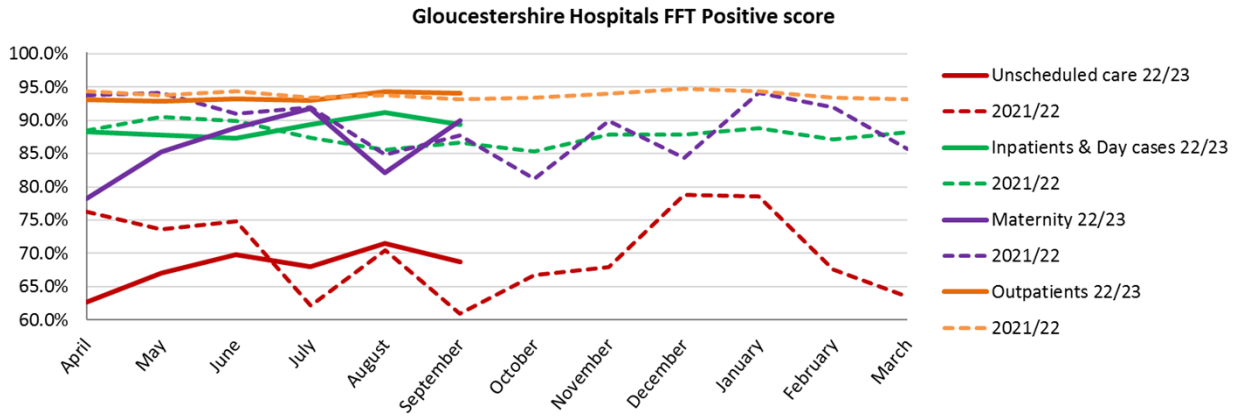
FFT results: Q2 Trust

Gloucestershire Hospitals FFT Total Responses & Positive score – Quarterly Data

Care type		July	August	September	Q1	Q2
Unscheduled care 22/23	Total Responses	1,119	1,023	881	2,793	3,023
	Positive score	68.0%	71.5%	68.7%	66.6%	69.4%
Inpatients & Day cases 22/23	Total Responses	851	1,490	1,354	3,843	3,695
	Positive score	89.3%	91.2%	89.4%	87.8%	90.1%
Outpatients 22/23	Total Responses	4,976	3,970	3,652	11,255	12,598
	Positive score	93.0%	94.3%	94.1%	93.0%	93.7%
Maternity 22/23	Total Responses	73	67	69	213	209
	Positive score	91.8%	82.1%	89.9%	83.6%	88.1%
Other 22/23	Total Responses	5	1	5	14	11
	Positive score	20.0%	0.0%	40.0%	21.4%	27.3%
Trust	Trust Total Responses	7,024	6,551	5,961	18,118	19,536
	Trust Positive score	88.5%	89.9%	89.2%	87.7%	89.2%
Overall Trust Positive score (Quarterly)			**89.2%**		**87.7%**	**89.2%**

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

Monthly trend and y-o-y comparison



Unscheduled care has had a mixed quarter but positive responses have largely been maintained. There have been various work-streams introduced within the department to help improve communication between staff and patients/visitors, including general information distribution, increased voluntary services, and staff, supported by volunteers check-in with patients known to have been waiting longer, or with increased vulnerability

Inpatients and Day case feedback has been similar to but slightly higher than last quarter. Wait times to get to a bed on a ward (along with difficult experiences in ED

prior to admission) feature in comments. Disorganised discharges also come up quite often – either long waits or delays to discharge or being discharged “too soon” with lack of information or care package.

Maternity responses have been very mixed with a sharp drop in the middle of the quarter. Comments reference excellent, compassionate care during the birth but often less support available on the ward after – this in particular with regards to women who felt they needed more support with infant feeding postnatally. These are now a priority of improvement for the service.

Outpatient feedback is pretty much unchanged year-on-year. Comments vary more depending on specialty but waits for an appointment following referral arise frequently.

National Surveys Update

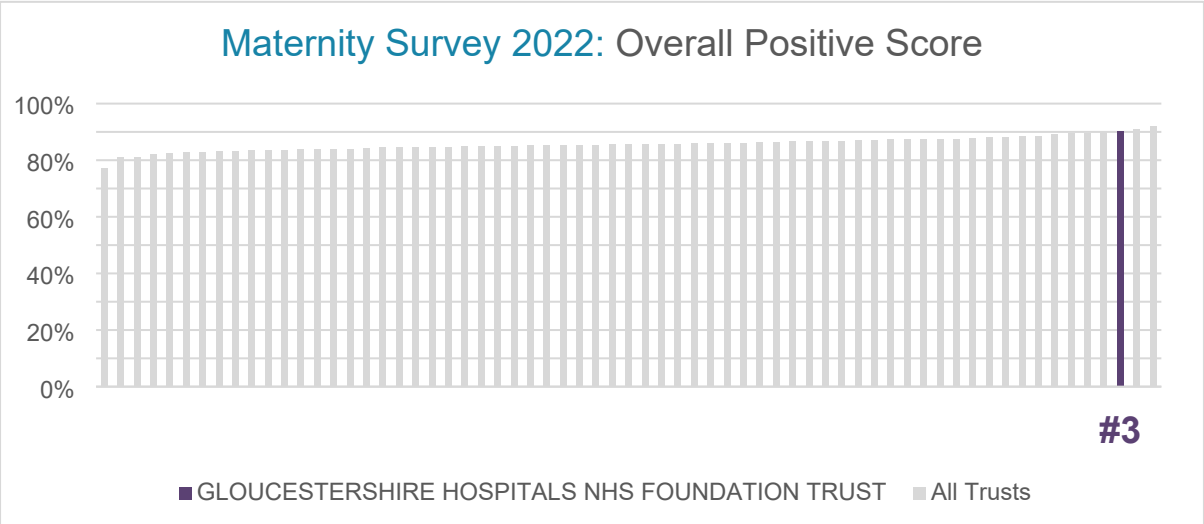
	Survey	Sample month	Survey fieldwork (mailings)	Picker results	CQC results
2021/22					
Adult inpatients	IP21	Nov-21	Feb-May 2022	27/05/2022	Exp Oct 22 (Embargoed copy released 05/08/22)
Maternity	MAT22	Feb-22	April-August 2022	Sept 2022	Exp Jan 23
2022/23					
Urgent and emergency care	UEC22	Aug-22	Nov-Mar 2023	May 2023	
Adult inpatients	IP22	Nov-22	Jan-May 2023		
Children and young people	CYP23	TBC			
Maternity	MAT23	Feb-23			

Maternity survey 2022 – sample month was February 2022. Results were released in September 2022. A Picker workshop is being scheduled to go through the results with representatives from the division. The results will further inform the work currently being carried out within the division to prioritise patient experience projects.

Summary of results – embargoed

The Maternity Survey runs every year. All eligible organisations in England are required to conduct the survey. The patient sample for this survey was taken from February 2022.

Picker was commissioned by 65 organisations to run their survey – the reports present our results in comparison to those organisations – The Trust ranked 3rd out these with an overall positive score 90.38%



391	385	**59%**	48%	62%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (228)	Average response rate for similar organisations	Your previous response rate

Top 5 scores vs Picker Average	Trust	Picker Avg
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	81%	41%
F5. Saw the midwife as much as they wanted (postnatal)	75%	63%
B4. Given enough information about where to have baby	90%	79%
B12. Given enough support for mental health during pregnancy	95%	85%
C16. Not left alone when worried (during labour and birth)	83%	73%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
B5. Given enough information about coronavirus restrictions and any implications for maternity care	75%	77%
F11. Staff asked about mental health (postnatal)	96%	96%

Most improved scores	Trust 2022	Trust 2021
D7. Found partner was able to stay with them as long as they wanted (in hospital after birth)	81%	32%
C6. Involved enough in decision to be induced	90%	78%
B11. Asked about mental health by midwives (antenatal)	96%	91%
F19. Felt GP talked enough about physical health during postnatal check-up	70%	65%
B12. Given enough support for mental health during pregnancy	95%	91%

Most declined scores	Trust 2022	Trust 2021
F16. Received suppport or advice about feeding their baby during evenings, nights or weekends	74%	81%
B5. Given enough information about coronavirus restrictions and any implications for maternity care	75%	77%
C17. Felt concerns were taken seriously (during labour and birth)	83%	86%
E3. Felt midwives gave active support and encouragement about feeding	89%	91%
D5. Given enough information (in hospital after birth)	91%	92%

UEC22 Fieldwork is about to commence with results expected May 2023.

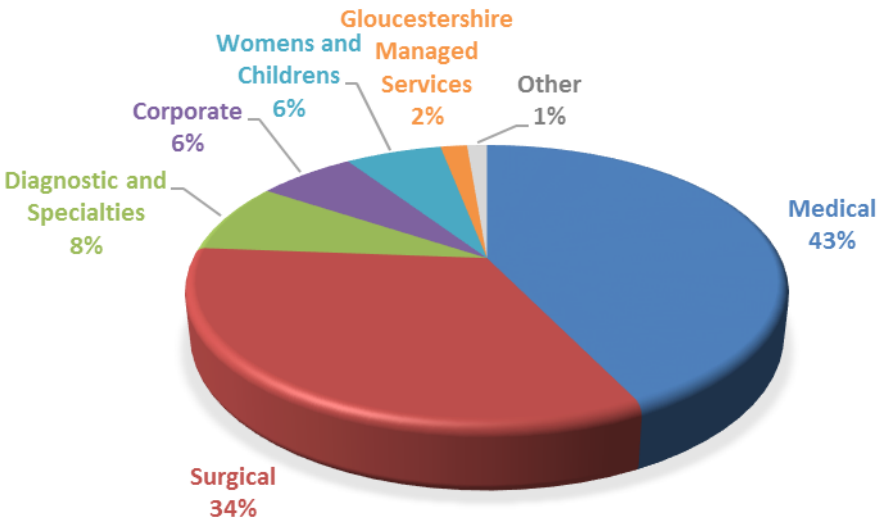
IP22 Dissent posters are now displayed in inpatient areas including in other languages (Arabic, Polish, and Romanian) to improve accessibility.

Overview of PALS service activity – Q1 April – June 2022

The below table provides an overview of the activity in the PALS department during Q2.

	Q1				Q2			
PALS Activity	**Apr-22**	**May -22**	**Jun -22**		**Jul-22**	**Aug -22**	**Sep -22**	
Concerns (Datix)	243	255	234	732	287	329	309	925
Compliments (Datix)	122	30	79	231	57	50	56	163
Enquiries/advice and Information total	331	263	277	871	191	250	206	647
Enquiries/Advice (Datix)	46	34	48	128	43	53	35	131
Information (Enquires Call log)	285	229	229	743	148	197	171	516
Total Activity	**696**	**548**	**590**	**1834**	**535**	**629**	**571**	**1735**

Number and themes of concerns by division Q2:



From July - September there were 925 concerns raised through PALS. 43% were regarding medical specialties or services, and 34% were in relation to the surgical division.

The top theme for concerns for the Trust was about appointments, this was also the top theme for Surgical (94) and Diagnostics and Specialties (26) and Women's and Children's (26) divisions. The top theme for Medicine was Communication (127). The table below shows the breakdown by division.

Subject	Medical	Surgical	D&S	Corporate	W&C	GMS	Other	Total
Communications	127	76	14	13	9	3	1	243
Appointments	66	94	26	15	20			221
Clinical treatment	67	61	22		11			161
Access to treatment or drugs	8	38	1	1	1		2	51
Admission and discharges	33	13			4		1	51
Patient Care (Nursing)	30	6	2	2		1		41
Trust admin/policies/procedures	12		1	19	7	1		40
Values and Behaviours (Staff)	10	7	5	6	3	2		33
Facilities	11	3		1	1	9	1	26
Other	13	5						18
(blank)	4	1	2	1	1		7	16
End of life care	7	1	1	1	1			11
Waiting Times	4	1						5
Privacy, Dignity and Wellbeing	3		1					4
Prescribing		2						2
Restraint	1							1
Consent		1						1
Total	**396**	**309**	**75**	**59**	**58**	**16**	**12**	**925**

Breakdown of concerns received by Division: top Sub themes only

Sub-Subject	Medical	Surgical	D&S	W&C	Corporate	Other	GMS	Total
Communication with patient	50	50	9	5	6		2	122
Appointment - availability (inc. urgent)	43	44	13	10	3			113
Communication with relatives/carers	44	10	2	2	3	1	1	63
Delay or failure in acting on test results	19	22	13	2				56
Delay or failure in treatment/ procedure	13	23	1	4				41
Discharge Arrangements	25	10						35
Appointment Cancellations	6	23	2		3			34
Dispute over diagnosis	13	6	3	3				25
Length Of Waiting List	2	21						23
Appt - failure to provide follow-up	5	10	2	5				22
Appt - letter not issued/not received	3	5	4	1	6			19
Loss of/damage to personal property	13	5						18
Failure to provide adequate care	13	3	1					17
Referral - Delay	2	8	4	1	1			16
Cancellation of operation/procedure		15		1				16
Delay in giving information/results	9	5	1	1				16
Delay or failure to diagnose	10	4	1					15
Access to health records	1			1	13			15
Communication with GP	10	3	1					14
Attitude of Medical Staff	2	3	4	2				11
Access To Services	4	2	1		1	2		10

Patients trying to find out when to expect an appointment following referral, either after an outpatient appointment or after visiting their GP are the main reasons for contacting PALS, closely followed by communication with the patient and with carers and relatives. This is primarily relating to the not feeling informed about their own or the care of a relative.

Looking forward to Q3

- Support our Maternity service to implement the agreed process for responding to, acting on and improving as a result of feedback including the introduction of a patient experience coordinator for the service
- Support the implementation of Patient Safety Partners
- Re-establish our volunteer recruitment programme and expand roles in areas where significant improvements to patient and staff experience can be realised through the presence of a volunteer e.g., ED, care of the elderly
- To begin to roll out the patient discharge support volunteer role
- To support our patients and staff to utilise our Translation and Interpreting services to improve patient experience and safety
- Follow procurement process for translation and interpreting contract in conjunction with community and mental health colleagues.
- Work with Paediatrics to review how patient feedback is captured
- Continue to work with and further expand our Hospital Reflection Group to improve the experiences of our carers including the revision of our carer's strategy
- To work with our system colleagues in the delivery of the Accessible Information Standard including testing the offer through Synertec
- Establish an accessibility reference group
- To work with our system colleagues on ensuring our learning from patients' experiences is shared and able to support our transformation work
- To complete and test the process to ensure our patient information leaflets are available on our website in an accessible format
- Patient Experience team will continue to support the development of Patient Experience Groups in divisions, providing insight and data as well as coaching support for QI projects
- Continue to support the DrEaM CQUIN quality improvement project
- Review of ward clerk provision across inpatient areas
- Establishment and delivery of PLACE lite to build a robust process ahead of PLACE 2023
- Support the rapid improvement work ongoing around our processes and policy related to boarded patients and discharge
- Establish an Experience of Care council using the Improving Experience of Care framework

KEY ISSUES AND ASSURANCE REPORT
Audit and Assurance Committee, 7 September 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
Internal Audit Progress Report	One audit review had been completed since July, with fieldwork underway for an additional four reviews. The Committee discussed the overall internal audit plan for the year, and was concerned at the slippage of a number of planned dates. Full ownership of the reviews would be reiterated with teams within the Trust to ensure no further slippage. ***Follow Up Report*** There were 21 recommendations outstanding. The team was working with the Trust to update and, where necessary, escalate. A report into the Datix project was due to be presented at Risk Management Group.	Ensure continued incorporated learning from internal audit reviews, including distribution of learning and best practice throughout the organisation. Ownership of each of the reviews within the internal audit plan for 2022-23 would be confirmed to ensure there was no further slippage.
HFMA Financial Sustainability Audit	Scoring for the self-assessment had been completed by a number of teams within the organisation. A review of the self-assessment had been undertaken, with action plans in place for areas scored at Level 3.	The Committee approved the terms of reference.
External Audit Progress Report	The Committee was informed that the timetables for GMS and Charity audit work had been finalised. Value for Money work for the Trust was ongoing and due to be concluded by the end of September/early October. The deadline to conclude the Value for Money work had extended due to the need to receive final CQC reports.	External auditors would present to Council of Governors in September. A lessons learned report would be discussed at November's meeting.
Counter Fraud Report	The Committee received the report, noting particularly the red rated assessment for fraud, bribery and corruption. The Trust had been red rated for the last two years and the team was actively seeking to improve during 2022-23.	None.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
Emergency Preparedness, Resilience and Response Report	The Trust had self-assessed against 63 core standards; the Trust was fully compliant against 57, with 6 partially compliant. The Trust was therefore substantially compliant for 2022-23.	The report would be recommended for approval at October's Board meeting.
Losses and Compensations Report	The Committee was assured by the management of the process of losses and compensations, and approved the write off of five ex-gratia payments totalling £1,536.00.	The Patient Property Policy was due to be presented to Quality and Performance Committee in September.
Single Tender Actions Report	A total of four waivers had been received at a value of £116,495. Two of the waivers had been retrospective.	None.
GMS Report	External audit was progressing well, with some final reviews of financial statements taking place. It was expected that approval of accounts would take place at GMS Board in September. No significant issues had been raised.	None.

Items not Rated

None.

Impact on Board Assurance Framework (BAF)

Risk rationalisation continued, with good progress being made.

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
Estates and Facilities Committee, 22 September 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's Report	Portering had been a key focus of the recent GMS development session, with particular concern reiterated in relation to porter involvement in serious violence and aggression incidents and involvement in suicide attempts. In July, GMS had forecast a £300k deficit against a budget of £2.1m dividend to the Trust. Pay award funding had impacted on GMS' ability to deliver the forecast, and a reduced dividend would be reported over the coming month. However, GMS was actively working with the Trust to address.	Additional assurance and visibility would be received on agency spend and GMS plans to reduce temporary staffing. An executive discussion would be held in relation to the oversight and ownership of violence and aggression.
GMS Contract Mgt Group Exception Report	Key points were noted as follows: • A national action plan was in place to address gaps in national cleaning standards. • Staff parking permits would be reintroduced at the beginning of the next financial year. • Bulk buying of materials had been driven by anxiety created by marketplace demand; stock management processes needed to be strengthened within the organisation to prevent this. • There were some fire issues raised, mainly in relation to areas of storage and clutter. A warehouse had been purchased in order to resolve this, and a standard operating procedure was now in place to ensure the warehouse was utilised appropriately. The Committee was advised that there should be four fire safety officers in post in the Trust, but there was currently only one with some part-time support. The team was reviewing mitigation plans. • Lessons had been learned in relation to battery charges at ward entrances which may present a hazard. Further work would be done to address this. • A discussion had also been held in relation to a portering recovery plan and what could be controlled within the Trust.	The Committee noted the plans in place to address the issues raised.
Saba Contract Management Report	Monthly and quarterly contract management meetings had been established, along with an invoice validation system. The team was now also carrying out dip samples on training records to ensure compliance. The Committee was advised that a data management agreement with GMS was in development. A meeting had also been arranged to discuss suicide prevention.	The Committee was assured by the systems now in place to strengthen monitoring of the contract.
GMS Workforce Plan	Proposals for a pay increase had been developed for GMS Board; figures were being revisited to determine if the national pay rise would have an impact. There may be some specific interventions for particular catering and electrical roles.	Information on job roles that were being lost to other Trusts would be provided to inform a conversation with the local health system.
GSSD Progress Report	Kier had recently experienced workforce and supply chain issues, however a confirmation date for completion of the Emergency Department had been received. The Trust had also received confirmation of funding for the Quayside development of the community diagnostic centre.	Ensure effective project management of funding bids, and awareness of pressures this puts on existing teams to efficiently manage successful bids.

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.

Electrical Infrastructure Update	Existing electrical supply and infrastructure was not fully compliant at either hospital; with growing demand and redevelopment at both sites, the need for more sophisticated infrastructure was required. The Committee was advised of the preferred option to undertake works in a planned and prioritised approach, which was supported by a robust action plan. Budget costs had been identified and would require ongoing review.	The Committee supported the implementation of option 3.
Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
None.		
Items not Rated		
Integrated Care System Update	Risk Register	Capital Programme Report
Impact on Board Assurance Framework (BAF)		
The risks would be reviewed to determine whether they could be combined to form a single risk.		

KEY ISSUES AND ASSURANCE REPORT
Finance and Digital Committee, 29 September 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	Key points were highlighted as follows: • The Trust reported a deficit of £8.6m, which was £6.6m adverse to plan. • The deficit was driven by a number of pressures, including underperformance of out of county contracts, underperformance on passthrough drugs and devices, divisional pay pressure due to use of temporary staff, non-pay pressures due to clinical supplies, outsourcing and laboratory reagents costs, financial sustainability and GMS inflation. • Cash balance was reduced from last month, due to the timing of capital payments and continued high run-rate of pay spend.	The financial position continued to highlight a significant challenge to the Trust. The Financial Recovery Plan set out objectives and actions to mitigate against the Trust's position.
Financial Recovery Plan	The plan set out five key objectives: • Review the significant increase in whole-time equivalents from 2019-20 to 2022-23 and recommend reassessments. • Incorporate divisional recovery plans, including difficult decisions required to improve the financial position. • Undertake a review of temporary staffing controls with a view to reducing spend. • Review all agency spend on non-clinical areas. • Continue to identify additional schemes to meet the overall financial sustainability programme and income targets.	The Committee acknowledged the significant pressure that the Trust was experiencing, both operationally and financially. Further information would be received on productivity at the next meeting. The Committee reflected that allowing operational colleagues the space to implement positive change would make a significant difference to both culture and sustainability.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
ICS Digital Strategy	Local health system partners had been worked together to develop an ICS-wide digital strategy to provide direction, measurable targets and clear patient benefits for the next five years. The strategy was developed and produced by an external company, following facilitated workshops with representatives from across Gloucestershire's health and care system.	The Committee acknowledged the creation of the strategy and the engagement process, however noted that there was no clarity on leadership or decision-making or a focus on local aspirations or benefits. The strategy would need to include robust timescales and planning to achieve its ambitions.
Financial Sustainability Report	The target for the Trust was £19m. The report detailed that £7.7m was unidentified and was phased to be delivered in the latter part of the year. This meant that the efficiency requirement would become higher as the year progressed. The Trust's reported month five position was delivery of £5.4m year-to-date against a target of £6.2m, which resulted in an under-delivery of £0.8m.	Productivity work was well established within the Trust, with divisional level productivity replicated at specialty level in order to use the information as a key enabler of financial sustainability. The Committee noted plans to generate new ideas which were being developed for implementation in October.

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.

Capital Programme	The Trust submitted a gross capital expenditure plan for the 22-23 financial year totalling £67.5m. The Trust had been awarded £0.4m of additional funding in month five for improvements to the paediatric ward at GRH to help improve care for children and young patients who required mental health support. As of the end of month five, the Trust had goods delivered, works done or services received to the value of £14.6m, which was £4.3m behind plan. The key driver behind this position was the Trust's Strategic Site Development project.	The Committee supported the "at risk" element of the demand and capacity schemes, and supported the acceptance of the Salix grant.
Whole Time Equivalent Growth Report	A detailed analysis of the Trust's operating plans had been undertaken in response to a letter received from NHSEI in relation to material increases in WTE and limited evidence of increases in elective recovery. The exercise had been undertaken and the report detailed identified changes in WTE workforce in 2019-20 and 2022-23.	The Committee noted the work being undertaken to establish strengthened controls and governance.

Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Private Patients Review	The report forecast the best income projection by year-end, since 2009-10.	None.
Digital Transformation Report	Key points were highlighted as follows: • Go-live dates for electronic prescribing had been confirmed for November. • Pre-assessment patient health questionnaires were online and in use. • Planning was underway for paper-lite outpatients, with four early adopter areas identified. • Scoping for internal referrals on the EPR was underway. • The cyber action plan was progressing well.	None.

Items not Rated				
Terms of Reference	Digital Risk Register	ICS Update	Legal Case	Averting Disasters

Investments			
Case	**Comments**	**Approval**	**Actions**
Cardinal Health Tympanic Thermometers	Approved at Trust Leadership Team	Approved	None

Impact on Board Assurance Framework (BAF)
SR7 had been fully updated in September, with a recommended increased risk score of 20.

KEY ISSUES AND ASSURANCE REPORT Finance and Digital Committee, 27 October 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 reported a deficit of £10.9m, which was £9m adverse to plan. The deficit was driven by a number of factors, including underperformance on out of county contracts, underperformance on pass-through drugs and devices, divisional pay pressures and overspend on temporary staffing, pay award pressure, and GMS inflation. The Financial Sustainability Plan target for the Trust was £19m, of which £5.6m was still unidentified. This meant that the efficiency requirement would become higher as the year progressed. The plan had delivered £8.1m year-to-date against a target of £8m, which was an over-delivery of £0.1m. This was driven by the declaration of the full £1.5m annual corporate savings target in month six. Budget setting methodology had been finalised for divisions and would be shared with the Executive team before discussion at the next Committee meeting.	The financial position continued to highlight a significant challenge to the Trust. Actions proposed by divisions were not generating a reduction in run rates and there was concern about the pace of delivery of divisional action plans. The Committee was very concerned about the deterioration of the forecast position, which is unsustainable. The Financial Recovery Plan set out objectives and actions to further mitigate against the Trust's position. Additional mitigations were being explored, with work taking place to assign an Executive Director to each action to ensure Executive ownership.
Financial Recovery Plan	The Financial Recovery Plan actions to be progressed as a priority included: •Reviewing and challenging divisional recovery plans. •Highlighting the difficult decisions required to improve the financial position. •Progressing the review of temporary staffing controls with a view to reducing spend. •Reviewing all agency spend on non-clinical areas. •Continuing to identify additional schemes to meet the overall financial sustainability programme and income targets.	The Committee acknowledged the significant pressure that the Trust was experiencing, both operationally and financially. Additional work was being undertaken to gain clarity around run rates and to instil grip and control to stabilise the position. A different model of support for divisions within the Trust, particularly medicine, would be considered.
Items rated Amber		
Item	**Rationale for rating**	**Actions/Outcome**
Financial Sustainability Report	The position at month six, including the forecasted realisation of £7.8m benefits, was an improvement on the month five position. Year-to-date delivery was £5.1m against a plan of £5m, which was an over-delivery of £0.1m, driven by corporate savings. Mitigations to close the savings gap were in place and included reviews of a number of areas within workforce, digital, corporate and divisions.	Work continued to drive forward and stretch identified Divisional and cross-cutting workstreams and to generate new schemes to ensure a successful Financial Sustainability Plan. Plans to generate new ideas would be explored and developed during November.
Capital Programme Report	The Trust had submitted a gross capital expenditure plan of £67.1m for 2022-23. To date, there had been £0.4m of additional capital approved, bringing the total to £67.5m. At month six, the Trust had goods delivered, works done or services received to the value of £17.0m, £6.5m behind plan. There were concerns raised about slippage, deliverability and risk, however increased efforts to obtain a profiled forecast from all project leads had taken place.	The MOU for the Community Diagnostic Centre had been received, but there were some concerns around deliverability. Conversations were ongoing with NHSEI to put mitigations in place. Additional project management was also being explored. A risk-based approach to prioritisation would be utilised around the finance

		ledger, cyber and digital, and electrical infrastructure works. A conversation was required around whether the Trust could take on additional opportunities and how they would be effectively managed.
Procurement Assurance Report	A continued period of pressure for the team was noted; a high number of vacancies was balanced with support for programmes across the Trust. The team had delivered a significant workload, despite the challenges, and had delivered savings in increasingly difficult market conditions.	A case for change for Shared Services would be included in the next report to the Committee; this aimed to address challenges in relation to resourcing and pending legislation changes.
ICS Planning	The Committee was advised of the aim to agree a five-year financial plan across the system.	A report would be received in January.
Digital Transformation Report	Key points were noted as follows: •The ePMA project continued to progress towards a November go-live. •EPR and BI teams had supported the recent Reset Week to improve patient flow. •Maternity services had completed current state process mapping and moved onto future state. Communications had started and would be supported by digital midwives. Hardware requirements and testing was underway. •Clinical and operational representatives were now involved in developing processes for the use of a Long-Stay Risk Score algorithm in Sunrise EPR. •JUYI single sign-on had been completed. •Cyber security remained a serious threat to organisations globally and whilst work on the Trust's own cyber action plan continued at pace, the risk and sophistication of these attacks are growing. ***Back Office IT Systems*** A number of the Trust's back office systems were outdated and required improvement. The current position was unsustainable and a management strategy would be developed to ensure mitigation of risk to the organisation.	Post project implementation reviews were planned to take place. Back office systems recommendations included: •All corporate system owners to be mandated to develop their own systems strategies to ensure future proofing. •System owners to be asked to comply with current cyber security recommendations; ensuring that they make the resources available to manage and support upgrades of both software and operating systems to supported versions. •System owners to be invited to a forum in the future to enable closer working and support with digital teams. •Back-office system governance to be addressed as part of an updated digital strategy in the future, fully exploring the different options to address the risks and issues that currently exist across the organisation.

Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Private and Overseas Patients Review	There is a range of next steps in motion to support improved governance and future income streams – laying the foundations for future sustainable growth – as well as ongoing improvements to existing billing practises.	The Committee noted the positive report, and welcomed a future report on governance process assurance.
Commercial Development Oversight	An Oversight Group would be established to ensure appropriate governance arrangements for commercial opportunities. The Group would incorporate the Trust's current Innovation Panel.	The Committee approved the Terms of Reference and agreed that the Oversight Group would formally report into the Committee.

Items not Rated		
Proposed New Ledger	Digital Risk Register	ICS Update

Investments			
Case	**Comments**	**Approval**	**Actions**
Discharge Lounge Procurement	Approved virtually by the Committee.	Ratified	None
The Committee reviewed a GMS contract dispute and agreed revised terms.			

Impact on Board Assurance Framework (BAF)
Additional work on IT and Digital BAF risks was underway. Risk rationalisation would be completed this month for assurance.

KEY ISSUES AND ASSURANCE REPORT
People and Organisational Development Committee, 25 October 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
Performance Dashboard	The report was in development, but reflected the Trust's performance against a range of metrics related to the People and Organisational Development Strategy. The Strategy was reflective of the NHS People Plan, which focused on supporting transformation across the following areas: Looking after our People; Belonging in the NHS; New ways of working; Growing for the future. The Committee noted the SPORT analysis within the report which detailed Successes, Priorities, Opportunities, and Risks/Threats to the organisation over the last two months. The Committee noted particularly that mandatory training and appraisal completion rates were below target, and was advised that there was a continued focus on improving Information Governance compliance across the Trust, and plans in place to simplify appraisal paperwork which would be available on the intranet. An appraisal improvement plan was also in place across Maternity Services, which had been highlighted by the recent CQC report.	The Committee welcomed the new format of the report, noting the modern, accessible, clear approach. The Committee was assured by the initiatives being explored to improve mandatory training and appraisal completion rates.
Human Resources Change Programme	An initial approach to developing the HR department was described to the Committee; a departmental improvement plan would be implemented, along with the utilisation of a case assessment tool and review of records of decisions and rationale to identify further process improvements. There were three key priorities: the introduction of the Selenity platform; ensuring the investigation process was fit or purpose, including terms of reference, the establishment of a pool of investigators, and mentoring and support in place; the development of a Mutual Respect, Grievance and Disciplinary Policy.	The Committee was assured by the plans in place.
Workforce Sustainability Programme	The Committee was apprised of progress made on the Transactional Recruitment workstream. Three key areas for process review included: Vacancy Control Panel approval to job offer; Onboarding; Use of digital platforms. Continued delivery of the improvement plan included divisional communications and engagement, a refresh of the TRAC recruitment platform, review of onboarding and IT processes, and increased focus on the 'customer' to implement any new and more efficient ways of working.	The Committee noted the good progress made.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
ICS Update	A recruitment event at Cheltenham Racecourse had been held in partnership with Indeed. Over 200 people were offered jobs on the day, with 125 still on track to join the Trust. This was a very positive example of system working, and an additional three areas were being worked through with system partners: International recruitment; agency reduction; health and wellbeing.	The Committee noted the good work happening across the system, and was keen to ensure ownership of agency spend by all partners.

Items not Rated

Risk Register	CPD Funding

Impact on Board Assurance Framework (BAF)

The BAF continued to be reviewed on a regular basis; culture would be considered as a separate risk.

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 Quality and Performance Committee, 28 September 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**
Quality and Performance Report	Urgent care remained a key challenge. There had been some modest improvement in ambulance handovers and discharges, however they were not sufficient to improve the levels of flow required to reduce length of waits in the Emergency Department. The continued impact on social care remained a key challenge at system level. High numbers of MOFD patients remained in hospitals as a result of this pressure.	The Trust continued to review its own processes, and system discussions were ongoing.
Items rated Amber		
Item	**Rationale for rating**	**Actions/Outcome**
Quality and Performance Report	The following key points were highlighted: • The Trust remained a high performer on elective recovery; the organisation continued to make significant progress on the number of patients on the waiting list. • A winter ward plan was in development, with 24-34 additional beds included. • The Trust's cancer performance was good. There were plans in place to improve the two-week-wait pathway, which had reported a slight reduction against target in August. The Trust had made some marginal gains against the 62-day standard, and performance against this continued to be monitored. • A slow increase in covid cases was reported.	External scrutiny had been commissioned to review theatre productivity and ensure best practice processes were utilised.
Trust Risk Register	One new risk had been added to the risk register, one had been downgraded, and one closed. New approaches were being implemented to support learning and response to Emergency Department safety concerns, including an improvement collaborative which commenced in September. The Committee discussed violence and aggression incidents, noting the clarity required around oversight and leadership.	The Committee was pleased to see the positive impact of the work around Never Events. The National Patient Safety Strategy had been released, with the Trust required to transition to the new approach within twelve months. The Board would receive a development session on this in October.
Learning from Deaths Report	The report was received for information, with the Committee particularly noting the higher than expected weekend/weekday mortality rates. The Committee noted that the statistically significant increase in mortality rates was still being investigated internally and analysed.	The Trust would utilise Dr Foster to provide additional assurance on weekend mortality rates. The Committee was assured by the governance systems in place for reviewing deaths.
Serious Incidents Report	Seven serious incidents had been reported since July. There had been no further Never Events since the last report. Two further HSIB cases had been reported. Staffing issues within the team were discussed, with vacancies, sickness levels and increase in activity impacting on the ability to progress against standards. All cases were reviewed and prioritised, however delays to complaints, moderate harm duty of candour letters, and PHSO cases were becoming significant.	The ongoing Corporate Governance review aimed to ensure appropriate reporting throughout the organisation; serious incident reporting would be part of the review.
Medicine Division Internal Audit Review	The review had been recommended for information by the Audit and Assurance Committee. Due to the significant operational pressures the Medicine Division were unable to fully engage with the audit at the time,	A follow-up review of the Medicine Division would take place in the autumn; a plan for this was being finalised.

	with auditors unable to provide an assurance opinion. Auditors had recommended to the Trust that the review was undertaken again within the next three years. Assurance was given that significant work had been undertaken on the recommendations from the audit.	
Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Patient Property Update	The report detailed the progress achieved following recommendations from the Security of Patient Property report. A number of actions were in place and were regularly reviewed, including the new protocol which was due to go live on 1 November.	The Committee was assured by the progress made.
Cancer Services Annual Report	The Committee was assured by the report.	None.
Safeguarding Adults and Children Annual Report	The Committee was assured by the report.	None.
Infection Prevention and Control Annual Report	The Committee was assured by the report.	None.
Regulatory Report	The Committee was assured by the report.	None.
Items not Rated		
System feedback		
Impact on Board Assurance Framework (BAF)		
Target risk scores for SR1 would be reviewed to reflect progress against regulatory standards sooner than December 2024. An external partnerships BAF risk was in development to reflect delay related harm, urgent and emergency care, and finances across the local health system.		

KEY ISSUES AND ASSURANCE REPORT Quality and Performance Committee, 26 October 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**
Quality and Performance Report	***Urgent and Emergency Care*** Urgent care remained a key challenge, however progress was being made on ambulance handover times following the Trust's "Reset Week". Additional actions in place to support continued progress included a move towards simple discharges, improved escalation processes and policy, and restructure of site meetings to ensure they were less administrative and more clinically-led. Importance of divisional leadership and ability to focus on multiple priority areas. The Committee expressed some concern in relation to temporary corridor care arrangements. Patients receiving corridor care were closely monitored and regularly risk assessed to ensure optimal care, and the Trust was boarding and pre-empting patients to maximise flow. ***Maternity Services*** Stroud Maternity Unit had been temporarily closed due to ongoing staffing issues within the wider midwifery service. The Committee heard how committed the staff were to the unit, and how upset they were at this temporary closure. Although the Committee was advised of some cultural issues within the service, assurance was provided that a culture improvement plan was in place to address any problems.	The Trust continued to review and improve its own processes, with system discussions ongoing. Assurance on divisional leadership capacity and capability was confirmed and focus on dynamic risk assessments detailed. The service would ensure a link to the Director for People and Organisational Development, and the wider workforce transformation programme that was in place.
Items rated Amber		
Item	**Rationale for rating**	**Actions/Outcome**
Quality and Performance Report	The following key points were highlighted: • The Trust remained a high performer on elective recovery; the organisation continued to make significant progress on the number of patients on the waiting list. • The Trust's cancer performance was good, however achievement of 62-day standard continued to be challenged. • An echocardiography recovery plan was in place, however the Trust remained a good performer in this area and the Committee was assured that there was confidence that patients were gaining access to the appropriate pathways. • The Trust was changing its mortality database system to the Summary Hospital-level Mortality Indicator (SHMI) as it was more sensitive and would produce more accurate data. • Friends and Family Test scores had slightly decreased in the Emergency Department. • The Committee was advised that the PALS team was much-improved with a strong team in place, despite continued high contacts. • Some challenges noted with VTE risk assessment compliance.	A deep dive into the Trust's 62-day cancer standard performance was being undertaken. Additional information in relation to nursing and junior doctor leadership and involvement in winter planning and bed base cover would be received as part of the Winter Plan report in November. The implementation of electronic prescribing would result in significant improvement in this area.
Trust Risk Register	No changes had been made to the Risk Register. Good progress continued with Never Event improvement work. Boarding processes for patients receiving corridor care had	A range of executive actions and systems in place were described in relation to boarding, and were

	contributed to significantly improved ambulance handover times, however new risks and concerns to these patients had been exposed and were closely monitored and assessed.	confirmed as a significant area of focus. Staff feedback would be sought and considered. Consideration to be given to appropriate format of reporting to committee e.g., numbers of patients, impact, locations, length of stays and staff feedback.
Serious Incidents Report	Three serious incidents had been reported since September. There had been no further Never Events since the last report. Four further HSIB cases had been reported. The ongoing corporate governance review included a full review of committee structures and how assurance fed into Board level committees to ensure risk areas were highlighted from delivery and operational groups to Board level. Staff vacancies, sickness rates and activity levels continued to have a negative impact on completion of complaints, moderate harm Duty of Candour letters, and serious incident investigations.	The wider governance review would contribute towards relieving burdens on the team. The executive team was also due to discuss plans to increase capacity. The Committee discussed aspects of the report in detail and noted the related action plans in place.
Items Rated Green		
Item	**Rationale for rating**	**Actions/Outcome**
Regulatory Update	The Committee received a thorough written report outlining progress against CQC action plans.	The Committee would continue to receive regular updates.
Items not Rated		
System feedback		
Impact on Board Assurance Framework (BAF)		
Target risk scores for SR1 would be reviewed to reflect progress against regulatory standards sooner than December 2024. An external partnerships BAF risk was in development to reflect delay related harm, urgent and emergency care, and finances across the local health system.		