

Council of Governors

Wed 20 July 2022, 14:30 - 17:00

Sandford Education Centre, Cheltenham

Agenda

14:30 - 14:30 **Agenda**

0 min

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

14:30 - 14:30 **1. Welcome and Apologies**

0 min

14:30 - 14:30 **2. Declarations of interest**

0 min

14:30 - 14:30 **3. Minutes of meeting held on 22 May 2022**

0 min

 03_May 2022 - COG Minutes.pdf (4 pages)

14:30 - 14:30 **4. Matters arising**

0 min

14:30 - 14:30 **5. Chairs Update**

0 min

14:30 - 14:30 **6. Report of the Chief Executive**

0 min

 06_CEO Update Report.pdf (2 pages)

 06a_Appendix 1 -Well-led Verbal Feedback Letter_ reissued.pdf (3 pages)

14:30 - 14:30 **7. Governance & Nominations Committee**

0 min

7.1. NED Recruitment


14:30 - 14:30 **8. Governor Election Update**

0 min

 08_Governor Election Update.pdf (2 pages)

14:30 - 14:30 **9. Stakeholder Governors – Options Report**

0 min

 09a_Stakeholder Governor coversheet.pdf (1 pages)

 09b_Stakeholder Governor Vacancy.pdf (1 pages)



14:30 - 14:30 **10. Notice of Annual Members Meeting**

0 min

 10_Notice of AMM.pdf (2 pages)

14:30 - 14:30 **11. Patient Experience Annual Report**


0 min

 11_PE annual report coversheet CoG.pdf (3 pages)
 11_Patient Experience Annual Report CoG July 2022.pdf (16 pages)

14:30 - 14:30 **12. Key Information and Assurance Reports from:**

0 min



12.1. Audit and Assurance Committee

 12a_KIAR_Audit and Assurance Committee - May.pdf (2 pages)

12.2. Estates and Facilities Committee

 12b_KIAR_Estates and Facilities KIAR - May.pdf (2 pages)



12.3. Finance and Digital Committee

 12c_KIAR_Finance and Digital KIAR - May.pdf (2 pages)
 12d_KIAR_Finance and Digital Committee KIAR - June.pdf (2 pages)

12.4. People & Organisational Development Committee



 12e_KIAR_People and Organisational Development Committee - June.pdf (1 pages)

12.5. Quality & Performance Committee

 12f_KIAR_Quality and Performance Committee - May.pdf (2 pages)
 12g_KIAR_Quality and Performance Committee - June.pdf (2 pages)

14:30 - 14:30 **13. Governor's Log**

0 min

 13_Governor's Log - Cover.pdf (1 pages)
 13_Governors log 2022.pdf (3 pages)

14:30 - 14:30 **14. Any other business**

0 min

14:30 - 14:30 **15. Date of Next Meeting: 17 September 2022**

0 min

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors – Public Meeting
14.30, Wednesday 20 July 2022
Sandford Education Centre, Cheltenham
AGENDA

Ref	Item	Purpose	Paper	Time
1	Welcome and Apologies			14.30
2	Declarations of interest			
3	Minutes of meeting held on 22 May 2022	Approval	YES	
4	Matters arising	Assurance		
5	Chairs Update (Rob Graves)	Assurance		14.35
6	Report of the Chief Executive (Mark Pietroni)	Assurance	YES	14.50
7	Governance & Nominations Committee (Rob Graves) <ul style="list-style-type: none"> • NED Recruitment 	Information	YES	15.05
8	Governor Elections Update (Lisa Evans)	Information	YES	15.15
9	Stakeholder Governor Vacancy (Kat Cleverley)	Discussion	YES	15.20
10	Notice of Annual Members Meeting (Kat Cleverley)	Information	YES	15.30
11	Patient Experience Annual Report (Katie Parker-Roberts)	Information	YES	15.35
BREAK (10 minutes)				16.00
12	Key Information and Assurance Reports from: <ul style="list-style-type: none"> • Audit and Assurance Committee (Claire Feehily) • Estates and Facilities Committee (Mike Napier) • Finance and Digital Committee (Rob Graves) • People & Organisational Development Committee (Alison Moon) • Quality & Performance Committee (Alison Moon) 	Assurance	YES	16.10
13	Governor's Log (Lisa Evans)	Assurance	YES	16.55
14	Any other business			
15	Date of Next Meeting: 17 September 2022			
Close – 17.00				

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST Minutes of the Council of Governors - Public Meeting 17.00, Tuesday 31 May 2022 By Microsoft Teams			
Present	Deborah Evans	DE	Trust Chair (Chair)
	Alan Thomas	AT	Public Governor, Cheltenham (Lead)
	Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
	Hilary Bowen	HB	Public Governor, Forest of Dean
	Geoff Cave	GCa	Public Governor, Tewkesbury
	Graham Coughlin	GCo	Public Governor, Gloucester
	Anne Davies	AD	Public Governor, Cotswold
	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
	Alison Moon	AM	Non-Executive Director
	Mike Napier	MN	Non-Executive Director
	Maggie Powell	MP	Appointed Governor, Healthwatch
	Julia Preston	JP	Staff Governor, Nursing and Midwifery
	Liz Berrigan	LB	Public Governor
	Carolynne Claydon	CC	Staff Governor
	Claire Feehily	CH	Non-Executive Director (from item 7)
	Balvinder Heran	BH	Non-Executive Director
Russell Peek	RPe	Staff Governor	
Elaine Warwicker	EWa	Non-Executive Director	
Attending	Ayesha Ahmed	AA	Engagement and Involvement Manager
	Bryony Armstrong	BA	Youth Ambassador
	James Brown	JB	Director of Engagement, Involvement and Communications
	Kat Cleverley	KC	Trust Secretary
	Lisa Evans	LE	Assistant Trust Secretary
	Micky Griffith	MG	Programme Director, Fit for the Future (for item 8)
	Simon Lanceley	SL	Director of Strategy and Transformation (for item 8)
	Roy Shubhabrata	RS	Associate Non-Executive Director
Ref	Item		
1	Welcome and Apologies Apologies were noted from Pat Eagle, Rob Graves, Marie-Annick Gournet, Rebecca Pritchard, Juliette Sheridan and Keith Lewis.		
2	Declarations of Interest There were no declarations of interest.		
3	Minutes of meeting held on 23 March 2022 The minutes were agreed as an accurate record.		
4	Matters arising		

	<p>The Governors noted the updates and asked that the Corporate Governance team email Governors to advise when items have been added to the Governor Resource Centre.</p>
5	<p>Chairs Update</p> <p>The Chair updated the Council on her first five weeks as Trust Chair. The Chair reported that the Trust was very busy and was currently preparing for the CQC visit. The Council noted the recent unfair adverse press attention, directed at the Accident and Emergency (A&E) department.</p>
6	<p>Report of the Chief Executive</p> <p>Governors noted the report of the Chief Executive. MP reported that DL was recovering well, following her recent illness and would be returning to work in the summer. The first Staff Awards since 2019 took place earlier in the month with 2 evenings celebrating the great work undertaken by colleagues over the last 3 years.</p> <p>The recent Sunday Mirror article about the Trust’s A&E department was discussed. The sad death of a baby, 2 years previously was noted; MP reported that lessons had been learned.</p> <p>This remained a very busy time operationally, particularly in urgent and emergency care, impacted by the numbers of patients Medically Optimised for Discharge (MOFD). Cancer performance was strong relative to the regional position, and the Trust had been asked to help other Trusts in the South West. The Operational Plan had been submitted and the financial deficit was noted; conversations with NHSEI continued.</p> <p>The Well Led inspection would now place 14-16 June. Briefing sessions were taking place and information would be provided for Governors.</p> <p>Governors discussed the report and SM raised concerns around operational pressures and the request to assist elsewhere. MP agreed that the Trust was busy but said that if mutual aid could be offered without disadvantaging this Trust, it would be considered. The improvement in MOFD was noted and AT asked what had made the difference. MP advised that Gloucestershire Health and Care Services had started providing domiciliary care and this had been commissioned by the Gloucestershire County Council.</p> <p>RESOLVED: The Council NOTED the update.</p>
7	<p>Governance & Nominations Committee – NED Recruitment</p> <p>Three Non-Executive Director positions would need to be recruited to by January 2023. Governors noted the recruitment plan and proposed timetable, which had been reviewed and approved by the Governance and Nominations Committee.</p> <p>The Council noted the issues with continuity, with the lead governor finishing his term during the recruitment period. AT reported that Governors were considering how to move forward with this and the NED recruitment would be discussed again at the next meeting. ACTION</p> <p>RESOLVED: The Council ENDORSED the approach set out, following the agreement from the Governance and Nominations Committee.</p>
8	<p>Fit for the Future (Phase 2)</p> <p>SL reported that the Fit for the Future – Phase 2 public, patient and staff engagement commenced on 17/05/22. The services covered by this phase were:</p> <ul style="list-style-type: none"> • Benign (non-cancerous) Gynaecology • Diabetes and Endocrinology • Frailty/Care of The Elderly • Non-interventional Cardiology • Respiratory

Council of Governors Minutes – May 2022

	<ul style="list-style-type: none"> Stroke <p>Governors were invited to provide feedback on service ideas and ask questions. This would be captured and included in the Output of Engagement Report which would form part of the Pre-Consultation Business Case submitted to the Clinical Senate, NHSEI, Trust Board and CCG/ICS.</p> <p>Governors discussed the proposals and asked if quantitative benefits and measurable outcomes had been considered. SL reported that some work had taken place on phase 1 and benefits could be reported at the engagement sessions. Staffing was discussed. AT noted that Phase 2 was not controversial and asked where any potential opposition might come from, MG reported that Phase 2 would be considered by a clinical senate panel on 10 August, where the proposal would be assessed and feedback provided. The NHSEI Stage 2 meeting would take place in October.</p> <p>It was agreed that Governors would join the team to help out on the engagement buses.</p> <p>RESOLVED: The report was NOTED.</p>
9	<p>Presentation – Involving Children & Young People</p> <p>JB provided a presentation to the Governors on the work being undertaken to engage with children and young people. The work of the Youth Engagement Group was noted, this included links with the Apprentice Team, Children’s Service and other services. Support available to the young people was noted. There were now nominated representatives on Council of Governors and BA was in attendance as Youth Ambassador. Governors welcomed the work being undertaken and thanked JB and the Youth Ambassadors for their work. AT asked that a standing item, be added to the agenda to allow the Youth Ambassador to update CoG on their work. ACTION</p>
10	<p>Key Information and Assurance Reports (KIAR)</p> <p>The Council received the KIARs from recent Committee meetings and these were taken as read. CF reported that these were a new style of report, which were RAG rated and highlighted where the Committee had particular concerns. Governors received and commented on the following reports:</p> <ul style="list-style-type: none"> Audit and Assurance Committee Estates and Facilities Committee Finance and Digital Committee <p>JM asked when a disaster recovery exercise last took place. BH reported that EPR recovery had taken place and went well, a digital exercise was being discussed. It was agreed that RG would be asked to consider how this could be reported to COG. ACTION</p> <p>Governors noted the updates on the ICS and agreed that KJ would be asked to provide a presentation to a future meeting of COG. ACTION</p> <ul style="list-style-type: none"> People & Organisational Development Committee Quality & Performance Committee Charitable Funds Committee <p>Concerns highlighted at each Committee were noted. AT asked if Chairs would expect red items to be reported to Board. CF advised that the KIARs were presented at Board, Board and Committee members would need to ensure that the right action took place in the correct forum.</p> <p>RESOLVED: The reports were NOTED</p>
11	<p>Governor’s Log</p>

Council of Governors Minutes – May 2022

	The themes raised via the Governors’ Log since the last full Council meeting were noted. AT noted that there had been some delays in responses but most questions now had comprehensive answers, he added that questions from staff Governors could sometimes be too operational.
12	Any other Business There was no other business for discussion.
13	Date of next meeting: 20 July 2022
Close	

Actions/Decisions			
Item	Action	Lead/ Due Date	Update
07	NED recruitment to be discussed again at the next meeting.	KC / LE	On the agenda.
09	A standing item to be added to the agenda, to allow the Youth Ambassador to update CoG on their work.	LE	Added to the Workplan from September - the Youth Group is currently in recess.

COUNCIL OF GOVERNORS – JULY 2022

CHIEF EXECUTIVE OFFICER'S REPORT

Introduction

- 1.1 The news of the day, of course, is the change in political leadership in the country which includes a new Secretary of State for Health and Social Care, Steve Barclay. So far, this hasn't resulted in any change in direction or policy nationally. This includes the decision to withdraw the staff terms and conditions section of the COVID-19 workforce guidance; specifically, that new episodes of COVID-19 absence will be treated in the same way as other sickness absence from 7 July 2022. Colleagues will no longer be able to access the provision of COVID-19 special leave from this date. It is unfortunate that this coincides with a rise in community transmission of covid. The latest projections suggest a peak by the end of July with inpatient numbers similar to those of March / April. While we are seeing higher numbers of patients admitted with other conditions who test positive for COVID-19, this has not manifested in many patients becoming seriously ill with covid pneumonitis. Mask wearing in all areas was reintroduced earlier in the week.
- 1.2 The delayed CQC Well Led inspection was completed in June. A letter has been received summarising their early feedback (appendix 1) and the draft report is expected in August. The final Maternity Services report is expected later this month. Representations have been sent back to the CQC and action plans developed to address areas of concern. We have invited both the new Integrated Care Board and CQC to take part in this process.
- 1.3 The areas highlighted by the CQC in their early Well Led feedback are similar to those presented by the Trust to the CQC. These relate to organisational culture, especially tolerance of poor behaviours, staff feeling unable to speak up and not heard when they do, and a sense of disconnection across the organisation. At the same time the CQC noted that the Trust is aware of the issues, is developing plans to address them, that staff are committed, passionate and keen to be part of the solution, and that we have considerable expertise in Quality Improvement methodology.

Operational Context

- 2.1 Operationally, the picture is similar to last month. The Trust is performing well in its delivery of its elective programme, its performance against Diagnostics and Cancer. In each of these areas it remains in the top quartile within the South West. We are in active discussions with NHSEI and other systems in the South West to provide mutual aid to the most challenged regions in specialities where we have capacity and can do this without disadvantaging patients in Gloucestershire.
- 2.2 Urgent care pathways remain under extreme pressure despite some recent improvements in ambulance handover delays. The number of patients who are Medically Optimised for Discharge remains static at about 240 and the number of patients who test positive for covid has increased from about 40 to 100 recently, although most of these patients do not have clinically significant covid pneumonitis. We remain one of the 6 worst performing Trusts in the country for ambulance handover delays and are coming under national focus and pressure to reduce ambulance handover delays effectively to zero. Work with system partners is continuing to deliver meaningful improvements in discharge processes and pathways as well as internal work to ensure that we do all we can ourselves.

2.3 The operational plan was approved with a balanced budget and has been submitted to NHSEI.

3 Other Highlights

3.1 Despite the pressure our Maternity Services are under, Gloucester was voted the best place to give birth in the country in a recent NHS survey. The full story is here: <https://www.gloucestershirelive.co.uk/news/health/gloucester-best-place-give-birth-7258918>

3.2 We opened an additional endoscopy theatre in Cheltenham last month as well as new, larger male and female recovery areas. This is part of the expansion to enable us to deliver the regional Endoscopy Training Academy and meet the outstanding requirement for JAG accreditation – just received for 5 years.

3.3 It was good to be able to have the first face to fact 100 Leaders' meeting in the Sanford Education Centre (before mask wearing was reintroduced). The meeting discussed the early CQC Well Led feedback, plans for responding to the issues raised, as well as other areas of interest.

3.4 Finally, Deb Lee continues to make a good recovery and should be back at work in August.

Mark Pietroni
Interim Chief Executive Officer

7th July 2022

Email

Our reference: RTE
Person Name: Mark Pietroni
Acting Chief Executive

Gloucestershire Hospitals NHS Foundation Trust
Alexandra House
Cheltenham General Hospital,
Sandford Road,
Cheltenham
Gloucestershire
GL53 7AN

Date: 7 July 2022

CQC Reference Number: INS2-12604187689

Dear Mark Pietroni,

Re: CQC Well-led inspection of Gloucestershire Hospitals NHS Foundation Trust

Following your feedback meeting with Catherine Campbell, Head of Hospital Inspection and Karen Hill, Inspection Manager on 16 June 2022. I thought it would be helpful to give you written feedback as highlighted at the inspection and given to you and your colleagues at the feedback meeting.

This letter does not replace the draft report and evidence log we will send to you, but simply confirms what we fed-back on 16 June 2022 and provides you with a basis to start considering what action is needed.

We would encourage you to discuss the findings of our inspection at the public session of your next board meeting. If your next board meeting takes place prior to receiving a final or draft inspection report and evidence log, this correspondence should be used to inform discussions with the board. When scheduling a discussion of this letter, or the draft report, please inform your CQC Regional Communications Manager, who is copied in to this letter.

An overview of our feedback

- We found issues with culture were palpable throughout the inspection and staff at all levels told us about there being an acceptance and tolerance of poor behaviours.

Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171

www.cqc.org.uk

- Staff articulated and had observed rudeness and incivility throughout the organisation.
- Some staff reported a lack of trust, psychological safety and fear of speaking up. We heard that when staff do raise concerns they were not always supported or treated with respect when they did.
- A common theme throughout was one of disconnection. This included aspects of; governance, communication, risk management and was from 'ward to board' and 'board to ward'.
- We noted that a review of the effectiveness of the board committee structure and governance was underway.
- There were strong external stakeholder engagement relationships, evidence of system working, with leadership roles to support this.
- We met lots of committed and passionate staff and leaders who have a desire to make improvements. Middle and frontline leaders want to be trusted and included as part of designing solutions.
- There has clearly been an investment in Quality Improvement methodology and extensive rollout of training to support this approach. However, there was often not clear evidence of what improvements or changes had been made as a result.
- The culture issues have been recognised by the Trust and the recently appointed Director of People was clear about the direction of travel.

A draft inspection report will be sent to you once we have completed our due processes and you will have the opportunity to check the factual accuracy of the report. I am also copying this letter to Ben Roe at NHS England and Improvement.

Could I take this opportunity to thank you once again for the arrangements that you made to help organise the inspection, and for the cooperation that we experienced from you and your staff.

If you have any questions about this letter, please contact me through our National Customer Service Centre using the details below:

Telephone: 03000 616161

Write to: CQC
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote or have the reference number (above) to hand. It may cause delay if you are not able to give it to us.

Yours sincerely



Catherine Campbell

Head of Hospitals Inspection

c.c. Deborah Evans, Chair of Trust

Ben Roe, NHS England and Improvement

John Scott, CQC regional communications manager

Report to the Council of Governors			
Date	20 July 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			
<p>Elections are required in 2022 for eight seats on our Council of Governors. Nominations are now open for elections in the following public governor constituencies:</p> <ul style="list-style-type: none"> • Cheltenham x1; • Forest of Dean x2; • Gloucester x1; • Stroud x1; • Tewkesbury x1 and, • Out of County x1. <p>In addition, we will also be holding elections for a Nursing and Midwifery Staff Governor.</p> <ul style="list-style-type: none"> • The Corporate Governance team is 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 will be highlighted through social media and in a membership newsletter. The Corporate Governance Team will update the Trust’s webpages and governor information packs. • The timetable for governor elections is set out within model election rules. These state that the governor election process should be conducted over a 41 working day timetable as a minimum. In order to err on the 			

side of caution the team chose a longer timetable, set out below:

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

Lead Governor elections will take place in early October.

Recommendation

The Committee is asked to note the report.

Enclosures

None.

Report to Council of Governors			
Date	20 July 2022		
Title	Stakeholder Governor Vacancy		
Author /Sponsoring Director/Presenter	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			
<p>Following the introduction of the Integrated Care Board, the current Stakeholder Governor vacancy for Gloucestershire CCG has become redundant.</p> <p>Stakeholder governors are appointed governors who represent relevant stakeholder organisations, including commissioners, local authority and higher education. Generally, these organisations work closely with the Trust; there must be representation from the local authority and university representation should the Trust have a university medical or dental school. Beyond this, the Trust can decide which organisations can be represented.</p> <p>The Council may also wish to consider repurposing the vacancy into a role-based position, representing for example, mental health or equality, diversity and inclusion.</p>			
Recommendation			
The Council to discuss and agree a new Governor position.			
Enclosures			

Stakeholder Governor

Background

Stakeholder governors are appointed governors who represent relevant stakeholder organisations, including commissioners, local authority and higher education. Appointed, stakeholder or partner governors are determined by the Trust's Constitution and are appointed by those organisations the Trust has identified as partner organisations. They generally come from those organisations which have close working relationships with the Trust. There has to be local authority representation and, where the Trust has a university medical or dental school, at least one governor has to be appointed by the university. Beyond this, the Trust decides which organisations should be represented.

Council of Governors

The Council of Governors currently has the following Stakeholder Governor constituencies:

Appointed Stakeholder Governors	Gloucestershire County Council	Matt Babbage
	Gloucestershire CCG	
	Healthwatch	Maggie Powell
	Age UK Gloucestershire	Pat Le Rolland

With the Integrated Care Board replacing the CCG, there is a vacancy which the Council needs to consider. There are a number of options to reconstitute the position, including organisationally, such as:

- One Gloucestershire ICB Stakeholder Governor
- University Stakeholder Governor

The Council may also wish to consider specific role-based constituencies, for example:

- Mental Health Governor
- Equality, Diversity and Inclusion Governor

Recommendation

The Council to discuss the options and agree a new Governor position.

The Constitution will be reviewed and updated following the decision.

Report to Council of Governors			
Date	20 July 2022		
Title	Notice of 2022 Annual Members' Meeting (AMM)		
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			
<p>Gloucestershire Hospitals NHS Foundation Trust's Constitution specifies that the Trust should hold a public meeting of its Members within seven months of the end of each Financial Year. The Annual Members' Meeting (AMM) is to be convened by the Trust Secretary by order of the Council of Governors.</p> <p>The Trust is required to lay the Annual Report before Parliament ahead of it being made public. The report will be laid before Parliament early in September, it is therefore proposed that the 2022 AMM be held on 27 September 2022 between 16:30 and 18:30. It is also proposed that this meeting be undertaken virtually due to ongoing concerns around COVID-19 in healthcare settings.</p> <p>The following documents must be presented to Members at the meeting:</p> <ul style="list-style-type: none"> • The annual accounts; • Any report of the external auditor; • The annual report. <p>The agenda for this year's AMM has been drafted and is likely to include a report on Achievements and Challenges in 2021-22 from the Chief Executive Officer, a Council of Governors' Report from the Lead Governor, a presentation from the Midwifery Team and a 'Question and Answer' Session with the Chair.</p> <p>Notice of the AMM will be given to all Members, the Council of Governors, the Board of Directors, and to the Trust's auditors at least 14 clear days before the date of the meeting. It will also be published on the Trust's website.</p>			

Recommendation
The Council of Governors is asked to note that the Trust will convene the 2022 Annual Members' Meeting on 27 September 2022.
Enclosures
None

Report to Council of Governors			
Date	20 July 2022		
Title	Patient Experience Annual Report 2021/22		
Author /Sponsoring Director/Presenter	Author: Katherine Holland, Patient Experience Manager, and Katie Parker-Roberts, Head of Quality and Freedom to Speak Up Guardian Sponsor: Matt Holdaway, Director of Quality and Chief Nurse		
Purpose of Report	Tick all that apply ✓		
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input checked="" type="checkbox"/>
Summary of Report			
<u>Purpose</u>			
<p>This paper represents an annual report 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 2021/22. 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 2022/23.</p> <p>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.</p> <p>The strategy outlines our approach to delivering Outstanding across the Trust and this is through the Insight, Involvement and Improvement model:</p> <ul style="list-style-type: none"> • 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 2021/22			
<p>Overall, our patients report a mostly positive experience of our services, with 89.6% of patients recommending our services through the Friends and Family Test (FFT), however, this is down from 91.8% in the previous year. Some of this change has 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.</p>			

While this provides reassurance that we get it right for the majority, more than 10% of our patients are consistently not receiving a positive experience, and this has certainly been the case as we continue our recovery journey. Through FFT and PALS, patients are reporting concerns about wait times, cancelled appointments and communication, and these are the areas that will continue to be a focus for us as a Trust over the coming year.

Due to Covid the National Patient Survey Programme was paused and only commenced during the 21/22 year. We did receive the National Cancer Patient Experience Survey at the end of 2021, which showed that we maintained our scores from the previous year, where we received most positive scores that we have ever had as a Trust.

Despite the challenges that recovery from the pandemic has posed, teams have continued to drive forward changes in patient experience, and have adapted to work in new ways to benefit our patients. In addition to our FFT programme, we have run a number of local surveys to support developing new models of care, to inform our strategic site development, and to get further insight into patient experience.

The teams worked closely with divisions to highlight areas from improvement, and a number of pilot projects were undertaken focussed on improving communication with relatives, including increasing the availability of ward clerks while visiting remained restricted.

Looking forward to 2022/23

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

- Working collaboratively with our safety team and the wider ICS to develop and implement Patient Safety Partners across our system.
- Work with teams to further implement our translation and interpretation policy including working with community groups to promote the service available to patients
- Undertaking a review of the ward clerk service across the organisation.
- Working to ensure our patient information leaflets are accessible to our patients. This will begin with ensure our online offer is accessible, this will be achieved working with our Communications team
- Working with National Star College students, our patients and carers to work on ensuring our site is accessible
- Participate in the ICS work to make further progress towards the Accessible Information Standard
- Contribute to the Equality, Diversity and Inclusion work within the organization and across the system, working with community partners, our patients and carers to ensure their voices are heard
- Support the Fit for the Future 2 engagement work, providing patient experience data to support this programme.
- Continue to introduce new volunteer roles that work closely with PALS and divisional teams to focus on supporting discharge and experience for our inpatients
- Working with teams across the hospital, our hospital reflection group with carers and the Carers Partnership Board to look at how we can continue to develop our offer to carers of patients in our hospital while ensuring we work collaboratively with our partners
- Reviewing our National Patient Survey programmes for 2022/23 and working with divisional teams to develop local plans reviewed within division and through executive review/Quality Delivery Group
- Developing our PALS service to include more outreach with community services, particularly focused on engaging ethnic minority communities in understanding who PALS are and how they can support with resolving concerns

- Patient Experience team will support the development of Patient Experience Groups in divisions, providing insight and data as well as coaching support for QI projects
- Developing a system approach to collating and reporting to our Local Maternity and Neonatal System our maternity, neonatal and health visiting experience data, including the data collated by partners such as Maternity Voices Partnership
- Developing sessions led by the patient experience team to support greater engagement with divisions about the experience data available and how to lead experience improvement projects
- Increasing awareness around the Personalised Care agenda, working with system partners and divisions to deliver this, with a focus on shared decision making.
- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work
- Working to deliver the recommendations from the Trustwide Hearing Audit and the Healthwatch Gloucestershire report into the health inequalities faced by the deaf community.

Recommendation

This report is being shared for information and assurance.

Enclosures



Gloucestershire Hospitals
NHS Foundation Trust

Patient Experience
Annual Report 2021-22

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Introduction

This paper represents an annual report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in 2021/22. 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 2022/23.

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 2021/22

Overall, our patients report a mostly positive experience of our services, with 89.6% of patients recommending our services through the Friends and Family Test (FFT), however, this is down from 91.8% in the previous year. Some of this change has 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.

While this provides reassurance that we get it right for the majority, more than 10% of our patients are consistently not receiving a positive experience, and this has certainly been the case as we continue our recovery journey. Through FFT and PALS, patients are reporting concerns about wait times, cancelled appointments and communication, and these are the areas that will continue to be a focus for us as a Trust over the coming year.

Due to Covid the National Patient Survey Programme was paused and only commenced during the 21/22 year. We did receive the National Cancer Patient Experience Survey at the end of 2021, which showed that we maintained our scores from the previous year, where we received most positive scores that we have ever had as a Trust.

Despite the challenges that recovery from the pandemic has posed, teams have continued to drive forward changes in patient experience, and have adapted to work in new ways to benefit our patients. In addition to our FFT programme, we have run a number of local surveys to support developing new models of care, to inform our strategic site development, and to get further insight into patient experience.

The teams worked closely with divisions to highlight areas from improvement, and a number of pilot projects were undertaken focussed on improving communication with relatives, including increasing the availability of ward clerks while visiting remained restricted.

Looking forward to 2022/23

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

- Working collaboratively with our safety team and the wider ICS to develop and implement Patient Safety Partners across our system.
- Work with teams to further implement our translation and interpretation policy including working with community groups to promote the service available to patients
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- Developing sessions led by the patient experience team to support greater engagement with divisions about the experience data available and how to lead experience improvement projects
- Increasing awareness around the Personalised Care agenda, working with system partners and divisions to deliver this, with a focus on shared decision making.
- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work

- Working to deliver the recommendations from the Trustwide Hearing Audit and the Healthwatch Gloucestershire report into the health inequalities faced by the deaf community.

Patient Advice and Liaison Service (PALS)

Our PALS team have experienced a sustained increase in contact from patients, carers and relatives. They have seen not only an increase in contact but also the complexity of concerns raised.

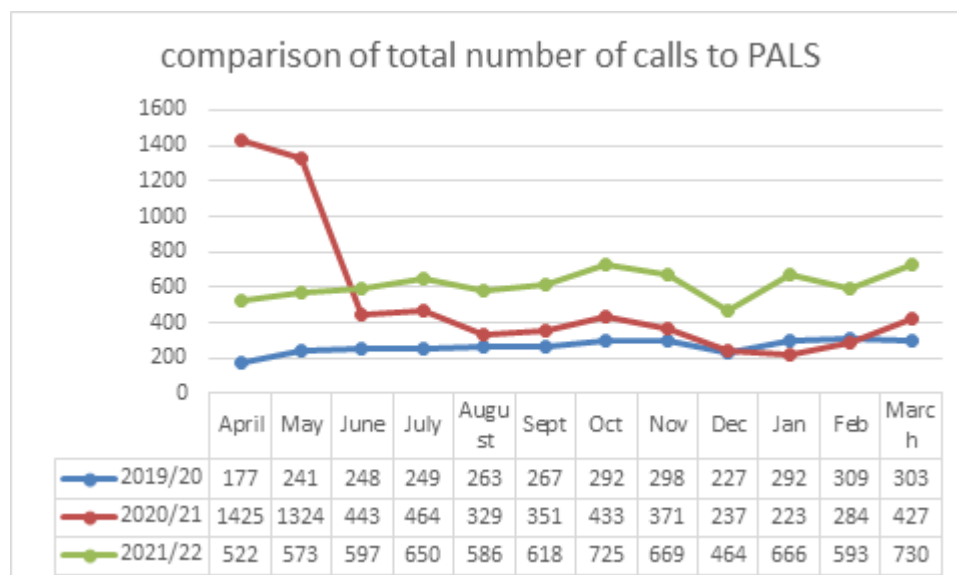


Fig One: Numbers of calls received by PALS team by month

The graph above shows this increase in contacts received by the PALS team from previous years, many of which were due to the restrictions in visiting inpatients with many concerns and enquiries about patients care. Our recovery plans will include being able to open our offices for face to face enquiries, this will be determined by the wider timelines for lifting restrictions within healthcare.

We try to deal with all concerns within 5 working days. By dealing with concerns quickly and appropriately, we aim to ensure that less than 5% of all concerns transfer to the formal complaint process. During 2021/22 PALS referred 1.7% of concerns to complaints – an improvement from 2.8% in the previous year. This is despite a 26% increase in the number of concerns received by the team in 2021/22.

The following graph shows the breakdown of concerns by division for the year. Medicine has the largest number of concerns (45.9%), but this is also where a lot of the operational pressure has been felt, particularly within urgent care, and this is reflected in our FFT feedback as well.

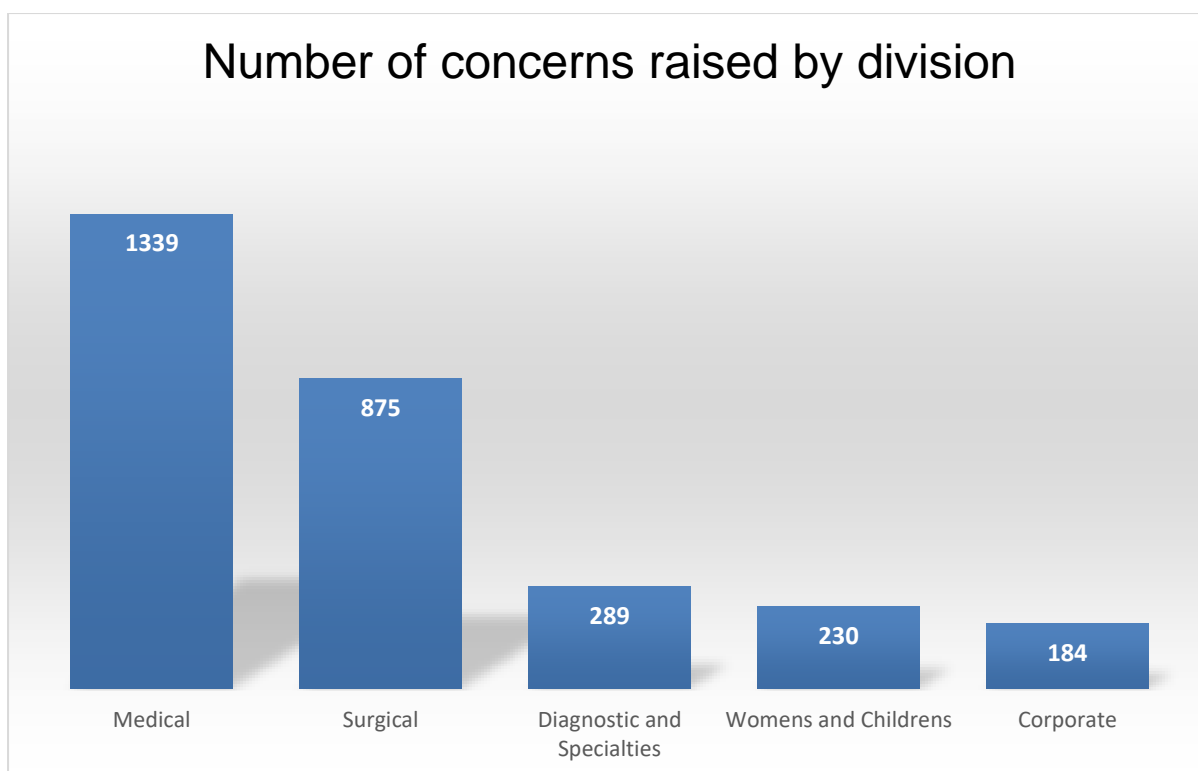


Fig Three: Numbers of concerns received by PALS team by division in 2021/22

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

	Medical	Surgical	W&C	D&S	GMS	Corporate	GP services	Total
Communications	429 (15.34%)	207 (7.4%)	54 (1.93%)	79 (2.83%)	8 (0.29%)	39 (1.39%)	8 (0.29%)	828 (29.61%)
Appointments	207 (7.4%)	223 (7.98%)	59 (2.11%)	98 (3.51%)	0 (0%)	69 (2.47%)	3 (0.11%)	661 (23.64%)
Clinical treatment	162 (5.79%)	214 (7.65%)	69 (2.47%)	43 (1.54%)	0 (0%)	0 (0%)	1 (0.04%)	491 (17.56%)
Admission and discharges	109 (3.9%)	50 (1.79%)	4 (0.14%)	7 (0.25%)	0 (0%)	8 (0.29%)	0 (0%)	180 (6.44%)
Patient Care (Nursing)	104 (3.72%)	33 (1.18%)	8 (0.29%)	6 (0.21%)	1 (0.04%)	2 (0.07%)	0 (0%)	154 (5.51%)
Values and Behaviours (Staff)	41 (1.47%)	55 (1.97%)	13 (0.46%)	18 (0.64%)	7 (0.25%)	6 (0.21%)	0 (0%)	140 (5.01%)
Facilities	33 (1.18%)	8 (0.29%)	3 (0.11%)	3 (0.11%)	61 (2.18%)	3 (0.11%)	0 (0%)	111 (3.97%)
Trust admin/policies	28 (1%)	17 (0.61%)	10 (0.36%)	10 (0.36%)	1 (0.04%)	42 (1.5%)	0 (0%)	108 (3.86%)

Other	49 (1.75%)	8 (0.29%)	0 (0%)	9 (0.32%)	3 (0.11%)	1 (0.04%)	0 (0%)	71 (2.54%)
Access to treatment or drugs	16 (0.57%)	28 (1%)	3 (0.11%)	3 (0.11%)	0 (0%)	1 (0.04%)	1 (0.04%)	52 (1.86%)
Total	1178 (42.13%)	843 (30.15%)	223 (7.98%)	276 (9.87%)	81 (2.9%)	171 (6.12%)	13 (0.46%)	2796 (100%)

Table One: Themes of concerns received in 2021/22 by division

As restrictions continued within healthcare including around visiting inpatients, communication became the main reason for concerns in almost every division. It has proven difficult for wards to manage the expectations of relatives and the amount of information that they wanted to have, with staffing challenges and managing new ways of working. The increase in phonecalls to ward areas lead to the phones going unanswered in some areas, adding to the anxiety felt by carers and relatives.

The PALS team have worked with divisional colleagues throughout the year to raise these concerns and to support trialling new ways of working. Our ward clerk teams increased the support provided to some inpatient areas to support this increase in calls. The use of video calling using iPads on wards helped to ensure patients were able to retain contact with their families and friends. The Emergency Department introduced a dedicated resource to call relatives when patients arrived which significantly reduced the number of concerns coming through to PALS. This combined with the introduction of dedicated volunteer roles in the Emergency Department to support patients, carers and relatives has been hugely successful and has not only improved the patient and carer experience but also the experience of staff in this area too

Friends and Family Test data

The Friends and Family Test has continued to provide us with some really helpful data and thousands of comments to support the quantitative data. It provides us with a great high level view of our patients experiences. When triangulated with our other experience data sources we can really begin to understand patients' experiences.

There were 86,117 FFT responses in total throughout 21/22, an 11% increase on 20/21. The overall percentage of positive responses for the year was 89.6%.

- The average number of responses received each month was 6,949
- Over half (54%) of feedback was for GRH
- Just under 2 thirds (65%) of responses were for outpatient services
- The Surgical division received the largest share of feedback, accounting for 43%.

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

1. **Unscheduled care** – includes Gloucester ED and Cheltenham Minor injury unit
2. **Inpatients** – includes all inpatient and day cases

3. **Outpatients** – includes all outpatient services
4. **Maternity** – this is reported on at 4 separate touchpoints; Antenatal, Birth, Postnatal ward, and postnatal community.

Care type		Q1	Q2	Q3	Q4	2021/22 Total
Unscheduled care	Total Responses	2,331	2,581	3,165	2,953	11,030
	Positive score	75.0%	65.5%	70.9%	70.2%	70.3%
Inpatients & Day cases	Total Responses	4,479	3,866	4,172	4,254	16,771
	Positive score	89.6%	86.5%	87.0%	88.0%	87.8%
Outpatients	Total Responses	15,927	13,904	13,615	13,652	57,098
	Positive score	94.2%	93.5%	94.1%	93.6%	93.9%
Maternity	Total Responses	268	363	218	228	1,077
	Positive score	92.8%	87.3%	85.3%	89.9%	88.8%
Other*	Total Responses	23	28	24	66	141
	Positive score	73.9%	39.3%	29.2%	74.2%	59.6%
Trust	Total Responses	23,028	20,742	21,194	21,153	86,117
	Positive score	91.3%	88.5%	89.1%	89.1%	89.6%

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

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

Quarter two and three saw the biggest decrease in overall score, with September 2021 showing an overall score of 86.2% and reducing further in October with an overall score of 85.5%.

The chart below shows the key themes emerging from the feedback received; the majority of negative comments received relate to waiting and pain; these themes were mostly found in the unscheduled care feedback.

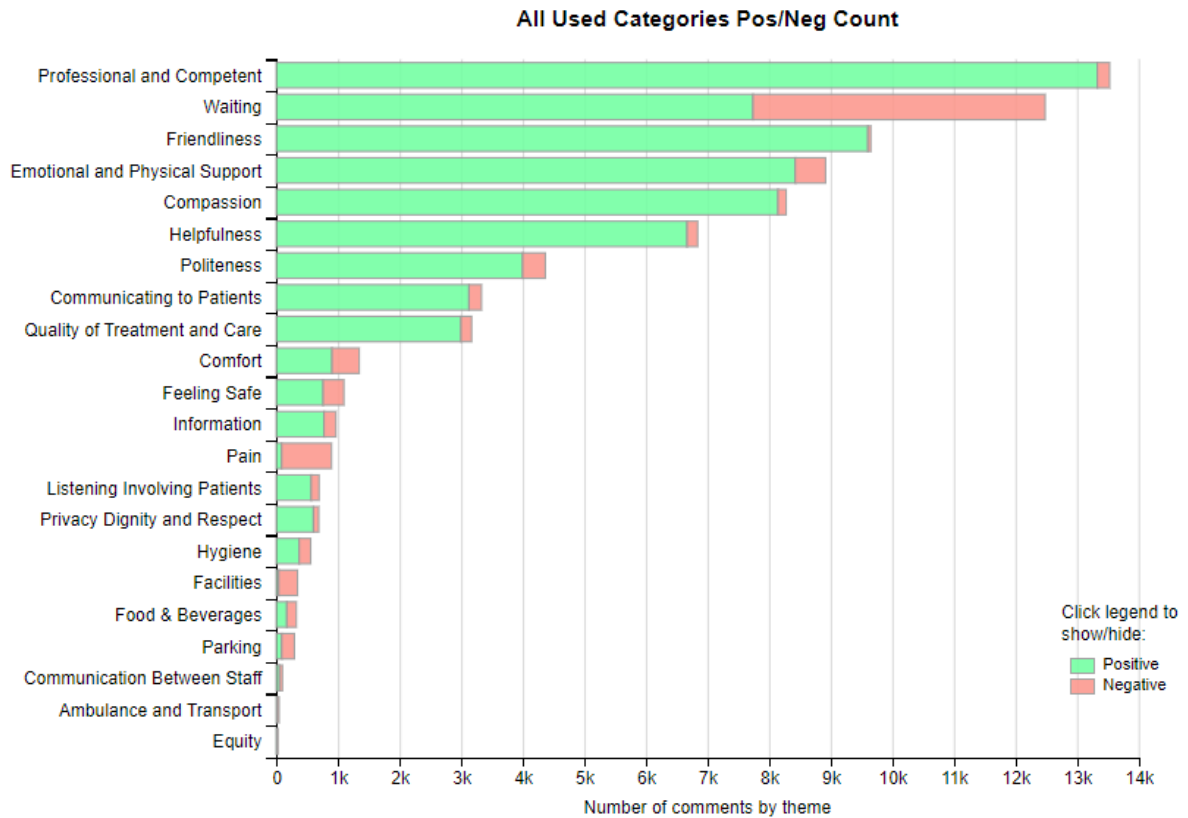


Fig Four: Themes of comments received through Friends and Family Test surveys

The graph below shows the trends for the FFT positive score across each of the four key surveys, as well as a line for the overall Trust Positive score. Unscheduled care showed the greatest variation in experience throughout the year.

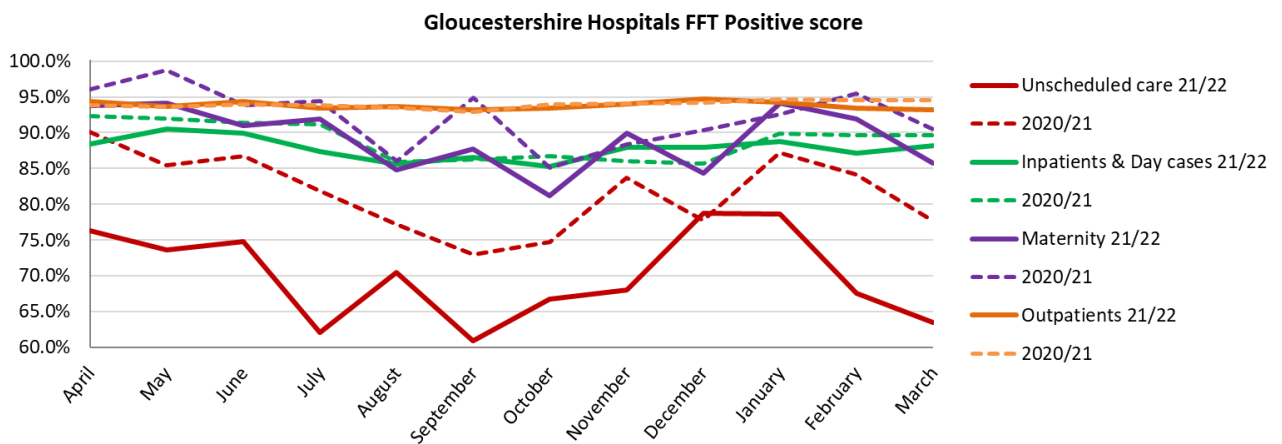


Fig Five: Trend lines for Friends and Family Test surveys 2021/22

ED extended FFT questionnaire

In September 2020 we changed the format of the FFT from a “question and answer” style text message to a broadcast message. This allowed the questionnaire to be extended in order to ask additional questions alongside the main FFT question. The main focus of this was to

monitor how Covid was affecting patients experiences while in ED. We also introduced some questions in February 2021 to assess how well the department was working with the NHS Think 111 initiative.

The Think 111 questions was suspended in December 2021, as it was decided there sufficient data had been collected to review this initiative and the survey could be amended to monitor and support internal drives and QI projects to improve patient experience.

Outpatient Extended FFT questionnaire

In October 2021 after of a review of our contract with Civica, we have changed our outpatient FFT to a broadcast survey. This change has allowed us to add extra questions to the end of the survey based on type of appointment (virtual vs face to face), potential clinic/department information, and key demographic data. While we anticipate that response rates may fall slightly, we are confident that the increased detail included in the questionnaire and flexibility for future changes will allow us to use the data more efficiently going forward. This style of survey will also help us bring costs down significantly.

Neonatal FFT survey by email

In September 2021 we trialled a new version of the FFT for the parents of Neonates. The Neonatal Unit was previously receiving very little to no feedback for their unit, largely due to the age restrictions in place on our automated SMS survey. As this is a manual survey for now it will be sent out on a quarterly basis via email to the parents 3-12 weeks post discharge. This should help to give the unit some insight into what parents think about the care delivered to their babies while on the ward.

Other examples of patient experience work happening in divisions includes:

- Medicine and surgical divisions have both set up their patient experience councils, using the Pathway to Excellence model, to engage teams in their patient experience data and identify priority areas for improvement. This has included setting up pilots in medicine to support effective communication between wards and relatives of patients, and sharing learning across teams and specialties to drive improvement.
- We have an appointed patient experience lead in urgent and emergency care, supporting a number of initiatives in the department focussed on improving patient experience, including introduction of blanket trolleys, supporting improved communication with families and liaising with and supporting our team of volunteers.
- Oncology have been running a You Said We Did campaign in the department and on social media, actively promoting how they are hearing and responding to patient feedback, and this is being picked up by other departments
- Paediatric teams have ongoing active engagement with the Youth Forum co-chaired by our Youth Ambassadors and Engagement and Involvement Manager. The team are working with the Youth Forum to develop volunteer roles supporting patients with activities, as well as being proactively involved in the redesign of the paediatric areas
- One of the key themes emerging through FFT and PALS data for our inpatients has been wait times, and not understanding the reasons for the waits. The Patient Experience team worked with colleagues on the Surgical Assessment Unit to create an infographic on the wall, that helps patients to understand their journey through SAU. his gives details about the time it takes for different diagnostic procedures, and links to more information.



- Other inpatient areas are requesting a similar journey poster for their ward, to help managing expectations of patients and communicating change, and we will be looking to role an adapted version of this out to other areas in 2022/23.

National Surveys

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

The table below shows the timelines for each survey. This programme was paused during the height of the pandemic and fieldwork restarted during 2021/22.

	Survey	Sample month	Survey fieldwork (mailings)	Picker results	CQC results
2021/22					
Adult inpatients	IP21	Nov-21	Feb-May 2022	Due 27/05/2022	Exp Oct 22
Maternity	MAT22	Feb-22	Apr-Aug 2022	Expected Sept 22	Exp Jan 23
2022/23					
Urgent and emergency care	UEC22	Sep-22			
Adult inpatients	IP22	Nov-22			
Children and young people	CYP23	???			
Maternity	MAT23	Feb-23			

IP21 Adult Inpatient survey 2021 – sample month was November 2021. Results are due to be released in May 2022. A Picker workshop will be set up as soon as possible to discuss results. All relevant staff will be invited

MAT22 is currently taking place, the first and second mailings out to patients were sent in April/May, final mailings are due in early June.

Local Surveys

A number of local surveys have been completed this year to support programmes of work in corporate services and in divisions. We have seen an increase in the number of requests for these from teams, to get deeper insight into areas highlighted by patients through FFT or anecdotally, as well as to support strategic pieces of work. These include:

- Real Time surveys across AMU teams – May 21
- Real Times surveys for Ward 9b – May 21
- RAPID urology – May 21
- Home Enteral Feeding service – June 21
- H&N cancer HEF – June 21
- Endoscopy - Booking and swabbing – June 21
- Diabetes pre transition CYP and post transition Adult surveys x2 – June 21
- Ophthalmology Poll 2 - Stroud site – July 21
- Cancer holistic needs assessment – July 21
- Breast screening client satisfaction – Aug 21
- Emergency Gynaecology Unit assessment survey – Oct 21
- Paediatric diabetes ongoing survey – stopped Nov 21
- Respiratory remote support discharge – Nov 21
- Think 111 (part of ED FFT) - Dec 21
- Cancer Support Worker Staff skills review – Jan 22
- Specialist nursing for Metastatic Prostate cancer – CNS survey
- PIFU patient initiated follow up surveys x4 specialties

A number of surveys we are running that remain active/ongoing include:

- Bronchiectasis patient digital reporting app
- Paediatric Gastro Joint Clinic – parent and child feedback
- Endoscopy ongoing JAG
- Neonatal Unit digital extended FFT
- Critical care clinical education (Staff)
- GOPD/WBOPD you said we did postcard survey
- Macmillan Hub – market stalls/events feedback
- Macmillan GFM radio feedback
- Macmillan information support hub
- Palliative care community survey review for 2022
- Cancer Prehab follow-up survey
- Critical Care DCC patient feedback
- Post critical care follow-up clinic

This programme will continue to grow in 2022/23, with plans to introduce more local surveys using QR codes across our sites, targeted on key themes that emerge from our FFT surveys, national survey responses and other patient experience activities, to gain greater insight to prioritise improvement projects.

Supporting our carers

A monthly Hospital Reflection Group is set up with Gloucestershire Carers Hub, where carers and colleagues from the Trust can meet to discuss concerns and issues, and where carers are involved in shaping our priorities. We began working with our carers to update our plan for how to improve the experiences of our carers. We have strengthened how we support carers as a whole system. This is as a direct result of carer feedback that our systems are difficult to navigate and many were having to use services across the system. As a result, our plans and communications going forward will be developed as a system and in line with the Carers Partnership Board priorities.

Plans for improvement 2022/23

A number of priority areas and projects have been identified for 2022/23, including:

- Working collaboratively with our safety team and the wider ICS to develop and implement Patient Safety Partners across our system.
- Work with teams to further implement our translation and interpretation policy including working with community groups to promote the service available to patients
- Undertaking a review of the ward clerk service across the organisation.
- Working to ensure our patient information leaflets are accessible to our patients. This will begin with ensure our online offer is accessible, this will be achieved working with our Communications team
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- Continue to introduce new volunteer roles that work closely with PALS and divisional teams to focus on supporting discharge and experience for our inpatients
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- Working to deliver the recommendations from the Trustwide Hearing Audit and the Healthwatch Gloucestershire report into the health inequalities faced by the deaf community.

Conclusion

- Covid has changed the way we deliver healthcare, and the experience that people have when receiving treatment at our hospitals. Overall, the majority of our patients report a positive experience of our services across the year, with 89.6% of our patients recommending our services through FFT. The majority of concerns raised through PALS focussed on missed/cancelled appointments or communication issues
- Although 89.6% of patients report a positive experience, we recognise we need to improve the experience for the 10.4% of patients who are currently not satisfied with the services we provide. In our FFT, recurring themes of concerns have been waiting times, communication with patients and families and delays to appointments.
- A number of priority areas and projects have been identified for 2022/23, including a focus on promoting our translation and interpretation services; increasing awareness of the personalised care agenda with a focus on Shared Decision Making; developing our reporting further to incorporate PALS and FFT data for divisions and specialties; an audit of our sites in partnership with the National Star College to review accessibility for wheelchair users; and partnership working with system colleagues, Healthwatch Gloucestershire and Inclusion Gloucestershire looking at the accessibility of our services, from both a physical environment and communication perspective.
- Our Trust Arts Coordinator will be undertaking a number of projects in partnership with colleagues, patients and communities throughout the year to improve staff and patient experience, including supporting the Strategic Site Development work

Recommendation

That the Group notes this update for assurance.

Author: Katherine Holland, Patient Experience Manager and Katie Parker-Roberts, Head of Quality

Executive Lead: Matt Holdaway, Director of Quality and Chief Nurse

Date: 6 June 2022

KEY ISSUES AND ASSURANCE REPORT

Audit and Assurance Committee 25 May 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
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None.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Internal Audit Progress Report	There had been ongoing delays due to operational pressures within the Trust, however remaining reports for 2021-22 were being finalised and would be presented to the next Committee meeting.	NHSEI guidance related to internal audit reviews of the HFMA checklist had been released and would be carried out accordingly.
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Internal Audit Annual Report	The Head of Internal Audit opinion gave a moderate assurance rating on the adequacy and effectiveness of the Trust's internal control system, and the consistent application of controls. All audits during the year had provided at least moderate assurance, with over half given substantial assurance.	None.
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Internal Audit Review: Recruitment Practices	<p>The review gave a moderate assurance rating for both design and operational effectiveness, with four medium recommendations related to the following:</p> <ul style="list-style-type: none"> The Recruitment and Selection Policy: reflect the new minimum interview panel members required; refresher training for managers on recruitment processes and requirements; and a review of Trac to ensure necessary shortlisting and interview scores were recorded. Person specification templates were reviewed by Inclusion leads; reminders to be sent to recruiting managers to use job description templates for consistency; the development of an accessibility checklist or assessment. A section on application forms to be added, asking whether applicants are members of the Accelerated Development Pool and Chief Nurse Fellowship programmes. The Recruitment and Selection Policy to be updated to include other areas identified in the internal audit, including issues related to performance measures, induction, probationary periods and risks. 	The Committee was assured by the plans in place to address the recommendations.
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Cyber Security Audit Programme	The report set out the actions taken in response to the seven recommendations, including three high level, highlighted in the cyber security audit undertaken in November 2021.	The Committee was assured by the plans in place to address the recommendations, and noted the positive position the Trust was now in.
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Risk Assurance Report	Assurance was provided on the process of active management of key risks within the organisation.	Material concerns would be strengthened on the coversheet.
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GMS Update	<p>The final audit was in progress, with no issues raised to date. Three internal audit reviews were provided for information on Organisational Structure, Corporate Services, and Workforce Planning.</p>	GMS sought approval from the Committee to appoint BDO as its internal auditor (<i>email approval sought as Committee was not quorate at this point</i>).
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Items Rated Green

Item	Rationale for rating	Actions/Outcome
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Internal Audit Review: Waiting	A substantial assurance rating had been given on both design and operational effectiveness, with one low recommendation related to the	None.
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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.

List Management	maintenance of an audit trail of patient reviews. The Committee was assured by the review, which highlighted the number of good processes in place to continuously monitor and be aware of the impact of Covid-19 on patient waiting lists.	
External Audit	The Committee was assured that the interim audit was progressing according to plan, with nothing material to report. The Committee was advised that there were no issues with the GMS interim audit.	None.
Losses and Compensations Report	The Committee was assured by the management of the process of losses and compensations, and approved the write off of 45 invoices totalling £6,317.86.	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.
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
The first iteration of the full BAF was reviewed. Risks continued to be reviewed and updated on a monthly basis. A mapping exercise of previous BAF risks and new BAF risks would be developed.		

KEY ISSUES AND ASSURANCE REPORT

Estates and Facilities Committee, 26 May 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
Violence and Aggression/Security Report	<p>There had been a significant increase in incidents, particularly in the Emergency Department, which was impacting the ability of porters and clinical staff to deal with the increasing severity and volume of incidents. Options were set out in the report to support a better approach; the Committee noted a much-improved CCTV and recording system was in place. However, an holistic review of governance, management, resourcing and working practices needed to be conducted.</p> <p>The Committee was very concerned and considered the intolerable risk that this was raising within the organisation, and the impact on the services the Trust provides.</p>	<p>The issues and associated risks would be reflected in the Board Assurance Framework.</p> <p>The issue will be taken up as a matter of urgency by the Chief Nurse and Director of Strategy and Transformation. A discussion would take place at Quality and Performance Committee, and the People and OD Committee. The matter would be also raised at Board through committee assurance reports.</p>

Items rated Amber

Item	Rationale for rating	Actions/Outcome
GMS Capital Programme Update	The overall programme was reviewed for 2022/23. Funding for addressing the electrical infrastructure works has yet to be secured. This matter is still be explored through reviews of capital prioritisation and/or alternative sources of capital.	Update to be provided to the Committee at the next meeting.
National Cleaning Standards	As a matter arising from the March meeting, it was agreed that the Chair of Quality and Performance Committee would be approached to seek formal endorsement of the cleaning standards to be adopted by the Trust, via the Infection Prevention and Control team.	Quality and Performance Committee to confirm.
GMS Chair's Report	<p>The GMS Board had discussed the use of additional overtime and agency; although GMS carried a significant number of vacancies, standards were achieved.</p> <p>GMS did not win any Staff Awards at the recent event; however, the deep clean team would be recognised internally for their work during the pandemic.</p> <p>A dispute notice had been issued to Sovereign Housing who had acknowledged the notice and undertaken an investigation. Surveyor results are due shortly.</p>	A GMS-specific category would be included in next year's Staff Awards.
Contract Management Group Report	Parking continued to be a particular pressure; a travel survey has been launched and was already generating significant feedback. Plans were in place to address ongoing issues with car park barriers and swipe card access.	Update to be provided to the Committee at the next meeting.
Operational Improvement Action Plan	An action plan to address the recommendations from PwC's GMS review was presented. The Committee was assured by the plan.	The Board-level session to review governance arrangements would be rescheduled, but would support some of the operational plans.
Workforce Action Plan	The Committee was assured that plans were in progression to address recommendations made in the Workforce Report that was discussed at March's meeting.	Regular updates would be received for assurance. The Committee wish to see positive impact of planned actions.
Risk Log	The Committee reviewed the high-scoring risks, and discussed the need to ensure clear risk processes and rationalisation.	Work would continue to improve the transparency and clarity on

	Challenges around managing the duplicate risks across the Trust and GMS registers were discussed. It was acknowledged that the Trust retains ultimate responsibility for its own risks as duty holder and registered care provider. Within that context, actions were agreed to improve reporting and management of risks.	risk ownership and action parties.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
NHSEI Capital Bids	GMS had been successful in reaching the Expressions of Interest stage for elective recovery TIF monies; this was now being worked into a full business case. The business case would request £10.2m, and would need to be submitted by 30 June for notice in August. Two requests had been submitted to support mental health: one to upgrade two wards to ensure they were dementia friendly, and one to establish bays and side rooms to support young people presenting with self-harm. The two bids were supported by the integrated care system, and the team awaited confirmation for the need to submit a business case to support the requests.	The submission would be circulated to Committee members for information.
Community Diagnostics Hub	The Committee was assured by the report, noting that 'place' reviews were underway to ensure that Quayside House was accessible by public transport and to review communication plans for patients.	None.
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
The first iteration of the Committee's BAF risks were reviewed; the Committee was supportive of the new style and direction of the Framework, and acknowledged that the process continued to embed. The Committee considered splitting the risks into Environmental and Estates risks. The violence and aggression risks would be reflected in SR2 and SR3 of the BAF.		

KEY ISSUES AND ASSURANCE REPORT

Finance and Digital Committee, 26 May 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
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None.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Financial Performance Report	<p>The following key points were noted:</p> <ul style="list-style-type: none"> The Trust had reported a year-to-date deficit of £3.3m, which was £2.1m adverse to plan. Key drivers for pay overspend related to the use of temporary staff in Medicine and Surgery. The Trust maintained the planned forecast deficit of £9.2m until review had been undertaken with divisions. Next steps and mitigations were detailed, including a review of causes of potential overspends and a number of actions in place to support the Trust's position in the absence of mitigations. The total activity in Month 1 had decreased by 12% against Month 12 for 2021-22. 	The Committee was assured that the financial situation was fully understood, but assurance around full control was not provided and instead the Committee requested additional scrutiny.
Capital Programme Report	The Trust had submitted a gross capital expenditure plan for the financial year, totalling £67.1m. At the end of Month 1, the Trust had delivered goods, works or services to the value of £3.5m, which was £0.2m ahead of plan.	£1.1m of open orders not allocated a 2022-23 budget would be reviewed and validated, and reprioritisation would subsequently take place within programme allocations.
Financial Sustainability Report	Work continued to drive forward identified divisional and cross-cutting workstreams to ensure a successful Financial Sustainability Plan. To help breach the gap between the £10.06m plan and the target of £12.9m, the Trust was exploring potential savings opportunities within Digital and Corporate divisions. Organisational workshops were being planned to discuss.	Benefits mapping was taking place in relation to the impact of the implementation of EPR on staffing and overall performance.
Procurement Review	The plan for the year focused on inflationary cost management and mitigation through engagement in national savings initiatives. There had been a significant number of price increases, a high turnover of staff, and high sickness absence which had contributed towards a challenging position.	The Committee acknowledged the challenging position and supported plans in place to address.
Agency Costs and Control	Significant vacancies remained within nursing staff. 74 nurses had been internationally recruited, and that continued to be successful. A plan was in place to over-deliver based on the Trust's current performance, and to develop Standard Operating Procedures for escalating agency shifts; further work was required to ensure timeliness and authorisation.	Discussions would take place across People and Organisational Development, and Quality and Performance committees.
Image Guided Interventional Surgery	The Board had approved the capital financial plan to enable the IGIS clinical model, following a tender exercise. The Committee supported the plan and supported the issue of a letter of intent to Kier to avoid any further time and cost increase.	The Committee supported the recommendations. A letter of intent would be issued to Kier by 27 May.
IT Services and CITS Performance	<p>Performance continued to exceed the SLA for primary care and CGG customers, despite calls received exceeding the capacity of the service. Performance for the Trust had reduced to below target in April, due to mis-categorisation of some calls.</p> <p>Overall call volumes remained high, with a significant increase compared to the same period last year. This was reflected in slower call answer times, and an increase in open calls.</p>	A review of staffing levels and capacity would be undertaken.

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.

Cyber Security	The report set out the actions taken in response to the seven recommendations, including three high level, highlighted in the cyber security audit undertaken in November 2021.	The Committee was assured by the plans in place to address the recommendations.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Digital and EPR Report	The Committee noted that three phases of the clinical documentation optimisation had been completed, following go-live in February. Two further phases would be completed in May. The electronic prescribing and medicines administration project was progressing well, with increased clinical involvement and engagement. Action plans following the internal audit into Cyber Security had been progressed, with the majority of high-level recommendations now completed.	A further report on the progress of the Digital Strategy would be received in July.
GMS Procurement Exemption List	A procurement exemption list was approved; the Committee was assured that the list had ten conditions which would be regularly reviewed by procurement at each point of use to ensure accurate application and record.	The Committee supported the recommendations.
Items not Rated		
Terms of Reference	ICS Update	Digital risk register
Information and Coding Update		
Impact on Board Assurance Framework (BAF)		
The first iterations of Finance and Digital risks were reviewed; the Committee noted that risks would continue to be refined over the coming months.		

KEY ISSUES AND ASSURANCE REPORT

Finance and Digital Committee, 30 June 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
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None.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Financial Performance Report	<p>Key points were noted as follows:</p> <ul style="list-style-type: none"> The Trust had initially submitted an overall plan for 2022-23 with a forecast outturn deficit position of £9.2m. The system was required to breakeven for the year, which had been reflected in the revised plan that the Trust had submitted in June. The Trust reported a year-to-date deficit of £6.5m which was £3.7m away from plan. Key drivers related to temporary staffing in Medicine and Surgery for vacancies and unscheduled care positions within Nursing and Medical staff. Work continued with colleagues to review and agree overall divisional forecasts. The key risk related to the continuation of the current run rate, which would significantly affect the Trust's planned position. Efficiencies for the Trust totalled £18.8m, with £12.9m of schemes monitored through Project Management Office. Unidentified schemes are currently contributing £1.5m to the deficit position. The Operational Plan had been resubmitted and showed a deterioration of activity in Months 1 and 2. <p>The Committee acknowledged the challenging situation, and was advised that the Trust was likely to come under scrutiny following Quarter 1.</p>	<p>Additional information on system finances and productivity would be incorporated into reporting from July.</p> <p>An update on the £2.7m of prior month accruals and charges would be provided in July.</p>
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Capital Programme Report	<p>The Trust had submitted a capital expenditure plan of £67.1m for 2022-23. No new funding allocations had been agreed within the first two months of the year.</p> <p>At the end of May, the Trust had goods delivered, works done or services received to the value of £6.3m, which was £0.1m ahead of plan. A breakeven forecast outturn had been reported to NHSEI.</p> <p>There were some pressures within the Estates programme which were currently being reviewed; the Committee would receive further information once implications were known and fully understood.</p> <p>The Committee noted that the bid for the Community Diagnostic Centre had been resubmitted following feedback from the regional team around value for money.</p>	<p>Outputs from the recent capital programme questionnaire would be shared with the Committee.</p>
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Financial Sustainability Report	<p>The Committee noted an increase in the financial sustainability plan target from £12.9m to £13.2m, the additional of which was the Trust's contribution towards a balanced system plan. Across the programme for 2022-23, savings of £10.2m had been identified and profiled against workstreams and divisional programmes; plans were in development to determine how the savings would be achieved.</p>	<p>The Financial Sustainability Plan would be presented in July.</p> <p>A regional productivity tool to demonstrate improvements in spend and activity would be incorporated into regular reporting.</p>
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Items Rated Green

Item	Rationale for rating	Actions/Outcome
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Digital and EPR Programme Report	<p>The Committee noted that further improvements to clinical documentation went live on Sunrise EPR at the end of May, with one final optimisation drop due to take place. The electronic prescribing and medicines administration project was progressing well.</p>	<p>The Committee supported the EPR major project roadmap and digital work plan for 2022-23.</p>
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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 Committee was assured that action plans following the cyber security internal audit review had progressed, with the majority of urgent projects now completed. The Committee noted that Tap and Go was currently being launched in clinical areas.		
Items not Rated			
Risk Register	ICS Update	Digital Project Prioritisation	
Investments			
Case	Comments	Approval	Actions
Interventional Consumables Contract Recommendation	The Committee ratified the award of the contract for Rhythm Management and Interventional Cardiology via the Peninsula Purchasing and Supply Alliance (PPSA).	Ratified	Concerns around the timings of the process would be outlined in a letter to PPSA from RG and KJ.
TIF Orthopaedic Theatre	The Trust had been successful in progressing through the stages to bid for capital monies to build a fifth elective orthopaedic theatre in Cheltenham. The final stage of the bidding process was submission of the business case for national consideration.	Approved	The business case would progress to the ICB for final approval.
Impact on Board Assurance Framework (BAF)			
Additional detail on risk rationalisation and analysis would be reflected in July's Committees for assurance.			

KEY ISSUES AND ASSURANCE REPORT

People and Organisational Development Committee, 28 June 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
Health and Safety Committee Report	<p>Parking issues had been raised as a key concern, with risks potentially being addressed through contractual route. The Committee was concerned that the Police had raised a formal complaint with Saba around their refusal to provide CCTV footage following a hit and run incident.</p> <p>A new policy had been established to issue behavioural orders to address the increase in severity and number of Violence and Aggression incidents.</p>	<p>The Trust was currently reviewing Saba's contract in detail. All risks and incidents were captured through Datix.</p> <p>An update would be provided at the next meeting.</p>

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Workforce Transformation Programmes	<p>The Committee was encouraged by the structure of the Staff Experience Programme, which focused on three key projects; Staff Survey, Restorative Just and Learning Culture, and Trust Values. A number of activities had taken place to enable the programme launch, including introduction meeting with programme leads, workshops, planning sessions and an established programme structure.</p> <p>The Workforce Sustainability Programme structure was presented, and the Committee supported the focus on four key workstreams: transactional recruitment, e-rostering, temporary staffing controls, and sustainable workforce.</p>	<p>The Committee was supportive of the new approach, and agreed that the Compassionate Leadership Programme should be paused to focus on the values framework.</p>
Performance Dashboard	<p>The Committee received a new style dashboard which reflected performance across a range of operational measures identified within the People and OD Strategy. The Trust used the key measures to benchmark to Model Hospital and University and Teaching peer rates.</p>	<p>Exit interview information would be included in the dashboard for additional scrutiny on why people leave the organisation.</p> <p>The dashboard would continue to be developed to establish a robust tool which effectively measured and monitored performance.</p>
Research and University Hospitals Progress	<p>The Committee received an update on key achievements and was pleased with the progress being made towards University Hospitals status.</p>	<p>None.</p>
People and OD Strategy Report	<p>The Committee received an update on progress against milestones for key initiatives. The Trust was looking to review the Strategy against new People Plan guidance, to ensure incorporation of the four key pillars: Looking after our people; Belonging in the NHS; New ways of working and delivering care; and Growing for the future.</p>	<p>A full review of actions would be undertaken to ensure they were in line with future plans.</p>

Items Rated Green

Item	Rationale for rating	Actions/Outcome
None.		

Items not Rated

Risk Register	ICS Update		
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Impact on Board Assurance Framework (BAF)

The Committee approved the risk score and recommended to Board. The Committee discussed further refinement to the risk, including the reasons for gaps in control, i.e. why there are delays in time to hire. The risk would be refined to explain how the organisation becomes an employer of choice.

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, 25 May 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
Urgent and Emergency Care Improvement Board Update	A number of meetings had been held to review the terms of reference, the reporting dashboard, and parameters for discussion. Meetings were being held monthly.	Outputs from the Board would be formally reported through to the Committee for assurance.
Delay Related Harm Report	The delay related harm report had been deferred again due to challenges around data collation and narrative but would be reviewed at the Committee once the mechanism for reporting had been determined. The Committee was concerned about the timescales involved in receiving the required assurance on this significant issue,	The delay related harm report would be received at the Committee meeting in June. Further conversations would be held at a system-level on the delay related harm linked to MOFD patients.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	<ul style="list-style-type: none"> • Cancer performance was stable, with the Trust achieving well against the 62-day standard. Numbers of patients were beginning to steady, following a high number of presentations post-pandemic. • The Trust was not reporting any 104-week breaches, and continued to perform well against the 52-week standard. • Workforce remained challenging. A number of beds had been recently returned to Surgery, however there was an issue with staffing the additional capacity. • Mixed sex accommodation breaches would be reported as standard following a review of the reporting framework to provide an oversight of all breaches regardless of escalation status. • Friends and Family Test scores had decreased, particularly across urgent care and maternity. The key driver was operational pressures, with feedback particularly related to long wait times. • The PALS team was now fully recruited to, and improvements were beginning to be seen. Performance would continue to be monitored. <p>The Committee was concerned in relation to the high number of hospital-initiated cancellations and noted the workforce issues in connection to the patient waiting list communications.</p>	The coding/data on hospital-initiated cancellations would be reviewed.
Trust Risk Register	<p>The Committee was particularly concerned about the emerging risk related to the increased need for safe holding provision for patient feeding support within the organisation. This had also been raised at GMS Board as a key concern related to the wider issue of violence and aggression.</p> <p>The Committee also noted a new risk proposed for escalation to the TRR on the quality of care of patients remaining in recovery when they no longer require high dependency care.</p>	<p>The risk would be reviewed through appropriate channels and scored before coming back to Committee.</p> <p>A report on violence and aggression would be provided for additional review.</p>
Serious Incidents Report	<p>Two serious incidents had been reported since the last report, one related to a delay in the Emergency Department, and one related to a delay in the diagnosis of a significant concern with an unborn child, resulting in an emergency caesarean.</p> <p>The Committee was verbally apprised of a very recent incident related to the loss of a number of cervical screening samples, which had been</p>	A communication plan and additional measures were in place to support the women who would be recalled for repeat cervical screening, including a helpline and access to clinicians.

	raised by NHSEI and was subject to a full review.	
Journey to Outstanding Maternity Action Plan	The Committee noted progress against the action plans, although also noted that remaining staffing challenges across the service continued to impact on performance, patient and colleague experience as well as delaying some actions.	Future reports would include an executive summary on progress and how the Trust was performing against actions.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Quality Account	The Committee approved the Quality Account.	The Quality Account would be presented at Board for approval.
Items not Rated		
System feedback	CQC update	Terms of Reference
Impact on Board Assurance Framework (BAF)		
The Committee was supportive of the new format and processes, and noted that further refinement of the BAF would take place over the coming months.		

KEY ISSUES AND ASSURANCE REPORT

Quality and Performance Committee, 22 June 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
Urgent and Emergency Care	<ul style="list-style-type: none"> Overall attendances were beginning to return to pre-pandemic levels. Ambulance handovers remained a key challenge, although overall hours lost had reduced. 12-hour breaches remained stable. Improvements from the Urgent and Emergency Care Board would soon be making a positive difference. The system remained very challenged overall, with the Trust an outlier on ambulance handover performance. <p>The Committee expressed frustration at the pace of system level working on urgent and emergency care, but acknowledged the escalation process to ensure all partners were involved.</p>	The Trust was escalating to the system to ensure all partners were involved in addressing the risk.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	<p>Key points were noted as follows:</p> <ul style="list-style-type: none"> There had been an increase in cases of C.Diff which continued to be monitored and investigated. The Friends and Family Test score was at 87% in May, with improvements seen in both urgent care and maternity. The gynaecology bed base continued to be challenged, and the Committee raised concern in relation to the assurance provided in a previous meeting about the work in progress to resolve. There were currently 1248 patients waiting over 52 weeks, with a total Patient Tracking List of 58k. The total PTL had grown by 700 due to an increase in overall referrals. There were no 104-day breaches, however challenges in haematology were causing some concern. The Trust had received a request to provide mutual aid to Hereford and Wye Valley. Waiting times for urgent Echocardiography was an area of concern and was currently being reviewed. Covid cases were increasing and being monitored. There had been one case of monkeypox reported within the Trust, which had resulted in approximately twenty members of staff isolating for 21 days. The 62-day standard for cancer performance was experiencing some challenge, particularly within skin and lower GI. 	None.
Risk Register	The Committee discussed the risk process in detail, in particular how it provided assurance at Committee level. The Committee was assured around the work in progress to present emerging risks through the governance structure.	A review of the escalation of maternity risks would take place, particularly in relation to triage.
Serious Incidents Report	There had been one further Never Event related to wrong route medication, and five new serious incidents reported. No HSIBs had been reported.	The Committee requested that the coversheet was utilised to highlight key concerns in relation to serious incidents.
Delay Related Harm Report	The Committee received assurance that avoidable patient harm caused by healthcare delays was reviewed and controls and strategies were in place to ensure robust monitoring of the situation. The Committee was	An action plan on End PJ Paralysis would be brought to Committee in July.

	<p>assured that a comprehensive improvement plan was in place for falls and pressure ulcers harm prevention.</p> <p>Challenges around data collation for falls and pressure ulcers in MOFD patients were noted.</p> <p>The Committee was advised that there would be a focus on deconditioning for MOFD patients, with End PJ Paralysis a key component.</p>	<p>Performance monitoring of delay related harm would be taken through the Quality Delivery Group.</p>
National Cleaning Standards	<p>The Committee was assured that the increase in cleaning would be temporary, however further understanding was required around the cleaning standards for the organisation during this period and how compliance would be reached.</p>	<p>The Committee was supportive of the approach.</p>
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Learning from Deaths Report	<p>The Committee was assured by the process of review for all deaths in the Trust, noting that other triggered deaths were further reviewed through the structured judgement process, serious incident investigation, and national programmes that drove local learning, feedback and system improvement.</p>	<p>The Committee was assured by the governance systems around reviewing deaths and compliance with the National Guidance on Learning from Deaths.</p>
Internal Audit: Waiting List Management	<p>The Committee was pleased to note that the Waiting List Management internal audit review had received a Substantial assurance rating for both design and operational effectiveness.</p>	<p>None.</p>
Items not Rated		
System feedback		
Impact on Board Assurance Framework (BAF)		
<p>The current risk score of 16 for SR1 <i>CQC regulations or other quality related regulatory standards are breached</i> was considered by the Committee; the score would be upgraded to 20 for July, with recent activity updated to reflect the score. This would be recommended to Board.</p>		

Report to Council of Governors			
Date	20 July 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	<input checked="" type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Summary of Report			
<p><u>Purpose</u></p> <p>This report updates the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 31 May 2022.</p> <p><u>Key issues to note</u></p> <p>The Governor's Log is available to view at any time within the Governor Resource Centre on Admin Control.</p>			
Recommendation			
That the report be noted.			
Enclosures			
Governors Log			

REF	15/22	STATUS	CLOSED
SUBMITTED	24/05/2022	ACKNOWLEDGED	24/05/2022
DEADLINE	07/06/2022	RESPONDED	24/06/2022
GOVERNOR	Maggie Powell		
LEAD	Matt Holdaway		
THEME	Deconditioning/Re-Launch of No PJ Paralysis Campaign		
QUESTION			
<p>The Public Trust Board in January heard a presentation on deconditioning and the re-launch of the No PJ Paralysis campaign. Comment was made of the difficulty in maintaining impetus to such initiatives.</p> <p>Has it been more successful this time? How? I have also recently come across the concept of Hospital Acquired Deconditioning (HAD). Is this monitored and documented here, as falls and pressure ulcers are?</p>			
ANSWER			
<p>In terms of end PJ paralysis, the roll out is going well, and we are expecting a paper to come to Q&P via QDG outlining the project rollout, action plan and progress next month. The progress against the action plan will be coming through that committee regularly</p> <p>I have spoken at length regarding HAD with Dave Taylor our therapies lead. Whilst HAD is a well understood and researched issue, actually screening for it and monitoring it is incredibly difficult. Being able to ascertain the exact reason for someone's deconditioning is almost impossible, this is especially difficult following the pandemic and the impact that isolation, lack of mobility and resultant effect on mobility and frailty in our elderly population. With patients that are having to stay in the acute health care environment longer than necessary the best thing that can be done is to keep them active mentally and physically, which is exactly what initiatives like end PJ paralysis aim to do.</p> <p>I hope that helps, please come back to me if you need more information,</p>			

REF	16/22	STATUS	CLOSED																											
SUBMITTED	26/06/2022	DEADLINE	08/07/2022	RESPONDED	14/07/2022																									
GOVERNOR	Mike Ellis																													
LEAD	Sarah Hammond																													
THEME	Bed numbers																													
QUESTION																														
Dear team,																														
<p>I have worked in the local Health service, initially as a Junior Doctor in Cheltenham, and then since 1981 in General Practice. I have worked in and visited all sorts of hospitals in Gloucestershire in that time, and my sense is that we have many fewer beds now than in the past. I recognise that patients should spend less time as inpatients, that day surgery has increased immensely over the years, but I would be interested to know whether there are figures for total bed numbers in Gloucestershire since 1980 – perhaps figures for every 10 years 1990, 2000, 2010, 2020?</p> <p>My recollection is that the community hospitals now under GHC Trust were under the old Hospital Boards. And I recall that Gloucestershire Hospitals have been divided between Cheltenham and Gloucester, or East Glos and West Glos etc. But it would still be helpful to understand what has happened to all those beds.</p>																														
Can anyone help?																														
ANSWER																														
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Notes:																														
All bed numbers exclude maternity beds																														
[1] bed numbers are reduced due to the pandemic and the need to close some beds due to infection control																														
[2] there is a known bed reduction against 2019 of 42 beds which primarily relate to the temporary closure of Avening, Dixton and Prescott in CGH.																														

REF	17/22	STATUS	OPEN
SUBMITTED	11/07/22	ACKNOWLEDGED	12/07/22
DEADLINE	26/07/22	RESPONDED	
GOVERNOR	Julia Preston		
LEAD	Claire Radley & Craig Bradley		
THEME	Covid & Sick Pay		
QUESTION			
<p>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.</p> <p>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.</p> <p>How can you reassure patients that staff will stay off work despite not getting paid?</p>			
ANSWER			