

Council of Governors


Tue 12 September 2023, 14:00 - 16:00

Room 10, Sandford Education Centre, Cheltenham

Agenda

14:00 - 14:00 **AGENDA**

0 min

 00_Agenda CoG - Public_September 2023.pdf (1 pages)

14:00 - 14:00 **1. Welcome and Apologies**

0 min

14:00 - 14:00 **2. Declarations of interest**

0 min

14:00 - 14:00 **3. Minutes of meeting held on 8 June 2023**

0 min

 03_June 2023 - COG Public Minutes.pdf (5 pages)

14:00 - 14:00 **4. Matters arising**

0 min

14:00 - 14:00 **5. Chair's Update**

0 min

 05_Chairs report to Sept COG.pdf (2 pages)

14:00 - 14:00 **6. Chief Executive's Briefing**

0 min

 07_CEO's Briefing.pdf (7 pages)

14:00 - 14:00 **7. Membership Strategy**

0 min

 07_Coversheet - Membership Strategy.pdf (2 pages)

 07_Membership Strategy 2023-25 Draft Version 6.9.2023.pdf (11 pages)

14:00 - 14:00 **8. Key Issues and Assurance Reports**

0 min


8.1. Audit and Assurance Committee

 8a_Audit and Assurance Committee KIAR 25.07.2023.pdf (2 pages)


8.2. Finance & Resources Committee

 8b_Finance and Resources Committee KIAR_July.pdf (3 pages)

8.3. People & OD Committee

 8d_People and Organisational Development Committee KIAR June 2023.pdf (1 pages)

8.4. Quality & Performance Committee

 8e_Quality and Performance Committee KIAR 26.07.2023.pdf (2 pages)

14:00 - 14:00 9. Governor's Log

0 min

 09_Governors log 2023.pdf (9 pages)

 09_Governor's Log - Cover.pdf (1 pages)

14:00 - 14:00 10. Any other business

0 min

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
14.00, Tuesday 12 September 2023
Room 10, Sandford Education Centre, Cheltenham
AGENDA

Ref	Item	Purpose	Paper	Time
1	Welcome and Apologies <i>Deborah Evans, Chair</i>			14.00
2	Declarations of interest			
3	Minutes of meeting held on 8 June 2023	Approval	Yes	
4	Matters arising	Information	Yes	
5	Chair's Update <i>Deborah Evans, Chair</i>	Information	Yes	14.05
6	Chief Executive's Briefing <i>Deborah Lee, Chief Executive</i>	Information	Yes	14.15
7	Membership Strategy <i>James Brown, Director of Engagement, Involvement & Communications</i>	Assurance	Yes	14.25
8	Key Issues and Assurance Reports: <ul style="list-style-type: none"> • Audit and Assurance Committee <i>John Cappock, Non-Executive Director</i> • Finance & Resources Committee <i>Jaki Meekings Davis, Non-Executive Director</i> • People & OD Committee <i>Balvinder Heran, Non-Executive Director</i> • Quality & Performance Committee <i>Alison Moon, Non-Executive Director</i> 	Assurance	Yes	14.50
9	Governor's Log <i>Lisa Evans, Deputy Trust Secretary</i>	Assurance	Yes	15.20
10	Any other business			15.25

Close by 15.30

Date of next meeting: Tuesday 12 October 2023 @ 5pm (Sandford Education Centre, CGH)

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
14.30, Thursday 8 June 2023
Lecture Hall, Redwood Education Centre, Gloucester

Present	Deborah Evans	DE	Trust Chair (Chair)
	Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
	Anne Davies	AD	Public Governor, Cotswold District
	Pat Eagle	PE	Public Governor, Stroud
	Mike Ellis	ME	Public Governor, Cheltenham
	Bill Evans	BE	Public Governor, Forest of Dean
	Andrea Holder	AH	Public Governor, Tewkesbury
	Pat LeRolland	PLR	Appointed Governor, Gloucestershire Age UK
	Jeremy Marchant	JM	Public Governor, Stroud
	Sarah Mather	SM	Staff Governor, Nursing and Midwifery Staff
	Peter Mitchener	PM	Public Governor, Cheltenham
	Russell Peek	RP	Staff Governor, Medical & Dental Staff
	Maggie Powell	MPo	Appointed Governor, Healthwatch
	Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals
Merleen Watson	MW	Public Governor, Out of County	
Attending	James Brown	JB	Director of Engagement, Involvement & Communications
	Vareta Bryan	VB	Non-Executive Director
	Kat Cleverley	KC	Trust Secretary
	Lisa Evans	LE	Deputy Trust Secretary
	Balvinder Heran	BH	Non-Executive Director
	Katherine Holland	KH	Head of Patient Experience
	Karen Johnson	KJ	Director of Finance
	Kaye Law Fox	KLF	Chair of GMS, Associate Non-Executive Director
	Deborah Lee	DL	Chief Executive
	Jaki Meekings Davis	JMD	Non-Executive Director
	Juwairiyia Motala	JMo	Community Outreach Worker
	Sally Moyle	SM	Associate Non-Executive Director
	Rebecca Pritchard	RP	Associate Non-Executive Director
Ref	Item		
1	Welcome and Apologies Apologies were noted from Liz Berragan, Caroline Claydon, Claire Feehilly, Marie-Annick Gournet, Rachel Lowings, Alison Moon, Mike Napier		
2	Declarations of Interest There were no declarations of interest.		
3	Minutes of meeting held on 13 April 2023 The minutes were approved as an accurate record.		
4	Matters arising The Governors noted the updates.		
5	Chairs Update Governors received the first written report setting out the chair's activities which provided a fuller understanding		

	<p>of the Chair’s role. The Council noted the working pattern of the Chair; activity undertaken since the April Council of Governors meeting included:</p> <ul style="list-style-type: none"> • Attendance at an ICB development session, ICB People Committee, ICB Board and the involvement in the ICB wide reciprocal mentoring training session. • Attendance at Charitable Funds Committee, Quality and Performance Committee, two Finance and Resources Committees, two Board development sessions and a Board meeting. • Visit to GMS services with KLF. • Attendance at the Health Overview and Scrutiny Committee, this considered the Trust’s midwifery staffing levels in the context of the continued pause on the post-natal bed provision at Stroud Community hospital. • Welcoming the latest cohort of international nurses. • CEO recruitment
6	<p>CEO Report</p> <p>The Trust continued on a broadly positive trajectory in respect of operational performance, however urgent and emergency care (UEC) remained fragile. The Trust continued to make improvements in supporting patients with ‘No Criteria to Reside’ (NCTR) to be discharged home or to onward care. Governors noted that the number of patients whose discharge was delayed had reduced further with an average of 195 for the month of April, and an average of 183 in the last seven days; this was down from a peak of 257 in January. The increased use of the Discharge Lounge was noted.</p> <p>Governors noted the following key points:</p> <ul style="list-style-type: none"> • Focus continued on a broadly positive trajectory in respect of operational performance, however the situation in respect of urgent and emergency care (UEC) remained fragile. • The Trust continued to perform well in respect of elective waiting times; Gloucestershire was the only system in the South West Region to achieve the national standard of no patients waiting more than 78 weeks and was now well placed to achieve the 65-week standard. This was achieved despite the total number patients waiting for planned care being the highest in the South West. • Work had progressed to establish the Staff Engagement Taskforce. Following a call for expressions of interest, over 30 people had been appointed to the Taskforce. An induction was held from 24 – 26 April. • The Trust had been successful in securing national funding of £750,000 to transform the way we communicate with patients. This online portal would enable patients to access letters about their care; review appointments and provide patients with a single point of access to all the Trust’s services. Conversations had taken place with the Lead Governor around governor involvement. DL assured governors that patients could ask to be communicated with by other means. • Last month the Care Quality Commission visited maternity and surgical services on both sites to assess progress against the actions arising out of the Section 29a Warning Notice served last year. The final report was awaited. This was not a core service inspection and as such would not result in a re-assessment of the inadequate safety rating in the two services, however, it paved the way for an improved rating when the full core service re-assessment took place (likely to be in Q3 of this year). • Two Executive colleagues were leaving the Trust this month, Simon Lanceley, Director of Strategy and Transformation and Qadar Zada, Chief Operating Officer (COO). <p>Governors noted the report and raised a number of questions. Noting the excellent work undertaken by QZ, BE asked if the Trust was confident that the positive performance around waiting times would continue following his departure. DL advised that the risk had been mitigated and an Interim Chief Operating Officer would be starting at the Trust shortly. Some concern around areas of performance in Urology were noted and DL agreed to provide more information in her next report. ACTION</p>

	<p>ME was pleased to note the progress made in respect of discharging patients with ‘No Criteria to Reside’ home or to onward care, he asked if there had been any affect on the number of readmissions. DL advised that she had seen no changes; the patients being discharged were more than ready to go. However, poor discharges were still being seen and this was the focus.</p>
7	<p>Governance and Nominations Committee</p> <ul style="list-style-type: none"> • Governor Election Update <p>Governors noted that Elections were required in 2023 for four Public Governors and for three Staff Governors; the election timetable was noted, this would lead into the Annual Members Meeting. The Corporate Governance team was working with colleagues in the Communications Team and partner organisations to engage with members and other interested parties, in order to publicise the vacancies.</p> <ul style="list-style-type: none"> • Appointment of the External Auditor <p>Governors noted that the primary term of the external audit contract with Deloitte was due to end on 31 October 2023. The Council of Governors had appointed Deloitte to commence the contract in 2020, with an option to extend for a further two years.</p> <p>Discussions would take place with the current external auditor to determine whether the option to extend the contract for a further two years would be viable. If an extension to the current contract was viable, the Council of Governors would be asked to ratify this at a future meeting</p>
8	<p>Provider Self-Certification</p> <p>Governors received an update on the training, development and engagement opportunities offered to Governors during 2022/23; this would form part of the Governor Training Declaration to satisfy condition FT4 of the Provider Licence. The Committee noted that this was the last year that the Provider Licence return would be done by individual Trusts; in future the declaration would be made at system level.</p> <p>The Governance and Nominations Committee had considered the list of training and events offered to Governors and agreed that there was a good number of opportunities for Governors. However, further improvements would be made to the programme for the following year. MPo noted that the report provided the information required around offers of training but did not include any information on the take-up by Governors.</p>
9	<p>Notice of Annual Members Meeting (AMM)</p> <p>LE updated the Governors on arrangements for the Annual Members Meeting. The position had changed since the report was written and the AMM was no longer taking place on 27th September; it was now likely to take place the following day. An update to the invite would go out as soon as the room booking arrangements were confirmed.</p>
10	<p>Key Information and Assurance Reports (KIARs)</p> <p>Governors received the following reports for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee <p>This item was DEFERRED to the next meeting of the Council.</p> <ul style="list-style-type: none"> • Finance and Resources Committee <p>JMD reported that at the April meeting the Committee had noted that the M12 financial position was a surplus of £51k which was £51k favourable to plan. The underlying position of risk and difficulty in forecasting was noted. The May meeting had focussed on Estates issues, noting the pressure on capital and</p>

	<p>backlog maintenance. It was difficult to assess financial performance at M1, however the pay bill was higher than forecast and performance was not where it should be. The Committee received the Procurement Annual Assurance report and approved the GMS pay award.</p> <ul style="list-style-type: none"> • People and OD Committee <p>BH reported that POD continued to focus on recruitment and retention, staff experience and development. The Staff Survey was now part of long-term work and a plan was being formulated by the Director for People. Agency and bank staff was another area of focus and mandatory training concerns were noted.</p> <p>PLR noted that bank and agency staffing was being discussed by both POD and FRC. BH reported that the Trust was above the agency ceiling cap and KJ was working with both NEDs to resolve; FRC was focussed on trajectory of spend. ME asked about the vacancy split and asked about issues in recruiting Radiologists. DL reported that the Trust was largely fully established with regards to Radiologists. Work was taking place with the University of Gloucestershire and having not previously retained a radiology trainee, the last 5 appointees had all trained at this Trust. MPo asked if joint appointments with GHC of Children’s Mental Health Nurses and other professionals had been considered. DL assured Governors that conversations were taking place but no resolution had been reached yet. Governors discussed the work on the staff survey, DE reported that the staff experience and improvement programme had now been established; work was underway, which included Equality, Diversity and Inclusion. The appointment of a full time Freedom to Speak Up Guardian was noted. ME asked if the FTSU Guardian could be invited to the next CoG, DL reported that this would be considered as part of the wider piece of work on culture. ACTION</p> <p>Governors also noted that Boarding had been raised as a concern in the staff survey, this had largely stopped now. Staff governors reported that it felt like things were improving.</p> <ul style="list-style-type: none"> • Quality and Performance Committee <p>VB presented the KIAR and highlighted the red area regarding the postponement of the Quality Summit. This would now take place on 28 April and updates would be provided to the Committee on progress. There had been no further Never Events reported, and no further Healthcare Safety Investigation Branch.</p>
11	<p>Governor’s Log</p> <p>The themes raised via the Governors’ Log since the last full Council meeting were noted.</p>
12	<p>Any other Business</p> <ol style="list-style-type: none"> 1) PM raised that Park Run was supporting NHS 75 on 8 July. He encouraged NHS representatives to get involved. 2) LE reported that JMo had booked a table at the 15th Big Health Day, Friday 16th July. Governors were advised to get in touch with JMo or LE to confirm they would attend or for more information.
13	<p>Date of next meeting: Tuesday 12 September 2023</p>
Close 17.00	

		Actions/Decisions		
Item	Action	Lead	Due Date	Update
6	<p>Chief Executives Report</p> <p>More information on concerns about areas of performance in Urology in the next Chief Executives report.</p>	DL	September	Update included in September CEO Report and additional information provided in Governors’ Log response
10	<p>KIARS – POD</p>	CR	September	I agree it would be appropriate to CoG to have an update from Louisa

	<p>DL to consider if there should be an update from the FTSU Guardian at a future CoG or if this should be covered as part of the wider piece of work on culture.</p>			<p>Hopkins that is separate to the cultural programme update. I would be happy to contribute to that update too. A date will be agreed and the item will be added to the work plan for COG.</p>
--	---	--	--	---

CHAIRS REPORT – SEPTEMBER 2023

1. Purpose

This is a report to CoG about the chair's activities since the June Council of Governors meeting.

2. My working pattern

I have a contract to work for the Trust 3 days a week, and whilst this is normally Tuesday, Wednesday and Thursday I try to accommodate other demands on my time on other days.

Board and Committee work including Council of Governors takes up 25% of my time. ICB Board, Committees, development days 10%, working with our non-executives individually (appraisals, 1:1s) 10%. Administration takes 25% of my time, with excellent support from Jill Wood, my PA

3. Activity since the June Council of Governors meeting

GRH ward 6B shadowing Erica for National Volunteers week
Evaluation of Health watch
Opening end of life care team conference
CEO interviews
NHS75 tree planting – and meeting apprentices
International nurses conference – welcome
COO / DS&T interviews
Cheltenham Running festival – supporting Glos Hospitals
Trustees of Gloucestershire Eye Therapy Trust
Orthopaedic Consultant interviews
Richard Graham, MP
Alex Chalk, MP
Mortuary visit CGH
Abigail Tomlins
Louisa Hopkins FTSU guardian
Virtual ward
Chedworth Day Surgery Unit
Reverse mentoring

3.1 Visits

Since the last Council of Governors meeting, my visits have included:

- Shadowing Erica, our volunteer on ward 6B GRH during national volunteers' week.
- Visiting Avening chemotherapy unit and shadowing Ainslee, one of their volunteers.
- Visiting the Mortuary at Cheltenham General Hospital
- A walk round with Abigail Tomlins, Chief of Service for Medicine
- Chairs Visit (Ingrid Barker and Gill Morgan) to GRH Eating Disorders

3.2 Ambassadorial roles

- Welcoming the latest cohort of international nurses (2 occasions)
- Opening the Trust's End of Life Care team conference
- Helping to staff our Charity stall and in running/walking in the Cheltenham Running Festival
- Meeting some of our apprentices and tree planting for NHS75
- Meeting and touring our ophthalmology outpatients with Trustees of Gloucestershire Eye Therapy Trust

3.3 Meetings of note

My working life is full of meetings, but of significance since June have been:

- MPs – I try to meet our six MPs individually over the summer recess and have succeeded in meeting Alex Chalk, Richard Graham and Geoffrey Clifton Brown.
- Andrea and I took part in the process to evaluate Healthwatch by its commissioners (Gloucestershire County Council)
- Andrea and I (or in my absence Alison Moon as vice chair) have had meetings with individual governors in response to their concerns or about how we can support them more effectively to make their contribution
- Integrated Care Board – apart from regular meetings with Dame Gill Morgan, the ICB chair I've attended the ICB Board, development sessions and People and OD Committee

3.4 Selection process

This is another important part of my role and since our last meeting I've been very closely involved in the selection processes for our Chief Operating Officer and Director of Strategy and Transformation. I've also chaired Consultant interview panels and am grateful to all my non-executive director colleagues who also chair panels.

As non-executive directors and as Chair of the Trust we are invited to take part in ICB and Gloucestershire Health and Care appointment processes. At present this include the ICB Medical Director role and preparations to appoint a successor to Ingrid Barker as Chair of GHC.

4. Recommendation

Council of Governors is invited to receive this report

Deborah Evans
Chair

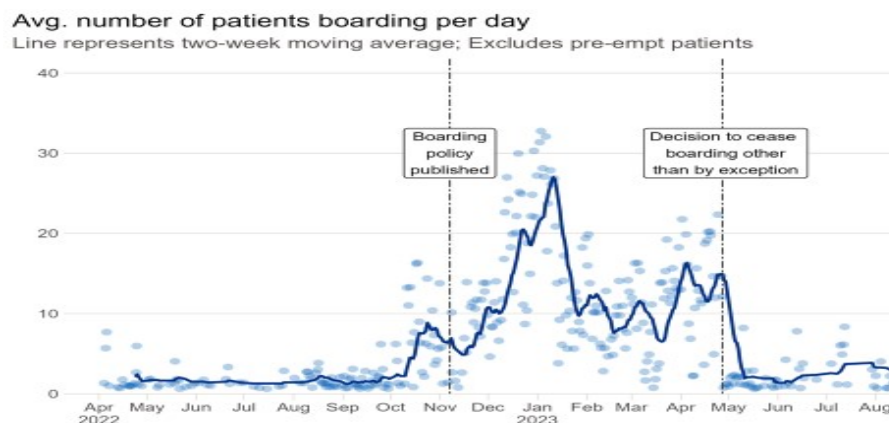
29 August 2023

**CHIEF EXECUTIVE OFFICER’S REPORT TO THE COUNCIL OF GOVERNORS
SEPTEMBER 2023**

1 Operational Context

1.1 The Trust continues on a positive trajectory in respect of operational performance with many of the longstanding performance concerns in urgent and emergency care continuing on a positive trend, including a significant reduction in the number of patients cared for in areas not designated for overnight care, including the Mayhill Day Surgery Unit and the permanent closure of all cohort areas in the GRH Emergency Department.

Inpatient Boarding



1.2 Inevitably, recent industrial action by medical colleagues has introduced a number of operational challenges but our teams and leaders have worked incredibly effectively to maintain safe care. Regrettably, due to high numbers of staff on leave and many staff, most notably consultant colleagues, experiencing significant fatigue we were unable to maintain the same levels of routine planned care as previously. During August we cancelled 571 patients awaiting outpatient appointments and a further 152 patients awaiting an operation. However, the cancellation of patients on a cancer pathway and those who would have waited more than 78 weeks have been kept to an absolute minimum.

1.3 Despite this backdrop, the Trust continues to perform well in respect of elective waiting times and Gloucestershire remains the only system in the South West achieving the national standard of no patients waiting more than 78 weeks. However, it is likely that next month, for the first time since February 2023, we will be reporting three 78-week breaches arising from cancellations related to industrial action. Whilst we continue to plan to achieve the 65-week maximum wait by March 2024 in light of the loss of activity, and predictions of strikes continuing, this now represents a key risk. Currently we have 659 patients waiting more than 65 weeks for treatment, an increase of 11% on the prior period.

1.4 In respect of diagnostic performance for CT / MRI / Ultrasound we are the top performing system nationally out of the 42 ICSs. Delays remain for patients accessing endoscopy and

echocardiography and oversight of their recovery plans remains through the Elective Recovery Board.

- 1.5 The very significant focus on cancer continues with small improvements continuing to be made. The 62 day waiting time standards remains the cause for most concern with the Trust continuing to meet the 2 week-wait and 28-day Faster Diagnosis Standard. The number of patients waiting more than 62 days for treatment following GP referral was 180 at the end of July, compared to 403 at the outset of the year. This represents 7.9% of the total cancer waiting list, an improvement from 14%, against a target of 6%.
- 1.6 As a Trust overall, at the end of June 68% of patients were treated within 62 days of referral against a standard of 85%; nationally the average stands at 59%. Urology and colorectal remain the specialities of most concern although we continue to make improvements.
- 1.7 The number of colorectal patients who have been treated within 62 days from referral has improved from 38.3% in January to 64.4% in July; the national average was 49%. Two factors account for 75% of the residual breaches – diagnostic delays relating to lack of endoscopy capacity and histopathology turnaround times; and patient complexity where an extended pathway is clinically indicated. Histopathology turnaround times to continue to improve and have gone from 30% within 10 days to 55% currently, with further improvement initiatives in hand. Endoscopy capacity has been increased through improved list utilisation from 74% to 86%. Other measures include mandatory qFIT testing (a screening test for bowel cancer) prior to GP referral to reduce the number of referrals necessary via the two-week pathway.
- 1.8 The number of urology patients who have been treated within 62 days has improved from 20.4% in January 2023 to 32.1% in June 2023; the national average was 42%. 65% of all breaches were attributable to delays in accessing a trans-perineal prostate biopsy (LATP) and 15% were attributable to patient complexity. A demand and capacity planning exercise has been undertaken and plans developed to ensure sufficient capacity to meet recurrent demand. This includes the expansion and development of the service footprint at CGH and an innovative initiative to train non-medical practitioners to undertake the biopsy. Whilst LATP capacity is the key issues that will address the bottleneck, other measures in hand include implementation of the *Best Practice Timed Pathway* for prostate cancer and a reduction in the time to first assessment from 14 days to 7 days.

2 Key Highlights

- 2.1 The nation has been horrified by the appalling and heinous crimes committed by Lucy Letby. Our thoughts are first and foremost with the families who have been directly affected by these crimes as well as ensuring staff and families in our care currently are appropriately supported. Whilst waiting for the Inquiry to shed light on the facts of the case and the implications for the NHS and wider, immediate reflections in the leadership team have commenced and Governors will be briefed fully as the NHS and Trust response evolves.
- 2.2 This month the Government announced a rationalisation in the number of Cancer Waiting Time Standards from the current nine to three that focus on diagnosis of cancer within 28 days, commencing treatment with 62 days of a referral and commencing treatment with 31 says after a decision to treat. Whilst these changes will not, of themselves, increase performance it will simplify both the reporting and monitoring of standards, brining a sharper focus on the interventions that have the greatest contribution to outcomes and patient experience.

- 2.3 We continue to make good progress on our buildings and service transformation programme and most notably our ward moves programme. We have now established our single, expanded Acute Medical Unit and early feedback indicates that our commitment to a different approach to engaging and involving staff in the ward moves programme has paid off. The impact on staff morale of working in a fit for purpose unit, with the opportunity to building a team for the future, is already very evident. Feedback from patients and staff from our new day surgery unit at Cheltenham General has been similarly positive.
- 2.4 As we plan for the next annual Staff Survey, progress continues across the Staff Experience Improvement Programme. Notably, The Wellbeing Collective ([The Wellbeing Collective - Wellbeing Collective](#)) have been procured to deliver the 3-year Team and Leadership Development Programme. Their demonstrable success in working alongside organisations, including NHS, to achieve cultural and behavioural improvement is compelling, and aligned with our needs and cultural development principles. They have already begun the design phase, which will be based upon conversations with a range of staff, including members of the Board. A session will be planned for Board members later in Quarter 3 to share the output from the staff conversations, and roll-out of the Leader sessions will be in Quarter 4. Progress is also evident in the Freedom to Speak Up agenda, with an increase in reporting and process being brought into line with guidance from the National Guardian’s Office. Following the Letby case, we have filmed a Vlog to raise awareness about the role of Freedom to Speak Up. A workshop to refine the Discrimination activity has brought focus to the two priority areas – the experience of internationally educated staff and ally-ship – which now has defined activity with a task and finish group working on the performance metrics. The Taskforce also continues to make significant progress across the four work streams: new starter packs; 24-hour food; reward and recognition; and ‘just sort it’ fund. All four groups are on target to deliver by December 2023, and several members of the group are now contributing to the other Staff Experience work streams.
- 2.5 Despite the challenges many of our staff face they continue to find time to be proud of their services and a number of teams have been shortlisted in recent weeks for national awards including the Health Service Journal Race Equality Award for the work we have done in partnership with Gloucestershire Health and Care Trust, sponsored by our hospitals’ charity. The “Community Wellbeing: Reaching Out Together” project works with local communities that experience high levels of health inequalities to overcome barriers in accessing health services.
- 2.6 Within the first 12 months, almost 17,000 local people have been engaged by the community outreach team, including health and wellbeing checks, signposting services, providing information in a range of languages, identifying barriers in accessing care and helping to reduce emergency attendance. Nine outreach workers have been funded by the charity through the project, all from ethnic minority backgrounds who speak languages including Gujarati, Urdu, Malayalam, Tamil, Sinhala and Spanish allowing them to communicate and build strong links with the community in and around Gloucestershire. Particular recognition goes to colleague Juwairiyia Motala who has been instrumental in this success.
- 2.7 Congratulations also go the GloStars Team who have been shortlisted for two separate awards for their work supporting newly qualified nurses, many of whom were leaving their roles in their first year, before this programme was introduced. They have been shortlisted for the RCN Workforce Initiative of the Year and the Nursing Times Awards in the Staff Wellbeing Initiative category. Finally, congratulations to our Home Enteral Feeding Team, who not only won the

Trust Green Team Competition earlier this year but have also been shortlisted in the HSI Sustainability Awards for their project to eliminate single use plastics from their service.

- 2.8 Sticking with the theme of success, I was absolutely delighted that this year we received a record number of nominations from colleagues and members of the public for this year's annual Staff Awards. More than 50 teams and individuals have been shortlisted for 14 different awards by a panel of judges which included members of the Board and our Council of Governors. Each and every shortlisted nomination was worthy of being a winner and as a panel member, we really had our work cut out. The awards ceremony is due to take place over two nights on 8th and 9th of November 2023, at Hatherley Manor. Following last year's success, the event will also be livestreamed to enable colleagues to join in the celebrations whether at work or at home.
- 2.9 We are gearing up for a slightly earlier launch of this year's National Staff Survey on September 20th. This will afford staff a little more time to submit their responses and we are hopeful of achieving our goal of more than 60% of staff submitting a response. We will be running drop in sessions around the organisation to enable staff who do not have easy access to emails to complete their survey and, reflecting last year's feedback from many staff who told us that they complete the survey in their own time, the survey provider will be issuing staff with a £5 voucher by way of a thank you.
- 2.10 Finally, I am delighted to announce that we have appointed a substantive Chief Operating Officer Alan Sheward. Al joins us from Great Western Hospital, Swindon where he is currently Deputy Chief Operating Officer and will take up post on the 11th December. Al brings a wealth of experience having undertaken both COO, Chief Nurse and Integrated Care System roles previously. Unfortunately, we were unable to appoint to the Director of Strategy and Transformation role and will be going back out to advert in early September. In the meantime, I am grateful to Ian Quinnell for agreeing to extend his period of acting up in to the role.

3. Reflections Post Letby

- 3.1 The nation has been horrified by the appalling and heinous crimes committed by neonatal nurse Lucy Letby. Our thoughts first and foremost, are with the families who have been directly affected by what the judge referred to as a "cruel, calculated and cynical campaign of child murder". Similarly, many of us have spent recent days reflecting on the potential widespread damage done to the relationship based on the trust between patients, families and healthcare professionals. As a senior manager, I have devoted considerable time to reflecting on the question "could this happen here?".
- 3.2 My immediate concerns have been the impact of these acts for colleagues working in our neonatal unit and the families and babies in their care. I visited the unit a few days after the full extent of what had happened came into the public domain, to try to better understand the impact on them and their families and, importantly, to gauge what additional support they may require. It was a sobering discussion to hear them describe their emotions which ranged from the very deep empathy that they are uniquely placed to feel, given the journeys they travel with parents, through to their anger that one individual has put at risk the basis of trust that underpins their relationships with families and each other. They are clearly a strong team, with strong leadership, supporting each other. I was reassured by the support available to them and the parents in the unit including the dedicated unit psychologist who joined me on my visit— this is a pilot post funded in response to the Ockenden Review which has more than proved its worth in the first few months it has been in place. I am also aware, however, that this kind of resource

is not typical and, as the ramifications of Letby begin to be felt beyond neonatal services, we will need to examine the way in which we support all staff.

- 3.3 One of themes that we explored as part of the visit, was the approach to families. Some colleagues expressed surprise that parents had not raised the issue, some describing it as “the elephant in the room”. Others took comfort from this situation believing it was reflective of the confidence families have in the professionals looking after their babies. With input from the Maternity Voices Partnership, we have provided all parents on the unit with a letter stressing the importance we place on ensuring the safety and quality of our services, reassuring them about our outcomes and encouraging them to discuss any concerns they may have with a member of the team or the unit psychologist. Initial feedback is that this has been well-received.
- 3.4 One of the threads running through this case relates to the processes designed to support staff to raise their concerns. Following feedback through the annual Staff Survey and insights from the Care Quality Commission (CQC), both of whom reflected that staff did not always feel able or safe to speak up, we have considerably strengthened our approach in this regard. We are wholly committed to creating a culture where staff feel able to openly raise their concerns with the clear expectation that they will be listened to, their concerns taken seriously and acted upon when necessary. However, culture change takes time and with this context, we have paid considerable attention to ensuring all staff understand how they can raise their concerns confidentially through our Freedom To Speak Up (FSUP) routes. The following sets out some of the ways in which we have further strengthened our local FSUP approach and processes in the last year:
- The appointment of a full-time, experienced Lead Guardian with a track record of success in this area
 - Ensuring staff are fully aware of the highly confidential nature of the service
 - Creating a feedback and follow-up loop whereby the Guardian follows up and ensures that action has been taken and that the colleague raising the concern is satisfied their concern has been listened and responded to
 - Ensuring staff are aware of the routes for escalation if they remain concerned that they have not been listened to and/or their concerns acted upon. This includes access to any leader in the organisation in order to effectively escalate, support to access a non-executive director of the Board and signposting to external speaking up resources.
 - Targeted promotion and signposting of the service to groups who have used the service less frequently with investment into the Freedom to Speak up Team to address gaps.
 - Tracking themes and trends, providing feedback at Board, Divisional and corporate levels with an emphasis on learning and improvement
 - A monthly meeting between the Lead Guardian and Chief Executive to explore themes (not specifics) arising from those who have contacted the service the purpose being, should the FTSU Guardian meet barriers in the organisation around speaking up, these are addressed
- 3.5 Whilst creating an environment where staff feel able to speak up is an important theme arising from the situation, we must also acknowledge that staff in the service were raising their concerns but, based on the facts as they are currently understood, it appears that their concerns were not taken seriously and/or not acted upon by senior managers in the Trust. Potentially, therefore, not only has this case undermined the trust between patients and their care givers but between clinicians and senior managers.
- 3.6 This has prompted discussions as to whether senior managers are accountable in the same way as their clinical counterparts and whether they should be subject to regulation with a professional body. There is an important distinction to be drawn between regulation and

accountability. As an NHS Chief Executive Officer, I am accountable to the Board for my decisions and actions; beyond the Board, I am the accountable officer in respect of any adverse findings arising from the Care Quality Commission (CQC) and Health & Safety Executive (HSE) with the ultimate sanction of criminal proceedings being brought about. All Board Directors are bound by the Seven Nolan Principles of Public Life and required to be assessed and fulfil the requirements of the Fit and Proper Persons Test (FPPT), which have been recently strengthened following publication of the Kark Review.

3.7 However, this is not the same as regulation and many managers have welcomed the recent announcement by NHS England's Chief Executive to revisit again the question of regulation of NHS managers, particularly if this goes some way to restoring the loss of trust and confidence between NHS managers and their clinical colleagues. We also have an opportunity through our recent investment in a three-year programme to support multidisciplinary team, to ensure that as part of this work we recognise the value of healthy inter-professional relationships.

3.8 One of the important issues that the independent review will undoubtedly examine will be why there was not more awareness of and/or action taken, in response to the apparent marked increase in neonatal deaths at the Countess of Chester Hospital. For our own unit, the following opportunities to detect and investigate causes for concern are summarised below:

- Every neonatal death >22 weeks gestation is reviewed at the service line clinical governance meeting using the Perinatal Mortality Review Tool. The outputs from these individual reviews are reported to the Trust Hospital Mortality Group, Divisional Quality Board and onwards to the Quality & Performance Committee if concerns are identified.
- Any death or clinical incident where there are concerns about care, are immediately reviewed to ensure we do not miss the opportunity to establish early learning points and immediate actions we may wish to take. One of the issues that Letby gives rise to is the importance of paying attention to "near misses" and untoward incidents.
- Every neonatal death >37 weeks is referred to the Healthcare Safety Investigation Branch (HSIB) for investigation and if not taken forward by HSIB (or parental consent not granted) are investigated under our own local Serious Incident Policy
- All neonatal deaths are reported to the Local Maternity and Neonatal System (LMNS) and reviewed in the ICB Perinatal Quality and Safety Group. The Gloucestershire Maternity and Neonatal Voices Partnership are members of the LMNS, representing the lay voice.
- All neonatal deaths are reported to and subject to scrutiny by the independent Gloucestershire Child Death Overview Panel overseen by the countywide Safeguarding Children's Partnership and are included in their Annual Report.
- All neonatal deaths are reported to the National Child Mortality Database which results in the collation of deaths throughout England (at unit level) and enables the monitoring of deaths in the context of national norms over a rolling four-year period. The latest report April 2019 to March 2023 demonstrates a mortality rate for Gloucestershire in line with national averages. This report is sent to every Integrated Care Board (ICB) and subject to scrutiny by the LMNS and Regional Team.
- In January 2021 MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) published its report *Improving Mothers' Care 2020: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity*. The service has embraced the recommendations arising from this report including the implementation of the Perinatal Mortality Review Tool (PMRT).

3.9 Beyond neonates and children, we have similar processes using the national methodology of Structured Judgment Reviews (SJR) alongside the recent introduction of the Medical Examiner

role, whose responsibility it is to ensure that cause of death is accurately recorded and to identify any concerns that may have caused or contributed to a patient's death. Again, through our Hospital Mortality Group, we have the opportunity to review and scrutinise mortality at Trust and service line level.

- 3.10 Finally, there is a risk that as the pendulum swings to establishing additional systems of governance and scrutiny that aim to ensure such events could not happen again, that we lose sight of the importance of our overarching goal to ensure we become a learning organisation, with quality improvement at its heart. There is a risk of a tension between systems, processes and importantly cultures designed to enable staff to embrace reflection, curiosity and learning, and those designed with an emphasis to monitor, report and investigate. I am confident with the advent of changes such as the new Patient Safety Incident Response Framework (PSIRF) where the emphasis on learning is at the heart of this new methodology, our successful Gloucestershire Safety and Quality Improvement Academy alongside our ongoing review of our internal governance, that we can navigate these potential tensions and build a safety management system that brings the best of both worlds to ensure the very best outcomes for patients and families in our care. We are continuing to review our approach as a result of this case pending more formal consideration of the issues later.

Deborah Lee
Chief Executive Officer

1 September 2023

Report to Council of Governors			
Date		12 September 2023	
Title		Draft Membership Strategy	
Author /Sponsoring Director/Presenter		<p>Author: James Brown Director of Engagement, Involvement & Communications.</p> <p>Sponsors: Deborah Evans, Chair, Andrea Holder, Lead Governor, and Mike Ellis, Deputy Lead Governor</p>	
Purpose of Report			Tick all that apply ✓
To provide assurance	<input 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 type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Summary of Report			
<p>Purpose</p> <ul style="list-style-type: none"> To present to CoG the final draft of our Membership Strategy. The Membership Strategy is a key requirement as a Foundation Trust – and our existing Strategy is out of date. Membership is a key milestone within of the Engagement & Involvement Strategy <p>Key issues to note</p> <ul style="list-style-type: none"> The strategy is for a two-year period, to keep pace and ensure the key basic foundations are embedded. The themes from the CoG workshop, and initial public engagement, shaped the four objectives: <ul style="list-style-type: none"> Increase membership of the Trust that is representative of our diverse communities; Support the Council of Governors to be reflective and representative of our diverse communities; To improve the quality of engagement and communication with members; To keep accurate and informative databases of members and tools to engage with people. Draft strategy shared with Members via Newsletter for feedback An action plan will be added to the final version of the Membership Strategy aligned to the objectives Following review, the final Membership Strategy will come be taken to the 12 October Council of Governors meeting for formal approval and publication. 			
Risks or Concerns			
None			
Financial Implications			
None			

Approved by: Director of Finance / Director of Operational Finance	Date:
Recommendation	
<ul style="list-style-type: none">• That Council of Governors review the draft strategy.• Provide feedback and comments – and any areas for development.	
Enclosures	
Draft Membership Strategy	

DRAFT

Membership Strategy 2023-25

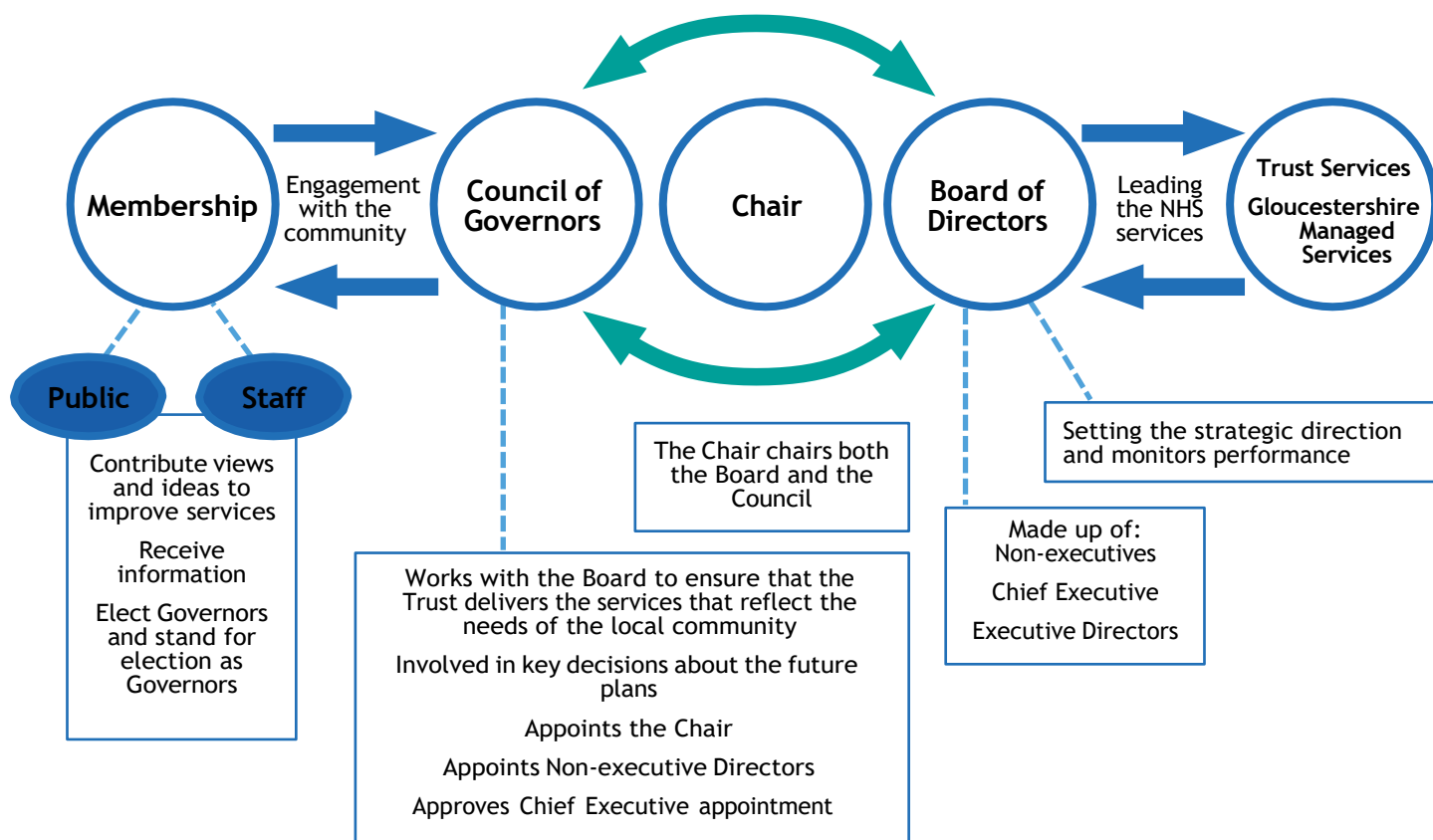
1. Introduction

As a Foundation Trust we are accountable to our local communities, our patients and staff, and enables us to listen to what matters most to people in our decision-making.

We do this by encouraging people to become a Trust ‘member’ which provides a range of benefits, but importantly ensures that people have a say in how services will be designed and delivered. In addition, members can elect Trust Governors, who perform a vital role in holding non-executive Board members to account for the performance of the Board. Members can stand for election to become a Governor.

It is important that we have an involved, informed, and representative membership, ensuring we continue to listen and respond to the needs of the community in delivering the best care and services.

The way in which membership and governors influence the Trust is illustrated through the diagram below (adapted from NHS Providers):



2. Developing a membership strategy

The overall picture for the NHS emerging from the COVID-19 pandemic is one of change, with continuing operational and financial pressures. This means we must be creative in how we strengthen and engage with our membership. We must also ensure that our membership and Governors, are representative of the diverse communities we serve across the county.

Despite the deep and lasting impact of the pandemic, the Trust and partners continued to successfully complete an ambitious programme of public engagement and consultation on our Fit for the Future Programme and our Centres of Excellence vision for our hospitals.

Health provision continues to evolve and it is essential that local people are directly involved in developing new models of care and in understanding any changes, and our membership remains an important part of that work.

There is strong collaboration across the One Gloucestershire health and care system, including working with partners in the voluntary and community sector, to ensure local people are involved in shaping health services and have opportunities to share their experiences.

The joined-up system working also gives rise to future opportunities in developing different, potentially shared, models of membership. As a result, this strategy will only cover the next two years.

This strategy therefore seeks to:

- Underline the Trust's commitment to membership
- Outline our vision for the next two years
- Understand our current membership picture and the challenges
- Identify actions to ensure we meet the challenges.

This strategy was codesigned with Governors and Trust staff who were part of a workshop on 8 June 2023. It has also been shaped through engagement with members of the public at events over the summer and our Young Influencers Group.

It also draws on the FT Code of Governance and best practice identified nationally.

3. Why does membership matter?

Our strategy sets out our vision and commitment for engaging and involving our Foundation Trust members, Governors and, with them, our communities. Their involvement is important in helping us to be a great place to work and receive care.

Membership helps to give local people across Gloucestershire a voice in shaping health and care and building our plans for the future.

Our vision is to develop a representative membership that means something to local people so they can be actively engaged in shaping services and how we work. Our work with members should enable people to better understand what we do, understand what matters to them and build confidence in our work. Over the next two years, we want to improve how we engage and involve members, and ensure that we reflect the diversity of our amazing communities.

3.1 What is an NHS Foundation Trust?

NHS Foundation Trusts were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.

3.2 What makes NHS Foundation Trusts different from NHS trusts?

As a Foundation Trust we are not directed by Government so have greater freedom to decide, with our governors and members, our own strategy and the way services are run.

We can also retain our financial surpluses and borrow to invest in new and improved services for patients and service users. This enables us to invest directly in the care of our patients.

Importantly, this means that as a Trust we are accountable to:

- our local communities through our Members and Governors
- our commissioners who contract our services on behalf of the community
- Parliament (every Foundation Trust must lay its annual report and accounts before Parliament)
- the Care Quality Commission (through the legal requirement to register and meet the associated standards for the quality of care provided); and
- NHS England.

As a Foundation Trust we can be responsive to the needs of our local communities. One way that we achieve this is by recruiting Trust members, who are represented by governors. Members of the trust elect the Council of Governors to represent their views. Governors then work with the Trust's board of directors to agree the future plans of the organisation, which take into account the needs and wishes of the local community.

Governors also have the duty to appoint the Trust's chairperson and non-executive directors.

3.3 Who can be a member?

Anyone over the age of 16 and living in Gloucestershire can become a member. Our Members are made up of our staff, our patients and the public, most of whom have a general interest in supporting their local NHS services or who may bring specific experiences about a condition or service. Members help the Trust develop services to meet the needs of the people we serve.

Members are represented by a Council of Governors comprising elected public and staff members (who are elected by members), together with representatives of partner organisations, local authorities and Commissioners in the local community.

3.4 Our Council of Governors

A driving force behind our Trust is the active involvement of members of the public, patients and staff through our Council of Governors. Our governors represent the views and interests of Trust members and the local community, to ensure our Trust is rooted in its community needs and the things that matter most to our staff.

Governors are responsible for holding the Non-executive Directors, individually and collectively, to account for the performance of the Board of Directors, and for representing Trust members. Governors are members who stand to be elected or are appointed.

3.5 Our Public Governors

Public Governors have a primary responsibility to represent the interests of the members who elected them as well as their local constituent communities. We have 13 Public Governors and they provide an important link between the hospital and the local community, enabling us to gather views from local people and to feedback what is happening within the Trust.

Public Governors are made up of two elected individuals from each of the six districts and one from 'out of county' (which represents those who use our services from outside of Gloucestershire). They reflect members' interests and work on their behalf to improve health services for the future. By passing on ideas and suggestions Members also can help Governors carry out their role effectively.

3.6 Our Staff Governors

Staff Governors have the same role as Public Governors and are elected to represent the members of the staff constituency, as well as the wider membership and local communities. Staff Governors represent four key groups: allied healthcare professionals; medical and dental staff; nursing and midwifery; other and non-clinical staff.

As employees of the trust, Staff Governors bring a unique understanding of the issues faced by an NHS Foundation Trust, which they should seek to use in representing their members' interests and holding the non-executive directors to account for the performance of the board.

3.7 Our Appointed Governors

The Trust has four Appointed Governors who bring a wide range of experience in representing the views from their appointing organisations, which for Gloucestershire include: NHS Gloucestershire Integrated Care Board; Gloucestershire County Council; Healthwatch Gloucestershire; and Age UK Gloucestershire.

4. Why become a member?

The core benefit of becoming a member is to have a voice, helping to shape the way services are provided, contribute to the future direction of the organisation, and ensure the Trust is responsive to the needs of local people and communities. Alongside this, membership provides opportunities to show support for the Trust and its work.

Becoming a member gives the opportunity to learn more about what we do and to be involved in shaping services and sharing your views. As a member you will:

- Be part of a community interested in the development of health and care services across Gloucestershire;
- Be kept up to date about our plans for the future and give us your views and opinions;
- Be invited to events and Annual Members Meeting;
- Receive a quarterly newsletter, keeping you up to date with news and developments;
- All members aged 16 or over are able to stand as a Governor or vote for a Governor;
- Learn about volunteering opportunities and other ways you can get involved;
- Benefit from discounts on many purchases through Health Service Discounts.

5. Our membership objectives 2023-2025

Gloucestershire Hospitals has been an NHS Foundation Trust since 2004 and we have a combined public and staff membership of around 12,000 members.

Our vision is to develop a more representative membership that means something to local people so they can be actively engaged in shaping services and how we work. Over the next two years, we want to improve how we engage and involve members, and ensure that we reflect the diversity of our amazing communities.

To achieve this vision, our strategy for 2023-2025 sets out four core aims:

1. Develop a membership that is representative of our diverse communities;
2. Support the Council of Governors to be reflective and representative of our diverse communities;
3. To improve the quality of engagement and communication with members;
4. To keep accurate and informative databases of members and tools to engage with people.

5.1. Increase membership of the Trust that is representative of our diverse communities;

We recognise that the value of membership lies in the quality of engagement, not solely in the numbers.

We want to organically build and recruit members from our six districts to ensure that it is representative of our diverse communities, and in turn enables wider representation on our Council of Governors.

To achieve this, we will:

- **Simplify the process for becoming a member**
We will make the process of applying simpler, more accessible and well publicised, including promoting the use of our online membership application form.
- **Proactively engage areas with low membership and demographic gaps**
We will use our database to understand where we have low representation and which demographic groups are also underrepresented.
- **Develop targeted campaigns to recruit members from under-represented areas**
We will work with partner organisations to explore and develop new ways of promoting membership to those who may not have considered becoming a member.
- **Promote membership opportunities to younger people in our community**
We will work with partner organisations to encourage membership from young people, and enable them to get involved in a wide range of ways with the Trust.
- **Refresh the membership pages on the Trust's website**
We will improve our webpages and link to our 'Get Involved' section to ensure information is engaging and appealing, with links to newsletters and event details. This will include making it clearer to public and staff members how they can get in touch with Governors.
- **Post regular messages on social media**
We will post regular information about membership, and information, news and links which our members will find useful.
- **Promote more clearly the benefits of membership**
We will re-define how we promote the benefits of membership, and explore the language we use to describe what membership means, to make it more relevant to our communities.
- **Refresh our membership recruitment material**
We will review our recruitment material to make this more impactful and engaging. This will include developing new membership posters, postcards and other materials to assist in recruiting new members.
- **Develop a schedule of community events**
We will build into our engagement programme attendance at a wide range of events to promote membership and encourage people to sign up. This will be targeted to key areas where uptake can be strengthened.

5.2. Increase the diversity of our Council of Governors

We need to work with the Council of Governors to ensure they are representative and reflective of the diverse communities we serve.

Where some groups are less well represented, we will try new ways of engaging with them to encourage them to become members and stand for election. This includes many of our seldom heard communities and young people.

- **Proactively engage members to stand for election**
We will use the membership engagement programme to listen and enable individuals to stand for election, in particular from seldom heard groups and young people.
- **Promote how to become a Governor to younger people**
We will work with our Young Influencers and partner organisations to encourage young people to stand for Governor.
- **Support training and development for Governors**
Ensure extensive training and support is available for Governors to ensure they are empowered and successful in the role.
- **Refresh the Governor pages on the website**
We will improve our Governor webpages, sharing the role and importance of the Council of Governors. This will include simplifying how people can get in touch with Governors.

Our Council of Governor constituent areas



5.3 To improve the quality of engagement and communication with members

We aim to build our membership organically, ensuring we are representative of the communities we serve, and we recognise that we want a more engaged and active membership rather than a large but passive one. Improving the quality of our engagement with our members is therefore a key priority.

We want to create real two-way engagement between the Trust and its members and provide meaningful opportunities for members to engage in issues. Members should feel involved in the organisation and supported to add value to the Trust. It will also help us to support our Governors in representing the interests of members and the public.

By 2025, we want to develop a partnership culture between members, Governors and the Trust to ensure more effective relationships in shaping decision-making.

- **Refresh existing communication channels with members**

We will improve how we communicate and engage with our members in order to provide the information that members want in an accessible way. This will include the systems and tools used to manage communication.

We will use a range of different channels to target different groups; create an ongoing dialogue with members; provide opportunities for information sharing, discussion, and feedback from members; and celebrate Trust achievements so that members can share in this success.

- **Promote the work of Governors**

We will promote ways for members to get in touch with Governors, make the process simpler, so that ideas and issues can be shared. We will improve how we feedback on issues Governors have raised on members' behalf.

- **Explore alternative newsletter tools**

The Trust currently sends a quarterly newsletter electronically to members. However, the technology and system is now out of date and difficult to use, impacting on the quality and analysis of what people find of most interest. We will work with the Trust Charity and Communication Team to identify other options, including the potential to adopt the system they use, which would boost in-house training resources and save costs.

- **Build partnership engagement**

We will work with voluntary and community partners to increase our reach in sharing information, news and how people can get involved in working with the Trust, including membership.

- **Develop a programme of community engagement events**

We will develop a schedule of community engagement where the Trust will be present or leading, with support from Governors, so that members and the public have a range of opportunities to get involved where they live, and engage directly with their elected Governors.

- **Improve opportunities for members to give their views**

We will strengthen the ways members can engage with the Trust, for example through participation in events, community focus groups and surveys.

5.4. To keep accurate and informative databases of members and tools to engage with people.

The Trust uses a membership database, which holds a range of contact and demographic information for all members, in line with data protection legislation. However, an opportunity may be to work with the Trust Charity in adopting the same database system they use, which also could enable capture of other ways to communicate and engage with members (such as mobile telephone numbers).

- **Explore alternative database systems**

The Trust has a third-party database, which is costly and is difficult to use. It also only has limited functionality, meaning alternative ways of communicating with members and Governors is not available (i.e. such as SMS).

We would work to identify other options, including where systems are already in place within the Trust, which could boost in-house training resources and save costs.

- **Maintain an accurate membership database**

Our membership records need to be up to-date and meet regulatory requirements, but we also rely on this to identify which groups may be underrepresented or to identify trends in membership. The database will help us target recruitment initiatives to best effect and be linked to the trust website.

6. Delivering the strategy and evaluating success

Through this strategy, we want to change and improve our engagement with members and we recognise the importance of measuring its impact and evaluating its success.

6.1 Implementation

We will develop an action plan which will set out the steps we will take each year to deliver the strategy. The action plan will evolve and develop as the strategy is implemented and we learn more from what local people tell us they need.

We will take a phased approach over two years to deliver the strategy, with the first year focused on refreshing existing systems and processes as well as developing the plans for our community engagement.

6.2 Evaluating success

The Council of Governors is responsible for the delivery of the strategy, and Governors will take an active role in monitoring the implementation and regular reports will be made to the Council on progress. There should also be a process to evaluate how Governors engage with communities.

The principal ways in which we will assess the success of the strategy will include:

Reviewing the Trust's Membership

We will conduct a biannual review of the profile of the Trust's public membership to identify any under-represented groups.

This will help us to understand whether our targeted recruitment campaigns have been successful and whether we are succeeding in ensuring our membership is reflective of the diversity of our communities.

The reviews will look at the following factors:

- Demographics: This includes age, gender, race, ethnicity, socioeconomic status, and geographic location.
- Interests: This includes the types of activities that members are interested in, such as volunteering, advocacy, and specific service or health areas.
- Engagement levels: This includes how often members attend events, participate in discussions, and contact the Trust.

The results of the analysis will be used to make our changes work, and we will also use the information to help support diversity and inclusion across our membership.

Measuring Involvement

To ensure that our efforts to promote a more active and involved public and staff membership have been successful, we will regularly measure the following metrics:

- Readership of the membership newsletter: Track the number of members who open and read the newsletter, as well as the clicks on links within the newsletter and the content;
- Attendance at engagement events: We will track the number of members who attend our engagement events, as well as the level of participation in discussions and activities.
- Issues that members have responded to: We will track the number of times members have contacted us about specific issues, as well as the nature of their concerns.
- Surveys of all members: We will conduct regular surveys of all members to assess their views on our work and their level of involvement, and engagement with Governors.

This data will help us to understand how well we are connecting with members and to identify areas where we can improve.

Measuring Impact

Our annual Engagement and Involvement Review includes a key focus on membership and governor engagement. However, we also need to understand and evaluate the wider impact of our membership work.

This includes how we recruit and retain a representative membership, which is reflected in the make-up of the Council of Governors. We also need to demonstrate what has changed within the Trust as a result of members' views and activities.

To do this, we will use a variety of methods, including:

- Surveys: We can survey members to gauge their satisfaction with the Trust's engagement work and to identify areas where we can improve;
- Data analysis: We will analyse data on membership demographics, engagement levels, and satisfaction levels to identify trends and patterns.

This information will help us to understand the impact of our membership work and to make changes to ensure that it is meeting the needs of our members.

KEY ISSUES AND ASSURANCE REPORT
Audit and Assurance Committee, 25 July 2023

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
External Audit Progress Report	The annual report and accounts had been finalised and submitted. There remained some Value for Money work to review, however the audit would be certified as fully completed by the end of the week. GMS audit continued, with financial statement process and accounts review outstanding. There had been a delay in charity audit work due to capacity issues in the Deloitte team.	A lessons learned process would be undertaken to develop a detailed audit plan with clear timescales and outcomes.
Risk Assurance Report	The risk management process was discussed in detail, particularly the algorithm and process used to ensure emerging risks were flagged to Committees, and streamline the number of risks raised at Board level to key risks with appropriate qualitative information. The implementation of the Patient Safety Incident Response Framework would strengthen the overall process.	A GMS risk assurance system was under review to ensure compliance with the ten HTM standards.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Internal Audit	<p>Progress Report</p> <p>The Committee noted that the Workforce Planning internal audit review was in draft. Reviews into Payroll, Allied Health Professionals, and divisional governance would be scheduled in.</p> <p>Follow Up Report</p> <p>Six recommendations remained overdue, reflecting a significant improvement in closure of outstanding follow ups. A new process had been established with increased executive oversight and management of follow up recommendations by the Trust Secretary.</p>	The Committee was assured by the improvement in engagement with internal audit, and was encouraged by the process in place to ensure this continued.
GMS Report	The 2022/23 audit was ongoing, with no material concerns raised, although progress and completion remained unclear. An internal audit review on Staff Engagement was currently in draft and awaiting management response.	Internal auditors had been engaged in a best practice modelling piece for GMS governance; this would be shared with the Board of Directors as part of August's development session.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
Counter Fraud Report	<p>Key points were noted:</p> <ul style="list-style-type: none"> The annual report for 22/23 showed an overall green rating, with an amber rating for conflicts of interest and gifts and hospitality, and a red rating for fraud, bribery and corruption risk assessment. Improvements on risk assessments were noted, and it was anticipated this would be rating amber during 23/24. The Trust induction process would incorporate information on secondary employment to ensure new staff were aware of the implications. <p>Declarations of Interest Process</p> <p>Assurance was provided on the plan to increase compliance with declaration of interest processes throughout the organisation, including increased use of ESR, appraisals and revalidation processes</p>	Internal recruitment controls would be reviewed following themes identified on recent investigations into the use of fake references.

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.

	to ensure all interests, secondary employment, private practice and gifts and hospitality were recorded and regularly updated. A counter fraud exercise would be undertaken in September to determine current compliance.	The Committee was pleased to note the progress made on the DOI process.
Losses and Compensations Report	The Committee noted ex-gratia payments totalling £4,233.97 and approved the write off of 143 invoices. Six ex-gratia payments had been made to patients for property lost on wards.	None.
Single Tender Actions Report	Four waivers were processed during the reporting period, with a value of £25,000. The total value of single tender actions was £384,219.	None.
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
No significant changes noted.		

KEY ISSUES AND ASSURANCE REPORT

Finance and Resources Committee, 27 July 2023

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
None		

Items rated Amber

Item	Rationale for rating	Actions/Outcome
GMS Key Issues and Assurance Report	All KPIs not being met had been reviewed; plans and actions were in place for all areas. Work continued to close water related actions and cleaning standards were being met in high-risk areas. Recruitment and retention remained challenging.	There was additional focus on Recruitment and Retention and an update would be brought to this Committee in October
Financial Performance Report	At M3, the Trust was reporting a deficit of £7,831k; £884k adverse to plan. The drivers included industrial action. The Financial Sustainability Plan (FSP) target for the Trust was £34.7m. and year-to-date (YTD) the programme had delivered £6.5m of savings (£5.9m recurrent; £0.6m non-recurrent). The programme was slightly ahead of plan by £0.4m. Forecast outturn for 23/24 was £27.5m deficit unmitigated, reducing to £21.8m deficit after mitigations.	Work was taking place to understand and improve the position. 'Grip and control' meetings were taking place with the main focus was on emergency care, including temporary staffing. Conversations were taking place with NHSE.
Medium Term Financial Plan	NHSE required systems to produce a MTFP covering three years (with the first year being 2023/24). An initial plan was required in early September to show how systems would reach financial balance for 2024/25, a subsequent plan would be required later in the year to demonstrate how recurrent balance would be delivered. The Trust had built on the existing MTFP which showed an exit underlying position of £37m deficit and this was expected to grow to £69m. The Trust was modelling the impact of national tariff and inflation assumptions and the impact was c£20m per annum cost pressure (2.5% of annual spend). If no action was taken there would be an underlying deficit of £107m at the end of 2025/26. The Committee was concerned about the underlying financial balance.	Two workshops would be held in August to look at the underlying position and potential options; work was taking place across the Trust. An update to be provided to Board in September. As this was after the submission date to NHSE, a briefing would be shared in advance, along with an update to FRC in August. A Board meeting would be arranged if required.
Financial Sustainability Report	In M3, YTD performance was better than plan by £0.4m and for 23-24, green and amber rated scheme values were improving. The overall programme showed £10.9m of red schemes and although there had been an improvement there was still work to do.	Divisions were working on mitigations to assure delivery against plan. Focus continued around de-risking the 23/24 programme, and working with Trust and system partners to continue to find ways to generate efficiencies. A new governance process was being put into place.
Capital Programme Report	At M3, additional NHSE funding of £2.2m had been approved to support ERCP and CT Scanner projects. Expected in-year donations of £0.5m included in the Plan were yet to be secured, resulting in a current funded programme of £57.5m. YTD excluding IFRS16 capital, the Trust had goods delivered, works done or services received to the value of £10m, against a planned spend of £13.9m. This left £45.8m of non-IFRS16 capital to deliver in 23-24. In month, excluding IFRS16, the Trust	A graph comparing this year to last year would be provided in the next report. A 5-year plan would be provided at the August meeting.

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.

	delivered £2.7m against a forecast spend of £4.1m. An £8.0m increase in relation to IFRS16 capital had been reported within the forecast.	
Contract Management Group Overview Report	KPIs around the National Cleaning Standards and the Pseudomonas incident were noted. There were a number of outstanding actions related to the pseudomonas incident and work in progress was noted. Fire risk assessments had improved and a successful evacuation from theatres was noted. One health and safety incident was noted; no harm occurred.	KPIs were being progressed and were due to be signed off at the next Contract Management Group meeting.
GSSD Programme Status Update	At M24, the programme was forecast to overspend by £1.744M (4%) vs. programme budget of £44.5M, cost drivers behind this were noted.	An additional £1m was included within the 23/24 Estates Capital provision; mitigations for the remaining £744k were noted. Good engagement was taking place, digital schemes and areas of lower risk would be revisited, and it was anticipated that options would be available in the next two weeks. The overspend had been reported to the region.
Corporate Agency and Vacancy Review	Budget managers had reviewed establishment data, with a particular focus on any agency used and long-standing vacancies. This found that 19 (head count) admin & clerical and senior management agency staff were deployed at the Trust as at the end of June 2023, with potentially 7 agency staff due to leave during July; no other agency staff were due to commence a contract (as at the review date).	Further analysis of findings and a 'deep-dive' to designated areas would take place. The Committee received some assurance that there is a robust process in place for agency reviews. More work is required to understand the drivers and developing action plans to address the continued overspend on agency.
Estates Risk Register	There were 6 high scoring risks currently on the Risk Register. There were no new risks opened and no risks closed for this time period.	All risks now had a single domain reported on the register. The Trust's move to Cloud would be discussed to agree how that risk should be expressed.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
Reserved Matters	The Reserved Matters had been reviewed, streamlined and updated. This would give GMS authority to enter into contracts up to £1m. Strict governance arrangements would remain.	The Reserved Matters were APPROVED, subject to the addition that contracts must be made through a compliant route.
GMS Terms of Reference	The ToR for GMS would take effect from the start date of the newly appointed GMS Independent NEDs. The Quorum had been amended and named executives had been removed to allow for some flexibility.	The GMS Board Terms of Reference were APPROVED, with effect from the date of appointment of the three independent non-executive directors.

Items not Rated

NHS England Productivity Tool and its use in GHFT	CGH Electrical Incident Update – item deferred to the next meeting	Sustainability Annual Report 2022-23
HFMA Internal Audit Follow-up	Annual Review of Estates Return Information Collection (ERIC)	

Business Cases and Investments

Case	Comments	Approval	Actions
Orthotics Tender	A robust Mini-competition was undertaken. The outcome demonstrated best value to the Trust for the delivery of the proposed contract. The process was fully compliant with Public Contract Regulations (PCR 2015), met the needs of the service and represented value for money.	APPROVED	The committee APPROVED the award of the contract to Bidder 4.
Tower block wards 2023	GMS asked for approval to place an order with	APPROVED	The Committee gave APPROVAL for

Refurbishment	King Builders to enable the partial refurbishment of 6 wards in the GRH tower block in support of the Ward Moves programme.		an order to be placed with King Builders to enable the partial refurbishment of 6 wards in the GRH tower block in support of the Ward Moves programme. The value of the order was £463,896.38 plus 10% contingency = £510,000.
GRH ED CT Scanner Installation	Authorisation was requested for GMS to place an order with Canon Medical Systems Ltd. to enable the installation of the new CT scanner, funding for which was approved in the last month.	APPROVED	The Committee gave APPROVAL for an order to be placed with Canon Medical Systems to enable the installation of the new CT scanner. The value of the work was noted at £356,586 plus 20% contingency = £430,000 to enable the installation of the new CT scanner, funding for which was approved in the last month.
Impact on Board Assurance Framework (BAF)			
The Finance BAF was noted. The Estates BAF had been reviewed and updated and an updated version would be provided at the October meeting.			

KEY ISSUES AND ASSURANCE REPORT

People and Organisational Development Committee, 27 June 2023

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
Staff Survey Feedback	Following the publication of the staff survey results, a letter had been issued to all staff to ask for feedback on the one key change that staff want to see to improve their experience at the Trust. Key themes from the feedback received related to culture and line manager behaviour, and the boarding process.	A Staff Experience Taskforce had been established to review actions and projects that would lead to a positive change in culture and behaviour issues.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Performance Dashboard	Key points were highlighted as follows: <ul style="list-style-type: none"> • Key performance indicators now had targets in place. • Focused nursing recruitment had successfully secured funding to support the Trust with winter planning. • Bank and agency controls continued to be reviewed. • An effectiveness review was underway into the E-Rostering system. • Vacancy rates continued to be challenging across all roles. 	A deep dive into attrition rates would be undertaken and an assurance report developed for the Committee meeting in September.
Freedom to Speak Up Report	An update on activity was provided, along with benchmarking data from the South West and national. During 2022/23, 98 staff accessed the FTSU process, which was lower than the South West average. Anonymous reporting at the Trust was higher than average. Key themes to concerns during the year related to poor behaviour, bullying, poor support and staff experience.	To fully analyse staff experience in the future, the team would share an anonymous survey for staff to fill in and report on the results, providing an opportunity to capture learning and improve the service.
Engagement and Involvement Annual Review	Over the last year, the Trust had been an active part of 58 groups and community events, reaching over 8,700 people, enabling the Trust to gain valuable insight into how access to services could be improved. The review also detailed information about the local communities and the challenges of health inequalities across the county.	Revised regulations from CQC and NHSE mean that People and Communities/Patient and Community Engagement would continue to be a key focus for the Trust. The review would be published on the Trust's website, alongside the Annual Report and Quality Account.
Equality Delivery System 22	The Trust was assessed against the EDS22 framework, which organisations completed on a system level. The Trust was rated against three domains (Commissioned or Provided Services; Workforce Health and Wellbeing; Inclusive Leadership) with an overall score of 11, which was a rating of "Developing".	The Trust's existing EDI action plan, along with recent WRES, WDES and Gender Pay Gap data would be reviewed at an EDI workshop scheduled for 6 July to determine next steps.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
None.		

Items not Rated

Risk Register	ICS Update	Audits
---------------	------------	--------

Impact on Board Assurance Framework (BAF)

SR3: continue to reflect actions and progress, including staff health and wellbeing and reflection of culturally specific training.
SR4: milestones to be included to reflect progress against a number of significant pieces of work, including the Staff Experience Taskforce. Consider inclusion of organisational risks associated with the transformational approach to co-design.

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, 26 July 2023

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
------	----------------------	-----------------

None.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
------	----------------------	-----------------

<p>Quality and Performance Report</p>	<p>Key points were noted:</p> <ul style="list-style-type: none"> • Challenges related to maternity staffing continued, resulting in unit closures. The Committee was given assurance that safety and quality of care had not been compromised. • The maternity patient safety champion pathway had been finalised. • A deep dive into maternity governance was planned and would be undertaken by the maternity improvement advisor. • There were currently 2745 patients on the 52 week wait list, which was anticipated to increase due to industrial action. • Planning for further industrial action was underway. • Increased demand for cancer services was reported, with continued challenges in urology and lower GI. • There had been an 8.2% increase in emergency attendance in comparison to last year; however there had been increased efficiencies with ambulance handovers. Improvements were being made to complex discharge pathways. • VTE risk assessments were noted to be at 69% and confidence of assurance processes questioned. <p>Maternal Death Review</p> <p>An internally generated review of deaths since 2018 had been undertaken to ensure all learning had been identified and implemented. A key theme related to the disparity in the number of black and Asian women affected, which was in line with the national trend.</p> <p>Health inequalities work was underway to make significant improvements in feedback and the establishment of a new EDI and public health interest post within maternity services.</p>	<p>Patient communication during industrial action would be reviewed to ensure it was as effective as possible.</p> <p>The VTE digital risk assessment process would be reviewed.</p> <p>The MBRRACE gap analysis full report and recommendations would be brought to the 9%Committee.</p>
<p>Learning From Deaths Report</p>	<p>The report provided assurance on the systems in place for reviewing deaths and demonstrating compliance with national guidance.</p> <p>Further improvements were being made to raise awareness of translation services available for families.</p>	<p>Assurance was provided that data had been extensively reviewed by the Hospital Mortality Group, however there was some concern about the SHMI indicator which was under review.</p>
<p>Trust Risk Register</p>	<p>A new risk had been reported related to delayed follow-up ophthalmology appointments.</p> <p>Additional assurance was needed on water safety procedures to ensure delivery.</p> <p>Challenges to the delivery of the next phase of the Patient Safety Incident Response Framework (PSIRF) were noted.</p>	<p>The Committee requested additional assurance on the management of emerging risks, capacity to manage water safety processes, and capacity to implement the next phase of PSIRF.</p>

Serious Incidents Report	No new never events were reported. Six new serious incidents had been reported, with testicular torsion cases under investigation as a one system investigation.	A forward plan following the testicular torsion case investigation would be brought to the Committee for assurance.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Prevention of Future Deaths Report	A report was received. The Committee noted the process and took assurance from the early identification of harm and management of concerns.	None.
Infection Control Annual Report	The report provided performance and activity information for 2022/23. A number of highlights were noted by the Committee.	More detailed Information on orthopaedics and maternity services progress with surgical site infections would be included in the next quarterly report.
Annual Patient Experience Report	A report was provided for assurance on three critical areas: improving the experience of care, using insight and feedback, and co-production.	Communication and relationship building between divisions, PALS and the patient experience team would continue to be improved to ensure information is shared and used across the Trust.
Getting it Right First Time (GIRFT)	A national reset of the GIRFT framework had initiated a number of review requests, which the team was completing. A clinical lead had not yet been appointed.	Review to include what GIRFT could add in terms of Ophthalmology backlog improvements.
Regulatory Report	The process for reporting was clear.	Positive improvement trajectories in maternity services were noted.
Items not Rated		
System feedback		
Impact on Board Assurance Framework (BAF)		
<p><i>SR1 Urgent and Emergency Care:</i> Reflection of Newton work to be included, and ensure target risk scores were appropriately realistic. Recent improvements in urgent and emergency care, winter planning, and industrial action would be reflected.</p> <p><i>SR2 Quality governance framework:</i> the report from the last CQC visit would be reflected, along with the impact of reducing boarding.</p> <p><i>SR6 Individual and organisational priorities:</i> Scoring would be reviewed to reflect Newton work.</p>		

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.

REF	06/23	STATUS	CLOSED
SUBMITTED	23/06/23	ACKNOWLEDGED	23/06/23
DEADLINE	10/07/23	RESPONDED	
GOVERNOR	Mike Ellis		
LEAD	Qadar Zada		
THEME	Urology – 1. Cancer targets; 2. Lithotripter; 3. Department location		
QUESTION			
<ol style="list-style-type: none"> 1. About 6 months ago, I raised a concern about Urology Cancer targets, with particular reference to 62-day RTT. We had a very helpful presentation to CoG in February, and I subsequently had a detailed discussion with Cancer services and the Urology lead in March. I understood there were issues with insufficient diagnostic service largely due to staffing challenges, but also theatre space. I understand some progress has been made, but I am keen to hear whether Diagnostics/radiology is better staffed and more able to keep up with the growing demand. What measured progress has been made on 62-day RTT and other targets? How well are patients being kept informed if delays persist? 2. I understand that a Lithotripter was purchased using Charity funds and having been delivered months ago, it remains unused in storage. What are the plans for locating this and putting it in to service? 3. College Road Wing – I gather Urology are making a bid to locate all their services in the College Road Wing (Alstone/ACUC). I realise that other options may be being considered, But the case for locating Clinics, theatre space, inpatient beds, and major equipment such as Lithotripter, Aquablation, Robotics etc geographically close sounds as if it would have significant patient benefit and contribute to real improvement in cancer targets. Can someone please advise if this is being considered? 			
ANSWER			
<ol style="list-style-type: none"> 1. In terms of Radiology, an increased number of MRI slots has been created to account for the growth in workload seen from Urology. Challenges remain with reporting as there are currently only two radiologists in post who report this type of scan. The department are looking to recruit further but the market is limited, which is a known national issue. A case is being put together to outsource these reports to ensure the department can keep up with the required patient timelines. Additionally, improved access to LATP has been put in place and work is underway to ensure this is provided on a sustainable basis. 62-day performance has improved from 19% in March to 42% in June (unvalidated), and in June the service delivered a performance of 99.1% of patients being seen within 14 days of referral. Patients are kept informed of any delays through the Urology clinical and admin teams. There is weekly monitoring of recovery and indicators demonstrate sustained progress. 2. A business case is in development to secure the appropriate space (see below) to enable the Lithotripter to come into service as soon as practicable. These bids are being considered along with a number of schemes to re-purpose or re-allocate estate at CGH. TLT will be asked to consider the options over the summer period. 3. A business case to secure the appropriate space is in development for consideration from the Trust Leadership Team. These bids are being considered along with a number of schemes to re-purpose or re-allocate estate at CGH. TLT will be asked to consider the options over the summer period. 			
REF	07/23	STATUS	CLOSED
SUBMITTED	06/07/2023	ACKNOWLEDGED	07/07/2023
DEADLINE	20/07/2023	RESPONDED	26/07/2023

GOVERNOR	Mike Ellis
LEAD	Helen Ainsbury
THEME	Radiology reporting, PACS Upgrade – effect of patient care
QUESTION	
<p>Observing F&R committee last week, I heard accounts of the difficulties encountered with the Philips PACS Upgrade actioned in May. Colleagues observing Q&P the day before shared concerns reported there about delayed radiology reporting and consequent effects on services such as Breast screening.</p> <p>I understand the PACS upgrade has been associated with a lot of IT bugs and glitches which are being addressed by the suppliers, Philips. This must put significant stress on staff and patients alike.</p> <ol style="list-style-type: none"> 1. Patient Harm – It is reassuring that there are no reports of “patient harm”. But how is “Patient Harm” defined in this scenario? If patient diagnoses, and treatment options are delayed by bugs in PACS, I am concerned that “harm” may not yet be apparent, but may become so over the next few months. How is this being minimised? How are patients being supported? 2. Difficulty viewing scans etc – I gather some scans and reports have been difficult to access at MDT meetings, and that some scans done and reported prior to the upgrade have inaccessible. Has this been corrected now? Might there have been patient harm associated? 3. Radiology reporting – ex-colleagues in Primary Care advise that reports on urgent Xrays can take a month to reach GPs, and routine xray reports 6-12weeks. This has been the case since well before the PACS upgrade but reports seem to be taking longer since the upgrade. Have primary Care colleagues been advised of the PACS issues? Why do reports take so long, when only a few years ago reports took 7-10days to reach the GP? 4. Effects on staff – The PACS issues must have added particular stress to the day for radiographers and radiologists and all clinical staff awaiting scan and xray reports. How are staff being supported? What have they been advised to say to patients, especially those awaiting significant cancer related treatment decisions? 	
ANSWER	
<ol style="list-style-type: none"> 1. Patient harm is initially captured at the point of raising of the Datix incident. As part of the review process, this can be amended when new information comes to light or a new incident is raised. This is a dynamic process that the Clinical Systems Safety Group routinely monitor and we have committed to report back to Q&P again in 3-months’ time to ensure we are not reporting too early. Imaging is one of several inputs to MDT meetings; the MDT co-ordinators escalate any delays to ensure the impact on any delays are minimised. Admin teams also re-book clinic appointment where required. 2. There remains an issue with personal folders. Several MDTs and individual users use these folders to collect scans in one place, allowing a degree of preparation before meetings. The scans have always been visible, but currently they have to be searched for in the meeting using the MDT list. This new piece of functionality in the system has had to have a complete re-write and is with the Research & Development Department of Philips. Despite pressing, we have yet to be given delivery dates on this fix. The Radiologists were provided with the manual workaround on day 1 to fully mitigate the risk to patients. 3. We are monitoring average turnaround times across the Acute and Primary Care. PACS issues have been discussed at the ICB Safety Group and the consensus was that, as the performance of the service to GPs had not been affected, coupled with historically long reporting times, it was not prudent to issue communications (as of w/c 10 July). 4. There has been significant increased stress placed upon many sectors of the organisation, Clinical, Operational and Digital staff. Initially, Philips increased their on-site application support team from 2 for a week to 3 for three weeks. They have committed to a further round of site visits in August. There have been weekly meetings with the service and the CDIO to provide face-to-face feedback to staff. The CEO has also visited the service and met with all staff on duty on the day. The patients impacted by the ongoing delays are those in the Breast Screening Service. To date we have managed to maintain the screening 	

interval however there have been delays in the reporting (not imaging) of surveillance mammograms. Patients affected have been contacted by the service and a full and transparent explanation given.

REF	08/23	STATUS	CLOSED
SUBMITTED	10/07/2023	ACKNOWLEDGED	10/07/2023
DEADLINE	24/07/2023	RESPONDED	27/07/2023
GOVERNOR	Fiona Hodder		
LEAD	Matt Holdaway		
THEME	Emergency Department; Basic Care and Nutrition		
QUESTION			
<p>How are patients' basic needs met during their time in ED? I had a recent experience accompanying a very elderly patient (who wasn't even supposed to go near ED but that is another issue) and during our time spent in a corridor awaiting her promised treatment not one person checked on her overall well-being. I got her several drinks and checked her pad and luckily it didn't need changing. There were elderly patients either side, who again had been there most of the day and just before we left I saw one being given tea and a couple of biscuits. Others that I went past on my way to get drinks, seemed to be there for hours and there was no obvious sign of fluids. I realise in some cases there may be a medical reason but I suspect as most of these people were elderly and conscious, that isn't the case. Considering the effect that dehydration has on the elderly and that many are already in a nutritionally compromised state, with possible continence issues, it is concerning the amount of time they appear to spend with little attention to their basic needs.</p>			
ANSWER			
<p>All patients within the Emergency Department are assessed and treated on an individual basis from attendance.</p> <p>Each area of the department has separate plans for basic care, hygiene and nutrition and hydration. Within minors, we have a large hydration station where patients can help themselves to hot drinks, water or squash.</p> <p>Within Majors there is a hot food provision through the day for patients waiting in ED for an extended period. There is also an area which has its own hydration station. Each area has designated nursing staff supported by healthcare assistance to maintain hygiene needs.</p> <p>It is worth noting that there is and has been a huge demand on the emergency department. For several months we have had to use areas of the department which we would not normally use for patients, simply due to the number of people needing inpatient services. This means we do see increased number of patients staying for more than the national target of 4 hrs and in some situations well over 12 hrs. These increased numbers of patients obviously have an impact on the ability of staff to respond to patients in a timely manner at times.</p> <p>I'm pleased to say that we are now not using this area as we have been able to reduce the numbers of patients staying in the ED, this will improve the ability of staff to respond to patients in a timely manner.</p> <p>I would like to take this opportunity to apologise for the experience that your friend and you had whilst in the department.</p>			

REF	09/23	STATUS	CLOSED
SUBMITTED	25/07/2023	ACKNOWLEDGED	26/07/2023
DEADLINE	09/08/2023	RESPONDED	27/07/2023
GOVERNOR	Maggie Powell		
LEAD	Matt Holdaway		
THEME	Geriatric Medicine		
QUESTION			
<p>I have recently come across the GIRFT report on Geriatric Medicine (Feb 2021). I note Recommendation 4: Each trust should appoint a senior member of staff who is the accountable officer leading on the quality of care for older people with frailty while in hospital, linked to ICS/STPs and local networks. They should report to the board across key frailty safety domains, and use this information to help develop and refine the system-wide frailty strategy.</p> <p>In the light of the Patient Story at the last Trust Board meeting, has this accountable officer been identified within the Trust?</p>			
ANSWER			
<p>This is exact question is currently being discussed with the medicine division. The accountable Officer will be either Matt Holdaway or Mark Pietroni, and the geriatricians and the wider organisation will be informed very shortly when this has been discussed fully.</p>			

REF	10/23	STATUS	CLOSED
SUBMITTED	18/08/23	ACKNOWLEDGED	18/08/23
DEADLINE	01/09/23	RESPONDED	30/08/23
GOVERNOR	Andrea Holder		
LEAD	Deborah Lee		
THEME	Requests from clinicians to support individual service area development		
QUESTION			
<p>There has been a recent incident where a clinical service has approached an individual governor seeking support for an internal/operational development matter. It is clearly outside the remit for governors to become involved in operational matters or to lobby on behalf of an individual service/clinical area albeit there is a responsibility to ensure that information requested or received by governors is managed correctly. As a result of this recent event; clarification for governors and staff alike is required to ensure any similar incidents do not recur in the future. Please advise and confirm the approach governors should take if they are contacted to provide support or to promote staff in regard to any future service development, either from a specific clinical service, service area or profession. Clarification for both governors and staff will contribute to ensuring such incidents do not recur in the future but are managed accordingly should it be necessary.</p> <p>For some time now, we, as governors have been requesting the re- introduction of the Quality and Strategy & Engagement meetings. To date, re-introduction of these meetings is still outstanding. Issues such as that raised above could be discussed and managed in such meetings with the appropriate action following. This will enable governors to fulfil their role without prejudice to any one operational area and without compromising their responsibility as a governor and for any recurrence of such issues to be managed appropriately.</p> <p>Thank you for your consideration in this matter.</p>			
ANSWER			
<p>If governors are asked to lobby or advocate on behalf of staff or to involve themselves in operational matters (or any other matters outside the scope of their role) they should decline, explain why they are unable to assist and signpost the staff member to the most appropriate person. This might include a member of the Divisional Triumvirate or a member of the Executive Team. If a Governor is unsure as who to direct the staff member to, they should seek guidance via the Corporate Governance Team who will liaise on their behalf and identify the most appropriate person.</p> <p>The incoming Trust Secretary, Sim Foreman has been asked to re-establish these groups as a priority task following his arrival on the 11th September. The proposal is to run the meetings bi-monthly and distinct from the Council of Governors meetings to incorporate four Quality meetings and two Strategy & Engagement meetings per year. The groups will be serviced by the Corporate Governance Team and agendas agreed between the Lead Governor and responsible lead for each group (Suzie Cro, Deputy Director for Quality and James Brown, Head of Engagement).</p>			

REF	11/23	STATUS	OPEN
SUBMITTED	21/08/23	ACKNOWLEDGED	22/08/23
DEADLINE	05/09/23	RESPONDED	31/08/23
GOVERNOR	Mike Ellis		
LEAD	Matt Holdawy		
THEME	62-day Cancer targets – Urology & Colorectal		
QUESTION			
<p>This year, I have asked questions about Urology Cancer targets, with particular reference to 62day RTT breaches. In my last Governor's Log question (06/23) I asked what measured progress had been made on 62-day targets since the beginning of the year. In reply QZ advised there had been %-age improvement, although in percentage terms this still falls short of the required standard.</p> <p>Given the announcement that Cancer targets are to be simplified, a focus on the time it takes for a patient to start active treatment from the date of GP referral, makes sense to me.</p> <p>I believe Lower GI/Colorectal 62day RTT figures show continuing significant breaches.</p> <p>I applaud the actions that have been taken to speed up the patient journey from referral to treatment, such as additional clinics. I would appreciate hearing what further progress has been made. In order to understand the current position, I wonder if you are able to provide figures for the number of referrals received vv numbers breaching the 62 day standard for the last 6 months - for Urology and for Lower GI ? It would be helpful to understand if the referral rates for suspected Urological and Lower GI cancer are changing. Indeed, how do last year's referrals compare to those in 2023, and indeed how do these compare to pre-Covid?</p> <p>And "legacy patients" – I understand compliance with the 62-day performance may have been affected by a focus on "legacy patients". What is a "legacy patient"?</p>			
ANSWER			
<p>By way of context, the number of patients treated within 62 days, following GP referral continues to improve. Our Trust aggregate performance is 68% against a national average of 59%, however this figure is adversely impacted by the treatment of patients on the backlog who have already waited more than 62 days. A better measure is the number of patients on the cancer waiting list who continue to wait beyond 62 days. This has declined from 14% at the outset of the year to 7.9% at the end of July, against a target 6%. Similar improvements have been made in urology (173 down to 73) and colorectal (92 down to 28).</p> <p>The numbers of referrals to urology and colorectal cancer have increased by 14.2% and 29.7% respectively when compared with the pre-pandemic year 2018/19. Extrapolating referrals year to day compared to 2022/23 these have been static 5579 v 5574 possibility reflecting the bulge of the COVID backlog having been largely dealt with. Despite increases in capacity and process improvements, the increase in demand has resulted in limited improvements in 62-day performance.</p>			

Cancer Type	2018/19	2019/20	2020/21	2021/22	2022/23	18/19 - 22/23 Comparison	2023/24 Apr-Jul
Lower GI	4,299	4,857	3,849	4,520	5,579	+ 29.7%	1,858
Urological	2,714	2,615	2,096	2,619	3,100	+ 14.2%	893
All Specialties	26,440	27,573	24,412	28,994	30,837	+ 16.6%	10,392

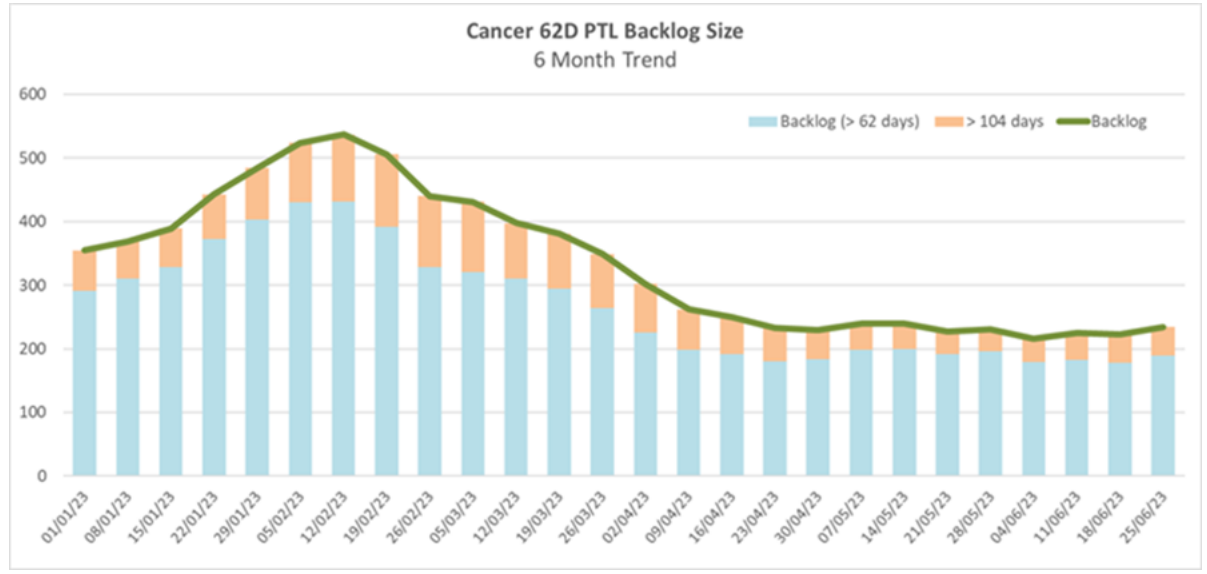
The number of colorectal patients who have been treated within 62 days from referral has improved from 38.3% in January to 64.4% in July; the national average was 49%. Two factors account for 75% of the residual breaches – diagnostic delays relating to lack of endoscopy capacity and histopathology turnaround times and patient complexity where an extended pathway is clinically indicated. Histopathology turnaround times to continue to improve and have gone from 30% within 10 days to 55% currently, with further improvement initiatives in hand. Endoscopy capacity has been increased through improved list utilisation from 74% to 86% and additional list capacity introduced to achieve a < 7-day treatment from referral. Other measures include mandatory qFIT testing prior to GP referral to reduce the number of referrals necessary via the two-week pathway.

The number of urology patients who have been treated within 62 days has improved from 20.4% in January 2023 to 32.1% in June 2023; the national average was 42%. 65% of all breaches were attributable to delays in accessing a trans-perineal prostate biopsy (LTP) and 15% were attributable to patient complexity. A demand and capacity planning exercise has been undertaken and plans developed to ensure sufficient capacity to meet recurrent demand. This includes the expansion and development of the service footprint at CGH and an innovative initiative to train non-medical practitioners to undertake the biopsy. Whilst LTP capacity is the key issues that will address the bottleneck other measures in hand include implantation of the *Best Practice Timed Pathway* for prostate cancer and a reduction in the time to first assessment from 14 days to 7 days.

Urology	No. 2WW Referrals	No. treatments	No .patients who received treatment past day 62	62 Day Performance
Jan-23	270	46.5	37	20.4%
Feb-23	266	73	63	13.7%
Mar-23	269	65	50	23.1%
Apr-23	201	62.5	47.5	24.0%
May-23	219	60	37	38.3%
Jun-23	233	53	36	32.1%

Within Cancer Services, we refer to a “legacy patient” as a patient who is still on a cancer pathway but unfortunately has waited for a period of over 104+ days. We entered 2023 with 81 patients over 104+ days, and 403 patients in the overall backlog, still waiting for either treatment or diagnostic. As of July this is down to 39 patients waiting more than 104+ days and 180 in the backlog overall. The Specialties and Cancer Services have been working extremely hard to ensure all of these long waiters are urgently managed, while also supporting and treating new patients coming through the pathways, with the aim of trying to prevent and mitigate further patients waiting this long. The impact of this is has been a higher number of breaches each month, and therefore a decrease in our 62 Day performance

	62 Day breaches	62 Day Performance	Legacy patients treated	Percentage of treatments over 104 Days
Jan-23	90.5	60.9%	40	44.2%
Feb-23	111.5	52.6%	61	54.7%
Mar-23	91	63.5%	42.5	46.7%
Apr-23	74	66.4%	23	31.1%
May-23	82	63.5%	20	24.4%
Jun-23	73.5	67.2%	20.5	27.9%



Report to Council of Governors			
Date	12 September 2023		
Title	Governor's Log		
Author /Sponsoring Director/Presenter	Lisa Evans, Deputy Trust Secretary Kat Cleverly, Trust Secretary		
Purpose of Report			Tick all that apply ✓
To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	
Summary of Report			
<p><u>Purpose</u></p> <p>This report updates the Council of Governors on the themes raised via the Governors' Log since the last meeting of the Council of Governors in April.</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			