

Council of Governors


Thu 12 October 2023, 17:00 - 19:30

Lecture Hall, Sandford Education Centre, Cheltenham

Agenda

17:00 - 17:00 **AGENDA**

0 min

 00_Agenda CoG - Public_October 2023 - v2.pdf (1 pages)

17:00 - 17:00 **1. Apologies**

0 min

Deborah Evans

17:00 - 17:00 **2. Declarations of Interest**

0 min

17:00 - 17:00 **3. Minutes of meeting held 12 September**

0 min

 03 - 2023-09-12 - COG Public Minutes 12 Sep - DRAFT - CLEARED.pdf (6 pages)

17:00 - 17:00 **4. Matters Arising**

0 min

17:00 - 17:05 **5. Chair's Update**

5 min

Deborah Evans

17:05 - 17:15 **6. Chief Executive's Briefing**

10 min

Deborah Lee

 06 - CEO Update - CoG_September 2023.pdf (3 pages)

17:15 - 17:30 **7. Extension of the External Auditors' Contract**

15 min


Steve Perkins

 07_Procurement Briefing Paper - External Audit Contract Extension Oct 23.pdf (5 pages)

17:30 - 17:40 **8. Medium Term Financial Plan**

10 min

Steve Perkins

 08_COVER SHEET - Medium Term Plan update October 2023.pdf (2 pages)

 08_Medium term plan COG update Oct 23.pdf (10 pages)

17:40 - 17:50 9. Year End Position Update

10 min

Michelle Hopton



17:50 - 18:00 Break

10 min

18:00 - 18:20 10. Patient Experience Annual Report

20 min

Katherine Holland

-  10_Coversheet Patient Experience Annual Report.pdf (2 pages)
 -  10_Patient Experience Annual Report 2022-23 v4.pdf (30 pages)
-

18:20 - 18:30 11. Freedom to Speak Up Update

10 min

Louisa Hopkins

-  11_Freedom to Speak Up.pdf (13 pages)
-

18:30 - 18:40 12. Boarding Report



10 min

Matt Holdaway

18:40 - 18:50 13. Membership Strategy




10 min

James Brown

-  13_Coversheet Membership Strategy.pdf (2 pages)
 -  13_Membership Strategy - Final.pdf (20 pages)
-

18:50 - 18:50 14. Engagement and Involvement Annual Review

0 min

-  14_Coversheet - Engagement and Involvement Annual Review - CoG.pdf (2 pages)
 -  14_GHNHSFT Engagement and Involvement Annual Review 2022-2023.pdf (51 pages)
 -  14_Community Engagement and Involvement Tracker 1 April 2022 to 31 March 2023.pdf (19 pages)
-

18:50 - 19:05 15. Young Influencers Update




15 min

Bryony Armstrong

19:05 - 19:15 16. Results of the Governor elections

10 min

Sim Foreman

-  16 - Voting and elections - coversheet SIM.pdf (1 pages)
 -  16_Uncontested Report.pdf (1 pages)
 -  16_Report of Voting_Gloucestershire_150923_T1474.pdf (2 pages)
-

19:15 - 19:20 17. Governance and Nominations Committee Membership

5 min

Sim Foreman

19:20 - 19:25 **18. Any other business**
5 min

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
17.00, Thursday 12 October 2023
Lecture Hall, Sandford Education Centre, Cheltenham
AGENDA

Ref	Item	Purpose	Paper	Time
1	Apologies <i>Deborah Evans, Chair</i>			17.00
2	Declarations of interest			
3	Minutes of meeting held on 12 September 2023	Approval	Yes	
4	Matters arising	Information	Yes	
5	Chair's update <i>Deborah Evans, Chair</i>	Information	No	17.05
6	Chief Executive's Briefing <i>Deborah Lee, Chief Executive</i>	Information	Yes	17.15
7	Extension of the External Auditors' Contract <i>Steve Perkins, Director of Operational Finance</i>	Approval	Yes	17.30
8	Medium Term Financial Plan <i>Steve Perkins, Director of Operational Finance</i>	Information	Yes	17.40
9	Year End Position Update <i>Michelle Hopton, Deloitte</i>	Information	Yes	17.50
Break (10 minutes)				18.05
10	Patient Experience Annual Report <i>Katherine Holland, Head of Patient Experience</i>	Assurance	Yes	18.15
11	Freedom to Speak Up Update <i>Louisa Hopkins, Lead Freedom To Speak Up Guardian</i>	Assurance	Yes	18.25
12	Boarding Report <i>Matt Holdaway, Chief Nurse & Director of Quality</i> <i>Item withdrawn as paper not been through Trust committees yet</i>	Assurance	Yes	18.35
13	Membership Strategy <i>James Brown, Director of Engagement, Involvement & Communications</i>	Approval	Yes	18.45
14	Engagement and Involvement Annual Review <i>James Brown, Director of Engagement, Involvement & Communications</i>	Assurance	Yes	18.55
15	Young Influencers Update , <i>Bryony Armstrong</i>	Information	No	19.05
16	Results of the Governor elections <i>Sim Foreman, Trust Secretary</i>	Information	Yes	19.10
17	Governance and Nominations Committee Membership <i>Sim Foreman, Trust Secretary</i>	Information	Yes	19.15
18	Any other business			19.20

Close by 19.30

Date of next meeting: Thursday 14 December @ 1.30pm
(Gloucester Guildhall)

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

PRESENT

Deborah Evans	DE	Trust Chair (Chair)
Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
Anne Davies	AD	Public Governor, Cotswold District
Mike Ellis	ME	Public Governor, Cheltenham
Fiona Hodder	FH	Public Governor, Gloucester
Andrea Holder	AH	Public Governor, Tewkesbury
Pat LeRolland	PLR	Appointed Governor, Gloucestershire Age UK
Rachel Lowings	RL	Staff Governor, Nursing and Midwifery
Peter Mitchener	PM	Public Governor, Cheltenham
Jeremy Marchant	JM	Public Governor, Stroud
Russell Peek	RP	Staff Governor, Medical and Dental
Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals
Merleen Watson	MW	Public Governor, Out of County

IN ATTENDANCE

Pat Blackwood	PB	Corporate Governance Officer
James Brown	JB	Director of Engagement, Involvement & Communications
Vareta Bryan	VB	Non-Executive Director
Sim Foreman	SF	Trust Secretary
Millie Hughes	MH	Corporate Governance Apprentice
Deborah Lee	DL	Chief Executive
Jaki Meekings Davis	JMD	Non-Executive Director
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director

APOLOGIES

Liz Berragan	LB	Public Governor, Gloucester
Caroline Claydon	CC	Staff Governor, Non-Clinical Staff
Bill Evans	BE	Public Governor, Forest of Dean
Marie-Annick Gournet	MAG	Non-Executive Director
Balvinder Heran	BH	Non-Executive Director
Sarah Mather	SM	Staff Governor, Nursing and Midwifery
Maggie Powell	MPo	Appointed Governor, Healthwatch

REF	ITEM
1	WELCOME AND APOLOGIES The Chair welcomed all to the meeting and NOTED apologies as above.
2	DECLARATIONS OF INTEREST There were no declarations of interest.
3	MINUTES OF PREVIOUS MEETING RESOLVED: The minutes of the meeting held on 8 June 2023 were APPROVED as an accurate record, subject to Fiona Hodder's attendance being recorded.
4	MATTERS ARISING The Governors noted the updates with the following matters being raised: <ul style="list-style-type: none"> AH queried progress of the Electronic Portal; DL agreed to follow up. ACTION DL.

	<ul style="list-style-type: none"> Any update following the recent inspections from Care Quality Commission (CQC). DL confirmed Trust had received the two draft reports for maternity and surgery on 14 August and had submitted the factual accuracy response on 4 September with final reports still awaited. ME asked for plans related to the Freedom To Speak Up (FTSU) Guardian meeting governors. DL advised the FTSU Guardian (Louisa Hopkins) was attending the Board in September first and was scheduled to attend a future Governors' Quality Group as these meetings with a plan to expand this to cover wider aspect of culture work. ACTION SF & CR
5	<p>CHAIR'S UPDATE</p> <p>The Chair referred to the report on her activities since the last meeting and highlighted:</p> <ul style="list-style-type: none"> Time spent in meetings (Board and committee) of the Trust and the Integrated Care Board (ICB). Recent service visits, including a visit to the Gloucestershire Eye Therapy Trust (who raise funds for ophthalmology) and a visit by the three Gloucestershire NHS Chairs to the eating disorder service. Governors noted that visits provided the opportunity to talk to patients and service users about their experiences and challenges the faced. Attendance at the Cheltenham Running Festival in an ambassadorial role. <p>JM queried the appropriateness of 25% of time spent on admin and it was explained this included meeting preparation, reading time and follow up from meetings with the CEO and other executives, but the DE was open to ideas to reduce this.</p> <p>RESOLVED: The Council NOTED the Chair's update.</p>
6	<p>CEO'S BRIEFING</p> <p>The CEO updated on the following points:</p> <ul style="list-style-type: none"> It was incredibly challenging across the Trust at an operational level and had been for a number of days. The escalation policy has been in place for 72 hours and advised that the Trust had boarding had been used during this time to manage patients and ambulance were queueing again. Industrial action – strikes were increasing and covering junior doctors was challenging and the Trust has taken the decision to cancel elective work with the exception of cancer patients. DL highlighted the impact on morale and wellbeing of colleagues and the Trust was looking at what more could be done. DL had also met with the six county MPs to implore them to get the government and British Medical Association (BMA) back around the negotiating table. Cancer standards and diagnostics were challenging but positive. DL referred to the governor's log response on colorectal and urology. The reduction in the number of cancer standards from nine to three would simplify things for patients and staff and DL felt the "right" three had been retained. Buildings – Work with Gloucestershire Managed Services (GMS) continues to asses risks from "concrete cancer" to make progress on buildings. Working with GMS to understand position with Reinforced Autoclaved Aerated Concrete (RAAC). No concerns have been raised, but review continues.

- Launching staff survey soon which will help the Trust to better understand the colleagues' experiences and where the organisation needs to focus change. The taskforce continues with a good sense of optimism.
- Communications and involvement - 17,000 engagements and contacts had taken place thanks to work of James Brown and his team. The team had also received nominations for national awards. Particular recognition was given to Juwairiyia Motala..
- Recruitment - Al Sherward, currently at Great Western Hospitals appointed as COO although no appointment made to the Director of Strategy and Transformation role and Ian Quinnell will continue on an interim basis.

The following points were raised:

- JM raised the Martha Mills case and it was confirmed there had not been discussion on this as yet at Board but Martha's rule would formalise things with current processes and if an avoidable death can be prevented then policies and procedures will change quickly to achieve this. The Trust is part of a national pilot.
- JM referenced section 1.3 of the report and believed it was untrue that no patients in the system were waiting over 78 weeks. JM talked about his own case and DL confirmed that report was correct and explained the specifics with respect to corneal transplant.
- AM referred to industrial action and whether she sensed any movement in the impasse between the government and BMA would mean plans have to change before the 2024 general election. DL said she was not privy to anything beyond that reported in the media but she was not feeling confident that things would be settled in the near future.
- ME appreciated the governors' log response on colorectal/urology and recommended that colleagues read it as it was helpful to have figures, as well as percentages.
- SM reflected on the reported rise of COVID and how this impacted the Trust. DL had not seen recent figures but was aware of an increase in cases amongst staff. The impact of the vaccine on the new variant was not yet known, but likely that it would be as previous vaccines have been and not limit spread but reduce severe illness and prevent death.

RESOLVED: The Council **NOTED** the CEO's briefing.

7

MEMBERSHIP STRATEGY

JB thank governors for their input and comments at the previous session and explained the purpose of the session was for anything considered to absent in the strategy to be discussed. Governors were asked to email any minor comments i.e., typos to JB by end of September. **ACTION – All.** The updated document and action plan would then come to the October meeting.

The following points were raised:

- MN commended the document and the campaign to recruit community members representative of the communities served.
- 60 new members had joined as result of work by Juwairiya Motala, Community Outreach Worker, and helped widen diversity in some areas. DL commended this progress.
- It was confirmed that staff were automatically members unless they opted out.

	<ul style="list-style-type: none"> • JC queried whether lessons can be learned from the experience of working with community leaders on COVID vaccine with JB affirming that community partnership were essential pillars of the strategy. JB continued that early discussions were taking place to look at future opportunities for membership across the system. • The Community Outreach post had been funded by NHS Charities Together until February 2024 although potential changes within the Communications and Engagement team may allow this role to become substantive. • AH requested an update on the governor handbook progress alongside this work ready for when new governors formally join. ACTION – JB/SF <p>RESOLVED: The Council NOTED the update.</p>
8	<p>KEY INFORMATION AND ASSURANCE REPORTS (KIARS) Governors received the following reports for information:</p> <p><u>Audit and Assurance Committee</u> JC shared initial impressions and had attended, and commended, the Trust induction the previous day, particularly the CEO update and push for candour and FTSU. JC had also observed a number of meetings prior to joining and met with Claire Feehily (CF). Since taking over he had met with the Director of Finance, Internal Audit and Counter Fraud as well having an extensive handover from CF. Items highlighted from meeting were:</p> <ul style="list-style-type: none"> • Red item: Annual accounts; a number of issues were highlighted by the external auditors about the 2022/23 and it was not clear whether the escalation processes (both Trust and auditors) were used appropriately and needs to be addressed. A working group has been established to produce a better outcome next time. • Amber item: Internal Audit; BDO reported that time spent chasing up management responses in the Trust was more than any others they worked with. Whilst some progress, more was needed by all executives to improve the position and the Committee will continue to monitor and maintain a keen interest. <p><u>Finance and Resources Committee</u> JMD advised the meeting had been chaired by MN:</p> <ul style="list-style-type: none"> • Industrial action presented complex circumstances which knocked on to both spend and performance. Work underway to focus on whether the Trust was an outlier compared to the rest of the country in respect of the cost of IA. • July meeting looked at progress to date and preparations for the Medium-Term Financial Plan (MTFP). First cut reviewed in August with the next submission due at end of September. • There had been improvements in greater clarity with how the Trust and GMS operate and also recruitment and retention. • IT incident caused by a third-party company undertaking an upgrade had resulted in system issues; no harm was noted and the learning plan was due at the next meeting. • ME asked how the industrial action costs were calculated and managed going forward. KJ advised direct costs could be identified through overtime with YTD spend of £1.8m in Trust and £1.8 billion across NHS. There were also hidden

costs i.e. impact on Elective Recovery Fund across the system that would make it impossible to reach exact figure impossible to reach.

People and OD Committee

VB presented on behalf of BH and advised a number of matters has been covered in previous discussion:

- Red item: Staff survey feedback. Some progress made via taskforce being in place and ongoing work.
- Amber item: Performance dashboard previously mentioned and under pressure at the moment, although progress made with international nurses. Recruitment still challenged. Attrition rates being reviewed with report to next meeting.
- FTSU – Pleased that Louisa Hopkins now in post. Anonymous reporting increased across the region but slight improvement in Trust showing staff feeling more confident of not needing to be anonymous.
- EDI22 – Review taken place with three domains reviewed (one as a system) and workshops taken place. Outcome rated as under developed and developing with more work needed to achieve targets. The Chair confirmed a number of items were coming to the Trust Board.

Quality and Performance Committee

AM reported from the July meeting, with no meeting in August, which, as ever, was based on reporting at a given moment in time. The following points were highlighted:

- Good improvement around performance.
- Maternity services continued to be subject of focus and faced recruitment challenges although it was great to see new leaders in post and the difference they were making. For assurance and without prompting, the Chief Nurse had requested a review of all maternal deaths (seven since 2019). QPC had received highlights, which included English not being a first language, and awaited the full report to next meeting.
- Risk register discussion included delayed ophthalmology appointments with the committee seeking more assurance on both emerging risks and water safety.
- New patient safety incident reporting framework being introduced, but noting capacity issues in the team and challenges of making a cultural change this would not be a “quick fix”.
- Serious Incidents reviewed and mini theme of testicular torsion cases being investigated further.
- Annual reports;
 - Infection Control - Surgical site infection update requested.
 - Patient experience report – Lots of data on what patients feel, but not easily or consistently shared across services. Work underway led by Chief Nurse to ensure all information shared.
- Regulatory report showed improvement in action plan trajectories.
- ME asked what really happened with the CQC and for an update on the current position. It was explained there were two inspection reports and factual accuracy responses had been submitted. The Surgery report was unrated which was positive having initially been rated inadequate as 29a in play. This paves way for next core services inspection. It was a different position for Maternity with a 29a in play at the time of report. As this was challenged the rating was capped and

	<p>response submitted on 4 September 2023. Feedback received that the CQC are likely to contest the organisations challenge, which is difficult for service and staff morale. At best this could result in “not rated” rather than “inadequate”.</p> <ul style="list-style-type: none"> ME followed up with ask about the impact of this on recruitment and DL advised it didn't appear to be causing issues, with currently more graduate midwives waiting to onboard than ever. <p>RESOLVED: The Council NOTED the KIARs.</p>
11	<p>GOVERNOR'S LOG The report was taken as read and comments invited:</p> <ul style="list-style-type: none"> An update on geriatric medicine issues was requested and DL would follow up again with the Director of Nursing and Chief Nurse. ACTION – DL. Governors were reminded that if they were asked operational questions by colleagues or the public and they believed it to be outside a governor's remit then they should it clear that it is not something that they can help with but they should to signpost or via the Corporate Governance team if required. Similarly, patients' concerns with care should be forwarded to PALs or the complaints team. AH welcomed this clarification so governors did not feel compromised. <p>RESOLVED: The Council NOTED the themes raised via the Governors' Log since the last full Council meeting.</p>
12	<p>ANY OTHER BUSINESS There were no items of any other business.</p>
13	<p>DATE OF NEXT MEETING: Tuesday 12 October 2023 at 17:00 (Sandford Education Centre, CGH)</p>
Close 17.00	

ACTIONS/DECISIONS				
Item	Action	Lead	Due Date	Update
4	FTSU Guardian to attend a future Governor Quality Group meeting (possibly as part if wider update on culture)	SF	Q1 2024	Included on list of topics with date to be agreed as part of agenda planning. CLOSED – On list and FTSU Guardian attending Oct CoG.
7	Minor comments on Membership Strategy to JB i.e. typos etc	ALL	30 Sep 2023	CLOSED – Deadline passed
7	Update on Governor Handbook progress	JB/SF	Oct 2023	CLOSED – On Oct agenda
11	Confirm Trust Frailty Lead	DL	Oct 2023	OPEN

CHIEF EXECUTIVE OFFICER'S REPORT TO THE COUNCIL OF GOVERNORS OCTOBER 2023

1 Operational Context

- 1.1 Following a period of sustained improvements in operational performance, we are currently facing a recurrence of previous challenges and most notably in urgent and emergency care where we are once again are experiencing significant handover delays which on occasions have triggered OPEL 4 (the highest level of operational escalation) – this picture has been replicated across the South West. Inevitably, recent industrial action by medical colleagues has introduced a number of additional 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. Since industrial action by the British Medical Association began in mid-March we have cancelled 1,299 operations and 5,458 outpatient appointments and, for the first time this month, this included the cancellation and re-scheduling of four cancer patients; whilst it was considered clinically acceptable for them to wait, we do not underestimate the impact this has on them and their families.
- 1.2 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 at the end of August. However, it is likely that this month, for the first time since February 2023, we will be reporting a small number of 78-week breaches (9) arising from cancellations related to industrial action plus a further four arising from patient cancellations. The biggest impact has been felt in the 52+ cohort where the number of patients waiting more than 52 weeks has risen from 1265 at the start of industrial action to 3078 currently which is broadly comparable to the number waiting at the end of March 2021 when backlogs peaked, post pandemic. Additionally, the target of achieving no patients waiting more than 65 weeks at the end of March 2024 is now at significant risk of achievement with the number having risen from 215 to 700.
- 1.3 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, angiography and echocardiography; oversight of their recovery plans remains through the Elective Recovery Board chaired by the Chief Executive.
- 1.4 The very significant focus on cancer continues with steady 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 179 at the end of September, compared to 403 at the outset of the year. This represents 7% of the total cancer waiting list, an improvement from 14% against a target of 6%.
- 1.5 As a Trust overall, at the end of 68% of patients were treated within 62 days of referral against a standard of 85%; nationally the average stands at 59%.

2 Key Highlights

- 2.1 Last month we hosted our first face-to-face Annual Members Meeting (AMM) which was a great opportunity to connect with our local communities. It is always a difficult balance when considering the merits of in person, over virtual meetings and sadly we didn't get the same level of engagement and participation as in recent years. This is something to think about for the future. It was a great opportunity to thank outgoing governors for their service and welcome new governors - public, appointed and staff. This was my final AMM and I was very grateful for the kind words and thanks from colleagues including Lead Governor, Andrea Holder.
- 2.2 This month we have launched our staff survey and our teams have been working hard to ensure staff understand the value in them completing the survey. Last year, half of our staff completed the survey and this year we have set ourselves the target of 60%. Many staff tell us that they simply do not have time in their working day to complete the survey or they do not have access to a computer. In response to this, our staff experience team will once again be out and about and offering drop-in sessions to staff who do not have ready access to a work station. Additionally, in recognition of many staff doing this in their own time, they will also receive a £5 gift voucher as a small thank you. We have many tangible examples of the way in which staff feedback has led to tangible improvements and are promoting these to staff who perhaps question the value of completing the survey.
- 2.3 Yesterday, I was delighted to join members of the Staff Experience Task Force who, in response to feedback from staff, are distributing free meals as part of a pilot to evaluate the success. This was a key theme that came from the follow up to last year's staff survey in response to asking staff the one thing that would make them more likely to recommend the Trust as a place to work or receive care. We visited eight different areas including maternity, paediatrics, Tower wards, switchboard, sterile services, porters and the site team. The reception we received was phenomenal. The food was prepared by GMS colleagues and the quality, the presentation and the varied menu was remarked upon by everyone. In return for a free meal, staff were asked to complete an evaluation which will be used to inform whether the pilot continues. If successful the meals would be available to staff at an expected cost of £2.25; as part of the survey staff were asked to confirm whether they would be willing to pay this amount.
- 2.4 This month we see the final moves which will see our new expanded Emergency Department at Gloucestershire coming back together as a single department. Schemes such as these, whereby we need to continue to run services whilst doing major building works, are some of the most challenging and we are all looking forward to seeing the benefits of a single, expanded departments. We will be arranging visits to the new department over the coming months and would welcome the opportunity to show Governors around.
- 2.5 As part of our commitments under our *Fit For The Future* strategy, we committed to track the benefits associated with service centralisation and establishment of our two *Centre of Excellence*. This month I was delighted to see an early evaluation of stroke services following their centralisation at Cheltenham General. Despite many staffing challenges – medical, nursing and therapy the service has been transformed and also the outcomes

for patients. Crucial to good outcomes is a service that achieves safe and rapid imaging to enable access to life transforming treatments and specialist staff. Since the centralisation of stroke services at Cheltenham General Hospital the team has improved access to imaging within an hour (gold standard care) from 54% to 74% (52 minutes median time to 11 minutes) and 71% of patients were admitted to a specialist stroke unit within four hours of a stroke being confirmed compared to just 32% previously (383 minutes median to 15 minutes). We know from the evidence that achieving these care goals significantly reduces both mortality and morbidity from stroke; hospital mortality has been consistently less than expected for the last 12 months with 27 fewer deaths than expected. We are now rated 'B' overall in the Sentinel Stroke National Audit Programme from a previous rating of 'E'. There is still more to do, particularly in respect to access to therapy services, but this is truly transformational.

- 2.6 This month the Three Counties Medical School (TCMS) (hosted by the University of Worcestershire) has achieved a significant milestone following an announcement that they have secured nationally funded training places for 50 post-graduate medical students which, alongside 22 self-funded international students, will lead to the first cohort of 72 students commencing in September 2024. A proportion of these students will be on placement with the Trust. TCMS is also seeking our support to bid for a further 104 funded places for the 2025 intake. The Trust has currently committed to support a cohort of 100 students and will be working with TCMS to explore the implications and opportunities associated with a greater cohort.

Deborah Lee
Chief Executive Officer

4 October 2023

Report to Council of Governors			
Date	12 October 2023		
Title	External Audit Contract Extension		
Author /Sponsoring Director / Presenter	Karen Johnson, Director of Finance Ed Taylor, Head of Procurement Steve Perkins, Director of Operational Finance		
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>The completion of the most recent External Audit for FY 22/23 the primary term of the contract with Deloitte LLP, tendered in 2020 is now concluded, currently ending on the 31st October 2023.</p> <p>Following the completion of their third audit for GHFT, GMS and Charity accounts, Deloitte LLP have met and delivered the requirements of the contract, without any material issues.</p> <p>The contract has an option to extend for up to two more years.</p> <p>Currently NHS system partners GHC and GICB have entered into new external audit contracts removing the ability to collaborate like we did for internal audit tender – the earliest opportunity to consider a system wide approach will be in two years.</p> <p>HFMA recently published a report on the “NHS external audit market” in August 2022. Where they outlined the experiences of their members struggling to appoint an external auditor, with little or no interest being shown in invitations to tender for external audit services. The main issues outlined by HFMA leading to this lack of interest in delivering public sector audit are</p> <ul style="list-style-type: none"> - Audit risk: There is now significantly greater regulatory pressure from the Financial Reporting Council (FRC) on audit firms to deliver higher quality audits and to demonstrate much greater professional scepticism. - Auditor capacity: As a profession, there is a capacity challenge for external auditors which goes beyond public sector audit and there are competing demands on staff within the audit firms. - Independence: firms need to make a choice between external audit and internal/non-audit services. With increasing procurement on a system basis for internal/non-audit services, this is reducing the attractiveness of external audit contracts. - Fee levels: The increasing audit regulatory risk, workload is pushing audit fee levels up in the external audit market – in both the private and public sector. <p>Audit committee considered the options of extending the existing contract, appointing directly to a new auditor via a framework and undertaking a full procurement exercise. Given the current market position it was agreed to proceed with the contract extension option.</p> <p>The proposal put forward by Deloitte has shown a significant cost increase over the original term prices – this represents the impact of the issues outlined above and takes account of a revised plan to meet the capacity needed to audit the Group. It should be noted that in each financial year of the initial term period there have been additional overrun costs which the Trust has had to meet</p>			

– the 22/23 position gives an equivalent cost position c£282k to compare against the new year offer price of c£345k.

Recommendation

The Council of Governors is asked to receive the contents of the report as a source of assurance of the process undertaken and to support the extension of the external audit contract.

Enclosures

Background

1.1. Following the previous briefing paper in May to audit committee members, where the market issues were outlined and the options available were presented, it was decided to proceed with the recommendation of exploring the extension of the contract with the incumbent supplier Deloitte LLP.

1.1. This has taken a longer time than initially desired due to the extra work Deloitte LLP undertook in regards to the Trust accounts and the availability of their lead auditor to have capacity to review and submit a proposal until after the submission period for FY22/23 accounts were completed.

2. Baseline: FY23/24 - circa. £108k exVAT

2.1. The original tender, from 2020, had a fixed price rate card for the three years of the primary term and projected the costs for each year based on an indicative audit plan. With each year’s audit plan to be signed off annually and the overall “variation” to be based on the hours committed/worked in delivery of the plan.

2.2. In the tender the rate card (exVAT) and indicative hours were:

Grade	Year 1	Year 2	Year 3	Audit Type	Partner/ Director	Audit Manager	Senior Auditor	Audit Assistant	Trainee	Specialist Staff	Other	Total Days
Partner/Director	2,000	2,000	2,000	Statutory Accounts (Authority)	6.5	17	30	25	15	3	0	96.5
Audit Manager	1,000	1,000	1,000	Quality Accounts (Authority)	1	2	7.5	0	0	0	0	10.5
Senior Auditor	750	750	750	Statutory Accounts (Charity)	0.5	2	5	0	0	0	0	10.5
Audit Assistant	550	550	550	Statutory Accounts (GMS)	1	2	0	10	0	0	0	7.5
Trainee	550	550	550	% of Grade mix, across all contracted audits	7.1%	18.0%	33.3%	27.5%	11.8%	2.4%	0.0%	125
Specialist Staff	1,000	1,000	1,000									
Other	-	-	-									

2.3. There were also provisions for uplifts over the primary term when the revisions to ISA 240, ISA 315 and IFRS 16 became effective. Which first occurred in FY22/23 at:

- 1.1.1. £8,000 for IFRS 16
- 1.1.2. £12,500 for ISA 240 and 315.

2.4. Making the indicative FY22/23 GHFT total (excluding the GMS and charity elements) **circa. £107,625 exVAT**

2.5. Deloitte LLP bill FY2/23: £104,877, using the above rate card (see 2.2)

Auditor	Hours	Days	Rate	Fee
Michelle Hopton	35	4	£2,405	£10,523
Lauren Parsons	145	18	£1,203	£21,797
Callum Keating	15	2	£1,203	£2,255
Paige Tan	21	3	£1,203	£3,157
Rachel Ng	155	19	£902	£17,475
Amrit Brar	34	4	£902	£3,833
S2	51	6	£661	£4,217
Total	456	57	-	£63,257

Deloitte LLP – GHFT bill FY2/23

- £63,257 - Audit plan (as per table on the left)
- £8,000 - ISA315 and ISA240
- £21,797 - IFRS16
- £2,646 - Prior year adjustments
- £9,177 - cashflow and reporting section
- 400x billable hours to rectify their overrun not billed.

Total Bill £104,877 exVAT

2.6. Deloitte LLP advise that they have absorbed c40% of the costs of the overrun and are roughly where they should be base don the audit plan agreed for FY23 and the additional provisions agreed in advance for IFRS 16 and ISA 240 & ISA 315 revisions. The adjusted outturn bill plus baseline sets a comparison cost of **c£282k**

3. Deloitte LLP - Extension proposal £345k per annum

3.1. The contract was set up on a fixed rate card for the primary term with the optional extensions to be uplifted by the annual RPI. Which results in a rate card adjustment of circa 30% following the cumulative impact of RPI year on year (Apr-21 RPI @ 1.5%, Apr-22 RPI @ 9%, Apr-23 RPI @ 8.7%).

The audit is split into several key elements – the resource needed to complete each stage of the audit has been set out below.

Role	Planning	Interim including VFM	Final	Charity	GMS	Total
Lead	12	16	60	20	30	138
Senior Manager/ Manager	40	120	294	33	45	532
Qualified	40	184	728	120	232	1,304
Part Qualified	40	-	352	-	-	392
Junior	-	80	394	120	40	634
Total	132	400	1,828	293	347	3,000
Fee	15,180	46,000	210,220	33,695	39,905	345,000

3.2. Deloitte LLP Caveats:

- 3.2.1. There are no more than three sets of accounts provided to audit to review - Draft, Updated and signed
- 3.2.2. The working papers are provided in line with the agreed project plan and deadlines
- 3.2.3. Quality working papers are provided to audit
- 3.2.4. This does not include any scope changes which may arise in relation to changes in accounting and auditing standards and changes to the size and complexity of the group or changes to IT systems etc which would be additional billable items
- 3.2.5. Inflation from FY23 to FY24 has been estimated at 10%
- 3.2.6. The fee estimate is based on the client's responsibility to provide financial statements, detailed audit schedules and other required information to the required level of quality in accordance with an agreed appropriate timetable. Should the client not provide information within the timetable they will be required to for any additional time incurred, plus disbursements and VAT.

4. **The Ask**

- 4.1. With the above information, and the previous paper (enclosed) outlining the market conditions, are the council willing to appoint the incumbent auditor for the remaining two (2) years of extension available in the current contract.
 - 4.1.1. It should be noted that the contract offer is above the current budgeted level – the cost difference will need to be included within each entity's financial plan for next year.
- 4.2. Deloitte LLP have highlighted the increased hours is in line with what they are putting forward to all their customers, and is influenced by the additional working required following the changes to practices and standards that first went live in FY22/23.
 - 4.2.1. Since the original tender prepared in 2020 there have been significant changes within the external market and additional work required to respond to regulatory changes which have impacted on auditor expectations.
 - 4.2.2. From a regulatory perspective the introduction of ISA 315 (an auditing standard around risk assessment) and the revised ISA 240 (fraud) are expected to continue. These are changes have a material impact on the volume of work required for example the changes to reviewing journals under ISA 240 adds an additional 200 hours.
 - 4.2.3. In addition, there has been increased scrutiny from regulatory reviews in relation to audit challenge on management judgements and estimates. This has led to ISA 540 being revised and implemented in 2022, increasing the level of audit challenge and documentation required in relation to assessing management judgements and estimates. This in turn significantly increased the resources needed in order to complete a fully compliant ISA audit

- 4.2.4. The above hours from Deloitte LLP would be subject to the annual audit plan sign off.
- 4.2.5. The final rate card would be based on the prevalent CPI rate in Apr-24 (currently on a downward trend, 6.38% for Jul-23). So above is a projected “maximum”. And to be adjusted in Apr-25 by prevailing CPI.

Report to Council of Governors			
Date	12 October 2023		
Title	Medium Term Plan Update		
Author /Sponsoring Director/Presenter	Karen Johnson, Director of Finance Steve Perkins, Director of Operational Finance		
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>Purpose</p> <p>This purpose of this report is to update the group on the medium term plan requirements set out by NHS England (NHSE).</p> <p>Following the 2023/24 planning process NHSE have set out a requirement for systems to produce a medium-term financial plan covering three years (with the first year being 2023/24).</p> <p>An initial plan was submitted in early September – NHSE wanted this to show how systems will reach financial balance (including through the use of non-recurrent measures) for 2024/25.</p> <p>An updated plan was required by the 29th September to show how recurrent balance will be delivered by the end of the planning period.</p> <p>Within the ICS each partner has produced their own medium term plan, using consistent planning assumptions, which have been combined and triangulated to determine the overall system position.</p> <p>For future years the Trust is modelling the impact of national tariff and inflation assumptions – the impact of these is c£20m per annum cost pressure which is equivalent to c2.4% of annual spend. Across the ICS it has been agreed that organisations will include 2.5% FSP per annum (with the Trust including 3% for 2024/25) – this addresses the standstill issue but does not significantly impact the underlying position.</p> <p>In each year the commissioner has also advised that £7.5m ERF funding will be made available, on a non recurrent basis, to support the financial position.</p> <p>In addition to a revenue plan a final capital plan is also required. As per the draft plan there is an allowance to be 5% above the indicative allocation level. There are significant risks that have not</p>			

been affordable within the capital plan and further discussions on how these risks are managed and mitigated will be needed.

Recommendation

The Council of Governors is asked to receive the contents of the report as a source of assurance that the financial position is understood.

Enclosures

GHNHSFT Council of Governors: Medium Term Finance Plan October 2023

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Medium Term Financial Plan (MTFP) Overview

- Following the 2023/24 planning round systems were asked to develop medium term financial plans with a key aim to demonstrate financial stability for the system.
- A draft plan was required by the 8th September, to show balance in 2024/25, with a subsequent plan on the 29th September to show medium term balance.
- Systems have the flexibility they need to develop medium term financial plans that satisfy local requirements.
- Systems should also be free to set their own priorities, reflecting on the national priorities for the current year as an indication of the direction of travel. Systems are also free to make their own assumptions regarding inflation, population changes, pay growth, allocations etc.
- Assumptions should be set out clearly in plan outputs so that they can be scrutinised, as should a summary of the system's priorities. Systems may wish to include a sensitivity analysis as a way of testing the impact of changes to any assumptions and to think about how they would cope.
- Year 1 of the 5 year MTFP is 2023/24.
- Across the South West there is an agreed set of planning assumptions which the system is using.
- Submissions will be reviewed by the regional team for feedback to systems prior to sharing with the national team for review and subsequent discussions.

GHT Medium Term Financial Plan (MTFP) Overview

- Through the 2023/24 planning round the Trust developed a medium term financial plan.
- This was based on the detailed budgeting information contained with the ledger.
- Included in the model were the national / local planning assumptions, agreed developments and sustainability schemes.
- At the end of the 2023/24 planning round this showed;
 - An underlying recurrent deficit of £37m
 - In year recurrent savings required of c£28m (to deliver a breakeven position)
 - Non recurrent measures to balance the position
 - Additional income from the commissioner (£23.1m)
 - Inclusion of share of ICB ERF funding to the bottom line (£7.5m)
 - Technical non recurrent actions (£7.9m)
- Within the monthly financial reporting to F&R an update of the impact of in year overspends into the medium term plan has been shared due – the impact of this is summarised on the next slide.

GHT Underlying position

- The March 2023 planning return showed an exit underlying recurrent deficit of £55m. Due to increases in commissioner income and in the level of the sustainability programme, the final exit position for 2023/24 from planning was a £37m recurrent deficit
- The position shown below outlines the key drivers that were shared during the budget setting process with committees
- The plan for 2023/24 was a breakeven position due to the inclusion of non recurrent items to offset this position

	£'000s
Recurrent deficit	37,232
Non recurrent spend areas	1,240
Deficit / (surplus) before NR actions	38,472
Less ICB NR income	-23,084
Less ICB ERF funding	-7,500
Less NR items	-7,888
Deficit / (surplus) in the May submission	0

- As reported through the finance report the Trust is experiencing a range of financial pressures in 2023/24
- These pressures have had a high level assessment as to their recurrent nature giving an updated underlying closing deficit position of c£62m

Issue	£'000s
2022/23 divisional outturn pressures	3,288
Inflation at 2022/23 prices	2,303
RMNs	2,914
FSP shortfall 2022/23	10,437
NcTR	1,800
Passthrough drugs and devices	891
Covid	1,740
Recurrent income adjustments	31,637
Opening 23/24 underlying deficit	55,010
Depreciation and cost of capital	1,250
Clinical excellence awards	150
CNST	1,500
Divisional intolerable risks and capacity requirement	7,940
GMS energy pressure	2,771
Review of budgets	-1,859
Income changes to reflect contract plans	-556
Pay inflation 23/24 as per guidance	8,479
Non pay inflation 23/24 as per guidance	11,124
Income inflation 23/24 as per guidance	-20,540
FSP - 23/24 delivery target	-28,035
Planned closing 2023/24 deficit	37,234
FSP - 23/24 red schemes shortfall	11,222
FSP - 23/24 NR delivered schemes	4,941
Cost of capital - NR funded 23/24	2,700
Other outturn issues	13,175
Updated closing 2023/24 deficit as per July F&R	69,272
Revision to other outturn issues	-7,398
Closing 2023/24 underlying recurrent deficit as per August F&R	61,874

Updated MTFP

- As part of updating the MTFP we have included the recurrent impact of the 2023/24 outturn
- In addition planning assumptions for income and inflation that are consistent across the South West have been used – broadly this show pay inflation of 2.1%, non pay inflation of 1.3% and income growth of 0.7% per annum
- The updated plan currently includes agreed developments and ongoing estimated budgetary increases e.g. depreciation, clinical excellence, CNST and cost pressures (totalling c£7m per annum)
- Summarised below is the output of these assumptions

All E'000s	2023/24	2024/25	2025/26	2026/27	2027/28
July F&R reported deficit / (surplus)	69,270	88,099	107,197	126,791	146,949
Medical pay award and tariff changes impact	816	179	145	148	152
2023/24 outturn impacts	-6,711	-77	-78	-79	-80
Tariff update	0	-1,270	-9	-9	-9
B/f impact of prior year changes	0	-5,895	-7,064	-7,007	-6,946
August F&R reported deficit / (surplus)	63,375	81,035	100,190	119,845	140,067
Inclusion of 1.9% FSP	0	-14,741	-15,106	-15,478	-15,859
B/f impact of prior year changes	0	0	-14,741	-29,847	-45,325
September Board reported deficit / (surplus)	63,375	66,294	70,343	74,520	78,883
Update to 2.5% FSP	0	-4,655	-4,652	-4,650	-4,650
23/24 outturn update, 24/25 0.5% FSP and productivity increase	-1,500	-6,853	103	98	100
B/f impact of prior year changes	0	-1,500	-13,008	-17,557	-22,110
September F&R reported deficit / (surplus)	61,875	53,286	52,785	52,410	52,223
Inclusion of NR ERF funding		-7,500	-7,500	-7,500	-7,500
September F&R reported deficit / (surplus)	61,875	45,786	45,285	44,910	44,723

- Moving through each year the deficit grows, pre sustainability, by c£20m per annum. Our position includes 2.5% sustainability schemes per annum (3% in 2024/25 plus productivity gains). This essentially meets the standstill requirement and begins to address the underlying deficit. Further work from system savings will be undertaken to support addressing the underlying position

Approach to sustainability schemes

- Sustainability schemes need to be included within the financial position
- A discussion on the approach to take has been held by Execs which looked at addressing the standstill requirement and addressing the underlying deficit
- Three scenarios were considered (based on the July position)
 - Spreading the challenge equally per year
 - A phased ramping up of sustainability delivery
 - An end loaded approach to sustainability
- It was agreed that a phased approach would be taken with transformation schemes forming a greater share of the sustainability target each year
- For planning purposes it was agreed that in the ICS position a sustainability target of 2.5% would be included – whilst this doesn't address the standstill requirement it limits the growth in the underlying deficit. Further work would be undertaken to develop transformational schemes to address the underlying position.
 - System wide workshops have been undertaken to identify opportunities and programmes of work
 - Internal work with divisions, supported by the PMO, to look at benchmarking and internally suggested ideas

Overall system position

- Summarised below is the overall ICS position reported in the medium term plan

GLOUCESTERSHIRE ICS MTFP - 5 Year System View - High Level Financial Plan (£k)					
Gloucestershire ICS MTFP	Year 1 2023/24	Year 2 2024/25	Year 3 2025/26	Year 4 2026/27	Year 5 2027/28
Exit/Opening Recurrent Underlying Surplus / (Deficit)	(108,920)	(105,113)	(82,371)	(62,352)	(42,346)
<i>Incremental Resources</i>					
Allocation / Funding Growth	158,664	37,611	44,744	47,278	48,872
Core Savings (see System Savings Schedule)	48,239	34,980	26,811	25,971	26,185
System Savings (see System Savings Schedule)	0	16,457	14,430	14,579	12,954
<i>Incremental Expenditure</i>					
Less Price/Demand Growth	(196,049)	(66,307)	(65,966)	(67,822)	(70,434)
Strategic Investments	(7,046)	0	0	0	0
Closing Recurrent Underlying Surplus / (Deficit)	(105,113)	(82,371)	(62,352)	(42,346)	(24,768)
<i>Cumulative improvement / (worsening) in underlying position</i>	3%	24%	43%	61%	77%
Non-recurrent savings (see System Savings Schedule)	0	19,894	16,300	16,300	16,300
Other Non-recurrent actions	85,518	19,398	15,919	15,940	8,467
High risk non-recurrent actions yet to be identified	19,595	0	0	0	0
Closing Position	0	(43,079)	(30,133)	(10,105)	0

Medium term capital plan

- As part of the submission the system must also produce a balanced five year capital plan, with the focus being on 2024/25 – 2025/26.
- The current assumption is that the system will receive capital in lines with the 23/24 system allocation – schemes which have separate central funding sources are not included.
- The three programme areas (digital, estates and medical equipment) had a list of priorities which meant an oversubscription of requests against the planned £24m CDEL allocation. Following challenge, review and reprioritisation this has been reduced to an oversubscribed programme (between 15%-23% per annum).
- A system consolidation and review exercise on 31st August has allowed the system to absorb some of this for the draft submission (now between 4-11% oversubscribed per annum)
 - Systems are allowed to submit draft plans up to 20% oversubscribed.
- Further discussions about prioritisation, risk and impact of the capital for the Trust and system are to take place during September with a view to submit a balanced plan for 29th September. (This includes a GHFT board development session on 14th September)

	2425	2526	2627	2728	2829
Operational Capital					
a) Estates - Highest Priority	13,750	11,930	18,590	13,650	10,900
a) Med Equipment - Highest Priority	7,852	6,502	3,500	3,951	7,492
a) Digital - Highest Priority	8,391	10,572	5,926	11,103	4,712
Total Highest Priority	29,993	29,004	28,016	28,704	23,104
Working Assumption of GHFT element of System Capital Allocation	24,404	24,404	24,404	24,404	24,404
Oversubscribed, Undersubscribed, Balanced	(5,589)	(4,600)	(3,612)	(4,300)	1,300

← Draft Submission

Next steps

- Continued review of outturn issues
- Identification and development of sustainability schemes
- Discussions with the ICS on system allocations and available funding
- Scenario modelling of impact of schemes
- Review of capital commitments and opportunities

Any questions



Report to Council of Governors			
Date	12 October 2023		
Title	Patient Experience Annual Report – June 2023		
Author /Sponsoring Director/Presenter	Head of Patient Experience – Katherine Holland Deputy Director of Quality – Suzie Cro Director of Quality and Chief Nurse – Matt Holdaway		
Purpose of Report			Tick all that apply ✓
To provide assurance	x	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	x
To provide advice		To highlight patient or staff experience	x
Summary of Report			
Purpose			
<p>The purpose of this report is to provide a high-level summary of some of the highlights of this year’s activities to improve experience of care/patient experience.</p>			
Executive summary			
Improving experience of care			
<p>1.1. We have worked with our system partners at the Personalised Care Board to deliver the priority work streams (shared decision making, personalised care and social prescribing).</p> <p>1.2. Improving experience of care was at the core of our priority work programmes that we have reported on in our Trust Quality Account.</p> <p>1.3. We have aligned our experience of care improvement work with our staff experience of care work.</p>			
Using Insight and feedback			
<p>1.4. We have made sense of what our insight and feedback told us and used this to drive further improvements.</p> <p>1.5. We have been utilising our existing feedback measures (surveys, friends and family test, and local insight) to inform plans and decisions at both strategic and operational levels.</p> <p>1.6. Listening to people’s experience of care – and the views of staff who provide it- played a crucial part in our oversight after the decision to Board patients on our wards to ensure that our delivery of services across the Trust was as safe as it could be, effective and continuously improving.</p> <p>1.7. We have been listening and responding to patient stories at Board level by incorporating story telling as a key methodology for learning from care. We will be enabling this tool to be further rolled out in 2023/24.</p>			
Co-production as a default for improvement			
<p>1.8. We have continued to make small steps to use co-production as our default methodology to include people with lived experience at the centre of how we learn and embed change.</p> <p>1.9. We have started this journey and have been embedding this within the teaching at the Gloucestershire Safety Quality Improvement Academy (GSQIA).</p> <p>1.10. We have recruited Patient Safety Partners (PSPs) and have included them in our improvement work. Our PSPs were involved in our Boarding Quality Summits at the end of the year.</p>			

Looking forward to 2023/24

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

- 2.1 To ensure patients feel involved in decisions about their care as part of the shared decision - making work starting with our information for patients
- 2.2 Development and implementation of volunteer roles to support our patients in our hospital with no criteria to reside. These wellbeing volunteer roles will provide cognitive stimulation to our patients.
- 2.3 Working with our ICB colleagues to promote and increase the support from VCSE sector in admission avoidance and discharge processes
- 2.4 Conclude procurement process with our community and mental health partners to provide and implement a robust, quality translation and interpreting service
- 2.5 To continue to drive the delivery of the Accessible Information Standard (AIS) including testing new patient letters and SMS services
- 2.6 Work with Inclusion Gloucestershire to prioritise and develop our information for patients into an easy read format
- 2.7 Establish an accessibility reference group to support our AIS delivery and accessibility of our sites and services
- 2.8 Roll out PLACE lite to build a robust process ahead of PLACE 2023 and linked with our other assessment processes
- 2.9 Provide coaching to the teams participating in the simple discharge rapid improvement work
- 2.10 Establish an Experience of Care council using the Improving Experience of Care framework
- 2.11 Work with ICS colleagues to enable delivery of Personalised Care.

Conclusions

Overall, our patients report a positive experience of our services, though there are a number of areas identified where improvements are required, particularly around communication, Accessibility, discharge experience, feeling listened to and the environment. Divisional teams are leading improvement work supported by the patient experience teams, and this will be reported through QDG by the divisions on an ongoing basis. Any exceptions will be reported by the Head of Patient Experience through to QDG.

Recommendation

Q&P members are asked to receive and note the Patient Experience Annual Report 2022/23

Enclosures

Patient Experience Report Annual Report 2022/23

ANNUAL IMPROVING EXPERIENCE OF CARE REPORT 2022/23

1. Purpose of Report

- 1.1. The purpose of this report is to provide a high-level summary of some of the highlights of this year's activities to improve experience of care/patient experience.

2. Executive summary

Improving experience of care

- 2.1. We have worked with our system partners at the Personalised Care Board to deliver the priority work streams (shared decision making, personalised care and social prescribing).
- 2.2. Improving experience of care was at the core of our priority work programmes that we have reported on in our Trust Quality Account.
- 2.3. We have aligned our experience of care improvement work with our staff experience work.

Using Insight and feedback

- 2.4. We have made sense of what our insight and feedback told us and used this to drive further improvements.
- 2.5. We have been utilising our existing feedback measures (surveys, friends and family test, and local insight) to inform plans and decisions at both strategic and operational levels.
- 2.6. Listening to people's experience of care – and the views of staff who provide it- played a crucial part in our oversight after the decision to Board patients on our wards to ensure that our delivery of services across the Trust was as safe as it could be, effective and continuously improving.
- 2.7. We have been listening and responding to patient stories at Board level by incorporating story telling as a key methodology for learning from care. We will be enabling this tool to be further rolled out in 2023/24.

Co-production as a default for improvement

- 2.8. We have continued to make small steps to use co-production as our default methodology to include people with lived experience at the centre of how we learn and embed change.
- 2.9. We have started this journey and have been embedding this within the teaching at the Gloucestershire Safety Quality Improvement Academy (GSQIA).
- 2.10. We have recruited Patient Safety Partners (PSPs) and have included them in our improvement work. Our PSPs were involved in our Boarding Quality Summits at the end of the year.

3. Improving experience of care

- 3.1. At the core of the ambition we expressed in our Trust Quality Strategy 2019-2024 was that, we wanted improving people's experiences to be as important as improving clinical outcomes

and safety. The Trust is committed to ensuring that improving experience of care is embedded in quality work, including within our services, and across clinical pathways.

3.2. In April 2021, the National Quality Board (NQB) developed a document called [“Improving experience of care: A shared commitment for those working in health care systems”](#) and this document sets out an updated shared understanding of experience (see below) and what the best possible experience of care looks like. This document also outlines key components for delivering the best possible experience of care in systems and in hospitals.

3.3. The national primary drivers are aligned with our own and are: -

- coproduction as a default for improvement,
- using insight and feedback, and
- improving experiences of care at the core priority of work programmes.

National Quality Board – Experience (personalised and caring)

‘Experience’ can be understood in the following ways:

1. What the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The ‘what’ of people’s experiences can be thought of in two ways:

- the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the ‘relational’ aspects of experience);
- the processes that the person is involved in, or which affect their experience, such as booking an appointment (this is known as the ‘functional’ aspects of experience).

2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.

National Quality Board 2021

Improving experience of care: A shared commitment for those working in health care systems

National Quality Board

3.4. We have used the NQB’s document Improving experience of care (National Quality Board (NQB) (2021) to underpin how we have set out our Quality Priorities for our Quality Account for 2023/2024.

Gloucestershire Integrated Care Board (ICB) personalised care programme of work

3.5. In this last year, we have been working with our ICB colleagues and attending the Personalised Care Board to implement the personalised care programme of work.

Strategic Fit: Personalised Care



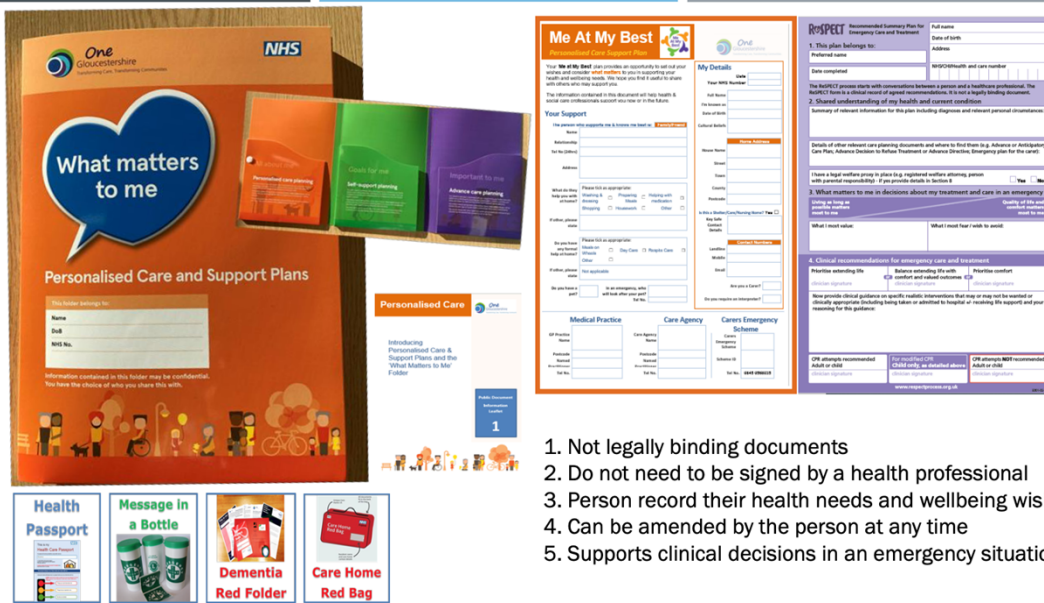
3.5.1. Personalised care is one the five major changes in the NHS Long Term Plan. It is a response to the most pressing issue of the time, health inequalities, enabling delivery of tailored care that better meets the needs of those excluded by a “one size fits all” approach. The NHSE Comprehensive Model provides us with a practical framework for delivery. It encompasses 6 implementation work streams and vital enabling activities that support personalised practice.

3.5.2. In this year, for **shared decision making** we have started to roll out the “ask 3 questions” shared decision making questions on our patient information leaflets starting with transition. We also began work with the Shared Decision Making CQUIN.

3.5.3. For **personalised care**, we have supported the product design of ICS wide personalised care documentation.

Picture: What matters to me products

REFLECTIONS |
'PERSONALISATION INTO PRACTICE' PRODUCT DESIGN



3.5.4. The ICB Project Lead has worked with us, as an organisation, and has socialised the documentation with the following clinical areas: - Homeward Assessment Team, High Intensity User/ Homelessness Team, Palliative Care Team, Paediatric Team Cheltenham, ED/Urgent Care Team and Care of the Elderly – ward 6b Team.

Photo – pledge commitment to mobilise What Matters to Me (WM2M).

GHFT – Pledge Commitment to onboard and mobilise WM2M

REFLECTIONS |
'PERSONALISATION INTO PRACTICE' EARLY ADOPTERS



3.5.5. At October's Quality Delivery Group, we had a presentation by Hannah Gorf, Commissioning Development Manager NHS Gloucestershire on "Social Prescribing Champions Network" explaining the concepts of social prescriptions and the numbers of referrals (18,000 in Gloucestershire since October 2017).

3.5.6. Going forward into 2023 we will have a Personalised Care Strategy Board (PCSB) Workshop in June 2023 to check in on the ICS priorities for 2023/24.

Quality Account

- 3.6. As a Trust, we have a Quality Strategy which is delivered through annual quality priorities. The quality priorities, form a key element of the delivery of the Trust's objective to provide the "Best Care for Everyone". This report demonstrates how we have worked to achieve our quality priorities relating specifically to the experiences of our patients, carers and families.
- 3.7. Our published Quality Account for 2022/23 can be found [here](#).

4. Services / improvement focus

Volunteers

- 4.1. Volunteers are crucial to the NHS's vision for the future of health and social care, as partners with our skilled staff, not as substitutes for them. Volunteer roles can provide challenge and rewarding opportunities for people of all ages and backgrounds.
- 4.2. In Gloucestershire, we have been working closely with our NHS and VSCE partners in the delivery of Go Volunteer Gloucestershire. This is supported by the Gloucestershire Volunteering Collaborative.
- 4.3. The GVC aims to increase the number and diversity of volunteers in Gloucestershire. They are also driving Employer Supported Volunteering and realising the potential benefits to staff.
- 4.4. ICS volunteering network is working to enable a One Gloucestershire vision for volunteering and GHT are an active member of this network.
- 4.5. During 2022/23, we had 261 volunteers providing support to our clinical and non-clinical teams. We recruited 45 new volunteers and 44 volunteers left the service. We were not actively recruiting for six months while we had a vacancy in the team.
- 4.6. Our volunteers currently provide support in 13 different roles including; welcome and wayfinding, ward support, Emergency Department patient support, maternity support and outpatient support. We have a further 5 new roles in development including; pharmacy support, Paediatrics support, Interactive Patient Support (linked to the work around supporting patients with no criteria to reside) and discharge lounge support.

Carers

- 4.7. Carers are a hugely important asset to the NHS. However, too often carers do not receive the recognition and support that they need and deserve from the NHS. We need to do more to help identify, support and recognise their vital roles. Helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care and more effective use of NHS resources.¹

¹ NHS England Commitment to Carers (2014) [commitment-to-carers-may14.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/commitment-to-carers-may14.pdf)

- 4.8. Locally in Gloucestershire we have been working collaboratively as our carers have told us that they want us to remove barriers for them and for NHS organisations to work better together. We have started doing this alongside our NHS partners and Gloucestershire Carers Hub.
- 4.9. This includes better sharing of information, a joint handbook for carers, carers awareness sessions for both staff and those using our services and a carers hospital reflection group which enables carers to share their experiences.
- 4.10. We have been pleased to be able to extend the offer of free tea and coffee plus the discounted food offer to our carers as well as our staff recognising the contribution carers make.
- 4.11. Looking into 2023/24 we will be increasing the membership and outputs of the hospital reflection group to enable further quality improvement work to take place in this area. We will also be introducing awareness sessions for staff around how to support carers.

Patient information

- 4.12. Good quality patient information enables patients to make decisions about their care and treatment including being fully informed before consenting to tests, procedures and taking medications.
- 4.13. Our Trust has a clear process in place to support the development of new patient information and ensuring existing information is kept updated. We have a Patient Information Review Group consisting of staff and members of the public. Our easy read leaflets are reviewed by the review group at Inclusion Gloucestershire. All of our patient information is available electronically on our website.
- 4.14. The **total number** of leaflets created, reviewed or updated during 2022/23 was **262**, of this number **41** were **new** leaflets (plus 4 information sheets). This figure excludes our easy read titles. Only **25** of the new leaflets were reviewed by the **PIRGs**. The reason for this was due to the information being copied from existing up-to-date leaflets then minor amendments made to create the new title. Also, some new items were information sheets, containing only website details for further information and the others were needed quickly or were instructions only.
- 4.15. We currently have **23** easy read titles. All of these titles have been updated/created in 2022/2023. There are **7 new** titles (1 created by Inclusion Gloucestershire) available for order with a further 3 waiting for the author(s) approval.
- 4.16. Our Trust has 660 titles available to order from our contracted printers, however, during 2022/23 only 445 titles were ordered. Our Trust spend in printed patient information is shown below:

Division	Total spend (£)
Corporate	1,081.69
Diagnostic & Specialist	7,009.05
Medical	11,930.15

Division	Total spend (£)
Surgical	12,125.00
Women's & Children	3,229.13
Total spend 2022/23	35,375.02

Arts for our community

4.17. There is an expanding body of evidence to demonstrate the impact art can have on health, particularly for children, young people and older adults. There is an emerging evidence base for the impact art can have on mental health².

4.18. Our art programme has been delivered in conjunction with Cheltenham and Gloucester Hospital Charity who have kindly funded art coordinator time in addition to art resources. Additional pieces supported by Pied Piper Appeal, The Wilson Art Gallery and the Confetti Fields.

4.19. We have supported the following arts projects:

- Emergency Department bereavement suite in conjunction with the Confetti Fields
- Emergency Department Mental Health room, working collaboratively with patients and carers
- High quality replicas of art work displayed at Cheltenham General Hospital from the Wilson Gallery in Cheltenham
- Commission of a large mural outside the Children's Centre, kindly supported by Pied Piper Appeal and working collaboratively with patients, parents and staff
- Introduction of art carts in Children's Centre supported by volunteers
- Working with local art company, SquidSoup to bring a light and sound art installation known as Submergence to our hospitals, following a successful bid to Innovate UK
- Baby remembrance garden at Gloucestershire Royal Hospital
- Dementia friendly art work on the new Gallery ward 2

4.20. Going into 2023/24 the following projects will be completed:

- Chedworth Day Surgery Unit at Cheltenham General Hospital
- Discharge Lounge at Gloucestershire Royal Hospital
- Delivery and evaluation of the Submergence installation
- Delivery and completion of the Children's Centre mural
- Various art work pieces celebrating NHS75 including the unveiling of Hands that Cared sculpture, bunting and photographic history of the NHS in Gloucestershire.
- Completion of the baby loss garden
- Quayside House Community Diagnostic Centre to improve the experiences particularly of our patients with dementia.
- Begin work on the internal artwork of Children's centre
- Support volunteers to be able to use creative methods to reduce cognitive deconditioning of our patients.

² Fancourt, D., Warran, K., Aughterson, H. (2020) Evidence Summary for Policy: The role of arts in improving health & wellbeing (Report to the Department for Digital, Culture, Media & Sport [DCMS report April 2020 finalx_1.pdf \(publishing.service.gov.uk\)](#))

- Introduction of music to our art programme

Equality Delivery System (EDS) 22

4.21. The EDS is an improvement tool for patients, staff and leaders in the NHS.

4.22. It is designed to support NHS organisations to have active conversations with patients, public, staff, staff networks, community groups and trades unions - to review and develop their approach in addressing inequalities in health access, experiences, impact and outcomes.

4.23. The EDS comprises eleven outcomes spread across three Domains:

- Commissioned or provided services
- Workforce health and well-being
- Inclusive leadership.

4.24. The outcomes are evaluated, scored, and rated using available evidence and insight. It also provides assurance or actions for equality improvement relating to services, workforce and leadership. It gives consideration of nine 'protected characteristics' and those who suffer health inequalities, e.g. areas of deprivation, veterans, carers, etc.

4.25. The two agreed services for review during 2022/23 were Cancer Services and Translation and Interpreting Services. The score for domain 1 is scored collaboratively as a system

4.26. Our results as a Trust are as follows:

Domain	Overall score
Domain 1: Commissioned or provided services overall rating	6
Domain 2: Workforce health and well-being overall rating	2
Domain 3: Inclusive leadership overall rating	3

4.27. Our focus for the 2023/24 year will continue to be Translation and Interpreting Services and Accessibility of our services both in terms of the physical environment and information for those using our services.

Translation and Interpreting services

4.28. Our Trust policy is to ensure that any patient requiring an interpreter should have access to an independent interpreter. As a Trust we hold a contract with DA Languages Plc to deliver our spoken language translation and interpreting services. For those patients requiring British Sign Language our contract is with Gloucestershire Deaf Association.

4.29. During 2022/23, our usage and spend as a Trust has been

Service Type	Volume	Spend
Face to face Interpreting	3,936	£170,548.19
Telephone Interpreting	3,359	£24,213.00

Service Type	Volume	Spend
Translation / Transcription	65	£8,032.04
Video Remote Interpreting	99	£7,123.02

Our top 10 languages by frequency for 2022/23 were:

Language	Volume
Polish	1,457
Arabic	735
Romanian	670
Czech	631
Slovak	439
Bengali	328
Portuguese	198
Ukrainian	191
Russian	170
Farsi	160

4.30. Looking to 2023/24 we will be re-tendering our contract for both spoken language interpreting and translation as well as our BSL provision. We will be doing this as an ICS along with our ICB, Council and Health and Care colleagues.

4.31. We will also be embarking on engagement work with our local communities and our staff to increase awareness of the provision we have and why it is important. Both of these points were identified as gaps in the EDS22 reporting.

Patient Experience Network National Awards (PENNA)

4.32. PENNA are the only awards programme to recognise best practice in patient experience across all facets of health and social care in the UK. The Patient Experience Network is an independent, non-affiliated, not for profit organisation. Gloucestershire Hospitals NHS Foundation Trust has had long supported teams to enter a project or initiative in for a PENNA and has had an excellent track record. 2022/23 saw us shortlisted for our initiatives in the Emergency Department to improve patient, carer and staff experience.

5. Using Insight and feedback

5.1. Our experience data is captured using multiple methodologies to enable us to reach as many of our patients, carers and families as possible. Existing insight routes are through friends and family test, CQC national patient survey programme, local surveys, PALS, complaints and other experience methodologies e.g., patient stories, 15 Steps Challenge, focus groups give us good insight into acute services in Gloucestershire.

5.2. When reviewing our local data, it is also helpful to understand the national picture of public satisfaction with the NHS.

5.3. The overall satisfaction with the NHS fell to 29 per cent³ – a 7 percentage point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983. Satisfaction with inpatient services fell to 35 per cent. Satisfaction with outpatient services fell to 45 per cent. Despite falling by 4 percentage points, outpatients remain the highest-rated service. Satisfaction with A&E services dropped 8 percentage points to 30 per cent, also a record low. 40 per cent of respondents said they were dissatisfied with A&E services, an 11-percentage point increase and a new record level of dissatisfaction. This is the largest change in dissatisfaction in a single year since the question on A&E services was first asked in 1999.

Patient Advice and Liaison Service (PALS)

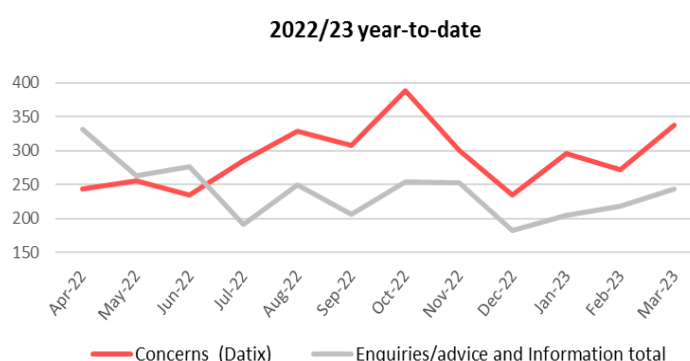
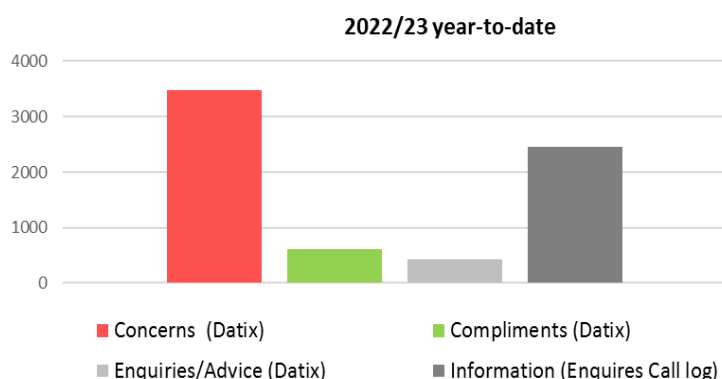
- 5.4. Our PALS team speak with staff and support services to help resolve concerns and issues raised by patients and their carers or families. They also answer questions, give advice and signpost to other services.
- 5.5. All concerns raised are logged on the Trust’s Datix system. The team identify key categories and subjects relating to the issues raised, and log them against the department and division involved.
- 5.6. All other advice, queries, and support requests are monitored for reference and learning.
- 5.7. Throughout 2022/23 we have been reviewing how we report on concerns both to the Quality Delivery Group and internally to divisional leads. This has led to a new reporting style being adopted to enable the collation and summary of key themes and trends at a divisional level. Quarterly reports summarising the main reasons patients and carers raise concerns are made available and distributed to divisional leads. The aim of these reports is to help explain and understand the concerns and frustrations our patients experience every day. The information provided should be used to raise awareness of issues and help identify and support quality improvement activity. Working with divisions we are looking to increase the frequency of these reports and break the data down by specialism.
- 5.8. We have also been auditing how and what information is logged into Datix to make sure we can derive effective insights and learning from our data.

Table: Overall activity in PALS for 2022/23

PALS Activity	Q1	Q2	Q3	Q4
Concerns (Datix)	732	921	923	898
Compliments (Datix)	231	165	106	113
Enquiries/advice and Information total	871	647	688	668
Enquiries/Advice (Datix)	128	131	95	72
Information (Enquires Call log)	743	516	593	596

³ The National Centre for Social Research’s (NatCen’s) British Social Attitudes (BSA) most recent annual survey was conducted between 7 September and 30 October 2022. A nationally representative sample of 3,362 people about their satisfaction with the NHS and social care services. 1,187 people were also asked about their satisfaction with specific NHS services and views on NHS funding. (Morris, J. et al (2023) *Public satisfaction with the NHS and social care in 2022*. [Report Kings Fund and Nuffield Trust](#))

Total Activity	1834	1733	1717	1679
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Enquiries/Advice calls

5.9. Enquiry and advice calls range in topic, from general visiting information, or appointment information, to requests for patient locations, or signposting to other services. The largest number of calls handled by the PALS team are in reference to complaints. Access to Health records, extension enquiries, and appointment information are also received in high numbers each month.

	2022										2023		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Access to health records	21	17	10	9	10	14	19	17	4	13	11	22	
Appt information	36	28	19	10	12	15	20	18	9	12	15	19	
Covid	4	2	1		2		1	2	1		1		
Extension enquiries	14	14	22	10	12	5	21	17	6	14	9	14	
Forward to complaint	40	30	20	27	34	24	41	33	27	44	40	42	
from complaints	3	2	4	2	1	2	1	2	1	6		1	
GP enquiry	5	6	10	4	1	4	4	3	4	2	1	1	
Lost property	23	24	16	6	6	6	11	10	10	13	6	11	
Other PALS teams	16	23	24	11	19	11	14	24	22	16	25	21	
Patient location	24	14	26	8	7	6	14	11	15	5	6	7	
Visiting information	6		1		2	2	3	1	1	1	2		
Work experience	2	4	1		1	4		3		1	2	4	
Other	91	65	75	61	90	78	67	84	52	59	76	74	
Grand Total	285	229	229	148	197	171	216	225	152	186	194	216	

Concerns

5.10. The total number of concerns raised through PALS in 2022/23 was 3,481 an increase of 15% compared to 2021/22, and 45% compared to the total number of concerns received in 2020/21. This calculates an average of 290 concerns raised per month in 2022/23.

Annual Report April 2022- March 2023

5.11. The total number of concerns closed in 2022/23 was 3,492, which averages at 291 closures per month. While we have managed to meet the demand of new incoming concerns being raised by the public, our PALS service remains under pressure due to a back log of concerns, coupled with the fact that the time taken to close concerns is increasing year-on-year.

Graph: Number of new concerns raised each month in 2022/23

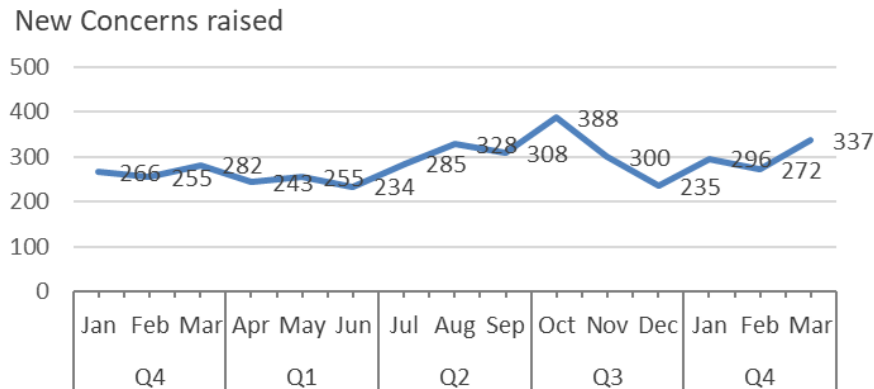
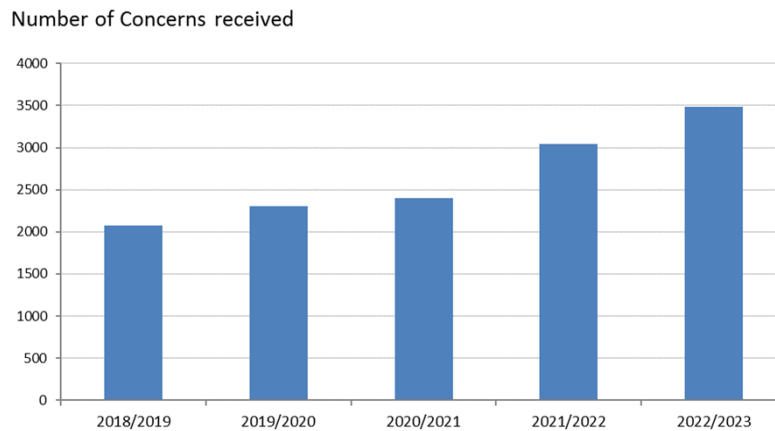


Chart: Year-on-year comparison of concerns received



PALS Response Times

5.12. In 2020/21, 75% of concerns were closed within 5 working days. In 2021/22, this had risen to 6 working days. This year, in 2022/23 75% of concerns were closed within 8 working days. The median number of days to close a case has also risen from 2 to 4 days in 2022/23.

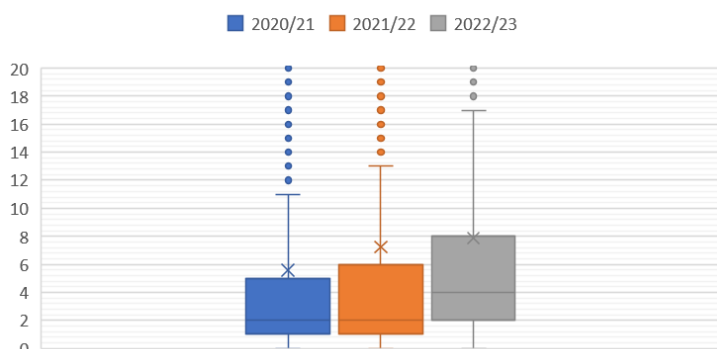
5.13. The increase in time taken to resolve concerns is thought to be due to an increase in complexity of issues raised within each concern. Additionally, this has been linked to reported difficulties getting in contact and receiving responses from staff in conjunction with the issues raised. We also believe that more cases are being re-opened after their initial closure as new information is revealed and contact re-established.

5.14. To monitor this more closely we have started to break down the main subjects of concerns into individual issues, to try and better understand the complexity of each concern, and to better understand why patients and their family to get in touch with us.

Patient Experience

Annual Report April 2022- March 2023

Number of working days taken to resolve issues and close concern



PALS Themes and Insight

5.15. The top theme surrounding issues raised in concerns is to do with communication, either with the patient, their carer, family or Next of Kin (NOK). This is closely followed by concerns about appointments, with issues about availability, waiting times, or cancellations.

Table: Breakdown of concerns received by Division: top Sub themes only 2022/23

	Medical	Surgical	Women & Children	Diagnostic & Specialities	Corporate	Gloucestershire Managed Services
Communication with patient	210	198	33	33	22	5
Appointment - availability (Inc. urgent)	186	175	45	54	4	
Communication with relatives/carers	190	43	11	7	9	5
Delay or failure in treatment or procedure	72	123	15	15		
Delay or failure in acting on test results	60	57	11	35		
Appointment Cancellations	47	82	13	6	7	
Discharge Arrangements	111	30	1	6		
Appointment - failure to provide follow-up	41	66	12	10	3	
Delay in giving information/results	57	17	1	9	1	
Loss of/damage to personal property	67	13		2	1	2
Length Of Waiting List	3	80	1	1		
Access to health records	7	1	1		70	
Failure to provide adequate care	61	13	2	1		
Dispute over diagnosis	32	27	9	5		
Referral - Delay	14	40	10	6	1	
Appointment - letter not issued/not received	13	16	3	7	21	
Service configuration			57		2	
Delay or failure to diagnose (e.g. missed fracture)	33	16	6	2		
Attitude of Medical Staff	14	19	8	10		
Attitude of Nursing Staff/midwives	28	15	4	1		

	Medical	Surgical	Women & Children	Diagnostic & Specialities	Corporate	Gloucestershire Managed Services
Communication with GP	27	11		4	3	
Cancellation of operation/procedure	2	41	2	1		
Access To Services	12	10	3	1	3	1
Emergency Department/MIU waiting time	29				1	

Diagnostics and Specialities Division

5.16. Concerns for D&S peaked in August following an increase in concerns raised for Clinical Haematology around appointment availability and cancellations. Radiology account for approx. 37% of concerns raised with the main issues being delays or failures to act on test results and appointment availability. Oncology and Therapy departments both account for 16% of concerns each. In oncology issues are to do with communication with the patient, appointment availability and delay or failure to act on test results. In Therapy issues are concerning appointment availability, delay or failure in treatment and discharge arrangements.

Medicine Division

5.17. Throughout the year there has been a relatively stable number of concerns logged for the Medical division, averaging approx. 120 concerns per month. Emergency Department (ED) accounted 17% of concerns, Cardiology 16%, and Care of the Elderly and Neurology both 14% each. In ED issues are mostly to do with lost property, followed closely by communication with relatives, carers, and the patient themselves. Waiting times are a third key theme noted in concerns raised in ED.

5.18. The number of concerns raised for Cardiology has risen significantly throughout the year, more than doubling from an average of 10 concerns raised per month in Q1 to 26 per month in Q4. The major issue being appointment availability.

5.19. In Care of the Elderly communication with relatives or carers and discharge arrangements are the main causes for concerns. Appointment availability along with communication with the patient are the key themes in Neurology

Surgery Division

5.20. Surgical concerns totalled 1,163 for the year, averaging at 97 concerns per month. There was an increase in concerns raised in March, with 131 concerns logged altogether. This is due to increasing numbers of concerns raised for ENT, Elective Ortho, Urology, and a large spike from Lower GI regarding appointment availability and cancellations.

5.21. 23% of surgical concerns relate to Urology, with most issues being to do with communication with the patient and a delay or failure to provide treatment, and also then a delay or failure to act on test results.

5.22. Trauma account for approx. 16% of concerns with varying reasons related to a mixture of communication with patient and relatives, and delay or failure in treatment and appointment availability. Discharge arrangements and length of waiting list also coming through. Elective Orthopaedics account for 14% with issues around waiting lists and communication.

5.23. ENT account for 10% of concerns raised for the division, most of which are regarding appointment availability, cancellations, and delay to referrals.

Women and Children's Division

5.24. Maternity accounted for the 37% of all concerns raised for the division, however a large proportion of these were raised in October due to the closure of postnatal beds at Stroud Maternity Unit.

5.25. Gynaecology received 98 concerns for the year with a range of issues logged. Most were to do with appointment availability, but other issues were to do with delay or failure in procedure and or test results, appointment cancellations and failure to provide follow-up.

5.26. Concerns raised for paediatrics are again quite varied but communication with the parents and appointment availability were the top themes. Appointment availability in community paediatrics was another theme.

Corporate (and other)

5.27. Legal services and Access to health records account for the highest volume of concerns in the Corporate division, receiving an average of 8 concerns a month.

5.28. Booking services received 57 issues throughout the year with the main issue about appointment letters not being issued or received.

5.29. Estates received 20 concerns about parking (including cost, availability of disabled parking, and general management of parking).

Feedback about corridor care

5.30. A 15 steps challenge was undertaken on the 24th March 2023 to support the planned quality summit review of the quality of care that patients receive while in our corridors. In line with many comments received via the FFT, the finding show that Patients' privacy and dignity is compromised when being cared for in the corridors. It is busy environment to be in, and from these observations we can also see that working in this way is a challenge for staff as well.

Friends and Family Test (FFT)

- 5.31. The trust collects FFT ratings⁴ and feedback comments via a series of automated text surveys, combined with feedback postcards, and various online surveys.
- 5.32. Individual responses are combined at ward and specialty level and made available to services each month. Summary reports, highlighting the key themes at divisional level, are also produced and shared with leadership teams for discussion and review on a monthly basis.
- 5.33. Where a service or dept does not have sufficient feedback, we will work with them to either include them in any current surveys where possible, or introduce something new if needed. We are always looking at how we can improve our insight by either adding additional questions into the automated survey or introduce new methods to collect feedback from areas where automated is not viable.

Implementation and data collection

- 5.34. In July 2022, we changed the format of our Inpatient and day case surveys in order to allow us to increase the number of questions alongside the FFT rating question to gather more detailed patient/care feedback and insight of our services.
- 5.35. Overall, throughout 2022/23 the number of responses received totalled 77,992. This is lower by approx. 9% compared 2021/22, but on par with 2020/21.
- 5.36. We have increased the number of outpatient ratings received by extending our automated surveys to now include Thirlestaine Breast surgery patients, and Aspen Dermatology patients.
- 5.37. Feedback response numbers for ED have remained relatively stable throughout the year, however the inclusion of additional questions regarding wait times, pain management, and listening and involving patients, has allowed us to gather more usable data on patient experiences in the ED, and also to help support internal quality improvement activity.
- 5.38. We plan to continue to develop and evolve the distribution methods of the FFT over the next year. We will work in response to service changes to make sure as many services as possible can receive patient/carer feedback and insight to support quality improvement and monitoring.
- 5.39. As we increase the distribution to reach more services, there will be an impact of cost, and also a strain on resource. While we are using our systems to automate the dissemination of results back to services and departments as much as possible, there is a demand for more detailed analysis and triangulation of insights gathered at a divisional and service line level.

⁴ The Friends and Family Test (FFT) is feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The basis of the FFT revolves around a set question that asks how patients would rate their overall experience, on a scale of "Very good" to "Very poor".

Gloucestershire Hospitals FFT Total number of Responses & Positive score – Quarterly Data

Care type		Q1	Q2	Q3	Q4	2022/23 Total
Unscheduled care (ED)	Total Responses	2,793	3,023	2,662	2,532	11,010
	Positive score	66.6%	69.4%	69.6%	80.1%	71.2%
Inpatients & Day cases	Total Responses	3,843	3,695	3,551	4,599	15,688
	Positive score	87.8%	90.1%	88.6%	91.4%	89.6%
Outpatients	Total Responses	11,255	12,598	9,889	16,561	50,303
	Positive score	93.0%	93.7%	93.6%	94.8%	93.9%
Maternity	Total Responses	213	209	228	263	913
	Positive score	83.6%	88.1%	88.2%	87.4%	86.9%
Other*	Total Responses	14	11	16	37	78
	Positive score	21.4%	27.3%	43.0%	54.1%	42.2%
Trust	Total Responses	18,118	19,536	16,346	23,992	77,992
	Positive score	87.7%	89.2%	88.5%	92.4%	89.7%
Overall Trust Positive score (Quarterly)		87.7%	89.2%	88.5%	92.4%	89.7%

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

Extended FFT

5.40. In some areas, we have extended the questions asked as part of the FFT. The results of these additional questions are included in the monthly results for each area as appropriate.

5.41. We have extended the FFT in 7 clinical areas including Maternity, Day Surgery, Department of Critical Care and Paediatrics.

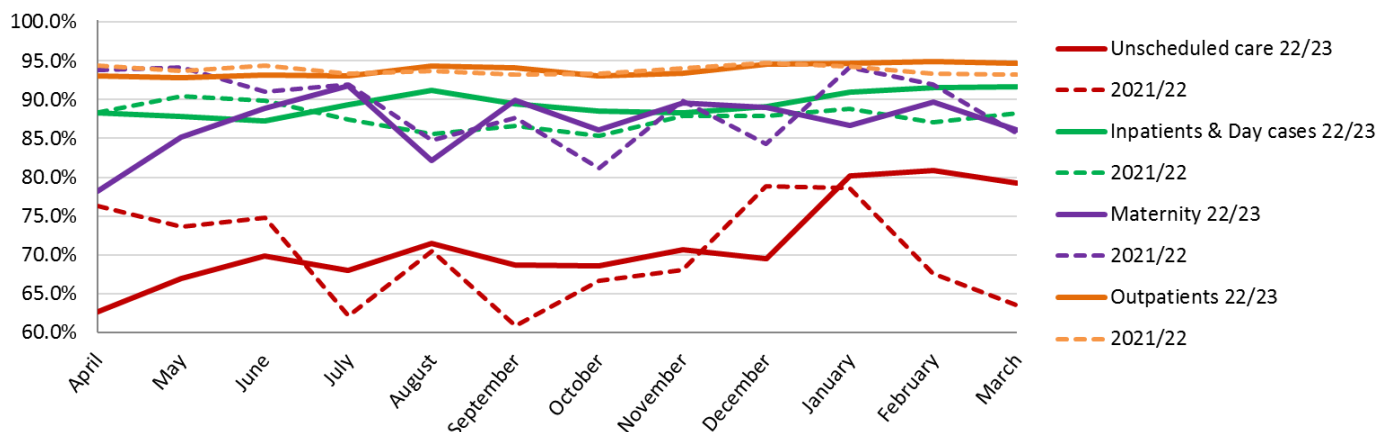
5.42. We will be extending this further to include a further 4 areas including Virtual wards and clinics and the discharge lounge

FFT Themes and Insight

5.43. Trust scores have trended slightly above 2021/22 for the majority of the year, with quarter 4 seeing major improvements seen in ratings for Unscheduled Care, moderate improvements for Inpatients and Day cases, and slight increases observed for outpatients. Maternity ratings have trended slightly lower than 2021/22.

Graph: Year-On-Year comparison of FFT ratings for the main Care Types

Gloucestershire Hospitals FFT Positive score



Unscheduled care (ED)

5.44. Feedback ratings shifted significantly in Q4. Several factors helped contributed to this change in sentiment, including general public perception due to various health worker strikes. Locally there were external communications to the general public about the pressures the ED's were under, highlighting different care pathways and routes to the ED. Internally there have been several initiatives introduced to help raise awareness of waiting times in the ED, and to help improve communication and interactions with patients who have been waiting a long time, or those who are particularly vulnerable.

Inpatients and Day case

5.45. Feedback from day case patients generally is much more positive than that of our inpatients. Comments from day case patients suggest issues with waiting for operations or last minute cancellations are the main cause of negative experiences.

5.46. Inpatients feedback is more mixed with issues including a lack of basic care being provided, such as missed meals, or not being washed or changed. Expectations appear to be lower, as often sympathy for staff is demonstrated, alongside perceptions of difficult working conditions and stretched resources.

5.47. Feedback on corridor care has also been tracked in support of internal efforts and policy reviews on safety. The experiences described by patients again is often mixed. Negative impacts on experiences when being cared for in the corridor range from a lack of privacy, and disrupted sleep to a lack of physical space for belongings or food/drink. Comments do however suggest that with good communication and proper support, patients can still feel safe and well cared for.

Maternity

5.48. Feedback in Maternity is complex and variable dependant on where and when in the pathway feedback is given. Generally, in previous years and throughout 2022/23 feedback during the birthing experience is mostly very positive. Comments suggest women are supported and feel well cared for. There are however fewer positive reviews and accounts of experiences from women who stay on the postnatal ward. This includes difficulties getting help or attention from staff and also delays with pain relief and medication. Postnatally in the

community throughout the course of 2022/23 there have been comments suggesting not enough support is given to families once discharged, including lack of communication around midwife and health visitor check-ups, and not enough support for feeding or missed tongue tie diagnosis.

5.49. Improving the experiences of women and birthing people on our maternity ward is a priority for our midwifery team and we are working collaboratively with Gloucestershire Maternity and Neonatal Voices Partnership to deliver improvements.

Outpatients

5.50. Due to the larger numbers of feedback received for outpatient appointments, rating scores tend to be more stable, averaging at 93.7% over the last 4 years. Comments and themes vary depending on specialty. Common themes that make both a positive and negative experience across specialisms include, feeling listened to, not being rushed through consultations, having clear treatment plans and next steps explained. In the last quarter of the year we saw an increase in negative feedback from people about parking and access to the hospital at both sites. This continues to be monitored but has been exacerbated by significant building works across sites.

5.51. We have seen an increase in requests for improved information and communication about car park closures and changes in routes when accessing the hospital departments. This is a great source of anxiety for patients when attending their appointments. This is being monitored by the Trust Access and Egress group with engagement of community partners including the Sight Loss Council, Inclusion Gloucestershire, Gloucestershire Deaf Association and Healthwatch Gloucestershire.

National Survey Programme

5.52. There were three National Survey Programme reports published during 2022/23 these were

- National Inpatient Survey
- National Maternity Survey
- National Cancer Patient Experience Survey

5.53. The National Survey Reports uses an 'expected range' analysis technique which has been improved this year to include more nuanced categories to determine if our trust is performing better, worse, or about the same when compared with most other Trusts. Importantly, this is a national comparison with all other Trusts who took part in the survey.

5.54. We monitor our patient experience data in between the national surveys using the Friends and Family Test Survey.

National Inpatient Survey

5.55. The National Inpatient survey was published online in September 2022 and looks at the experiences of our adult inpatients that meet specified criteria as set by the CQC.

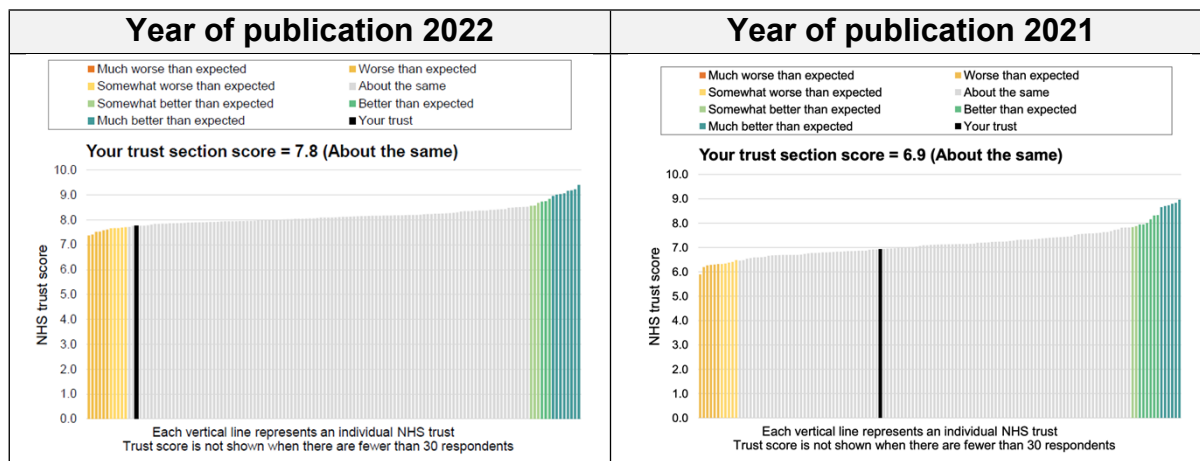
5.56. Our overall Trust Score was 7.8 and so we benchmarked "about the same" as other Trusts taking part in the Survey. Our benchmark position has declined and we are no longer "middle

Patient Experience Annual Report

April 2022- March 2023

of the pack” and this will need to be monitored over the next year.

Graph: CQC National Survey ED results benchmarking score 2022 and 2021



5.57. In summary, in 2022 we scored comparatively to other NHS Trusts

- ‘about the same’ in 43 questions
- ‘somewhat worse than expected’ in 2 questions
- ‘worse than expected’ in 2 questions

5.58. The areas experience is better and where we could improve is shown in the table below

Where patient experience is best

- ✓ Taking medication: patients being able to take medication they brought to hospital when needed
- ✓ Waiting to be admitted: patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
- ✓ Including patients: patients feeling included in nurses' conversations about their care
- ✓ Answers to questions: hospital staff answering patients' questions before the operation or procedure
- ✓ Information about medicines to take at home: patients being given information about medicines they were to take at home

Where patient experience could improve

- Noise from other patients: patients not being bothered by noise at night from other patients
- Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- Equipment and adaptations in the home: hospital staff discussing if any equipment or home adaptations were needed when leaving hospital
- Help with eating: patients being given enough help from staff to eat meals, if needed
- Feedback on care: patients being asked to give their views on the quality of their care

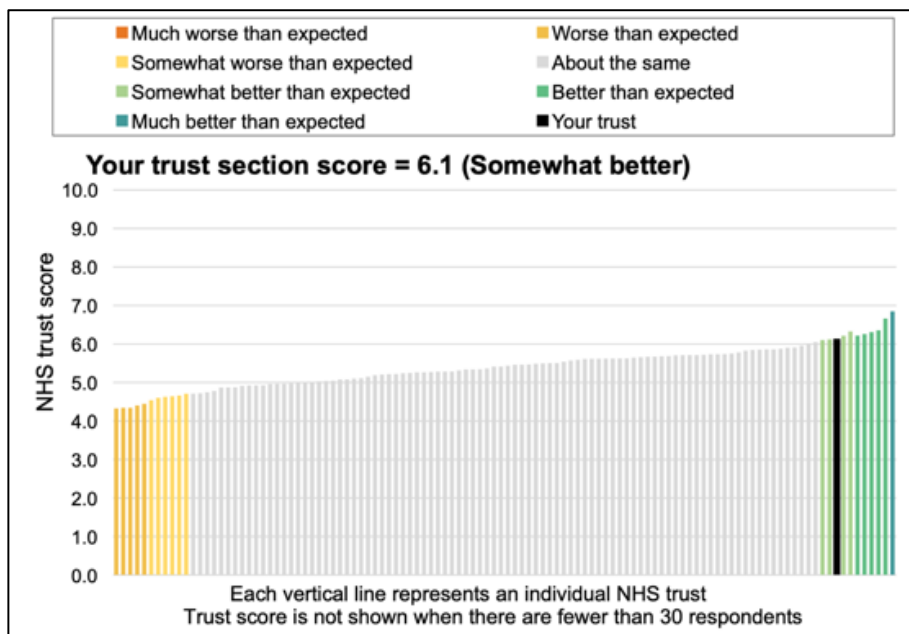
5.59. These themes about concerns relating to discharge have been echoed in our Friends and Family Test and Patient Advice and Liaison Service (PALS) data. Through our PALS service we have heard from carers and families with concerns about food for patients. We are pleased that patients have reported feeling involved in conversations about their care and their questions being answered prior to operations and procedures.

National Maternity Survey

5.60. The National Maternity Services Survey has been an annual survey since 2019 and looks at the experience of women and birthing people across the maternity pathway.

5.61. We were delighted that we were ranked 7th out of 121 Trusts providing maternity services.

Graph: CQC National Maternity Survey results benchmarking score



5.62. Primarily we use our survey data to monitor change over time and compare our performance with other Trusts. The questions which our trust has performed better compared with most other Trusts are listed below. Within the full report the benchmarking section used the ‘expected range’ analysis technique to show how our Trust scored for each evaluative question in the survey compared with other Trusts that took part. This enabled us to see the range of scores we achieved and can provide us with an indication of where we perform better than the average, and what we should aim for in areas where you may wish to improve.

5.63. In summary: -

- We had no questions where we benchmarked “Somewhat worse than expected”.
- We had 12 questions where we benchmarked “Somewhat better than expected”.
- We had 10 questions where we benchmarked “Better than expected”.

List: Benchmarking data

<h3>Better than expected</h3> <ul style="list-style-type: none"> • B3. Were you offered a choice about where to have your baby? • B4. Did you get enough information from either a midwife or doctor to help you decide where to have your baby? • B12. Were you given enough support for your mental health during your pregnancy? • B13. During your pregnancy, if you contacted a midwifery team, were you given the help you needed? • B15. Thinking about your antenatal care, were you involved in decisions about your care? • C7. At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital? • C14. Did the staff treating and examining you introduce themselves? • C16. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you? • C18. During labour and birth, were you able to get a member of staff to help you when you needed it? • C21. Thinking about your care during labour and birth, were you treated with respect and dignity?
<h3>Somewhat better than expected</h3> <ul style="list-style-type: none"> • B9. During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy? • B17. Did you have confidence and trust in the staff caring for you during your antenatal care? • C4. Were you given enough information on induction before you were induced? • C12. If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted? • C22. Did you have confidence and trust in the staff caring for you during your labour and birth? • C23. After your baby was born, did you have the opportunity to ask questions about your labour and the birth? • C24. During your labour and birth, did your midwives or doctor appear to be aware of your medical history? • E2. Were your decisions about how you wanted to feed your baby respected by midwives? • F5. Did you see or speak to a midwife as much as you wanted? • F8. Did the midwife or midwifery team that you saw or spoke to take your personal circumstances into account when giving you advice? • F9. Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home? • F17. In the six weeks after the birth of your baby did you receive help and advice from health professionals about your baby's health and progress?

5.64. Below is a summary of our top five and bottom five questions for our Trust (comparing our results to the Trust's average) enabling us share a simplified summary of our results.

Table: CQC National Maternity Survey things to celebrate and things to improve

Results for Gloucestershire Hospitals NHS Foundation Trust

Where mothers' experience is best

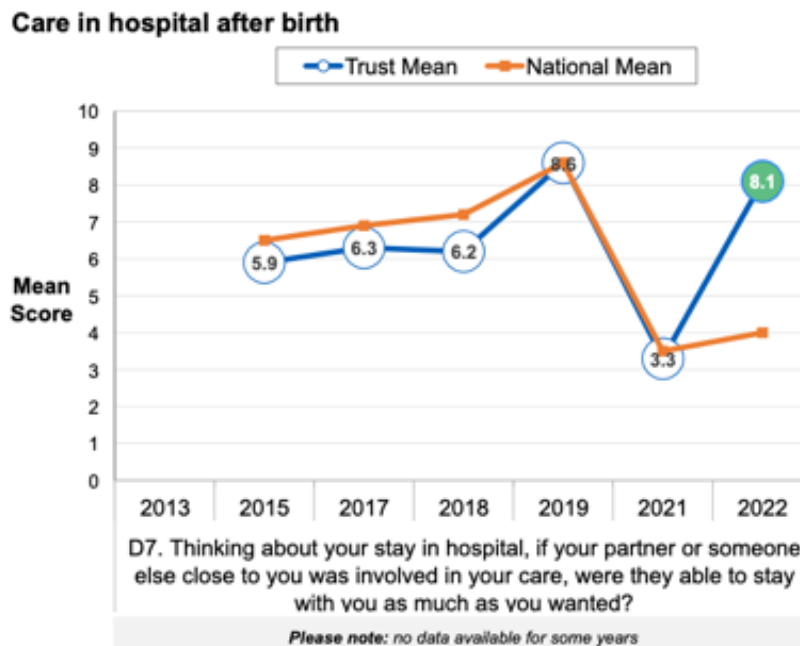
- ✓ Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- ✓ Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- ✓ During antenatal check-ups, mothers being given enough information from either a midwife or doctor to help decide where to have their baby.
- ✓ Mothers (and / or their partner or a companion) being left alone by midwives or doctors at times when it worried them during labour and birth.
- ✓ Mothers being offered a choice about where to have their baby during their antenatal care.

Where mothers' experience could improve

- The midwife or health visitor asking about mothers' mental health during their care after birth.
- Mothers receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after giving birth.
- Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby.
- At the start of their pregnancy, mothers being given enough information about coronavirus restrictions and any implications for their maternity care.
- Mothers being treated with kindness and understanding while in hospital after the birth.

5.65. We had one particular question which showed a significant increase from 2021 to 2022, which was enabling partners to stay as much as women wanted. We were well above the national average and this demonstrates our person-centred approach to care.

Graph: Question D7 National Survey showing significant increase in reporting for partners being able to stay over



This shows a significant **increase** in the trust mean for this question for 2022 compared to 2021

National Cancer Patient Experience Survey

5.66. The National Cancer Patient Experience Survey⁵ has run annually since 2010. It has been designed to monitor progress on cancer care to provide information to drive local quality improvements.

5.67. We scored above expected in 20 areas including being involved in decisions about care and treatment, the whole care team worked well together and overall experience of care. The table below shows where we have scored above and below expected.

⁵ The survey is overseen by a national Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guide questionnaire development. The survey is commissioned and managed by [NHS England](#). The implementation, analyses and reporting is completed by [Picker](#). Our full report can be found at [2021 National Cancer Patient Experience quantitative reports \(ncpes.uk\)](#)

Questions Above Expected Range

	Case Mix Adjusted Scores			National Score
	2021 Score	Lower Expected Range	Upper Expected Range	
Q3. Referral for diagnosis was explained in a way the patient could completely understand	73%	59%	69%	64%
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	82%	65%	78%	71%
Q13. Patient was definitely told sensitively that they had cancer	79%	69%	78%	73%
Q15. Patient was definitely told about their diagnosis in an appropriate place	88%	81%	87%	84%
Q19. Patient found advice from main contact person was very or quite helpful	98%	94%	98%	96%
Q20. Treatment options were explained in a way the patient could completely understand	87%	79%	86%	82%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	84%	75%	83%	79%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	80%	70%	80%	75%
Q23. Patient could get further advice or a second opinion before making decisions about their treatment options	60%	45%	60%	52%
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	78%	67%	76%	72%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	97%	90%	96%	93%
Q27. Staff provided the patient with relevant information on available support	95%	86%	93%	90%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	81%	72%	80%	76%
Q29. Patient was offered information about how to get financial help or benefits	80%	61%	77%	69%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	84%	74%	83%	78%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	60%	48%	59%	54%
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	65%	50%	61%	55%
Q51. Patient definitely received the right amount of support from their GP practice during treatment	53%	36%	51%	44%
Q56. The whole care team worked well together	94%	88%	93%	91%
Q59. Patient's average rating of care scored from very poor to very good	9.1	8.7	9.1	8.9

Questions Below Expected Range

	Case Mix Adjusted Scores			National Score
	2021 Score	Lower Expected Range	Upper Expected Range	
Q58. Cancer research opportunities were discussed with patient	30%	33%	55%	44%

Local Surveys

- 5.68. The Patient Experience Team have supported clinical teams with further understanding their patients' experiences of care and to support the implementation of changes to services. We have completed 27 local surveys during 2022/23 including in Palliative Care, Gynaecology, Ophthalmology, Maternity and Neonatal.
- 5.69. In addition, we have 4 surveys which started in 2022/23 and are ongoing including in Psychology, Endoscopy and Vascular.
- 5.70. Looking forward to 2023/24 we have 7 local surveys planned including Tackling Tobacco dependency, Neuro-oncology, Pain Management and Radiology.

Healthwatch Gloucestershire

- 5.71. Healthwatch Gloucestershire are a key partner in enabling us to understand the experiences of those using our services. This is through engagement work and specific exploratory work undertaken by Healthwatch Gloucestershire.
- 5.72. Healthwatch Gloucestershire have produced 11 reports during 2022/23 covering a range of topics within health and social care including understanding how we can provide better access to digital healthcare, how we can better communicate with our communities to improve care and understanding the experiences of asylum seekers and refugees accessing health and care services. The recommendations of these reports have been accepted by local NHS organisations and we are working collaboratively with Healthwatch Gloucestershire to implement changes. The full Healthwatch Gloucestershire annual report can be accessed [here](#)
- 5.73. The priority areas for Healthwatch Gloucestershire for 2023/24 are shown below. We will be working collaboratively with our Healthwatch partners to support their work.

Top four priorities for 2023-24

1. **Cost of living crisis:** The impact on people's ability to access health and care services.
2. **Social Care Assessments:** People's experiences and perspective on the quality of information, the process, and support available.
3. **Urgent and emergency care:** Evaluating people's experiences of local services.
4. **Access to GPs:** A follow up investigation to highlight changes over time and current difficulties.

6. Co-production as a default for improvement

- 6.1. We have continued to make small steps to use co-production as our default methodology to include people with lived experience at the centre of how we learn and embed change.

- 6.2. We have started this journey and have been embedding this within the teaching at the Gloucestershire Safety Quality Improvement Academy (GSQIA).
- 6.3. We have recruited Patient Safety Partners (PSPs) and have included them in our improvement work. Our PSPs were involved in our Boarding Quality Summits at the end of the year.
- 6.4. Our collaborative working with Gloucestershire Maternity and Neonatal Partnership has allowed us to prioritise areas for improvement based on the experiences of those using the services, both women/ birthing people, partners and staff.
- 6.5. Our ongoing work with Inclusion Gloucestershire to co-produce our patient information in an easy read format while also providing insight to enable us to prioritise previously untranslated information.
- 6.6. We have been working with the Sight Loss Council and Pocklington Trust to improve the wayfinding options available to our patients including co-producing an audio guide providing directions to several locations as identified by our patients.
- 6.7. Carers have asked us to break down the barriers between our organisations and we have been working with our carers and ICS partners to have one NHS handbook providing information and useful contact details.
- 6.8. We have worked with Healthwatch Gloucestershire to support the design of the new Community Diagnostic Centre to ensure we are meeting the needs of our patients.

7. Plans and quality Priorities 2023/24

7.1. As laid out in our Quality Account our priorities for improving the quality of experience in for 2023/24 are as follows: -

No.	Priority for 2023/24	Why we have chosen this priority	Patient Experience Team plans
1.	To improve maternity safety/ experience	The priority for 2023/24 will be focused on delivering the 10 safety standards within the NHS Resolution Maternity Incentive Scheme (MIS) .	<ul style="list-style-type: none"> • To continue to improve the experiences of our postnatal ward working collaboratively with GMNVP and monitoring impact through FFT • Support improvements in the offer for women and birthing people where English is not their first language • Improve the information available to women and birthing people when they are discharged and to support feeding • Promote 'Ask 3 questions' to enable shared decision making • Introduction of a patient experience coordinator to further support triangulation of insight data

2.	To improve emergency department (ED) care safety/ experience	One of our programmes of work we have chosen to report on will be delivering the Commissioning for Quality and Innovation indicator (CQUIN 05) “Identification and response to frailty in emergency departments” .	<ul style="list-style-type: none"> • To build the team of volunteers in our ED to enhance the experiences of patients, carers and their families • Delivery of Patient Led Assessments of the Care Environment • Monitor impact of improvement initiatives through FFT and PALS insight • Promote ‘Ask 3 questions’ to enable shared decision making • Promote the use of ‘What Matters to Me’ folders to support personalised care
3.	To improve adult inpatient safety/ experience	Our adult inpatient Friends and Family positive feedback tells us that patients do not like to be cared for in corridors and therefore our focus will be on reducing/eliminating Boarding of patients on wards.	<ul style="list-style-type: none"> • Implement a volunteer programme and work collaboratively with our system partners including VCSE to support our patients with no criteria to reside and who are in our hospitals for a longer period of time. This will be in conjunction with our Arts Coordinator and a charity funded Volunteer Coordinator role • Introduce PALS champions within the Ward Clerk workforce to support patients/ carers and families at ward level • Delivery of Patient Led Assessments of the Care Environment • Promote ‘Ask 3 questions’ to enable shared decision making • Monitor impact of these initiatives through FFT, National Inpatient survey, PALS and feedback from our system partners • Promote the use of ‘What Matters to Me’ folders to support personalised care • Increase accessibility of our PALS team to include ‘pop up PALS’ across our sites • Support the introduction of virtual wards
4.	To improve experience of discharge	In order to release beds for waiting patients we will have an improvement programme focused on “simple” discharges .	<ul style="list-style-type: none"> • Work collaboratively with Gloucestershire Safety and Quality Improvement Academy to support initiatives to improve discharge experiences including <ul style="list-style-type: none"> ○ criteria led discharge, ○ volunteer support for TTO delivery, ○ improved insight into the experiences of the discharge lounge • Monitoring through FFT, PALS and the National Inpatient Survey • Promote ‘Ask 3 questions’ to enable shared decision making • Promote the use of ‘What Matters to Me’ folders to support personalised care
5.	To enhance and improve our safety culture	To enhance and improve our safety culture we will be implementing the National Patient Safety and Incident Response Framework (PSIRF) which will bring a change to our safety investigation work and we will be focusing on staff being able to raise their concerns (Staff Survey questions 19a, 19b, 23a and 23f) .	<ul style="list-style-type: none"> • Work with our Safety team in the introduction and embedding of Patient Safety Partners to improve and enhance our safety culture. • Deliver patient experience modules on the Patient Safety Associates programme and Gold quality improvement award. • Promote ‘Ask 3 questions’ to enable shared decision making

6.	To improve our prevention of harm (pressure ulcers and falls)	The priority for 2023/24 will be to improve our risk assessment, prevention and management of harm in relation to pressure ulcers and falls . This will include the delivery of the CQUIN (CQUIN 12) assessment and documentation of pressure ulcer risk assessments.	Ensure that patient information is reviewed and available in easy read to support delivery of this priority.
7.	To improve our care for patients whose condition deteriorates	We are one of 7 Trusts who have been chosen by NHS England to implement improvement work in the area of including patients/carers and their families in identifying deterioration – our “ Worries and Concerns Programme ” of improvement work.	<ul style="list-style-type: none"> • Support the team in the development of patient information for this programme • Support the team in understanding the experiences of patients, carers and their families when using this service
8.	To improve mental health care for our patients coming to our acute hospital	We will be continuing the implementation of the Trust’s Mental Health Strategy – Whole Person Care Strategy .	<ul style="list-style-type: none"> • Improvement in the physical spaces available through the use of art works including a quiet room in our Emergency Department and art work installations in both paediatrics and care of the elderly. • Promote the use of ‘What Matters to Me’ folders to support personalised care
9.	To improve our care for patients with diabetes	Our focus will be on carrying out improvement work in response to the national diabetes audit findings (children and adults).	<ul style="list-style-type: none"> • Co-design the information available for patients. Ensure information is available in multiple formats and languages and we better understand the experiences of our patients. • Promote ‘Ask 3 questions’ to enable shared decision making • Promote the use of ‘What Matters to Me’ folders to support personalised care
10.	To reduce health inequalities	We will continue to deliver the Core20Plus5 health inequalities programme focused on tackling tobacco dependency for colleagues, inpatients and in maternity.	Ensure patient experience insight is captured for those accessing the tackling tobacco dependency service
11.	Surgical experience	Our focus will be delivering on the Commissioning for Quality and Innovation Indicator (CQUIN 02) supporting patients to drink, eat and mobilise (DrEaMing) after surgery .	Implement a volunteer programme and work collaboratively with our system partners including VCSE to support our patients with no criteria to reside and who are in our hospitals for a longer period of time. This will be in conjunction with our Arts Coordinator and a charity funded Volunteer Coordinator role
12.	Equality, diversity and inclusion – equality priorities	The Patient Experience Team will be enabling the delivery of 2 equality priorities by improving our translation and interpretation services and focusing on the accessibility of our services.	<ul style="list-style-type: none"> • Improve the accessibility of our site and services through improvements to signage and wayfinding and patient letters • Establishment of Accessibility Group to increase our insight and support prioritisation of work • Delivery of Patient Led Assessments of the Care Environment • Improve accessibility of our patient information through increased use of easy read translated information

Patient Experience

Annual Report April 2022- March 2023



Gloucestershire Hospitals
NHS Foundation Trust

			<ul style="list-style-type: none"> • Introduction of a patient portal to enable patients to be able to manage their appointments • Raise awareness of the accessible information standard to support compliance with this legislation • Procure as an integrated care system with our council, commissioner and community and mental health providers partners a single translation and interpreting provider • Implement a 'relay' service to enable patients to utilise an interpreter when making contact with our organisation via the telephone • Raise awareness of the importance of using an independent interpreter • Work with our engagement partners to better understand the experiences of our patients within the protected characteristic groups • Promote the use of 'What Matters to Me' folders to support personalised care
13.	Commissioning for Quality and Innovation (CQUINs)	<p>We will be focused on delivering our 5 CQUINs</p> <ul style="list-style-type: none"> – CQUIN02: Supporting patients to drink, eat and mobilise (DrEaMing) after surgery (TARGET - 80% of patients within 24hrs) – CQUIN04: Prompt switching of intravenous to oral antibiotic (TARGET 40% of fewer) – CQUIN05: Identification and response to frailty in emergency departments (TARGET 30% receiving clinical frailty assessment) – CQUIN07: Recording of and response to NEWS2 score for unplanned critical care (TARGET 30% having timely response Early Warning Score (EWS) 5-6 60-minute response and EWS 7+ response time 30 min) – CQUIN12: Assessment and documentation of pressure ulcer risk assessments (Target: 70% to 85%). 	Support the collation of patient experience insight to support CQUINs
14.	Caring for people at the end of their lives	<p>We will support the improvement of our compliance with national guidance on care at the end of life (One Chance to Get It Right, NICE guidelines and the Quality Standards for end of life care).</p> <p>(NB The NACEL Audit is paused in 2023.)</p>	<ul style="list-style-type: none"> • Promote the use of 'What Matters to Me' folders to support personalised care • Promote 'Ask 3 questions' to enable shared decision making

8. Recommendation

8.1. The Quality Delivery Group and Quality and Performance Committee are asked to note the report and support the quality priorities for 2023/24.

Authors: Head of Patient Experience - Katherine Holland
Supported by Deputy Director of Quality – Suzie Cro

Presenter: Director of Quality and Chief Nurse – Matt Holdaway

Report to Council of Governors			
Date	12 October 2023		
Title	Freedom to Speak Up Report		
Author /Sponsoring Director/Presenter	Louisa Hopkins - Lead Freedom to Speak Up Guardian		
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>This report provides an update on the progress the Trust continues to make.</p> <p>Including-</p> <ul style="list-style-type: none"> • Freedom To Speak Up Guardian assessment of the current position • Review of concerns raised to Freedom to Speak Up (FTSU) service 2022- 23 including GMS update • Regional work and local plans for improvement • NGO Ambulance review gap analysis 			
Risks or implications			
<p>Freedom to Speak Up arrangements and learning are reviewed as part of the Well Led domain in CQC inspections.</p> <p>The Trust is required to meet the following regulatory requirements in relation to raising concerns:</p> <ul style="list-style-type: none"> • NHS contract (2016/17) requirement to nominate a Freedom to Speak Up Guardian. • National NHS Freedom to Speak Up raising concerns policy (2022) • NHS Constitution: The Francis Report emphasises the role of the NHS Constitution in helping to create a more open and transparent reporting culture in the NHS which focuses on driving up the quality and safety of patient care. <p>Staff have spoken up about concerns regarding discrimination.</p> <p>The Raising Concerns Policy is currently under review.</p> <p>Staff disclose to the Freedom to Speak up service protected characteristics of disability, pregnancy, maternity, religion, LGBTQ+ race and age.</p> <p>Staff have shared patient safety concerns. Concerns are raised and responded to on a case-by-case basis.</p>			

Financial Implications	
None	
Approved by: Director of Finance / Director of Operational Finance	Date:
Recommendation	
Discuss and note the Freedom to Speak Up update and support on going work to ensure an open and transparent culture of speaking up is achieved in the organisation.	
Enclosures	
Appendix 1 - Assessment of this organisation in response to the NGO's recommendations and work planned to address gaps identified. Appendix 2 - Freedom to Speak Up Data 2022- 23	
<u>Purpose</u>	
This is the report of the Lead Freedom to Speak up Guardian providing an update on activity, bench marking where possible against South West and National data.	
<u>Background</u>	
<p>The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis' report 'The Freedom To Speak Up' (2015 www.freedomtospeakup.org.uk/the-report/). In this report, Sir Robert found that the culture in the NHS did not always encourage or support workers to raise concerns that they might have about quality and safety of care provided, potentially resulting in poor experiences and outcomes for patients and colleagues.</p> <p>Concerns can be raised about anything that gets in the way of providing good care. When things go wrong, it is important to ensure that lessons are learnt and improvements made. Where there is the potential for something to go wrong, it is important that staff feel able to speak up so that potential harm is avoided.</p> <p>Even when things are going well, but could be even better, staff should feel confident to make suggestions and that these would be taken on board. Speaking up is about all of these things.</p> <p>Freedom to Speak up Guardians are employed to promote an open and transparent culture of speaking up and raising concerns. FTSUG provide impartial support to speaking up matters, monitoring and supporting any concerns of detriment or disadvantages behaviour toward staff as a result of speaking up. The FTSU Guardian values are Impartiality, Empathy, Courage and</p>	

Learning.

The National Guardian's Office is an independent, non-statutory body with the remit to lead culture change in the NHS so that speaking up becomes business as usual. The office is not a regulator, but is sponsored by the CQC and NHSE.

The Trust has responded to data from the staff survey (please see data below) and CQC report April 2022 (<https://api.cqc.org.uk/public/v1/reports/2a68a3e9-5335-4c90-8c07-ea5c55ec2370?20221129062700>) citing a lack of trust in the freedom to speak up system and a lack of action when concerns were raised.

The Trust has ensured a substantive post for Lead Freedom to Speak Up Guardian has been fulfilled as per National Guardians Office guidance for organisations. This post will enable the FTSU team to have the capacity to align with National Guidance and expectations. A gap analysis review is currently underway to ensure improvements are achieved.

Update on 2022- 23 FTSU activity:

Over this last year (between April 2022 and end of March 2023), 98 staff have accessed FTSU to raise concerns, which is lower than the South West average of medium size NHS FT (a medium sized Trust according to the NGO is 5000- 10000 staff). Please see graph A.

A dedicated Lead full-time Guardian is expected to increase trust and provision in the service and processes of FTSU. With more dedicated time to the role, it is expected that cases will increase. To date, compared with the same time period last year, cases have increased by 30% since the appointment of the new Lead FTSU Guardian.

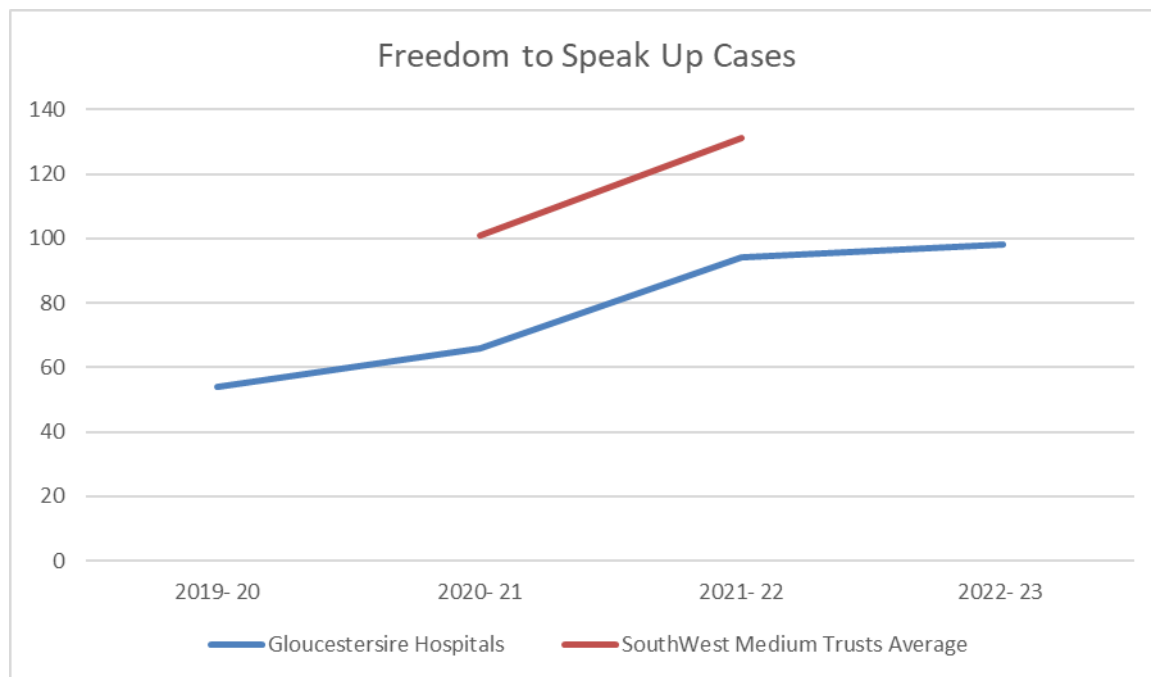
It is noted that anonymous reporting at Gloucestershire Hospitals is higher than the national average benchmark reported by the NGO. A high percentage of staff 34.6% accessed anonymous reporting compared with a 10.4 % national average. Anonymous reporting is welcomed and supported but can suggest staff feel a lack of trust in the organisation and fear of detriment, which triangulates with other data sources such as the CQC report (2022) and Staff Survey results. The stability of a Lead Guardian is expected to improve reporting to more open concerns and less anonymised concerns raised. The current anonymous reporting system is under review to ensure appropriate support is provided for staff going forward.

Staff have raised a range of concerns this last year. Concerns are reported by the Guardians as predominately behaviour, bullying concerns with themes of poor support and staff experience in speaking up leading staff to access the FTSU service. Learning has been achieved in a number of cases with the team reporting that the majority of staff voiced they would speak up again. Please see Appendix 3.

NGO 2022- 23 data is not available yet to benchmark against but we can report locally that patient safety concerns are 14.2% of 2022- 23 cases with behaviours, bullying and harassment accounting for 78.5% of cases.

Future reporting will be captured in accordance with the original National Guardians office categories of Systems and processes, Patient safety, Bullying and harassment, and Behaviours and culture in order to gain accurate bench marking comparisons. Cases that have an element of patient safety or worker safety will also be continued to be recorded.

To fully analyse staff experience in the future, the FTSU Team will share an anonymous survey for staff to fill in and report on the results as Yes, No or Maybe as per NGO data analysis and will give opportunity to capture the learning to improve the service.



Graph A

Local Work and improvements plans

Key performance indicators for assessment will be captured from the People Promise metrics from the staff survey, accessing data from Pulse surveys and assessing feedback data from the FTSU service beyond reporting a majority of answers.

An increase in concerns will indicate staff confidence in speaking up and accessing the FTSU service.

A decrease in anonymous reporting will be an ongoing measure of staff trusting the organisation and service with their concerns.

A baseline of the current metrics is included below for reference. As highlighted by National Guardian Dr Jayne Chidgey-Clark, the National picture also shows a decrease in confidence in speaking up and encourages organisations to view these results as wake up call to leaders at all levels, that Freedom to Speak Up is not just a ‘nice to have’ – it is essential for safe services.

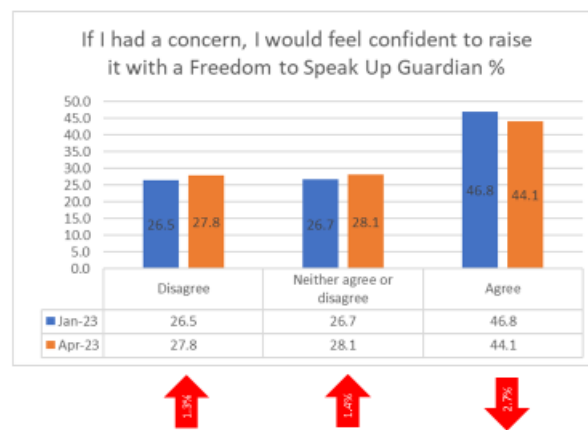
<https://nationalguardian.org.uk/2023/03/10/response-to-nhs-staff-survey-results/>

In 2022- 23, 6.1% of staff in the Trust who raised concerns considered they had experienced detriment as a result of speaking up. National Guidance is to record such experience as ‘*where disadvantageous and/or demeaning treatment as a result of speaking up is indicated.*’ The last recorded data in relation to this from the NGO indicated a national average of 4.3%.

It is unclear what disadvantageous experiences staff in the Trust have had as a result of speaking up. Moving forward, any cases of disadvantageous treatment will be captured in case data and offered support and case review from The Lead Non-Executive Director for Freedom to Speak Up as per guidance from the NGO.

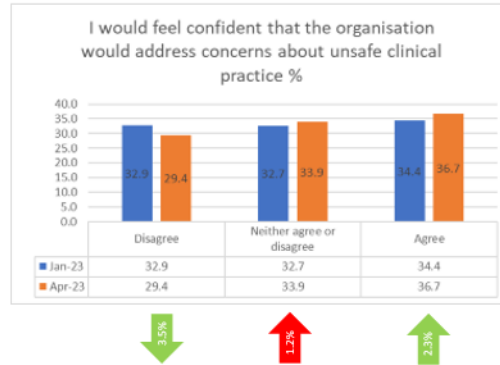
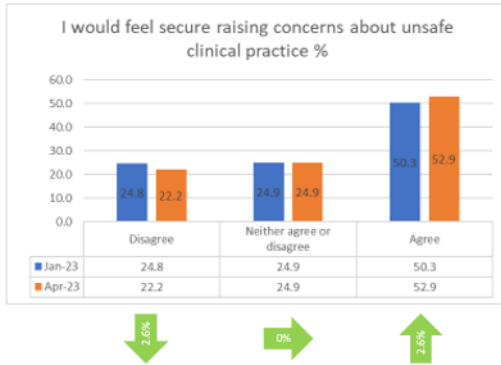
Data from the most recent National and Pulse (quarterly) Trust survey is as follows -

Raising concerns and speaking up



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Raising concerns and speaking up



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Raising Concerns and Speaking Up Metrics

People Promise 3 – We each have a voice that counts

People Promise Elements, Themes and Sub-scores: Sub-score trends

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.

Promise element 3: We each have a voice that counts



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GMS

GMS has a Freedom to Speak Up Guardian who is available and connected to staff in GMS. However, all staff can access the GMS FTSU Guardian and also any Guardian in the FTSU service. Reporting is anonymised and captured by the Lead FTSU Guardian into themes and reported as data to the National Guardians Office.

In 2022- 23 GMS accounted for 4% of all FTSU cases. Moving into this year, Q1 of 2022-23 GMS FTSU cases accounted for 8% of cases, all recorded under behaviours and impact of poor behaviours with an element of worker safety/ well-being voiced.

No cases have been recorded as anonymous which suggests an element of trust has been found in the guardian and leaders the issues are raised to.

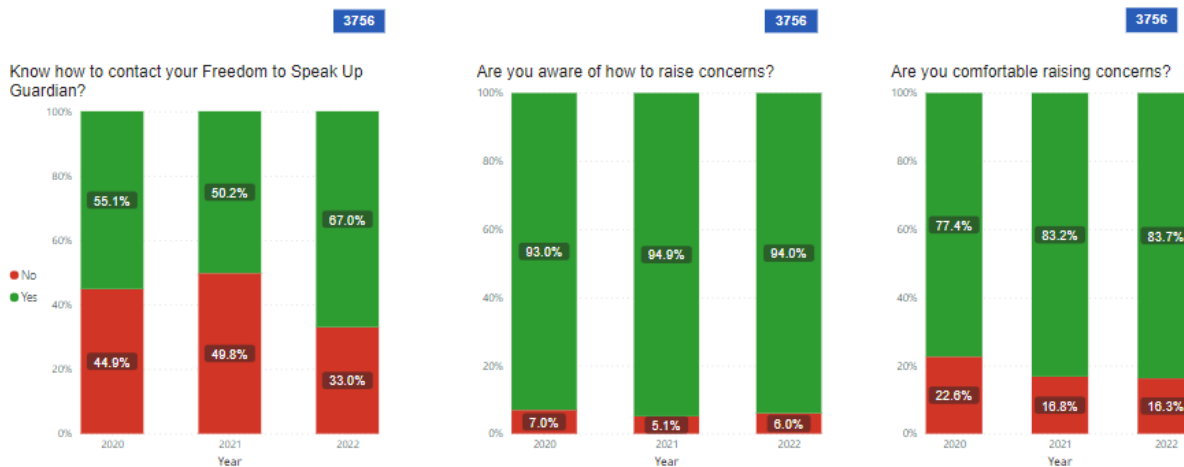
National and Regional Work:

The NGO has recently announced Suzanne McCarthy as new independent Chair of the NGO. The Accountability and Liaison Board seeks assurance and gives strategic advice to the National Guardian to promote her mission to make speaking up business as usual throughout healthcare.

Gloucestershire Hospitals Lead FTSU Guardian actively engages with the National Guardian’s Office, acting as regional chair reporting to National Guardians Office when needed, completing data requirements and contributing to surveys.

The Lead FTSU Guardian provides ongoing mentorship to new and existing Guardians nationally.

Improvements have been made in bringing awareness to the FTSU Service as the following data from NHSE shows. In 2021 49.8% of learners in Gloucestershire reported they did not know how to contact their FTSU Guardian. This figure has now dropped to 33%.



On this page: numbers in blue boxes refer to 2022 response counts.

	% learners who do not know
Gloucestershire Hospitals NHS Foundation Trust	33%

	% learners who do not know
Learner groups	
Medicine	23%

Postgraduate	
Nursing	23%
Allied Health Professional	71%
Midwifery	65%
Healthcare Science	17%
Dental Postgraduate	83%
Advanced Clinical Practice	20%
Medicine Undergraduate	75%
Health and Social Care	25%
Pharmacy	33%

This data has provided valuable insight into where to initiate raising further awareness of the FTSU service.

Conclusion and next steps:

The Freedom to Speak up Team is in a time of transition with a clear need to improve staff experience and trust within its service and proposes the following plans looking ahead:

- Continued attention over the next 6 months to review current practices and align with National Guidance including policy, protected time and support for the team
- Engage with staff and co create a strategy setting the tone for Freedom to Speak up over the next 3- 5 years, including seeking support from staff networks to ascertain barriers to speaking up
- Develop a champion network to ensure all staff have access to support in speaking up
- Address training needs in the organisation so that all staff have essential FTSU training accessible to them

In addition, a comms plan is needed and review of the differing services offering support to ensure Freedom To Speak Up has a clear identity supported by the Trust.

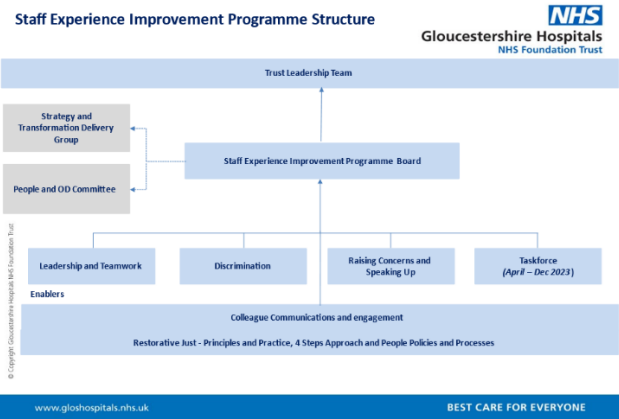
For example, there may be some confusion between the GLOSTAR support Guardians and Freedom to Speak Up Guardians. Both services offer sign posting and currently GLOSTAR have 150 guardians offering peer support. Terms of reference for the strategy engagement will seek to explore the differing support networks during engagement to eliminate any confusion of the services provided.

Finally, The National Guardian’s Office carries out Speak Up reviews where it has information suggesting speaking up has not been handled following good practice.

Reviews seek to identify learning, recognise innovation and support improvement. Ambulance Trust review- *Listening to workers* recommends that all Organisations review the recommends against the current speaking up culture and provisions in their organisation.

Appendix 1 captures the assessment of this organisation in response to the NGO's recommendations and work planned to address gaps identified.

Appendix 1:

<p>Recommendation taken from Ambulance Review Feb 2023</p> <p><i>'Listening to workers'</i></p>	<p>Review and action from Gloucestershire Hospitals FTSU Service</p>
<p>Recommendation 1: Review broader cultural matters</p>	<p>Cultural Review work is underway in Gloucestershire Hospital's NHS Foundation Trust</p> <p>Improvement programme in place focused on raising concerns</p>  <p>The diagram, titled 'Staff Experience Improvement Programme Structure', shows a hierarchy. At the top is the 'Trust Leadership Team'. Below it is the 'Staff Experience Improvement Programme Board', which is supported by the 'Strategy and Transformation Delivery Group' and the 'People and OD Committee'. Under the board are four focus areas: 'Leadership and Teamwork', 'Discrimination', 'Raising Concerns and Speaking Up', and a 'Taskforce (April - Dec 2023)'. At the bottom, 'Enablers' include 'Colleague Communications and engagement' and 'Restorative Just - Principles and Practice, 4 Steps Approach and People Policies and Processes'. The NHS logo and 'Gloucestershire Hospitals NHS Foundation Trust' are in the top right, and the website 'www.gloshospitals.nhs.uk' and 'BEST CARE FOR EVERYONE' are at the bottom.</p>
<p>Recommendation 2: Make speaking up business as usual</p> <p>This recommendation requires;</p> <ul style="list-style-type: none"> • Mandate training on speaking up - in line with guidance from the National Guardian's Office - for all their workers, including volunteers, bank and agency staff, as well as senior leaders and board members. 	<ul style="list-style-type: none"> • Training for all staff is highlighted and in the workplan as part of improvements to be made.
<ul style="list-style-type: none"> • Trust leadership (including managers, senior leaders and board members) to fully engage with Freedom to Speak Up, evidenced by board members undertaking development sessions 	<ul style="list-style-type: none"> • New FTE Lead FTSU Guardian recruited and in post • Engagement for FTSU Strategy commencing June 2023 • Board development support planned for Quarter 3 with National Guardian Jayne Chidgey- Clark

	<p>Work plan:</p> <p>The chart is a Gantt-style timeline for the 'Raising Concerns and Speaking Up Workstream Timeline (6 months)'. It spans from May to October 2023. The tasks and their durations are: <ul style="list-style-type: none"> Review current FTSU processes: May to June. Develop Guardian Values: June to July. Develop FTSU Strategy: July to August. Develop mandatory training for all staff: August to September. Commence implementation of refreshed FTSU processes in line with national guidance and standards: September to October. The chart includes the NHS logo, 'Gloucestershire Hospitals NHS Foundation Trust', and the website 'www.gloshospitals.nhs.uk'. The slogan 'BEST CARE FOR EVERYONE' is at the bottom right. </p>
<p>Embed speaking up into all aspects of the trusts' work by proactive engagement by leadership, managers and Freedom to Speak Up guardians across the trusts through regular communications.</p>	<ul style="list-style-type: none"> Open communication established with senior leaders and board. Regular communication with Lead Exec and CEO in place.
<p>Trust leadership teams should identify the professional groups/areas within the trust that need support in implementing Freedom to Speak up by diagnosing root causes and putting in place a support mechanism for managers and workers to feel psychologically safe when speaking up and reduce detriment.</p>	<ul style="list-style-type: none"> Further work via Strategy engagement to help establish gap analysis for embedding FTSU Comms plan in development Engagement for strategy will include liaising with networks to provide gap analysis
<p>Trust Boards to annually evaluate the effectiveness of speaking up arrangements; including effectiveness of facilitating all workers, including those from groups facing barriers to speaking up, being able to speak up about all types of issues and action being taken in response to speaking</p>	<ul style="list-style-type: none"> Board assessment Tool review due October 2023. Offer from National Guardian Jayne Chidgey-Clark to support board development. Engagement for FTSU Strategy will provide insight and data regarding barriers to speaking up

<p>Recommendation 4: Implement the Freedom to Speak Up Guardian role in accordance with national guidance to meet the needs of workers This recommendation requires all trusts to:</p>	
<ul style="list-style-type: none"> • Meaningfully invest in the Freedom to Speak Up Guardian role. In discussion with their Freedom to Speak Up Guardian(s), leaders should identify the time and resources needed to meet the needs of workers in their organisation. 	<ul style="list-style-type: none"> • FTSU FTE Lead Guardian in post <p>Time and resources provided to the FTSU Guardian</p> <p>Further review is needed to understand the resources provided to the wider FTSU team.</p>
<ul style="list-style-type: none"> • Create (if not already in place), maintain and regularly evaluate a network of Freedom to Speak Up Champions/Ambassadors to support raising awareness and promoting the value of speaking up, listening up and following up. 	<ul style="list-style-type: none"> • Plans in place to develop FTSU Champion network November 2023 – awaiting new guidance from NGO due November 2023
<ul style="list-style-type: none"> • Provide emotional and psychological well-being support to Freedom to Speak Up Guardian(s). This support should reflect the challenges of the role and ensure the need for confidentiality. There should also be periodic check-ins with Freedom to Speak Up Guardian(s) about the effectiveness of this support. 	<ul style="list-style-type: none"> • Supervision support currently being established for FTSU Team.

Appendix 2
Freedom to Speak Up Data 2022- 23

Concerns	End of Year 2019/20	End of Year 2020/21	End of Year 2021/22	April – June Q 1	July – Sept Q 2	Oct- Dec Q 3	Jan – March Q 4	End of Year 2022/23
Number of people raised directly with the Freedom to Speak Up Guardian	54	66	94	24 (including one team)	23 (including one team)	25 (Including one team)	26	98
Number of issues raised anonymously	19	31	26	9	4	7	14	34
Nature of issue								
- Patient quality issues	*12	19	24	8	2	2	2	14
- Staff experience - unacceptable behaviour (bullying / harassment)	*42	78	101	22	22	13	20	77
- Worker Safety	--	--	--	3	4	1	1	9
Action	Yes	Yes	Yes	Yes	Yes	Yes	Yes	yes
Outside referral	0	0	0	0	0	0	0	0
Number of case where people indicate detriment	1	15	2	2	2	2	0	6
Of the people asked in this quarter who would speak up again	87%	The majority of individuals would speak up again.	The majority of individuals would speak up again.	The majority of individuals would speak up again.	The majority of individuals would speak up again.	The majority of individuals would speak up again.	The majority of individuals would speak up again.	The majority of individuals would speak up again.

Report to Council of Governors			
Date		12 October 2023	
Title		Membership Strategy 2024-2026	
Author /Sponsoring Director/Presenter		James Brown Director of Engagement, Involvement & Communications. Sponsors: Deborah Evans, Chair, Andrea Holder, Lead Governor, and Mike Ellis, Deputy Lead Governor	
Purpose of Report			Tick all that apply ✓
To provide assurance	<input type="checkbox"/>	To obtain approval	<input checked="" 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			
Purpose			
<ul style="list-style-type: none"> To present to CoG the final Membership Strategy and Action Plan. The Membership Strategy is a key requirement as a Foundation Trust and sets out how we will work with members, governors and recruit local communities in supporting the hospitals. Membership is a key milestone within of the Engagement & Involvement Strategy. 			
Key issues to note			
<ul style="list-style-type: none"> The strategy is for a two-year period, to keep pace and ensure the key foundations are embedded. The strategy was co-designed with CoG, opened to Members and some public engagement via community activities. This approach shaped the four strategy objectives: <ul style="list-style-type: none"> Develop a membership 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. 			

Previous Publications:	
<ul style="list-style-type: none"> • Membership Strategy 2017–2020 	
Impact Upon Strategic Objectives	
<ul style="list-style-type: none"> • Supports our Involved People strategic objective. • Supports our Compassionate Care objective. 	
Risks or Concerns	
No risks on the Trust Risk Register relate specifically to Membership.	
Financial Implications	
None	
Approved by:	Date:
Director of Finance / Director of Operational Finance	
Recommendation	
That Council of Governors approve the Membership strategy.	
Enclosures	
None	



Membership Strategy

2024–2026

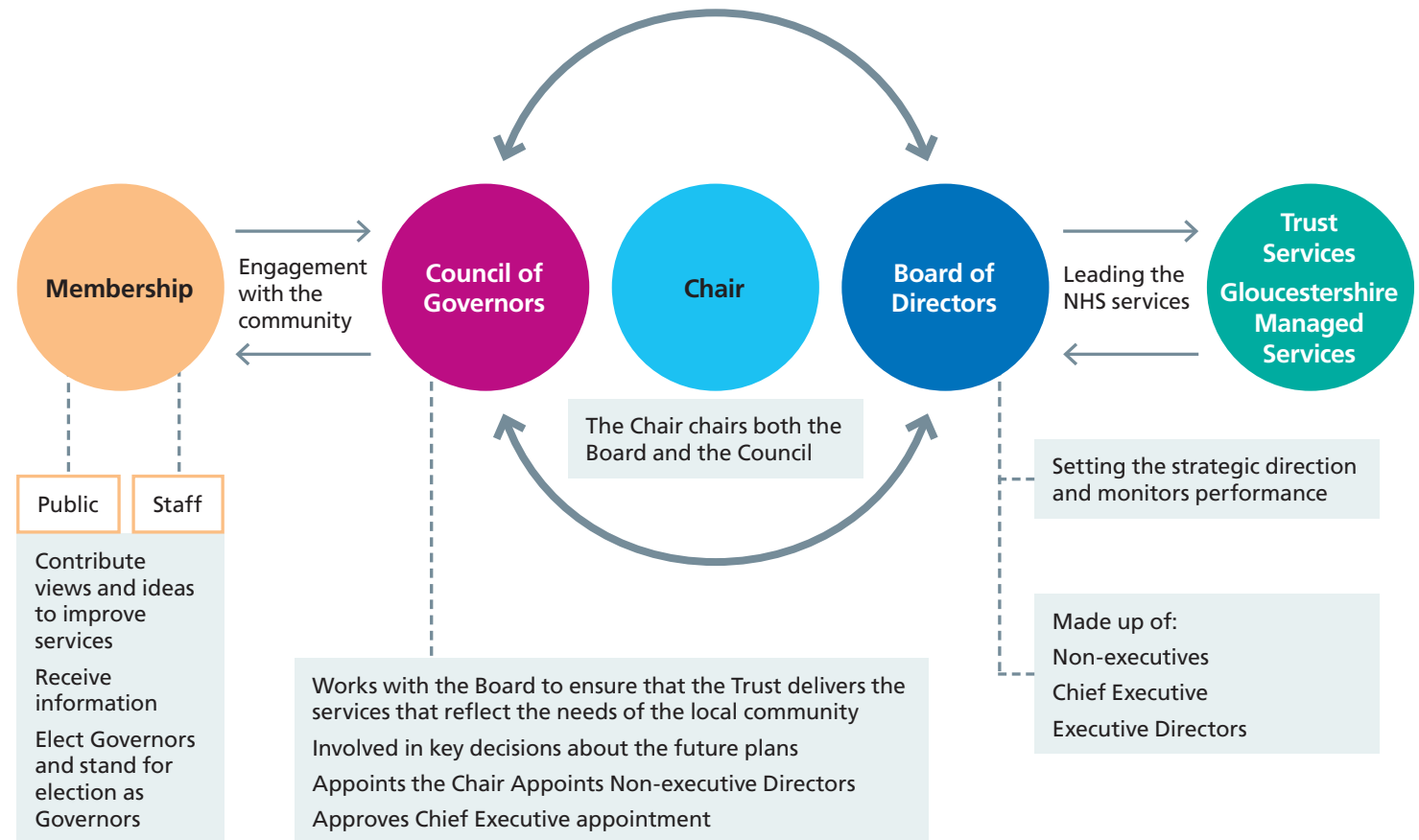
Introduction

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):



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 up to 2026
- ▷ 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 Foundation Trust Code of Governance and best practice identified nationally.



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.

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.

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.

Who can be a member?

Our members are our staff colleagues, our patients, and people from across the diverse community we serve.

Public Members

Membership is free and open to anyone 16 years of age or older living in Gloucestershire. Our public members include patients, volunteers and all other members of the public who wish to become involved in supporting the Trust. Members come from our six constituent districts.

The Trust also have members who use services, but are 'out of county' and they play an equally important role in sharing experiences and feedback, as well as electing the out of county Governor.

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

Staff Members

Our staff colleagues are also members of the Trust. Any staff colleagues employed by the Trust on permanent or fixed term contract of 12 months or longer are automatically enrolled as a member, but have can 'opt out'.

Staff colleagues employed through Gloucestershire Managed Services are also eligible to become members.

Staff members are represented on the Council of Governors by five elected staff governors members (who are elected by staff).

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.

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.

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.

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
- ▷ Age UK Gloucestershire.



Why become a member?

The core benefit of becoming a member is to have a voice, helping to shape the way services are provided.

Members also 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



Benefit from discounts on many purchases through Health Service Discounts



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



Our membership objectives 2024–2026

Our vision is to develop a more representative membership.

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 2024-2026 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

Make new investments which reduce future spend

Develop a membership 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.

Support the Council of Governors to be reflective and representative of our diverse communities

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

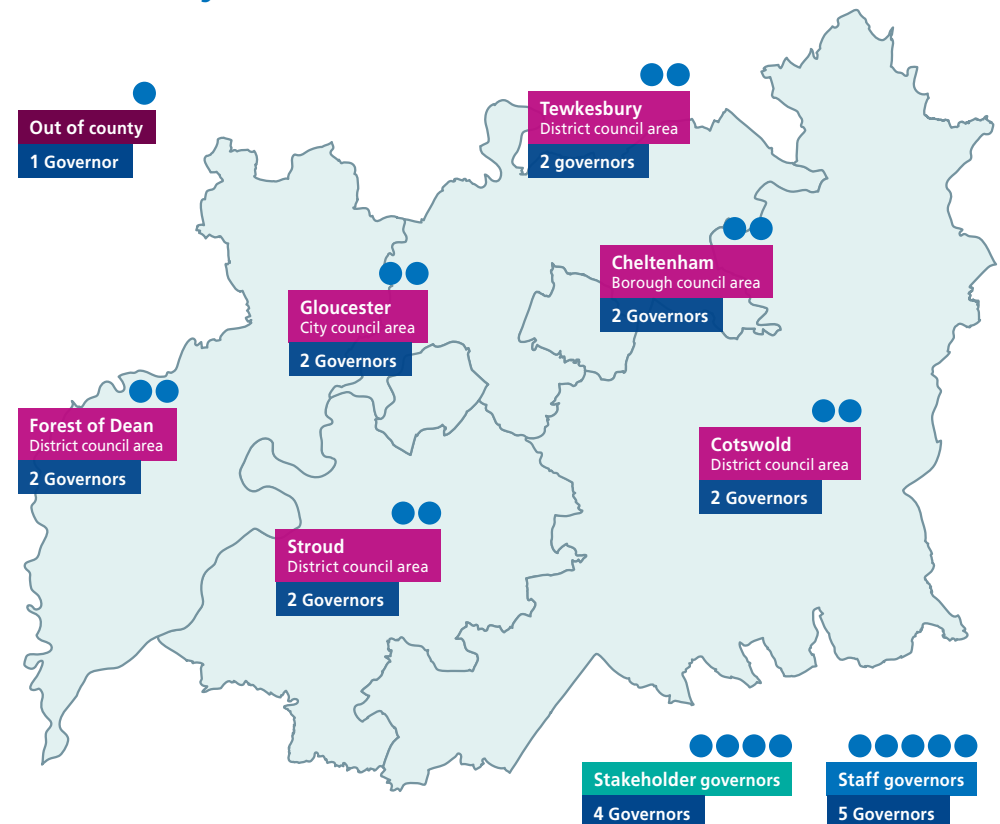
Where some groups are less well represented, we will try new ways of engaging with them to encourage them to become members and stand for election. This includes many of our seldom heard communities and young people.

To achieve this, we will:

- ▷ 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 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 constituency areas



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.

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 2026, 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 are now out of date and difficult to use. We will work with the Trust Charity and Communication Team to identify other options, that are better quality and value for money.
- ▷ **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.

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, this needs a review to ensure that the best systems are in use that provide a range of options to engage members and share information.

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).

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.



Delivering the strategy and evaluating success

We aim to build our membership organically, ensuring we are representative of the communities we serve.

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.

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.

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
- ▷ Measuring Involvement
- ▷ Measuring Impact

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.



Appendix 1: Membership Strategy Action Plan

The following action plan sets out how the vision and objectives set out in our Membership Strategy 2024–2026 will be delivered. This will be reported to Council of Governors.

Objective	Aim	Actions to deliver the objective	
		Year 1	Year 2
Develop a membership that is representative of our diverse communities	Simplify the process for becoming a member	Review processes for signing up, streamline information.	Ensure system is well publicised and printed version available.
	Proactively engage areas with low membership and demographic gaps	Analyse membership data and map out areas of low representation	Campaign to target key areas and organically grow membership by up to 10% per year.
	Develop targeted campaigns to recruit members from under-represented areas	Analyse membership data and map out areas of low representation	Work with partner organisations and VCS Alliance to build membership
	Engage with patients and relatives on membership	Work with the Patient Experience Team to identify how membership can be promoted to patients and carers within the hospitals	Materials and approaches in place to engage and recruit members via patient experience.
	Promote membership opportunities to younger people in our community	Co-design membership information with Young Influencers and young people	Work with partner organisations to recruit members under 25 years of age and link with Young Influencers.

Objective	Aim	Actions to deliver the objective	
		Year 1	Year 2
	Refresh the membership pages on the Trust's website	Refresh membership pages on the Trust website to make them more accessible and informative.	Keep content of membership web pages up to date with new content
	Post regular messages on social media	post regular information about membership, and information, news, events and links which our members will find useful	Use social media to target potential members and promote events and how to get involved.
	Promote the benefits of membership	Review how we promote the benefits of membership, and explore the language we use to describe what it means.	Explore 'Friends of' approach in promoting membership.
	Refresh membership recruitment material	Undertake review of existing membership recruitment and engagement material. Design new material (e.g., posters, flyers).	Review impact of the new materials through feedback from members and engagement events and refresh this where appropriate.
	Develop a schedule of community events	Build a monthly planner of engagement events and activities. Share with Governors to encourage support and attendance	Ensure all engagement activity is published on the website and social media and including in the Engagement Tracker. Log and share Governor attendance and involvement.

Objective	Aim	Actions to deliver the objective	
		Year 1	Year 2
Support the Council of Governors to be reflective and representative of our diverse communities	Proactively engage members to stand for election as Governor	Refresh information on what being a Governor involves and why to stand for election	Use analysis and data to highlight areas and representative groups to encourage individuals to stand of election.
	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.	Elect at least one Governor who is under 25.
	Support training and development for Governors	Review training and support is available for Governors.	Ensure all Governors are able to access and complete training that supports their role.
	Refresh the Governor pages on the website	Review and refresh Governor webpages. This will include simplifying how people can get in touch with Governors.	Ensure that profiles and Governor experiences are used on the website and shared via social media.
	Staff Governor information	Review information for staff on what membership means, profile Staff Governors and how to contact them	Ensure staff understand the role of Staff Governor and people are empowered to stand for election.
	Staff Governors	Establish a Staff Governor engagement group with People & OD Leadership so provide support and advocacy for staff engagement	Ensure wide and robust promotion of Staff Governor elections – ensuring a wide range of candidates and increase the number of staff voting.

Objective	Aim	Actions to deliver the objective	
		Year 1	Year 2
To improve the quality of engagement and communication with members	Refresh existing communication channels with members	Survey members on communication channels and information that is shared.	Undertake analysis of which issues and stories have been read most in the membership newsletters and via social media.
		Develop new approaches based on feedback.	Launch second member survey.
	Promote the work of Public Governors	Promote ways for members to get in touch with Governors.	Feedback on issues Governors have raised on members' behalf.
		Promote events and activities where Governors will be present	
		Review process of how to get in touch with Governors to ensure it is simple to use.	
Build partnership engagement	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.	Regular Trust features, including promotion of membership, shared by community partners.	
Develop a programme of community engagement events	Publish a schedule of community engagement where the Trust will be present or leading, with support from Governors.	Track the number of members who attend our engagement events, as well as the level of participation in discussions and activities	

Objective	Aim	Actions to deliver the objective	
		Year 1	Year 2
	Improve opportunities for members to give their views	Promote ways in which members can engage with the Trust, including participation at events, community focus groups and surveys.	Increase member turnout at Annual Members Meeting (incl face to face, virtually and number of views of AMM YouTube videos)
To keep accurate and informative databases of members and tools to engage with people	Explore alternative database systems	Review Trust Membership Database.	Provide regular reports to Council of Governors on key trends and developments in membership numbers and patterns.
	Maintain an accurate membership database	Ensure that our database is updated with all the latest contact and has the latest information and is complete	Use the database to help target events, engagement and initiatives to best effect and be linked to the trust website to promote.
	Explore alternative newsletter tools	Review newsletter systems to improve the quality of communications and analysis.	Track the number of members who open and read the newsletter, as well as the clicks on links within the newsletter and the content



**Membership
Strategy**
2024–2026



Report to Council of Governors			
Date	12 October 2023		
Title	Engagement and Involvement Annual Review 2022-23 and Community Engagement Tracker		
Author /Sponsoring Director/Presenter	Author: Juwairiyia Motala, Community Outreach Worker, and James Brown Director of Engagement, Involvement & Communications. Sponsors: Dr Claire Radley, Director for People & OD		
Purpose of Report			Tick all that apply ✓
To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	
Summary of Report			
Purpose			
<ul style="list-style-type: none"> To present to CoG the final our Engagement and Involvement Annual Review 2022-23 and Community Engagement Tracker, which is a key milestone of our Engagement and Involvement Strategy. The Annual Review will be published to sit alongside our Annual Report and Quality Accounts. The review provides a summary, case studies and activities over the last year, as well as next steps. The review will also be used as part of the refreshed CQC framework and expected NHS England framework for community and public engagement. 			
Key issues to note			
<ul style="list-style-type: none"> The annual review is our third formal report on our engagement and involvement activity. The annual review sets out why engagement and involvement is important to the Trust and how we have worked with local people, community groups and partners over the last year. Over the last year the Trust has been an active part of 58 groups and community events, reaching over 8,700 people, enabling us to gain valuable insight into how we can improve access to services. The review sets out who our local communities are and the challenges of health inequalities across the county. Our commitment to engagement is a core element of the Care Quality Commission (CQC) well-led domain. We have previously shared the draft annual review with CQC as part the Well-led 			

review.

- The Trust has also developed its first Community Engagement Tracker, detailing the monthly activity undertaken – which also forms part of our reporting to NHS Charities Together.
- The CQC has significantly changed the focus of much of its regulatory framework, with a primary focus on ‘people and communities’ and assessing how NHS organisations involve, engage and listen to local people in improving services.
- In addition, it is expected that NHS England will relaunch the NHS Oversight Framework for Patient and Community Engagement, whereby individual organisations and systems are assessed and rated on the quality of the community and public engagement.

Previous Engagement and Involvement Reviews

- [Engagement and Involvement Annual Review 2020-21](#)
- [Engagement and Involvement Annual Review 2021-22](#)

Strategy approval route:

- Strategy & Transformation Delivery Group – 1/6
- People & OD Committee – 6/6
- Trust Board - 14 September

Risks or Concerns

No risks on the Trust Risk Register relate specifically to Engagement, but good, effective engagement is included in the mitigating actions for a number of risks that sit at Divisional and programme level.

We have a legal obligation to engage and consult when it comes to service reconfiguration, Planning, assuring and delivering service change for patients (NHS England 2018). CQC well-led domain includes Key Lines Of Enquiry (KLOEs) on engagement.

Financial Implications

None

Approved by:

Director of Finance / Director of
Operational Finance

Date:

Recommendation

- That CoG take note of the Engagement and Involvement Annual Review.
- Provide feedback and comments – and any areas for future development.

Enclosures



Engagement & Involvement Review

2022-2023

Executive Summary

African proverb:

“If you want to go fast, go alone. If you want to go far, go together”

We are passionate about making a difference to the lives of our patients and the communities we serve. We understand the importance of building strong relationships with our communities and the positive impact collaboration has on the health and well-being of local people and in shaping healthcare services.

Our focus on engagement and involvement is reflected in this annual review, which outlines our achievements, and priorities for the upcoming year. In addition to this, we have also published our first annual Engagement and Involvement Tracker. This details the range of opportunities in working with people to ensure that their voices and ideas are heard and reflects how we are working together on important issues.

Over the past year, we have made significant progress, particularly through the appointment of a Community Outreach Worker in May 2022. This position is funded by NHS Charities Together, and the role has been instrumental in leading our work with communities. As a result, the Trust has been an active part of 58 groups and community events, engaging with over 8,700 people, enabling us to gain valuable insight into how we can improve access to services, increase planned care appointments, and reduce the need for emergency attendance.

Executive Summary

Highlights of our engagement and involvement programme during 2022/23 include:

- ✓ Successful public engagement on the Fit for the Future programme, aimed at improving specialist hospital services.
- ✓ Election of a chair and deputy chair to our Young Influencers group who are co-opted onto the Council of Governors.
- ✓ Continued support of Young Thinkers Gloucester who engage and train children and young people on a wide range of issues.
- ✓ Co-designing an approach to improve access to cervical screening in South Asian Women across the county.
- ✓ Leading the Enhance pilot project with Health Education England and community partners, focused on improving services for vulnerable and homeless patients attending ED.
- ✓ Increasing outreach to vulnerable people, including refugees, to improve access to services.
- ✓ Development of joint Gloucestershire guidance for public and patient engagement, including remuneration and reimbursement.
- ✓ Attending seldom heard groups across Gloucestershire, including Sahara Saheli women's group in West Cheltenham and the Forest of Dean Youth Association.
- ✓ Attendance at One Gloucestershire Community recruitment event which ran to improve access to jobs within the NHS and social care.
- ✓ Partnership working with Inclusion Gloucestershire and Healthwatch Gloucestershire to prioritise projects raised by their members, ensuring greater collaboration and focus on issues that matter to local people.

Executive Summary

Our approach to engagement and involvement is to ensure we put individuals and communities at the heart of what we do, building inclusively so that we are able to listen to a wide range of views and experiences. Over the last year this has meant there has been a clear impact in improving access to services, signposting, and building community relationships. It has also influenced how we operate, exploring barriers to services and co-designing simple approaches with local people.

The Trust is part of the One Gloucestershire Partnership, which is made up of other health, social care and Voluntary and Community Sector (VCS) organisations. Over the last year, One Gloucestershire co-designed its new 'Working with People and Communities' strategy and signed a ground-breaking Memorandum of Understanding with our VCS partners – cementing how we will all continue to work together for local people.

It's important to us that local people help us design, develop and improve services by sharing their views and experiences and that these voices reflect the communities we serve. We know that many people are often not heard and to ensure our services meet the needs of everyone, we work creatively and accessibly to reach those who are too often ignored or their views not sought.

The support of local people is crucial for the success of our work, and we are grateful for the valuable feedback, innovative ideas, and unique perspectives that help shape our services and the way in which we work.

Who we are and what we do

We are an NHS Foundation Trust of over 9,000 staff, providing care for the population of Gloucestershire and neighbouring counties.

The Trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital, and Gloucestershire Royal Hospital. We also provide Maternity Services at Stroud Maternity Hospital and a range of outpatient clinics and some surgery services from community hospitals throughout Gloucestershire.



Gloucestershire Royal Hospital



Cheltenham General Hospital



Stroud Maternity Hospital

Our visions and values

Our vision is to provide:

the Best Care for Everyone

This is our guiding principle and shapes the way we work in partnership with our communities.

We care about what we do and believe our work matters to local people. We pride ourselves on our compassionate culture, which is underpinned by our three core values:

care

listen

excel



We care for our patients and colleagues by showing respect and compassion



We listen actively to better meet the needs of our patients and colleagues



We are a learning organisation and we strive to excel. We expect our colleagues to be and do the very best they can

Our commitment to engagement and involvement

Why is engagement and involvement important?

Our colleagues, patients, and communities are at the heart of our ambition to deliver the best care for everyone. By actively listening to those who use and care about our services, we can better understand diverse health and care needs and respond accordingly.

We are committed to embedding engagement and involvement throughout our hospitals.

Our goal is to ensure that the voices of patients, carers, and colleagues are continually heard and that they shape decision-making. We strive to make our organisation a great place to work and receive care.

What are we doing?

What will we achieve together?

By working together, we can make better decisions which will enable us to:

Improve the quality of care and services;

Improve patient safety;

Improve colleague and patient experiences;

Shape services around what local communities tell us that matter most to them;

Attract, recruit and retain the best staff to the Trust;

Support and celebrate the diversity of our local community in promoting healthy living

An introduction to Gloucestershire

Gloucestershire is a county bursting with beauty, from enchanting hamlets and picturesque towns to stunning landscapes, ancient forests, two iconic rivers, and three Areas of Outstanding Natural Beauty.

The county has a rich and diverse history, with a mix of rural and urban communities, where over 100 languages are spoken. Gloucestershire Hospitals NHS Foundation Trust employs over 9,000 colleagues, representing more than 95 nationalities, bringing together a mix of cultures and experiences to the care that we deliver.

The Trust continues to work closely with partners and local communities to improve health and well-being and to ensure access to services. Like many parts of the country, Gloucestershire's local populations continues to change and faces a wide range of health challenges, many of which have been made worse by the cost-of-living crisis. Through our partnership approach, we continue to work with local people in shaping health services.



Key statistics on Gloucestershire


For more information on the health and wellbeing of Gloucestershire visit <https://www.gloucestershire.gov.uk/inform/>



645,076
people live in Gloucestershire including



142,868
children and young people aged 0-19



139,420
people aged 65+ years

← **9** →

Most deprived **Least deprived**

There is a 9 year difference in life expectancy between people in the most and the least deprived areas.

62,644
people are unpaid carers, many have their own long-standing illness or disability



14.8%

It is predicted that over the next 25 years, the number of people living in Gloucestershire will grow by 14.8%

Life expectancy is slightly higher than national average



Women:
83.9 years




Men:
80.2 years

1 in 10
Anxiety and depression affect 1 in 10 people at any one time




21,000 10%


people live in areas ranked amongst the most deprived 10% nationally, impacting on employment, education, and health.



37,656
people are living with Diabetes

Around **9,500** older residents are living with Dementia

National average **14.6%** 

Gloucestershire **8.4%** 


Percentage of the population from an ethnic minority background

1 in 10
children and young people are estimated to live in poverty




As of May 2022 **191,529** people in Gloucestershire have had COVID-19

1,331 people have sadly passed away since the pandemic began



As of May 2022 Almost **540,000** people in Gloucestershire have had at least one dose of the COVID vaccines



Who do we engage and involve?

Who do we engage and involve?

Our [Engagement and Involvement Strategy](#) outlines how we want to engage and involve people in shaping our plans to improve services and listen to what matters to our communities.

By continuing to build relationships and collaborative work with our partners we can coordinate services better, and plan care in a way that improves population health and reduces inequalities.

Examples of this collaborative work are:

- The Integrated Care System, which brings together NHS organisations, councils, Healthwatch, charities, and the voluntary, community & social enterprise (VCSE) sector (third sector).
- Co-designing the ICS 'Working with People and Communities' strategy
- Our input on the Memorandum of Understanding with VCS partners
- Establishment of ['Get Involved in Gloucestershire'](#) which enables people to share views, experiences, and ideas about local health and care services.

Our partnership with the Voluntary, Community and Social Enterprise Sector (VCSE) and Healthwatch helps provide vital insight and reach into groups with particular needs across our communities so that our services are accessible and responsive to all.

We remain committed to working in partnership to make it easier for people to share their experiences and enable a wide range of approaches to ensure we can listen to the voices of our vibrant and diverse communities.



Who we engage

The diagram details our stakeholders



Who do we engage and involve?

We are continually strengthening how we are able to engage and involve local people to ensure what matters to them is used to influence decision-making.

There are lots of ways people presently share their experiences and are actively involved and engaged in shaping local health services in Gloucestershire, including:

Elected and appointed Governors

Trust Membership

Get Involved in Gloucestershire

getinvolved.glos.nhs.uk/

Gloucestershire Voluntary and Community Sector Alliance

Young Influencers

www.gloshospitals.nhs.uk/about-us/support-our-trust/our-youth-group/

Online patient experience websites, including NHS Choices and Care Opinion

www.careopinion.org.uk/services/rte

NHS Friends and Family Test questions

www.gloshospitals.nhs.uk/contact-us/friends-and-family-test/

Patient Advice and Liaison Service

www.gloshospitals.nhs.uk/contact-us/patient-advice-and-support/

Directly with our complaints, concerns, and customer service team

Healthwatch Gloucestershire

www.healthwatchgloucestershire.co.uk

Engagement on social media

Patient Stories

Through engagement activities and events

Attendance at Trust Board and Annual Members Meeting

Participation in our Fit for the Future engagement

<https://getinvolved.glos.nhs.uk/fit-for-the-future-2>

We recognise that there is more we can do to increase opportunities for meaningful involvement and to ensure this reflects the diverse communities we serve. We continue to learn so we can be more innovative, and resourceful in how we engage people to improve experience for both patients and colleagues.

The impact of involvement and engagement over the last year.

The Trust is directly involved in a wide range of projects with local community and this work has been enhanced with the introduction of the Community Outreach Worker role. Outlined below are just some of the highlights from the last year and the full scope is available in our Engagement Tracker.

The impact of involvement and engagement over the last year

Voices of Our Community:

A Look Back at the Stories that Define Us

From Isolation to Empowerment:

A woman shared her story of health challenges and isolation due to COVID-19 at a Women's Well-Being Group attended by the Community Outreach Worker.

Her confidence was shattered as a result of kidney failure and a stroke. We connected her with the Reaching Out Team at Complex Care at Home, who provided support and referred her to a Muslim Transplant Support group.

With their help, she accessed further online support and regained her strength and spirit which served as a powerful mutual reminder of the importance of community support and the strength of the human spirit in times of crisis.



Community Outreach Worker:
Juwairiyia Motala

“

Powerful mutual reminder of the importance of community support and the strength of the human spirit in times of crisis

”

The impact of involvement and engagement over the last year

Voices of Our Community:

A Look Back at the Stories that Define Us

Breaking Barriers:

At the Gloucester Asylum Seekers Welcome Café, our Community Outreach Worker was approached by a young Russian patient with limited English and a letter for cervical screening. The patient was clearly overwhelmed and didn't understand the process, why (or how) to book an appointment. Her confusion and anxiety were evident.

Determined to help, our Outreach Worker used Google Translate to translate the letter and found a YouTube video by NHS England that was easy to understand. They took the time to explain the process to the patient, answering all of her questions and concerns.

Together, they navigated the appointment booking over the phone, ensuring that the patient had all the information they needed to attend the screening. The Outreach Worker even went above and beyond, booking a taxi to the Asylum Seekers hotel so that they could attend the appointment at the correct date and time.

This heart-warming story is a testament to the power of human connection and the importance of empathy and understanding in times of need.

“

This heart-warming story is a testament to the power of human connection and the importance of empathy and understanding in times of need.

”

The impact of involvement and engagement over the last year

Voices of Our Community:

A Look Back at the Stories that Define Us

A Personal Touch: Supporting Patients Through Outreach and Compassion

At the Weekly Outdoor Christian Church in Gloucester, our Outreach Worker met a 78-year-old patient who was anxious about a hip replacement. They arranged for her to Facetime her loved ones weekly post-op and helped her choose books to keep her occupied during her hospital stay. The patient was overwhelmed with gratitude and reassurance, this story highlights the importance of connectivity whilst receiving healthcare

These successful case studies showcase the impact of community outreach efforts in the healthcare setting. Each story highlights the importance of building connections with patients, understanding their unique needs, and providing personalised support that goes beyond clinical care. Through their work, our community outreach worker was able to help patients overcome language and cultural barriers, ease anxieties and fears, and provide practical solutions to improve their quality of life.

“

*These stories demonstrate **the power of empathy, communication, and collaboration** in promoting positive health outcomes and building stronger, more resilient communities*

”

The impact of involvement and engagement over the last year

Fit for the Future Programme

Fit for the
Future



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

The Fit for the Future programme is aimed at improving specialist hospital services which is part of the ambition to establish centres of excellence.

The Fit for the Future 2 engagement covered six services:

- Benign Gynaecology
- Diabetes and Endocrinology
- Respiratory
- Non-Interventional Cardiology
- Stroke
- Frailty

Who did we speak to?

The Trust engaged with a wide range of stakeholders, including patients, their families, staff, and the community. It was essential to get feedback from those who would be directly impacted by the changes.

What and how did we ask?

The Trust used various methods to engage with the community, including Facebook Live videos, online surveys, and attending community events. The engagement was aimed at understanding people's initial thoughts on the proposed changes to specialist hospital services. The feedback gathered from these engagement methods were analysed by the Gloucestershire Integrated Care Board.

Fit for the Future Programme

Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Key facts

Approx. **3000**

Engagement booklets were distributed across the county, including at our two main hospitals

Over **50+** Engagement events, including the NHS information bus

Social media campaign, reaching over

110,000 people



6 x Facebook Live streams

with 9,800 views

Engagement with staff including question-and-answer drop-ins and regular newsletters

Telephone interviews were conducted with members of the public who wanted to share more insight about their personal experience of services

200+

Fit for the Future 2 surveys completed

Over 1,800 face-to-face conversations with members of the community and staff at engagement events

What did people tell us?

Overall, the feedback received from the public was positive, indicating that the proposed changes were a step in the right direction. However, some concerns were raised about travel times and the potential impact on staff. It was determined that these concerns could be addressed as part of the implementation of the proposed changes.


Find out more here:

To learn more about the Fit for the Future programme and the public engagement process.

Visit <https://getinvolved.glos.nhs.uk/fit-for-the-future-2>

The impact of involvement and engagement over the last year

Young Influencers



Young Influencers

Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

As a Trust, we recognise the importance of involving young people to ensure they have a voice in our decision-making.

We have rebranded our Youth Involvement Group to the Young Influencers to better reflect the culture of young people taking into account how they engage and influence. We have begun to develop better stakeholder relations, including having our chair and elected representatives regularly attend the Council of Governors. We are also working with our communications team for new Young Influencers branding and have engaged in joint development programmes with Birmingham Children's Hospital and NHS South West, allowing for collaboration and sharing of best practices.

Who did we speak to?

The Young Influencers Group is made up of young people between the ages of 14 and 25 who are interested in getting involved with the NHS Trust. This year, our focus has been on developing our community identity and building a bigger presence.

Young Influencers

What and how did we ask?

The Trust asked the Young Influencers Group how they would like to be involved with the Trust and how the Trust could support them in developing stronger connections as a group and with different communities. The Trust also sought input from the group on programmes of work, including the art mural questionnaire for the children and young person's unit and completion of the Healthwatch young persons' engagement survey.

What did we do?

We have developed regular in-person meetings, where the group get together, have monthly icebreakers and socialise. The group has been actively involved in shaping Trust plans for the future and exploring ways in which they could volunteer and give back. The group has also engaged in joint development programmes with Birmingham Children's Hospital and NHS South West, allowing for collaboration and sharing of best practices. We have hosted several career role model sessions, mental health awareness sessions, CPR training, communications, and marketing sessions.

What did people tell us?

Members of the Young Influencers Group have emphasised the importance of being involved in decision-making processes and having a voice in how the Trust is run.

They have also highlighted the importance of opportunities for young people to get involved and take part in meetings and discussions, particularly when decisions are being made about the future of services.

Find out more here:

www.gloshospitals.nhs.uk/about-us/support-our-trust/our-youth-group/

The impact of involvement and engagement over the last year

Young Thinkers Gloucester



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

We are proud to support Young Thinkers Gloucester (YTG), an established third-sector organisation, led by two local Doctors, providing free health education sessions for young people every Saturday in Barton and Tredworth.

The Trust has provided funding to the group through NHS Charities Together, helping to further promote healthy lifestyles and health equality.

This has included health information sessions, covering important topics such as diabetes, bowel cancer, CPR training, early intervention, and healthy lifestyles.

Who did we speak to?

The Trust has been in contact with the Young Thinkers Gloucester discussing ongoing support and collaboration and how to maximise positive impact in communities.

Young Thinkers Gloucester

What and how did we ask?

The Trust asked the Young Thinkers Gloucester team about their plans for this year's education sessions and how the Trust could help support their efforts in the community and provided the required funding to support these efforts.

What did we do?

The Trust provided funding to help Young Thinkers Gloucester continue their:

- Free study club at Friendship Cafe
- CPR and first aid & cardiac teaching event for all ages
- Diabetes awareness
- Bowel Cancer Screening – how young people can signpost relatives
- Careers Day at Al Ashraf primary school
- Healthy Ramadan and diabetes webinar

What did people tell us?

Young Thinkers Gloucester team expressed their gratitude for the Trust's continued support and funding, which has allowed them to continue their important work in educating young people on a wide range of topics. They also stressed the importance of community engagement and education, and the positive impact it can have on health outcomes.

Find out more here:

To learn more about Young Thinkers Gloucester and their education sessions, visit their website at:

<https://www.facebook.com/youngthinkersgloucester/>

The impact of involvement and engagement over the last year

Cervical Screening Uptake in South Asian Communities



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

The Trust wanted to work with local South Asian Communities to support the uptake of cervical screening. This was led by the Community Outreach Worker, who brought women from specific communities together and hosted discussion sessions to understand what matters most to them when responding to the invitation for screenings.

Who did we speak to?

The Trust worked very closely with groups and individuals from the South Asian Community, as well as health and care professionals who work closely with these communities. The discussion sessions were held in collaboration with community organisations, and aimed to listen to the experiences and barriers individuals faced in accessing cervical screening.

Cervical Screening Uptake in South Asian Communities

What and how did we ask?

During the discussion sessions, participants shared their knowledge of cervical cancer and the importance of screening. The sessions also explored the barriers that South Asian women face in accessing cervical screening, including cultural and language barriers. Participants were encouraged to share their personal experiences with screening and any concerns they may have.

What did we do?

The Trust worked with community organisations and religious experts to:

- Deliver culturally sensitive information and education about cervical screening
- Promote the importance of regular screening
- Address concerns and misconceptions

The feedback received from these sessions was used to inform a research application that was submitted to the National Institute of Health Research to address the barriers that South Asian women face in accessing cervical screening. The Trust is awaiting approval for the research project.

What did people tell us?

Participants expressed concerns about the lack of awareness and education about cervical screening in the South Asian community. Many cited cultural barriers, such as stigma and shame around discussing sexual health, as well as practical barriers and a lack of understanding about the screening process.

Participants also expressed a desire for more culturally sensitive education and information about cervical screening, as well as greater access to screening services in community settings.

Find out more here:

<https://www.nhs.uk/conditions/cervical-screening/>

The impact of involvement and engagement over the last year

Children's Centre Mural



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

To create a mural on a large wall (14mx5m) outside the Children's Centre entrance at Gloucestershire Royal Hospital to improve the aesthetics of this entrance, make this area of the hospital more child and young person friendly while also supporting wayfinding.

We wanted to engage to ensure that this large space is inviting, engaging and inclusive for our patients aged 0-18 years. We also wanted to ensure consideration was given to the needs of some of our young people being supported with their mental health so being therapeutic and calming in nature was essential.

Another element of engagement was to ensure that the theme for the mural was agreed by those using the services, both patients, parents/ carers and staff.

Children's Centre Mural



Who did we speak to?

We engaged with:

- Children and young people using the services
- Staff within the children's centre
- Parents and carers using the services
- Wider Gloucestershire Hospitals NHS Foundation Trust staff
- Wider public of Gloucestershire

We engaged widely due to the large scale and public facing nature of this project which has a risk of not meeting the needs of those people using our services and negatively impacting the reputation of the organisation if we didn't engage widely.

Children's Centre Mural

What and how did we ask?

The engagement started with staff within paediatrics with both paediatric staff representation involved in the brief to the artists, the interviews for the artist and the sign off of the commissioned artist. Further engagement took place with the artist, hospital teaching team and play specialists to enable a creative consultation to take place on the ward with patients, parents/ carers and staff. This took the form of both a questionnaire and group session.

Further engagement of the Arts Steering group, staff, children and young people took place with the production of six options. Once this had been through another iteration, a final much wider engagement piece took place using social media, hospital teaching staff to engage patients, paediatric staff and the wider hospital staff. This was to vote for one of three different designs.

This final element of engagement saw over 800 people participate and provide their views.

What did we aim to understand better or seek views on and what methods did we use (ie surveys, focus groups, virtual or social distanced engagement events, on-street outreach, social media, media, drop-in events, online Q&A etc)

What did people tell us?

People shared the following:

- Favourite colours
- Favourite animals
- Favourite places
- Favourite things
- 3 words that make them feel calm or happy
- Artwork type preferences
- Their own drawings of what the mural could look like using their choice of media

The feedback was then pulled into six different designs reflecting people's preferences.

What was the impact?

The feedback was incorporated into the initial designs. Further feedback was sought and more amendments made to the designs leaving three designs to choose from and for wider voting.

What are the next steps?

The final design will now be painted onto the external wall, we will evaluate the impact of this art work after installation to ensure objectives have been met.

The impact of involvement and engagement over the last year

Community Engagement for Opening New Hospital Facilities



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

The Trust have opened a number of new facilities at its hospitals, including the Gallery Ward and new Emergency Departments. To celebrate the opening, the Trust organised tours, press releases, social media promotions, and community engagement events.

Who did we speak to?

The Trust engaged with a wide range of stakeholders, including patients, their families, staff, and the general public. It was important to raise awareness and promote discussions among those who would be using the new facilities.

Community Engagement for Opening New Hospital Facilities



What did we do?

To celebrate the opening of the new facilities, the Trust organised tours of the Gallery Ward and the new Emergency Departments, and invited members of the public, staff, and stakeholders to attend. The Trust also issued press releases to local media outlets and promoted the new facilities on social media. Community engagement events were held to inform the public about the new facilities, including their features and services. The Trust also provided an opportunity for the public to ask questions and provide feedback.

What did people tell us?

Feedback from the communities was positive, with people appreciating the new facilities, their modern design, and the opportunity to view and learn about the facilities prior to them opening.

Find out more here:

www.gloshospitals.nhs.uk/your-visit/changes-to-our-hospitals/whats-changing-at-our-hospitals/

The impact of involvement and engagement over the last year

Enhance – improving care for vulnerable and homeless patients in ED



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

This year the Trust led a pilot project in collaboration with Health Education England to improve services for vulnerable and homeless patients attending Emergency Departments (EDs).

Who did we speak to?

The Enhance project is focused on improving services for vulnerable and homeless patients attending EDs. The project team engaged with various stakeholders, including vulnerable populations, healthcare professionals, and our award-winning homelessness specialist team.

What and how did we ask?

The project team used a co-production approach, working with the stakeholders to identify the challenges faced by vulnerable and homeless patients attending EDs. The team used a range of methods to gather feedback and input, including focus groups, and surveys.

Enhance – improving care for vulnerable and homeless patients in ED

What did we do?

The Enhance project team worked closely with the junior doctors to develop five pilot projects aimed at improving service delivery to homeless users. The pilot projects focused on addressing issues such as difficult conversations, communication styles, mental health support, and information referencing. The team also provided training to ED staff to enhance their awareness and understanding of the needs of vulnerable and homeless patients.

What did people tell us?

The stakeholders identified several challenges faced by vulnerable and homeless patients attending EDs, including difficulties accessing primary care, limited access to mental health support, and the need for social information.

They also highlighted the importance of providing holistic care to vulnerable and homeless patients and improving communication between ED staff and outreach teams.

Find out more here:

<https://peninsuladeanery.nhs.uk/about-us/enhance-sw-generalist-programme/>

The impact of involvement and engagement over the last year

Building links with seldom heard groups



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

Over the year, the Trust has engaged a range of hard-to-reach groups in the community. This includes attending meetings and events held by the Sahara Saheli women's group in West Cheltenham and the Forest of Dean Youth Association. The aim is to ensure that all members of the community have access to healthcare information and services.

Who did we speak to?

The Trust spoke to members of the Sahara Saheli women's group and the Forest of Dean Youth Association, two seldom heard groups in Gloucestershire. These groups are made up of individuals who may face barriers to accessing healthcare information and services due to factors such as language, cultural differences, and geographic location.

What and how did we ask?

The NHS Trust engaged with these groups by attending their meetings and events and speaking with members about their healthcare needs and concerns. The Trust also sought feedback on how it could better serve these communities, and what barriers existed in accessing healthcare information and services.

Building links with seldom heard groups

What did we do?

The NHS Trust has taken steps to address the needs and concerns of these seldom heard groups. This includes providing information in different languages, improving communication methods, and increasing outreach efforts to better serve these communities. The Trust has also worked to build trust and relationships with community leaders and members, in order to facilitate more effective engagement.



What did people tell us?

Members of the Sahara Saheli women's group and the Forest of Dean Youth Association expressed appreciation for the Trust's efforts to engage with their communities. They highlighted the importance of providing information and services in languages other than English and the need for more targeted outreach efforts to ensure that all members of the community are able to access healthcare information and services. Additionally, some members expressed concerns about the accessibility of healthcare services and information.

Find out more here:

To learn more about the NHS Trust's efforts to engage with hard-to-reach groups in Gloucestershire, visit their website at:

<https://www.gloshospitals.nhs.uk/about-us/support-our-trust/>

The impact of involvement and engagement over the last year

Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

One Gloucestershire Community Recruitment Event



Brief description

The One Gloucestershire Community recruitment event was aimed at encouraging local people to join the NHS and social care. The event was a success, with over 200 people offered roles on the day.

Who did we speak to?

The event was open to anyone who was interested in working in the NHS and social care sector, particularly those from the local community. A wide range of roles were available, including administrative, clinical, and managerial positions.

One Gloucestershire Community Recruitment Event

What and how did we ask?

The event was advertised through various channels, including social media, local newspapers, and community groups. Participants were asked to register online in advance to attend the event. On the day of the event, attendees had the opportunity to meet with NHS and social care representatives to discuss potential job opportunities.

What did we do?

The One Gloucestershire Community recruitment event provided a platform for local people to learn more about working in the NHS and social care sector. Attendees were able to speak with representatives from different departments and organisations to get a better understanding of the types of roles available and the qualifications required. In addition, representatives were on hand to answer questions and provide guidance on the application process.

What did people tell us?

The feedback from attendees was overwhelmingly positive, with many expressing their appreciation for the opportunity to speak with representatives from different organisations in one place. Attendees also appreciated the guidance and support provided on the application process. The event was seen as an excellent opportunity for those looking to start a career in the NHS and social care sector.

Find out more here:

To learn more about career opportunities in the NHS and social care sector, visit:

<https://www.gloshospitals.nhs.uk/work-for-us/join-us/>

The impact of involvement and engagement over the last year

Engaging with Trust Members



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

As a Trust, we understand the importance of engaging with our members and keeping them up to date with the latest news and events. We have continued to provide regular newsletters and invitations to our Annual Members to ensure they are informed and involved in our decision-making processes.

Who did we speak to?

We reached out to our 2,000 members of the Trust, including patients, staff, and members of the public who have expressed an interest in the work of the Trust. We wanted to ensure that they are kept informed of any developments and have the opportunity to provide feedback and suggestions.

Engaging with Trust Members

What and how did we ask?

We asked our members what topics they would like to see covered. We also asked for their opinions on the Annual Members Meeting and how we could improve the event to make it more engaging and informative.

What did we do?

We have continued to provide regular newsletters to our members, covering a range of topics such as new services, developments within the Trust, and patient stories. We have also made changes to the Annual Members Meeting, such as inviting guest speakers to talk about important healthcare issues and providing opportunities for members to ask questions and provide feedback.

What did people tell us?

Our members have appreciated the regular newsletters and have found them informative and engaging. They have also provided suggestions for future topics and such as more interactive sessions and workshops.

Find out more here:

<https://www.gloshospitals.nhs.uk/about-us/support-our-trust/join-our-foundation-trust/>

The impact of involvement and engagement over the last year

Apprenticeships & Careers Engagement



Over the last year we have worked with a range of communities and local partners across Gloucestershire to involve and engage people in local plans and service developments.

Brief description

The apprenticeships and careers engagement supports the Trust's objectives to increase the promotion of career opportunities and to build connections with young people, attract new talent and inspire our future workforce.

A dedicated Apprenticeships & Careers Engagement role was established and offers support in widening participation within our communities, with development opportunities for young people including work experience, Q&A sessions and taster sessions.

Who did we involve and why?

Over the last year we have actively engaged over 60 local schools, colleges and alternative providers to target students between the age of 12 – 18 and promote NHS apprenticeships and career opportunities across our local community.

Engaging with Trust Members

What and how did we ask?

The Apprenticeships Team provided a single point of contact for career leads, students, parents and other members of the community to discuss apprenticeships and career opportunities within the NHS.

- Focus Groups – involvement with attendance at Young Influencers Group - group of young people aged between 11 – 25 who interested in representing the local community to support in making our hospital services inclusive from young people’s perspectives and needs.
- Virtual Engagement Events – Career Awareness Q&A sessions to highlight Careers within our Trust and widen participation for our local community to speak with NHS professionals about their roles and how they could find out more about career pathways.
- Face to Face Engagement Events – Attendance at local career events in schools to inspire the future workforce via representation from Career Role Models within different professions.
- On Street Outreach – Use of NHS Information Bus during half term to engage with local communities that may not engage with us within a school setting.
- Social Media – regular content via Twitter and Instagram to promote apprenticeships and career opportunities within the Trust and NHS. Supported in originally setting up the Instagram to support our aims to promote to a targeted audience of 12 – 18 years old.

What did people tell us?

- The engagement has helped build knowledge and relationships between the NHS and local schools, promoting and recruiting students into apprenticeships future careers within NHS.
- Helped break down some barriers for young people applying for vacancies, providing support on how to apply, access to IT equipment and how to write and submit an application;
- Strengthening work experience opportunities across the ICB, moving toward a single process across the One Gloucestershire system;
- Improving knowledge and awareness about NHS career pathways and the different NHS employers in the local area.

Find out more here:

<https://www.gloshospitals.nhs.uk/work-for-us/apprenticeships/>

Other ways we involve and engage

Other ways we involve and engage

Over the last year, we have continued to strengthen and develop the range of ways we are able to engage and work with local people and colleagues. As an NHS organisation we also have a number of established approaches to ensure the voices of local communities are represented.

We have continued to build our joint working with NHS and voluntary partners across Gloucestershire. There is a clear benefit to local people in health and social care working together on engagement and involvement opportunities, helping us to have more meaningful conversations and ensuring our voluntary and community sectors have an active role.

Get Involved Gloucestershire

In 2021 NHS partners launched 'Get Involved in Gloucestershire' which is an online participation space for people to can share views, experiences, and ideas about local health and care services.

The new digital platform will be a central point for the NHS and local people to find out and directly get involved in shaping local services.

The experiences shared through the platform will help inform and influence the decisions local NHS organisations make.

Further information about Get Involved in Gloucestershire and free registration can be found here:

<https://getinvolved.glos.nhs.uk/>



Other ways we involve and engage

Community Outreach

In May 2022 we recruited our first Community Outreach Worker. This role works very closely with our partners at Gloucestershire Health and Care NHS Foundation Trust and Gloucester Young Thinkers to address Community Wellbeing, ensuring we are reaching out together. The role is funded by NHS Charities Together to help reduce health inequalities and engage with seldom heard communities.

During the first year of our Community Outreach work we engaged with 10,382 individuals including people in the community, NHS staff, volunteers, local community representatives, patients and children and young people.

The role continues to build and strengthen our connections with the voluntary and community sector, helping to understand and remove barriers regarding access to health services, promoting self-management of chronic diseases, and will focus on places where there are high levels of deprivation and health inequalities.

Governors

An important way local people can directly get involved with the Trust is through our Council of Governors. We have 22 public, staff and appointed governors who represent the views and interests of Trust members and the local community, to ensure it reflects the needs of local people.

Our governors ensure we listen to the views of patients and people who live locally, along with our staff and other interested parties. They hold us accountable and ensure we can make improvements to our services, and the information we provide.

The Council of Governors meet six times a year to provide feedback on developments and decisions at our hospitals. These meetings are open to the public, who are welcome to attend.

Further information about Governors can be found here:

www.gloshospitals.nhs.uk/about-us/governors

Other ways we involve and engage

Members

As a Trust, we are accountable to local people and we actively promote the benefits of becoming a member and how to stand for election as a governor.

Members include staff, patients and members of the community who either have a general interest in healthcare or are interested in a specific condition or specialty. Members are regularly invited to get actively involved with the Trust to develop services that will best suit the needs of local people.

For more information and to become a member visit:

www.gloshospitals.nhs.uk/about-us/support-our-trust/join-our-foundation-trust

Patient and colleague stories

Patient and colleague stories are regularly presented at the Trust Board meeting. These stories provide examples of the lived experience of patients and colleagues which highlights examples of excellence and areas for improvement.

www.gloshospitals.nhs.uk/about-us/our-board/board-papers/

Patient Experience

Patient experience matters to us. Our Trust's strategy has commitment to create a culture where patients are at the heart of everything we do and that patient-centred care is embedded across the Trust.

We know from international evidence that outstanding patient experience improves patient safety and clinical effectiveness and also improves the experience of NHS colleagues.

As a Trust we produce an Annual Patient Experience Report which focuses on all our patient experience initiatives, including Friends and Family, compliments, comments, complaints and projects that have happened across the organisation this year.

This can be read at:

www.gloshospitals.nhs.uk/about-us/reports-and-publications/reports/

Other ways we involve and engage

Our Annual Members Meeting

For the last two years our Annual Members Meeting has been held virtually and broadcast live, enabling colleagues and local people to join and ask questions (it has over 2,200 views).

During our Annual Members Meeting the Trust shares key highlights and achievements, and reflects on the impact of the pandemic as well as shares next steps and future developments planned for the year ahead. You can watch Annual Members Meeting:

<https://www.youtube.com/@GlosHospitalsNHS>

Healthwatch Gloucestershire

The Trust works closely with Healthwatch Gloucestershire (HWG) and they are actively involved in our work and plans, including attendance at the Trust Board, Partnership Involvement Network, and a number of service projects, including the Covid vaccination programme. More information about Healthwatch can be found here:

www.healthwatchgloucestershire.co.uk/

Maternity Voices Partnership

Gloucestershire Maternity Voices Partnership is made up of volunteers who represent the voice of women and families from all communities and cultures to inform improvements in local maternity care. The partnership is directly involved with the Trust's Maternity and Midwifery services and provides an important independent voice in shaping our services.

<https://getinvolved.glos.nhs.uk/gloucestershire-maternity-voices-partnership>



Other ways we involve and engage

Social Media

Social media has continued to evolve over recent years and, when used in the right way, can bring closer involvement and engagement with a wider range of people that traditional approaches could not achieve.

As a result of the pandemic, the Trust has adapted its engagement and involvement, with blended approaches, embracing face-to-face activity with blended social media solutions, with a far wider reach and scale of connection than ever before. This includes our Facebook Live events, live streaming Q&A sessions with staff, and listening to individuals' experiences of services.

We have several social media channels that anyone can follow and these are outlined below:



Twitter:

www.twitter.com/gloshospitals



Facebook:

<https://www.facebook.com/gloshospitalsNHS>



YouTube:

www.youtube.com/c/GlosHospitalsNHS



LinkedIn:

<https://www.linkedin.com/company/gloucestershire-hospitals-nhs-foundation-trust/>

**What will
we be doing
this year?**

What will we be doing this year?

Over the past year, we have made a concerted effort to engage with communities' face to face. We recognise the importance of building relationships and establishing trust with our local communities, and we believe that us having a presence in the community is an effective way to achieve this.

Despite the challenges posed by the pandemic, we were able to host several community events, such as the recruitment event and the opening of new hospital facilities and engage with seldom heard groups like the Sahara Saheli women's group and attending events in communities focused on prostate cancer, dementia and many more.

Moving forward, we plan to continue focusing on face-to-face engagement, recognising that it is an essential part of building strong and effective relationships with the people we serve.



What will we be doing this year?

We will explore new and creative ways to engage with our communities, and we will continue to prioritise their needs and perspectives in all our work:

Development of audio guides for key services across our hospitals, in partnership with the Sight Loss Council

Working with Healthwatch Gloucestershire, Sight Loss Council and staff to pilot new easy to read patient appointment letters

Introduce a new digital patient portal, improving access to appointments, health records and support Accessible Information Standards

Begin work with the Peoples Panel; an ICS panel of 1,000 local people to regularly give their views and insights that will influence our planning

Complete the co-design of an Engagement and Involvement Framework to support colleagues and local people and improve the quality of our work

Build on the successful engagement with schools and apprenticeship team to build relationships and open up NHS careers

Maintain our partnership with Youth Thinkers Gloucester, supporting some of the most deprived areas and engaging communities on health issues

Continue to improve how we use data and insights to identify trends, inform best practices, and identify opportunities for learning and improvement

We will continue to focus on health equity and work towards ensuring all communities have access to the right care, at the right time, in the right ways

If you want to find out more about the activities mentioned above, join the 'Get Involved in Gloucestershire'

<https://getinvolved.glos.nhs.uk/>

Summary

We take great pride in the work we do to engage and involve people and our communities

By engaging with communities, we are able to gain a better understanding of the unique needs, challenges, and barriers that exist. This informs the development of more effective and culturally appropriate health interventions and services and shapes how we work on key issues.

Our approach to community involvement has strengthened collaboration and partnership between health and care providers, voluntary community groups, and individuals, creating a more holistic and inclusive way of working.

Over the last year we have continued to make significant progress in a number of areas, including the recruitment of the Community Outreach Worker role, whose contribution has helped forge key relationships with many seldom heard groups.

Our Young Influencer group now has a direct role on the Council of Governors, and we successfully completed our Fit for the Future engagement programme.

We have also continued to develop our “Centres of Excellence” at Cheltenham General Hospital and Gloucestershire Royal Hospital and over the last year there has been a number of exciting building works completed, including the upgrade of the new Emergency Department, helping to improve access and service quality at both hospitals.

The ways in which we have engaged has continued to evolve. Innovation has been a hallmark of how we worked and adapted throughout the pandemic, including greater use of live streaming and digital tools. We’ve incorporated these innovations into our engagement activities, with a mix of virtual, digital, and community events to enhance our outreach and involvement.

Summary

Thank you all

Ultimately, our community engagement and involvement work is essential for creating health and care services that are patient-centred, equitable, and effective. By working together, we can improve health outcomes, reduce healthcare costs, and create healthier and more connected communities.

As we move forward, we remain committed to involving people in shaping health and care services. We want to strengthen our work and demonstrate the positive impact of engaging with communities and stakeholders. We will continue to work together to meet new challenges as the needs of our local population evolve.

We would like to thank all the individuals and organisations who have taken part in our involvement activities during the year. Our aim is to put people and communities' voices at the centre of health and care decision-making in Gloucestershire.

Involvement and Engagement Tracker

It is really important that we are able to listen to colleagues, patients, local people and communities across Gloucestershire about their experiences of using our health and care services and to help shape improvements. Our involvement and engagement tracker records the level of activity and demonstrates how it has informed and influenced decision-making across the organisation.

Community Engagement and Involvement Activity – 1 April 2022 to 31 March 2023

What / Where	Who	When	No of people	We asked (Activity)	You Said (Listened)	Impact (We did)	More information
Gloucester Feed the Hungry – 34 The Oxbode Gloucester	People in the community	Fortnightly (18 visits between May 2022 to January 2023)	50	How accessible are Trust Services/ health pathways for the homeless community?	Requested & shared information on Health and VCSE organisations and initiatives happening based on Community Outreach Worker knowledge	<p>Increased planned care appointments.</p> <p>Support was offered to a young service user who was attending A&E to access a warm space & a drink. Signposted to Gloucestershire Nightstop Homeless charity.</p> <p>Support was given to a patient going for a hip replacement, as she was anxious about being away from home as Operation was in Oxford, chatted through ways to feel less isolated as will be away from family/friend's support. Network.</p>	<p>www.yourcircle.org.uk/Services/15188</p> <p>Home - Gloucestershire Nightstop</p>
Free study Club Friendship cafe	People in the community Volunteers	Fortnightly (40 sessions visits between May 2022 to January 2023)	12 – 20 people weekly	How can communities be supported to tackle cycles of poverty and increase educational attainment	More funding to support free study clubs	<p>Provided funding to support activities that go in to running the free study club in Friendship café</p> <p>Provides a safe space outside of school, allowing young people to interact with peers and other individuals outside of the home and</p>	<p>Saturdays 10 –11 at friendship café</p> <p>youngthinkersgloucester</p>

What / Where	Who	When	No of people	We asked (Activity)	You Said (Listened)	Impact (We did)	More information
						getting more used to socialising in a post COVID setting.	
Diabetes (targeted more for middle aged people)	People in the community Patients	28/05/2022	20	What conditions would communities want further health education on	Diabetes	Helps those who may not have had access to a GP in the pandemic or are struggling for GP access currently to know the warning signs of diabetes which is more prevalent among core 20 groups	www.facebook.com/youththinkersgloucester
BME Dementia Education & Information Event, Friendship Café, Gloucester.	NHS Staff & People in the community	08/06/2022	150	How accessible are Trust Services health pathways for the patients & carers suffering from Dementia?	Requested information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge.	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	Memory problems and dementia > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk) Dementia From the Inside by Jennifer Bute Dementia Resources (3ndementiawg.org) Crossroads Gloucester Memory Café (crossroadsglos.org.uk)
Unreflected Reflections, Friendship Café, Gloucester.	NHS Staff & People in the community, Volunteers	13/06/2023	100	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Requested information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge	Provided ethnic minorities with information to encourage access to early interventions addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	Unreflected Reflections - Voices Gloucester
Big Health & Well-Being Day, Plock Court, Gloucester	People in the Community NHS & Partner Organisations Staff & volunteers	17/06/2022	1500+	How accessible are Trust Services/ health pathways for the service users with additional needs?	Requested & shared information on Additional Accessibility Support & Voluntary Organisations. The event is aimed at helping people with learning disabilities with	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services	Big Health > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk) The aim of each Big Health Day is to:

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					complex physical and emotional health needs, people with physical disabilities and sensory impairments, autistic people and anyone with mental health support needs to stay active and healthy.	Increased confidence from people from ethnic minority backgrounds	<p>To deliver an inclusive event with the theme of staying healthy and active, meeting friends and having fun.</p> <p>To reduce health inequalities for people living with a learning disability, a physical disability and/or mental health problems and help people to help themselves, through activities outlined in our programme</p>
Windrush Generation Event, All Nations Club, Gloucester	People in the Community & NHS Staff & Volunteers.	22/06/2023	200	Sharing & Celebration Event Voluntary Organisations & in collaboration with the Office of the Police and Crime Commissioner	The Sharing of Community stories, of the Windrush Generation who came to the U.K to join the NHS as Nurses.	Listening to Community Stories from NHS Staff and community members. Watched community documentary about the NHS Nurses who were from the Windrush Generation.	<p>Lives of Colour: I-MMigrate Exhibition - The Museum of Gloucester</p> <p>Home All Nations Community Centre (anccglos.com)</p>
Skillzone, Community Safety Team Gloucesters hire Fire and Rescue Service Tuffley Lane Tuffley Gloucester,	NHS Staff & Volunteers & People in the Community	22/06/2022	25	Information sharing event for Fire Safety Checks from the Complex Needs Officer & Safeguarding Coordinator Community Safety Team	Following patient discharge from acute care, what support is available in the home.	Encourage more appropriate use of VCSE services & support for hospital to home services.	<p>We enable and support communities, individuals and stakeholders to be empowered, and take control of their health, wellbeing and care journey in a manner that best suits them.</p> <p>www.jigsawco-op.org.uk</p>

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				Gloucestershire Fire and Rescue Service			
Meet Little Amal by Invitation Cheltenham Community Event	People in the community	23/06/2022	250	How accessible are Trust Services/health pathways for the refugee community?	Requested information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge	Increased planned care appointments Increased confidence from people from ethnic minority backgrounds	www.walkwithamal.org
Prostate Cancer Awareness Event; All Nations Community Centre – Gloucester	NHS & Police Staff & People in the Community	22/06/2022	250	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Requested information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge	Provided ethnic minorities with information to encourage access to early screening, addressed misconceptions, and Increased confidence from people from ethnic minority backgrounds in our services.	Next event - 01/03/2023 5-7 pm All Nations Community Centre - Cancer Services from GHNHSFT. Cancer services videos YouTube: GHNHSFT Cancer services
Open Arms Artist Collective, Bethesda Methodist Church, Cheltenham	NHS Staff & Volunteers & People in the Community	30/06/2022	75	How accessible are Trust Services/health pathways for the patients & carers suffering from Dementia?	Requested information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge	Provided information to encourage access to early screening, addressed misconceptions, and Increased confidence from people from ethnic minority backgrounds in our services. Open Arms specialise in working with people living with dementia and their supporters/carers.	Open Arms Artist's Collective (openarmsartists.org.uk)
McMillan Information Hubb at Friendship Café, Gloucester	People in the Community	28/07/2023	50	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Addressing specific information leaflets to encourage dialogue surrounding barriers for people from ethnic minority backgrounds accessing these services including lack	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	The service offers support and information to anyone who has concerns about cancer, their relatives, friends and carers

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					of knowledge process & support of Cancer Screening & Hospital pathways.		Macmillan Cancer Support Information Hub (gloshospitals.nhs.uk)
Jamaican Independence Day, Gloucester Park	People in the Community NHS & Partner Organisations Staff & volunteers	07/08/2023	1000	With the NHS Information Bus. How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Addressing specific information leaflets to encourage dialogue surrounding barriers for people from ethnic minority backgrounds accessing these services Requested & shared information on Health and VCSE organisations and initiatives happening based on Community Outreach Worker knowledge	Provided ethnic minorities with information to encourage access to early screening, addressed misconceptions, and Increased confidence from people from ethnic minority backgrounds in our services.	Glosjam to celebrate 60 years of Jamaican independence this weekend - Gloucestershire Live You searched for 2023 events - Gloucester BID - Business Improvement District
St James Park Cultural Fete	People in the Community NHS & Partner Organisations Staff & volunteers	20/08/2022	500	With the NHS Information Bus. How accessible are Trust Services/health pathways for the members of the Ethnic Minority community	Addressing specific information leaflets to encourage dialogue surrounding barriers for people from ethnic minority backgrounds accessing these services Requested & shared information on Health and VCSE organisations and initiatives happening based on Community Outreach Worker knowledge	Provided ethnic minorities with information to encourage access to early screening, addressed misconceptions, and Increased confidence from people from ethnic minority backgrounds in our services. St James Park Cultural Fete is a fun-filled and free summer festival Its aims are to celebrate and enhance the life of our park and its community, by bringing communities together.	News St. James's Place Charitable Foundation (sjpfoundation.co.uk)
McMillian Information Hub, Redwell	Local Community NHS & Partner Organisations	01/09/2022	100	Patient information sharing event.	Sharing information leaflets to encourage dialogue surrounding barriers for people from diverse/disadvantaged	Increased planned care appointments Reduction in emergency attendance	The service offers support and information to anyone who has concerns about cancer,

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Centre, Matson	Staff & volunteers				backgrounds accessing these services Requested & shared information on Health and VCSE organisations and initiatives.	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	their relatives, friends and carers Macmillan Cancer Support Information Hub (gloshospitals.nhs.uk)
75 Years My Story – Strike A Light, Gloucester	Local Community & others.	Fortnightly (8 visits between October 2022 to January 2023)	20	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community especially when this is a community group within a community group.	Sharing information leaflets to encourage dialogue surrounding barriers for people from diverse/disadvantaged backgrounds accessing these services. Requested & shared information on Health and VCSE organisations and initiatives.	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds especially widowed women from minority backgrounds.	Since 2013, we've been working in Gloucester to create great cultural events and experiences that can bring communities together, make life vibrant and exciting – and change things for the better. In that time, we've learned loads about what works and what doesn't Strike A Light
Friendship Café Women's Walking Group, Stinchcombe Hill, Golf Course	Local Community	10/10/2022	40	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Sharing information leaflets to encourage dialogue surrounding barriers for people from diverse/disadvantaged backgrounds accessing these services Requested & shared information on Health and VCSE organisations and initiatives.	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	The Friendship Cafe We provide youth & community-based activities
Music Works – BHM Event Gloucester	NHS & Partner Organisations Staff & volunteers	21/10/2022	150	Asked if people knew about Career & Volunteer opportunities	Requested information on career opportunities at GHFT.	Increased confidence from people from ethnic minority backgrounds on roles they may eligible for, how to find them and where to apply.	www.themusicworks.org.uk/about-us/what-we-do/

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				within NHS Organisation & Local Authority Services?			
Stroud	Local Community	7/06/2022	100	Engaged to ask what the public thought of the proposed plans for FFTF2 - NHS Information Bus	FFTF Phase 2 – NHS Information Bus – Asking Members of the community to share feedback on Phase 2	50+ engagement events. 6 Facebook Live events Over 1,800 face-to-face conversations with public and staff Facebook info reached 64,500 individual people. Twitter info had over 55,000 impressions 200+ Fit for the Future 2 surveys complete	Fit for the Future: consultation on specialist hospital services is underway (gloshospitals.nhs.uk)
Cheltenham	Local Community	11/06/2022	100	Engaged to ask what the public thought of the proposed plans for FFTF2 - NHS Information Bus	FFTF Phase 2 – NHS Information Bus – Asking Members of the community to share feedback on Phase 2	50+ engagement events. 6 Facebook Live events Over 1,800 face-to-face conversations with public and staff Facebook info reached 64,500 individual people. Twitter info had over 55,000 impressions 200+ Fit for the Future 2 surveys complete	Fit for the Future: consultation on specialist hospital services is underway (gloshospitals.nhs.uk)
Bowel Cancel Screening event - awareness talk at Rosebank GP practice	People in the community Patients	12/06/22	15	What conditions would communities want further health education on	Conditions that are associated with stigma included Cancer	Helps those who may not have had access to a GP in the pandemic or are struggling for GP access currently to know the warning signs of diabetes which is more prevalent among over 80s and among particular minority groups	www.facebook.com/youththinkersgloucester
Cirencester	Local Community	14/06/2022	150	Engaged to ask what the public thought of the proposed plans for FFTF2 - NHS Information Bus	FFTF Phase 2 – NHS Information Bus – Asking Members of the community to share feedback on Phase 2	50+ engagement events. 6 Facebook Live events Over 1,800 face-to-face conversations with public and staff Facebook info reached 64,500 individual people.	Fit for the Future: consultation on specialist hospital services is underway (gloshospitals.nhs.uk)

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						Twitter info had over 55,000 impressions 200+ Fit for the Future 2 surveys complete	
Sahara Saheli Women's Group	Local Community	28/06/2022	20	Sharing Event Voluntary Organisations Discussion group about women's knowledge of the process & support of Cancer Screening & Hospital pathways.	There are specific barriers for South Asian women accessing these services including lack of knowledge process & support of Cancer Screening & Hospital pathways.	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Leaflets shared from McMillian Cancer Services. Focus Charity Cancer Services information shared. YouTube - Cancer Services
Open Arms Artist Collective (Dementia Support Group)	Volunteers People in the community NHs Staff	30/06/2022	40	How accessible are Trust Services/health pathways for Carers & Dementia Patients?	Requested & shared information on Dementia Support & Voluntary Organisations	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services	www.openarmsartists.org.uk/
Engagement with South Asian Community	People in the Community & NHS Staff & Volunteers.	27/07/2022	100	Navigating Mental Health Services	Difficulty accessing MH pathway, understanding support services available	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services	Information sign-posting to Voluntary MH Organisations. Gloucestershire's Mental Health Services Have Your Say Gloucestershire (engagementhq.com)
Anglo Asian Chinese Community	People in the Community & NHS Staff & Volunteers.	22/08/2022	15	How accessible are Trust Services/health pathways for the members of the	Requested information on Dementia Support & Voluntary Organisations	Increased planned care appointments Reduction in emergency attendance	The Anglo-Asian Cultural Centre Buildings and Places (General) Barton

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				Ethnic Minority community?		Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	and Tredworth Community Heritage
Friendship Café – Youth Event	People in the Community	10/08/2022	45	Careers Opportunities in the NHS Information Event.	Sign-posting of Apprenticeship opportunities in NHS and voluntary organisations available.	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Contact our team via - ghn-tr.apprenticeships@nhs.net to seek advice, information or guidance regarding Apprenticeships & Careers with our Trust
GL1 – Healthy Lifestyles	People in the Community & Patients	12/09/2022	30	How accessible are Trust Services/health pathways for the members of the Ethnic Minority community?	Requested information on Dementia Support & Voluntary Organisations Arranged for following to attend the Healthy Lifestyles Group	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	HLS Gloucestershire - Home (hlsghos.org)
Friendship Café	NHS & Police Staff with local Community Representatives Groups.	15/09/2022	15/20	Sharing Event Voluntary Organisations	The process to join Young Influencers & Trust Governor Membership.	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Information Bus: NHS Gloucestershire ICB (nhsglos.nhs.uk) www.gloshospitals.nhs.uk/about-us/support-our-trust/our-youth-group/

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CPR and first aid & cardiac teaching event (all ages)	People in the community Volunteers	16/09/2022	50	Do communities need CPR training	CPR training workshops	Early health intervention for chronic conditions - Hugely deprived area. these kids are first and second generation from non-English speaking families and the initiative gives them skills to get out of deprivation that they can pass on to younger students as they progress into later stages on	www.facebook.com/youthinkersgloucester
Gallery ward 2 – GRH	Local Community Representatives & Voluntary Services	14/10/2022	15	Tour of new Gallery Ward 2 (Care of the Elderly)	Patient Care	Reduction in emergency attendance Increased planned care appointments	www.gms-facilities.co.uk/news/health-care-facilities-management-specialist-takes-on-management-of-new-4-5m-hospital-ward/
Cancer Awareness Talk	Patients & Volunteers	11/10/2022	50	Cancer Awareness Sessions delivered by GPs – Cancer Screening	Process Cancer Screening & Hospital pathways. Early Detection, the importance of early detection/screening	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Cancer awareness videos on YouTube: Cancer Services
NHS Careers Information Event. Friendship Café Gloucester	NHS Staff, Volunteers People in the community	27/10/2022	65	Careers Opportunities in the NHS	NHS Information Van – NHS Careers and Apprenticeships	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Contact our team via – ghn-tr.apprenticeships@nhs.net to seek advice, information or guidance regarding Apprenticeships & Careers with our Trust

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Mosque Visit	Volunteers People in the community	28/10/2022	20	Multi-Faith Community Event	How religious beliefs impact personalised care for patients.	Increased confidence from people from ethnic minority backgrounds	Mosque visits together with other Community Voluntary Organisations. Masjid-e-Noor Gloucester UK (masjidenoor.org.uk)
BME Mental Health Information Event. Friendship café	Patients, People in the Community	7/11/2022	70	Navigating Mental Health Services	Difficulty accessing MH pathway, understanding support services available	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services Information sign-posting to Voluntary MH Organisations.	The Friendship Cafe We provide youth & community-based activities Gloucestershire's Mental Health Services Have Your Say Gloucestershire (engagementhq.com)
Gloucester Chinese Women's Guild	Patients, People in the Community	14/11/2022	35	Navigating Mental Health Services	Difficulty accessing MH pathway, understanding support services available	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services Information sign-posting to Voluntary MH Organisations.	Gloucestershire Chinese Women's Guild 告羅士打 郡華人婦女會 - Home (qcgwg.org.uk) Gloucestershire's Mental Health Services Have Your Say Gloucestershire (engagementhq.com)
National Inter-Faith Week (Week of 15 th November)	Patients, People in the Community, NHS Staff & Other	15/11/2022	350	Multi-Faith Community Event This year for National Interfaith Week in Cheltenham we are Sharing our Spiritual Homes.	How religious beliefs impact personalised care for patients	Increased confidence from people from ethnic minority backgrounds Encourage more appropriate use of VCSE services Aim to deepen understanding of different faiths and to reflect on our own beliefs. Visits to Gas Green Baptist Church, St. Gregory's Roman Catholic Church, the Hindu	www.interfaithweek.org/

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						Community Centre, the Kadampa Buddhist Centre, the local Bahai community, the Lower High Street Mosque and Cheltenham Orthodox Jewish Community.	
Gloucester Rugby Stadium	Patients, People in the Community, NHS Staff & Other	17/11/2022	285	How do religious beliefs impact personalised care for patients?	Patient sign-posting of health services and voluntary organisations available.	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services	Gloucestershire VCS Alliance - Gloucestershire VCS Alliance (glosvcsoalliance.org.uk)
Strike A Light – Hope Notes, Guildhall Gloucester	People in the Community & Other	10/11/2022	125	How accessible are Trust Services/health pathways for the refugee community?	Patient signposting of health services and voluntary organisations available.	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services	Stories of Refuge Presentation https://strikealight.org.uk/2022/10/19/hope-notes/
Men’s Walking & Well-Being Group-Friendship Café	NHS Staff, People in the Community, Patients	23/11/2022	6	Community Well-Being Activities for patients with LTC & carers Weekly Wednesday health support session for Local Men from ethnic minority backgrounds with LTC.	GHC Reaching Out Team offer support to patients living with LTC.	Increased confidence from people from ethnic minority backgrounds. Encourage more appropriate use of VCSE services	GHC Reaching Out Team – Complex Care at Home Health Checks. Glos-Health-&Care-NHS-Foundation-Trust-(ghc.nhs.uk)">Integrated Community Teams > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)
Bangladeshi Women’s Healthy Lifestyles Group	NHS Staff, People in the Community, Patients	27/11/2022	35	Community Well-Being advice for Community	Information Session on PALs service surrounding key areas of service offered. (Interpreter was used for the session)	Increased confidence from people from ethnic minority backgrounds. Provide advice about the NHS and support groups outside the NHS	Patient advice and support (gloshospitals.nhs.uk)
Community Engagement	People in the Community	22/11/2022	250	Cascade of NHS Job Vacancy	Shared NHS Vacancies being advertised through Community Groups for a fairer representation	Increased confidence from people from ethnic minority backgrounds.	The Friendship Cafe We provide youth &

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					from Diverse Minority Groups.	Encourage more appropriate use of VCSE services	community-based activities
Wilson Cheltenham Art Gallery & Museum	NHS Staff, People in The Community	13/12/2022	25	Community Well-Being Activities for patients.	Patient signposting of health services and voluntary organisations available.	<p>Increased planned care appointments</p> <p>Reduction in emergency attendance</p> <p>Encourage more appropriate use of VCSE services</p> <p>Increased confidence from people from ethnic minority backgrounds</p>	<p>Gloucestershire events (soglos.com)</p> <p>Cheltenham Events 2023 What's on in Cheltenham Skiddle</p> <p>The Wilson – Cheltenham Art Gallery & Museum – The Wilson is Gloucestershire's premier art gallery and museum (cheltenhammuseum.org.uk)</p>
Community Engagement Gloucester	Patient, People in the Community	28/12/2022	8	Community Well-Being advice for Community	Patient signposting of health services and voluntary organisations available.	<p>Increased planned care appointments</p> <p>Reduction in emergency attendance</p> <p>Encourage more appropriate use of VCSE services</p> <p>Increased confidence from people from ethnic minority backgrounds</p>	<p>NHS Organ Donation Support</p> <p>Organ donation (gloshospitals.nhs.uk)</p> <p>Home - NHS Organ Donation</p>
Community Engagement Gloucesters hire.	People in the Community & ICB Staff	21/12/2022	300+	Winter Campaign Information	<p>Cascade Relevant UpToDate Health Information via social media/ WhatsApp to Community Groups.</p> <p>Advice for parents and carers about common winter illnesses in children that can be</p>	<p>Increased planned care appointments</p> <p>Reduction in emergency attendance</p> <p>Increased confidence from people from ethnic minority backgrounds</p>	<p>www.nhsglos.nhs.uk/news/health-and-care-services-prepare-for-a-challenging-winter/</p> <p>www.nhsglos.nhs.uk/news/scarlet-fever-advice-for-parents-and-carers/</p>

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					safely managed at home. It also includes the signs and symptoms of Strep A and Scarlet Fever.		
High Street, Cheltenham	Community (Turkish, Syrian, Polish & a few elderly)	4/1/2023	25	Are Trust services accessible to members of ethnic & diverse minority groups?	Patient signposting of health services & local voluntary organisations is available	Increased planned care appointments	Burglary Prevention advice- Community Police Event Information Bus: NHS Gloucestershire ICB (nhs.glos.nhs.uk)
Community Engagement	Local Community & Other	05/01/2023	200	Trust Membership Information We have around 2,000 members of our Trust. Read our Membership Strategy Join us today , it's quick, easy and its free.	Cascade of Information via Social Media platforms (and email)	Increased confidence from people from ethnic minority backgrounds	Join our Foundation Trust (gloshospitals.nhs.uk)
Oasis Centre, Cheltenham	CWR Awesome Women's Group	13/1/2023	15	How accessible are Trust Services/health pathways for the Refugee community?	Patient signposting of health services & local voluntary organisations available GARAS Welcome Cheltenham Refuge Program - Shared information about health services available, self-referral, and access to interpreters for appointments.	Increased confidence from people from ethnic minority backgrounds Encourage more appropriate use of VCSE services	www.garas.org.uk/

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Masjid-e-Noor Mosque, Gloucester	NHS Staff & Partner Organisations	17/01/2023	25	How do religious beliefs impact personalised care for patients?	Multi-Faith Event – Staff learning about religious considerations linked to Bereavement/Birth/Religious Celebrations.	Increased confidence from people from ethnic minority backgrounds Encourage more appropriate use of VCSE services	http://gloucestermosquevisit.co.uk/guidance-notes-for-visitors/
Gloucester Chinese Women's Group, Gloucester	People in the Community & Others	23/01/2023	40	How do religious beliefs impact personalised care for patients?	Multi-Faith Event – Staff learning about religious considerations linked to Bereavement/Birth/Religious Celebrations Patient signposting of health services and voluntary organisations available.	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Integrated Community Teams > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)
Masjid-Umar, Gloucester	People in the community NHS Staff	03/02/2023	60	GHC Reaching out Team Health Checks	Patient signposting of health services & local voluntary organisations available	Increased planned care appointments Reduction in emergency attendance Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	Integrated Community Teams > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)
Arabic Gathering – Elmcroft Community Centre	People in the community NHS Staff	12/02/2023	80	How accessible are Trust Services/health pathways for the Refugee community?	Patient signposting of health services & local voluntary organisations available	Increased planned care appointments Reduction in emergency attendance	Contact ghn-tr.apprenticeships@nhs.net to seek advice, information or guidance regarding Apprenticeships & Careers with our Trust

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					About career and apprenticeship opportunities available in the Trust	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	HLS Gloucestershire - Home (hls.glos.gov.uk)
A Special Opening Ceremony to mark the Knife Angel's arrival. Gloucester Cathedral	NHS Staff Patients Volunteers People in the community Other	01/02/2023	150	The impact of Knife Crime in Gloucestershire on Acute services specifically A&E	Information sharing event to highlight youth crime in Gloucestershire., UpToDate MH support Information shared.	Reduction in emergency attendance Encourage more appropriate use of VCSE services	www.gloucesterbid.uk/knife-angel The Knife Angel Gloucester Cathedral
Community Dementia Education & Information Event, Friendship Café, Gloucester	NHS Staff Patients Volunteers People in the community Other	15/02/2023	150	How accessible are Trust Services/health pathways for Carers & Dementia Patients?	Requested & shared information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	Memory problems and dementia > Glos Health & Care NHS Foundation Trust (glos.gov.uk) Dementia From the Inside by Jennifer Bute Dementia Resources (3ndementiawg.org) Crossroads Gloucester Memory Café (crossroads.glos.gov.uk)
On the Knife Edge, The Guildhall Gloucester.	Volunteers People in the community Other	22/02/2023	125	The impact of Knife Crime in Gloucestershire on Acute services specifically A&E	Information sharing event to highlight youth crime in Gloucestershire., UpToDate MH support Information shared.	Reduction in emergency attendance Encourage more appropriate use of VCSE services	The Knife Angel Gloucester Cathedral "On a Knife Edge" - Live Performances about the impact of Knife Crime Tickets, Wed 22 Feb 2023 at 16:30 Eventbrite

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Bangladeshi Women's Healthy Lifestyles Group	NHS Staff Patients Volunteers People in the community Other	27/02/2023	30	Information Session on Diabetic Care surrounding key areas – Risk factors, Diabetic Reduction Course. Healthy Diet Family Education Groups.	There are specific barriers for South Asian women, especially due to language barriers accessing these services including lack of knowledge process & support of Diabetic care & Community Hospital pathways. (Interpreter was used for the session)	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	Community Diabetes Service > Glos Health & Care NHS Foundation Trust (ghc.nhs.uk)
Health Information Event – Prostrate Cancer Session	10 NHS Staff 10 Local Community Representatives 50 People in the community	1/03/2023	70	Process & Discussion of Prostate Cancer Screening & Hospital pathways.	Prostate cancer is the most common cancer in men in the UK. Although it affects all men, black men are 2-3 times more likely to develop this cancer than their white counterparts. The death rate is twice as high. Furthermore, black men are more likely to develop prostate cancer at a younger age. It is essential that black men know about their increased risk of prostate cancer.	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people from ethnic minority backgrounds in our services.	NHS England » Time to talk about the prostate cancer risk in black men and what we can do about it
Careers day at Al Ashraf primary school	People in the community	06/03/23	100	How we can help empower young marginalised communities	To attend a careers fair	had a positive impact by inspiring the students and providing them with role models from their community.	www.facebook.com/youngthinkersgloucester
Bangladeshi Women's Healthy	5 NHS Staff 2 Local Community Representatives	06/03/2023	22	Information Session led by Hospital Clinical Staff on	Information & understanding of accessing Menopause health information	Provided information to encourage access to early screening, addressed misconceptions and Increased confidence from people	The menopause taboo for South Asian women Stories (qvcuk.com)

What / Where	Who	When	No of people	We asked (Activity)	You Said (Listened)	Impact (We did)	More information
Lifestyles Group	es 15 people in the Community			Understanding the Menopause surrounding key areas – Symptoms, HRT options. Healthy Diet Support Groups. & Education.	understanding GP support services available and the Hospital pathway for Genealogy (Interpreter was used for the session)	from ethnic minority backgrounds in our services.	Menopause - NHS (www.nhs.uk)
Friendship Café, Gloucester Exhibition – Threads the Red Dress	30 Local Community Representatives. 8 NHS Staff 150 People from the Community	14/03/2023	188	Refugee Story Sharing Event & Exhibition and Workshops for Women from Ethnic Minority Groups. An award winning global, collaborative embroidery project 2009 to 2023	Requested & shared information on Health and VCSE organisations and initiatives happening based on community outreach worker knowledge The Red Dress project, conceived by British artist Kirstie Macleod, provides an artistic platform for women around the world, many of whom are vulnerable and live in poverty, to tell their personal stories through embroidery.	Increased confidence from people from ethnic minority backgrounds Encourage more appropriate use of VCSE services	THREADS 2023: Launch of 'A Costume for Gloucester' project - Voices Gloucester The Red Dress reddressembroidery.com
Healthy Ramadan and diabetes webinar	People in the community Patients	15/03/23	20	What information people need to go into Ramadan healthier	Provided feedback on key topics	Ran webinar for community members	www.facebook.com/youththinkersgloucester
Friendship Café Gloucester "Welcome Café "for Asylum Seekers	10 NHS Staff. 10 Local Community Representatives. 25 Asylum Seekers	16/03/2023	45	How accessible are Trust Services/health pathways for Asylum Seeker Patients?	Offered support & shared information on Health and VCSE organisations and initiatives happening based on community	Increased planned care appointments Reduction in emergency attendance	Migrant Health – Sirona care & health NHS services (sirona-cic.org.uk) GARAS

What / Where	Who	When	No of people	We asked (Activity)	You Said (Listened)	Impact (We did)	More information
					outreach worker knowledge	Encourage more appropriate use of VCSE services Increased confidence from people from ethnic minority backgrounds	
50 Plus Recruitment Event, The Guildhall Gloucester	10 NHS Staff 60 Local Community Representatives. 30 Volunteers 300 People from the Community	23/03/2023	400	Recruitment & Careers Opportunities within the Trust and Voluntary Services. 50Plus Choices is a fair for over 50s looking for new work and community opportunities.	The adult's recruitment team is attending the Department for Work and Pensions (DWP) recruitment event aimed at people aged over 50, at the Guildhall. The DWP has recently signed the Age-friendly Employer Pledge, a nationwide programme run by the Centre for Ageing Better to promote age inclusive working practices	The GNHSFT attended as part of the "The Age-friendly Employer Pledge" to encourage employers to: create an age-friendly culture hire age-positively be flexible about flexible working encourage career development at all ages ensure everyone has the health support they need We recognise the immense benefit that a multigenerational workforce brings and are delighted to support it.	. Over 50s Recruitment Event Gloucester Guildhall - 23 March 2023 - Adult Social Care Recruitment (gloucestershire.gov.uk)

REPORT TO COUNCIL OF GOVERNORS			
Date	12 October 2023		
Title	RESULTS OF THE GOVERNOR ELECTIONS		
Author / Sponsoring Director / Presenter	Author: Sim Foreman, Interim Trust Secretary Sponsors: Deborah Evans, Chair		
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 checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Summary of Report			
Purpose			
<ul style="list-style-type: none"> To confirm the outcome of most recent elections to the Council of Governors. 			
Key issues to note			
<ul style="list-style-type: none"> The Trust instructed Civica as the independent scrutineers to support the governor elections The call for nominations closed at the end of July 2023 and resulted in FOUR governors being elected unopposed; BRYONY ARMSTRONG, ASAD HUSSAIN, RUSSELL PEEK and MATT BISHOP Two staff constituencies were contested through elections with OLIVER WARNER and BILGY PELLISSERY elected to these roles. There are THREE (soon to be FOUR) governor vacancies. Governance and Nominations Committee will consider the impact of vacancies and options to fill these roles and make recommendations to the Council at a future meeting. 			
Risks or Concerns			
Despite the call for nominations there are two public governor vacancies (Cotswold and Tewkesbury) in addition the stakeholder vacancy created by the NHS Clinical Commission Group governor. Juliette Sherrington will be standing down as a staff governor in the next month when she leaves the Trust. This will result in FOUR vacancies on the Council.			
Financial Implications			
There are no financial implications from this paper.			
Approved by: N/A	Date:		
Recommendation			
It is recommended that: <ul style="list-style-type: none"> Council of Governors NOTE the results of the governor elections for information Governance and Nominations Committee consider the impact of vacancies and options to fill these roles and make recommendations to the Council. 			
Enclosures			
<ul style="list-style-type: none"> Uncontested report Voting report (Nursing & Midwifery and Non-Clinical staff constituencies) 			

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 28 JULY 2023

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: COTSWOLD 2 TO ELECT
The following candidate is elected unopposed: Bryony Armstrong <i>1 vacancy remains</i>

PUBLIC: FOREST OF DEAN 1 TO ELECT
The following candidate is elected unopposed: Matt Bishop

PUBLIC: GLOUCESTER 1 TO ELECT
The following candidate is elected unopposed: Asad Hussain

STAFF: MEDICAL AND DENTAL 1 TO ELECT
The following candidate is elected unopposed: Russell Peek

Ciara Hutchinson
Returning Officer
On behalf of Gloucestershire Hospitals NHS Foundation Trust

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
ELECTION TO THE COUNCIL OF GOVERNORS
CLOSE OF VOTING: 5PM ON 14 SEPTEMBER 2023
CONTEST: Staff: Nursing and Midwifery

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

ELECTED		
Bilgy Laurence Pellissery		

Number of eligible voters		2,573
Votes cast online:	235	
Total number of votes cast:		235
Turnout:		9.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		235

CONTEST: Staff: Other/Non-Clinical

*The election was conducted using the single transferable vote electoral system.
The following candidate was elected:*

ELECTED		
Oliver Warner		

Number of eligible voters		2,639
Votes cast online:	313	
Total number of votes cast:		313
Turnout:		11.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		313

The result sheets for each election form the Appendix to this report. They detail:-

- the quota required for election
- each candidate's voting figures, and
- the stage at which successful candidates were elected.



Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Ciara Hutchinson
Returning Officer
On behalf of Gloucestershire Hospitals NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS			
Date	12 October 2023		
Title	GOVERNANCE AND NOMINATIONS COMMITTEE MEMBERSHIP		
Author / Sponsoring Director / Presenter	Author: Sim Foreman, Interim Trust Secretary Sponsors: Deborah Evans, Chair		
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 checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Summary of Report			
Purpose			
<ul style="list-style-type: none"> To confirm the membership of the Governance and Nominations Committee (GNC). 			
Key issues to note			
<ul style="list-style-type: none"> The GNC is comprised of six members: the Chair and Vice Chair of the Trust, the lead Governor and three other governors (including at least one public and one staff governor). The Trust Secretary issued a call for nominations to the governors via email on Monday 2 October 2023 allowing one week for people to nominate themselves or seek further information. Two public governors, MIKE ELLIS and PETER MITCHENER and one staff governor OLIVER WARNER put themselves forward to serve on the Committee. As there were three vacancies and three volunteers covering both the public and staff governor requirement, there is no need for an election. The governors named above are therefore appointed until the 2024 Annual Members' Meeting. 			
Risks or Concerns			
There are direct risks or concerns arising from these appointments.			
Financial Implications			
There are no financial implications from this paper.			
Approved by: N/A	Date:		
Recommendation			
It is recommended that the Council of Governors NOTE the membership of the Governance and Nominations Committee for 2023/24.			
Enclosures			
None			