

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Council of Governors Public Meeting**  
**14.30, Thursday 8 February 2024**  
**F9, Redwood Education Centre, Gloucester**  
**AGENDA**

Ref	Item	Purpose	Paper	Time
1	<b>Apologies</b>			14.30
2	<b>Declarations of interest</b>			
3	<b>Minutes of meeting held on 14 December 2023</b>	Approval	Yes	
4	<b>Matters arising</b>	Information	Yes	
5	<b>Chair's update</b> <i>Deborah Evans, Chair</i>	Information	Yes	14.40
6	<b>Chief Executive's Briefing</b> <i>Kevin McNamara, Chief Executive</i>	Information	Yes	14.55
7	<b>Update from Governance and Nominations Committee</b> <i>Sim Foreman, Trust Secretary</i> <ul style="list-style-type: none"> <li>• <b>Governor Election Update</b></li> <li>• <b>Non-Executive Director Update</b></li> </ul>	Approval Approval	Yes Yes	15.10
8	<b>Key Issues and Assurance Reports:</b> <ul style="list-style-type: none"> <li>• <i>Audit and Assurance Committee John Cappock, Non-Executive Director</i></li> <li>• <i>Finance &amp; Resources Committee Jaki Meekings Davis, Non-Executive Director</i></li> <li>• <i>People &amp; OD Committee Balvinder Heran, Non-Executive Director</i></li> <li>• <i>Quality &amp; Performance Committee, Vareta Bryan</i></li> </ul>	Assurance	Yes	15.20
9	<b>Cheltenham and Gloucester Hospitals Charity</b> <i>Richard Hastilow-Smith</i>	Assurance	Yes	16.00
10	<b>Update from the Young Influencers,</b> <i>Bryony Armstrong</i>	Assurance	No	16.20
11	<b>Any other business</b>			16.25

**Close by 16.30**

**Date of next meeting: Thursday 11 April @ 4pm**  
**(Redwood Education Centre)**

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Minutes of the Council of Governors - Public Meeting**  
**13.30, Thursday 14 December 2023**  
**Gloucester Guildhall, 23 Eastgate St, Gloucester GL1 1NS**

<b>Present</b>	Deborah Evans	DE	Trust Chair (Chair)
	Bryony Armstrong	BA	Public Governor, Cotswold
	Helen Bown	HB	Appointed Governor, Age UK Gloucestershire
	Mike Ellis	ME	Public Governor, Cheltenham
	Fiona Hodder	FH	Public Governor, Gloucester
	Andrea Holder	AH	Public Governor, Tewkesbury
	Rachel Lowings	RL	Staff Governor, Nursing and Midwifery
	Jeremy Marchant	JM	Public Governor, Stroud
	Peter Mitchener	PM	Public Governor, Cheltenham
	Russell Peek	RP	Staff Governor, Medical & Dental Staff
	Bilgy Pelissary	BP	Staff Governor, Nursing and Midwifery
	Maggie Powell	MPo	Appointed Governor, Healthwatch
	Olly Warner	OW	Staff Governor, Other/Non-Clinical Staff
<b>Attending</b>	Helen Ainsbury	HA	Chief Digital and Information Officer (Interim)
	James Brown	JB	Director of Engagement, Involvement & Communications (to item 10)
	John Cappock	JC	Non-Executive Director
	Lisa Evans	LE	Deputy Trust Secretary
	Sim Foreman	SF	Trust Secretary
	Marie-Annick Gournet	M-AG	Non-Executive Director
	Balvinder Heran	BH	Non-Executive Director
	Matt Holdaway	MH	Director of Quality and Chief Nurse
	Millie Holmes	MHo	Corporate Governance Apprentice
	Karen Johnson	KJ	Director of Finance
	Kaye Law Fox	KLF	Chair of GMS, Associate Non-Executive Director
	Deborah Lee	DL	Chief Executive
	Jaki Meekings Davis	JMD	Non-Executive Director
	Juwairiyia Motala	JMo	Community Outreach Worker (to item 10)
	Sally Moyle	SM	Associate Non-Executive Director
	Mike Napier	MN	Non-Executive Director
Al Sheward	AS	Chief Operating Officer	
Llinos Williams	LW	Programme Lead - TrakCare	
<b>Apologies</b>	Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
	Bill Evans	BE	Public Governor, Forest of Dean
	Merleen Watson	MW	Public Governor, Out of County
	Vareta Bryan	VB	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
<b>Ref</b>	<b>Item</b>		
01	<b>Welcome and Apologies</b> Apologies were noted as above.		
02	<b>Declarations of Interest</b>		

	There were no declarations of interest.
03	<p><b>Minutes of meeting held on 12 October 2023</b></p> <p>The minutes were approved as an accurate record.</p>
04	<p><b>Matters arising</b></p> <p>The Governors noted the updates:</p> <ul style="list-style-type: none"> <li>• <b>07, Extension of the External Auditors Contract</b> – SF reported that responses had been received from Governors and the Extension of the External Auditors contract was approved.</li> <li>• <b>11, Freedom to Speak Up (FTSU) Update</b> – progress was noted and a further update would be provided at the next meeting.</li> </ul>
05	<p><b>Chairs Update</b></p> <p>Governors received a report setting out the chair’s activities since the last meeting. The Council noted that this was the last Council of Governors meeting which DL would attend in her role as Chief Executive. The Chair thanked DL for her leadership and commitment and wished her success for the future.</p> <p>Activity undertaken since the October Council of Governors meeting included:</p> <ul style="list-style-type: none"> <li>• Visits to Linen services, Gloucester Medical Services and End of Life Care services. The Chair reported on a discussion with a person receiving end of life care and the impressive work taking place; the expertise in the team was noted. RL asked if the positive experience and good system working in palliative care could be shared across the Trust. DE and RL would consider how this could be done.</li> <li>• The Chair attended the Allied Health Professionals showcase and the ‘Restart a Heart Day’ where resuscitation training was undertaken.</li> <li>• Involvement in Trust and Partner recruitment.</li> <li>• Ambassadorial commitments, including welcoming international nurses and attendance at the Health Overview and Scrutiny Committee</li> <li>• Personal development, including one to ones with Chairs of other Trusts, national meetings of chairs with NHSE and coaching on structural dynamics.</li> </ul>
06	<p><b>CEO Report</b></p> <p>DL reported that following a period of sustained improvements in operational performance the Trust was facing a number of challenges, most notably in urgent and emergency care where significant ambulance handover delays were being experienced. This picture had been replicated across the South West and the drivers of the position were noted. There was no evidence of particular areas of concern e.g., winter virus and signs of improvement in the last couple of weeks were noted.</p> <p>Governors noted the following key points:</p> <ul style="list-style-type: none"> <li>• The impact of ongoing industrial actions. Planning was taking place and Christmas day cover would be provided. However, on a positive note the BMA had agreed to put the Governments pay offer to consultants.</li> </ul>

- The Trust continued to perform well in respect of elective waiting times compared to the regional and national position. However, the numbers of patients waiting more than 65 weeks had increased from 80 at the start of the year to 694 at the end of October.
- Gloucestershire was the top performing system nationally out of the 42 ICSs for CT / MRI. Delays remained for patients accessing non-obstetric ultrasound, endoscopy, angiography and echocardiography.
- The Staff Survey was launched and the increase in responses was welcomed.
- The Annual Staff Awards had been held over two evenings at Hatherley Manor.
- DL had joined members of the Staff Experience Task Force who, in response to feedback from staff, were distributing free meals to night staff as part of a pilot scheme.
- The benefits of overseas recruitment were highlighted. The increased number of colleagues passing the Objective Structured Clinical Examination first time was noted; the Trust results were currently best in the region.
- The Three Counties Medical School (TCMS) (hosted by the University of Worcestershire) had secured nationally funded training places for 50 post-graduate medical-students which, alongside 22 self-funded international students, would lead to the first cohort of 72 students commencing in September 2024. The Trust had committed its support.

DL reported that plans for the CEO transition were now confirmed. Kevin McNamara would join the Trust on the 2 January and, after a period of handover, take up the reins as Chief Executive on the 11 January. DL reported that she had been grateful for the opportunity to lead this Trust and thanked the Governors, most notably the two lead governors Alan Thomas and Andrea Holder for their support.

ME asked about the impact of industrial action on cancer patients. DL reported that the Trust sought to prioritise cancer services and had cancelled a very small number of patients, all of whom it was considered clinically acceptable for them to wait.

RL reported that concerns had been raised with her about aftercare following operations. Risks had been reported on datix but were increased during industrial action. MH reported that meetings were taking place to consider cover and mitigations. MH said that there may be a need to be more explicit about how rotas would be reviewed and agreed to discuss with RL. **ACTION**

07	<p><b>NED Re-appointments</b></p> <p><i>M-AG and MN left the room for this item.</i></p> <p>Following support at the Governance and Nominations Committee (GNC) meeting in October:</p> <ul style="list-style-type: none"> <li>• The Council APPROVED the reappointment of Marie-Annick Gournet for a second three-year term until 30 November 2026 and approved a short-term extension of her first term to 14 December 2023 to avoid an offline approval process.</li> <li>• The Council APPROVED a one-year term extension for Mike Napier to 9 May 2025 to mitigate against the loss of corporate and NED knowledge at a time of change with the arrival of a new CEO in January 2024. A term extension would also support NED development and succession planning whilst providing an opportunity to align future NED recruitment in 2025.</li> </ul>
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	<p>SF reported that the GNC was content that succession planning for the Board was in place and the process and timeline for recruitment of a NED/Chair of Quality and Performance Committee had been approved.</p>
08	<p><b>Patient Portal</b></p> <p>The Council of Governors received an update on the Patient Portal, which provided Access to patient appointments, letters and communications via DrDoctor and the NHS app. Governors noted that patients were able to:</p> <ul style="list-style-type: none"> <li>• View their appointment dates and times</li> <li>• Read appointment and clinic letters</li> <li>• Send a cancellation, request and accept a reschedule</li> <li>• Where offered, message care providers with updates on their condition</li> <li>• Obtain diagnostic results where this is clinically appropriate</li> <li>• Receive notifications</li> </ul> <p>The benefits of the app were noted and OW asked if care plans could be pulled into the app. HA/LW agreed to discuss further with OW. <b>ACTION</b></p>
09	<p><b>Boarding Report</b></p> <p>MH reported that in October 2022, the Trust implemented boarding to reduce ambulance handover delays. This had been trialled at North Bristol NHS Trust in August 2022 and involved moving patients from ED to hospital ward corridors irrespective of bed availability. NHS England had encouraged Trusts to implement the model.</p> <p>The Trial correlated with a reduction in average ambulance handover times, although it was not confirmed whether this model contributed to this as no analysis was published. The trial had no appropriate controls, was completed during summer and had no peer review associated with published evidence. In May 2023, Bristol stopped this model and instead “pre-empted” patients to definite discharges; pre-empting involved taking patients to a ward where it was known a patient would be discharged that day.</p> <p>Data showed that boarding had not had the impact on flow it was assumed that it would although there were occasions when it had positively impacted on the risk profile of ED and/or the community when in extremis. MH reported that this was probably due to the impact on the ability to ‘pre-empt’, effectively filling hospitals and reducing, rather than increasing flow. There were occasions when the Trust worked outside of policy which increased the risk of regulatory enforcements.</p> <p>The case for Boarding was noted, along with the adverse effects and risks. Governors noted that staff were escalating concerns about the practice. MH reported that he believed that Boarding had a place at the higher end of the escalation process and he would support its use during category 2 events. The Chair asked that a report on discharges be brought to the next Council meeting. <b>ACTION</b></p> <p>RL reported that inappropriate boarding had almost resulted in some worrying events, she asked how this was managed. MH reported that boarding patients was a difficult decision and was carried out under immense pressure and he agreed that compliance with the</p>

	<p>standard operating procedure needed to be improved. RL also asked about inappropriate care in the community following discharge. MH advised that work was taking place on flow, including work with an external expert. There was a need to ensure that only the sickest patients remained in the hospitals. Governors noted that pre-empting was used.</p> <p>MPO reported that Healthwatch had received reports that there were now incidents of the Trust being overcautious. MH advised that staff would need to be supported through the changes.</p>
10	<p><b>Key Information and Assurance Reports (KIARs)</b></p> <p>Governors received the following reports for information:</p> <ul style="list-style-type: none"> <li>• <b>Audit and Assurance Committee</b> JC reported that the September meeting had received good quality papers in good time. There were no red rated items; amber items were noted. Follow-up work was taking place and there was commitment to learning from the auditors. The move away from bi-monthly to quarterly meetings was noted.</li> <li>• <b>Finance and Resources Committee</b> JMD reported that there were good processes in place for timely reports. A red risk was noted at the September meeting around run rates and recovery plans were put in place. The run rates were reducing and this was not noted as red in October. The Digital Strategy was received and FRC noted that Level 5 HiMMS had been awarded. In October the GMS KIAR highlighted issues around staffing. The Committee had noted that the system continued to predict break even. Business case approvals were noted.</li> <li>• <b>People and OD Committee</b> BH reported that POD continued to focus on recruitment and retention. An EDI Attrition Data Update was also received and a review of data showed that there was no evidence to prove that a high number of ethnic minorities were adversely impacted in the recruitment process in comparison to white applicants.</li> </ul> <p>RL noted issues around staff retention and asked if any patterns had been found in the reasons for staff leaving the Trust. She was advised to speak to Claire Radley and Debbie Tunnell. RL also raised a concern around staff not being informed in advance of ward moves. DL reported that she had visited the wards personally and had explicitly enquired on this point and no concerns has been raised. DL said given the amount of additional effort and planning that had gone into the ward moves this time around, she found it hard to believe that a team would not know they were moving and asked RL to share any specific incidents.</p> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• <b>Quality and Performance Committee</b> DE presented the KIAR and noted that the final CQC reports for surgery and maternity had been received since the September meeting took place. Some ‘must do’s’ and some ‘should do’s’ were noted, however there had been tremendous improvement since the original CQC inspection visits. There was disappointment that the maternity service had received a new notice. Performance issues and waiting times were discussed. DE reported that there was a high level of concern around water safety and monthly reports were being received; work</li> </ul>



	continued with GMS to ensure action was taken. A report on gynae oncology cancer service and action plan for improvement had been discussed in detail at the meeting.
11	<p><b>Governor Election Update</b></p> <p>SF reported that there were currently four vacancies on the Council of Governors, in the Tewkesbury, Cotswold and Gloucester constituencies as well as a vacancy for a staff governor for Allied Health Professionals. Governors noted that the Gloucester vacancy was due to Asad Hussain having resigned since the last meeting.</p> <p>GNC had supported convening elections for all vacancies in early 2024 to include all elections required during that year. However, Governors were concerned that experienced Governors could be lost early. Governors were also concerned about the lack of involvement of some elected Governors and noted the need to ensure a quorum was achieved at meetings. The Chair reported that Governors must attend a minimum 4 of the 6 Council of Governor meetings each year and she would have a conversation with those who did not achieve that number.</p> <p>PM asked that co-option be explored, however SF reported that this would require an amendment to the constitution. A handover period and mentoring of new Governors was also discussed.</p> <p>The Council of Governors did not support an early election for those Governors reaching the end of their terms in 2024. It was agreed that SF would bring an options paper to the next meeting. <b>ACTION</b></p>
12	<p><b>Any other Business</b></p> <p>There was no further business for discussion.</p>
13	<b>Date of next meeting:</b> Thursday 8 February 2023
14	<p><b>Governor's Log</b></p> <p>The Council received a report of the themes raised via the Governors' Log since the last meeting.</p>
<b>Close 17.00</b>	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
<b>December 2023</b>				
06	<p><b>CEO Report</b></p> <p>RL reported that concerns raised about aftercare following operations increased during industrial action. MH reported that meetings were taking place to consider cover and mitigations. and agreed to discuss with RL.</p>	MH	February	
07	<p><b>NED Re-appointments</b></p> <ul style="list-style-type: none"> <li>The Council APPROVED the reappointment of Marie-Annick Gournet for a second three-year term until 30 November 2026 and approved a short-term extension of her first term to 14 December 2023 to avoid an offline approval process.</li> </ul>			

	<ul style="list-style-type: none"> <li>The Council APPROVED a one-year term extension for Mike Napier to 9 May 2025 to mitigate against the loss of corporate and NED knowledge at a time of change with the arrival of a new CEO in January 2024. A term extension would also support NED development and succession planning whilst providing an opportunity to align future NED recruitment in 2025.</li> </ul>			
08	<b>Patient Portal</b> OW asked if care plans could be pulled into the app. HA/LW agreed to discuss with OW.	HA & LW	February	
09	<b>Boarding Report</b> A report on discharges would be brought to the next Council meeting.	MH	February April	This will come to the next meeting.
10	<b>KIARS – POD</b> RL raised a concern around staff not being informed in advance of ward moves. DL asked RL to share any specific incidents.	RL	February	
11	<b>Governor Election Update</b> SF to bring an options paper on Governor Elections to the next meeting.	SF	February	Governor Election update is on the agenda for this meeting.
<b>October 2023</b>				
11	<b>Freedom to Speak Up (FTSU) Update</b> Staff governors to meet with LH and this would also support greater confidence in the service.  RL and JB to discuss using more than email to support staff to feel empowered and if there were obstacles in the current team brief cascade approach.	Louisa Hopkins       Rachel Lowings & James Brown	February	In progress



## **CHAIRS REPORT – FEBRUARY 2024**

Welcome

Since we last met, we have said farewell to Deborah Lee our outgoing chief executive and welcomed Kevin McNamara. This is an important transition for the Trust which has been carefully planned and executed by James Brown, our Head of Engagement and Jill Wood our CEO and Chair PA.

### **Visits**

Since my last written report in December my visits have included:

- Maternity and neo neonatology at Gloucestershire Royal Hospital. It's a year since my last visit to this service, although maternity is the service which is most regularly and closely reviewed at Board and Committees. This visit was notable for a number of reasons. We have a very positive leadership team who understand where we need to improve care and have realisable plans to achieve it. I also met a number of newly appointed or promoted colleagues who have dedicated leadership roles. In talking to colleagues, I found a high degree of positivity and good morale.
- Acute Care response team/ Call for Concern  
We are a national pilot site for this service which has been running at the Royal Berkshire Hospital for the past eight years. It is associated with our 24/7 Acute Care Response Team which supports the wards on both sites with patients who have been in ITU / HDU. Call for Concern is available to patients / families who feel that the patient's condition has changed significantly and / or concerns have not been adequately addressed.
- Dermatology - I am working my way around specialties which have a large outpatient / day procedure profile.
- Surgery – I was keen to visit surgery and walk through the fractured neck of femur pathway where the team have been working hard to improve outcomes for patients.

### **Selection processes**

I spend a significant amount of my time participating in selection processes, both for our organisation and those of our partners. Since our last meeting I have been involved in the following:

- Gloucestershire Health and Care Chair – this process has been extended and I have been meeting the candidates for the chair role and will serve on a stakeholder panel.
- Consultant interviews – I've interviewed for consultants in obstetrics, haematology, restorative dentistry and paediatric neuro disability.

- Non-Executive Director for GHFT Quality and Performance Committee – we had a strong field of applicants, have long listed and shortlisted and we interviewed on Tuesday 6 February (the outcome may be known when we meet).

### **Ambassadorial commitments**

- International nurses welcome – these induction days have a very positive ambience and it's a pleasure to welcome the new cohort of colleagues.
- Health Overview and Scrutiny Committee – our Chief Executive always attends these and is questioned closely on quality, performance, access and responsiveness of our services. My attendance at the Committee is important to demonstrate the Board's commitment to being accountable to locally elected members and to listen to their concerns.

### **Equality, Diversity and Inclusion**

NHS England has required all Board members to have measurable Equality, Diversity and Inclusion objectives for 2024/5. The cumulative effect of this is intended to be, not only that we create strong leadership and momentum on Equality, Diversity and Inclusion but also that the organisation sees our leadership commitment on this demonstrated. It's useful to consider how the Board of Governors might further address Equality, Diversity and Inclusion.

**Deborah Evans**  
**Chair**

**30 January 2024**

# Chief Executive Report

## 1. People and Culture

**1.1 BBC Panorama.** A BBC Panorama documentary was broadcast on Monday 29 January, which focused on the Trust's maternity services. The CMO, CNO and I watched the programme with colleagues in the Maternity Service on Monday evening to support colleagues and be on hand to answer questions.

The programme included three very tragic deaths of a mother and two babies in our hospitals, as well as exploring the national and local challenge in recruitment and staffing. The documentary also focussed on the impact on staff experience, where some staff felt unable to speak up about safety concerns or felt that they weren't listened to, particularly in relation to the two baby deaths in 2019 and 2020.

Our Maternity Services continue to go through a transformation process and as a Trust we are determined to learn and change when things go wrong.

The tragic cases highlighted took place between 2019 to 2021 and each one was independently investigated. As a result of those investigations, and Care Quality Commission inspections, we have already made significant improvements to our maternity services including:

- New and expanded senior leadership team
- We have increased the number of midwives and doctors into the service to support women and babies
- Worked with staff to focus on patient safety, learning and continuous improvement
- Introduced a new consultant midwife role, strengthening midwifery oversight of Midwifery led care
- Ongoing recruiting and retention programme to reduce vacancies and turnover
- Introduced a 'Place of birth risk assessment' to prevent delays in accessing urgent care if required
- Three daily safety briefings to review staffing, workload and labour inductions - ensuring concerns are addressed immediately
- Strengthened our internal Freedom to Speak Up service
- Providing a range of support for staff, including wellbeing and psychological services, peer to peer networks, and safety champions.

The changes made in our maternity services have been driven by our staff, working closely with families and communities, to ensure everyone has a voice so that we provide the best and safest care.

Since April 2020 we have invested an additional £1.8 million to increase Maternity staffing, including obstetricians, consultants, administration support and the number of Midwives working in the department has increased from 242.99 (2020) to 263.77 (December 2023) see graph 1. Between September 2023 and December 2023, we welcomed 19 new midwives into the service, this is reflected within our December 2023 figure (offset by staff leaving the service – primarily for career development). Across the whole of Maternity Services there has been additional recruitment and in April 2020 there were 389.84wte contracted staff in post, which has increased to 430.73wte by November 2023. The Trust expect to have 271.1 Midwives in post by July 2024, based on new starters and prediction around leavers and international recruits.

The vacancy rate for clinically delivering midwives in the Trust has dropped from 15% in the summer 2023 to 7.85% December 2023. With our continued focus on recruiting and retaining Midwives we predict that this vacancy rate will reduce to 5.3%.

Since April 2020, two additional Obstetric consultant roles have been established. There are a further three Obstetricians joining the service between April 2024 and August 2024. We know the programme was difficult viewing for families involved, women who are currently under our care, the wider community and our staff. The challenges across midwifery nationally are well documented and there is no doubt that these are difficult times across the profession.

Although the focus of the programme was on maternity services, how we respond to issues of safety at the department and at the wider Trust level is an important lesson for all of our services. We must develop an open and listening culture that supports staff to speak up and be listened to on issues of patient safety.

I am engaging with the Maternity Improvement Advisor from NHSE and system partners to commission an external party to look at the mortality issues raised by the programme to offer an objective view to the Trust.

**1.2 Staff Survey.** A total of 63% (5578 staff) completed the annual NHS Staff Survey in 2023, the highest-ever response rate for the Trust.

The Trust has received its interim results, which are yet to be compared with the wider national data by NHS England, but do provide an outline of what colleagues are telling us, areas of improvement and areas we need to focus on. These have begun to be shared with each Division to support learning and future planning.

Encouragingly, both the main two questions of recommending our Trust as a place to work and as a place to receive care have improved slightly:

- Would you recommend this organisation as a place to work? 47% (up from 43% in 2022)
- If a friend or relative needed treatment would be happy with the standard of care? 46% (up from 44% in 2022)

Only four questions overall in the survey have a lower score than the previous year, and for 90% of the questions there has been a modest improvement. There is still a long way to go and much more we must still do to improve the overall experience of working in our Trust, even so at this stage we do appear to be heading in the right direction.

**1.3 National Apprenticeship Week (5-11 February).** As one of the largest organisations in the county, we provide numerous opportunities for local people to start a rewarding career in the NHS, in both clinical and non-clinical roles.

The Trust offers 42 different apprentice pathways, and we also offer apprenticeships to current staff as part of professional development, up to masters degree level. During National Apprenticeship Week the Trust will be celebrating our 358 apprentices across and the difference they make to our organisation and the wider NHS. There will be a range of events, from career drop-ins and skills lunches culminating in an awards ceremony on Friday 11 February.

**1.4 Discharge Lounge.** Throughout January the Discharge Lounge has been recognising and rewarding the most improved ward of the week. Congratulations to ward of the week, 6B for the increasing use of discharge lounge from 62.1% to an amazing 77.4%. Super collaborative working with the team and also one that benefits flow and the patient experience.

- 1.5 Virtual Reality (VR).** The Trust has recently been using Virtual Reality (VR) experiences to facilitate immersive learning opportunities. One of these opportunities features a scenario with interactions with healthcare professionals from a patient's perspective. This experience aims to improve all healthcare professional's knowledge and awareness of common visual impairments. Early feedback from these sessions has generated open conversations, fostering empathy for our patients and highlighted how ward environments and communication styles can be adapted to enhance patient experiences.

## 2. Operational context

- 2.1 Industrial Action.** The industrial action in January by medical colleagues did add a number of additional operational challenges, but our teams worked incredibly effectively to maintain safe care. At the end of January, the British Medical Association confirmed that doctors had rejected the latest pay offer from the government in England after 51% voted against it, with a 65% turnout. There has been a total of four periods of Industrial Action in the last year, and it is possible that further action may be taken before June 2024, when the current mandate expires. The number of patients cancelled due to IA in December and January was 725 and 955 respectively – 325 procedures and 1355 outpatient appointments.

From December through to early January the operational challenge in the Trust was significant and that has reduced somewhat thanks to the combined efforts of teams across the Trust and system to generate better flow. To help alleviate the issue of ambulance queues, we opened a cohort space within ED which is not without a significant impact at the front door teams which we have been working through with them.

A factor in this is that we continue to have large numbers of patients who have no criteria to reside (NCTR) – patients who no longer need to be in the hospital - which we are working with our system partners to help resolve. The issues are multifactorial and we must recognise that we also have our own part to play in relieving the pressures and improving flow. In early February a Clinician Vision of Flow workshop will be held involving c50 clinical staff from across the Trust and system to elevate the focus on flow beyond our front door services.

- 2.2 Emergency Department.** The Emergency Department (ED) at Gloucestershire Royal Hospital is now fully operational with Minors and Children's moving into their new dedicated areas. The new ED has a much larger footprint and has been colour-coded into zones. This has been a long time coming and thanks go to the support of teams working in a challenging environment while this project was completed.

## 3. Quality& performance

- 3.1 Elective Care.** Despite winter pressures and the impacts of industrial action, the Trust continues to perform well in respect of elective waiting times when compared to the regional and national position. However, the number of patients waiting more than 65 weeks has increased from 80 at the start of the year to 690 at the end of December. 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 in November 2022, to 3000 currently which is broadly comparable to the number waiting at the end of March 2021 when backlogs peaked post-pandemic. Positively, the position has not deteriorated since the end of August due to additional activity outside of industrial action periods.

- 3.2** 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.

- 3.3 **Cancer.** Despite very significant focus on cancer, as a consequence of industrial action, we have seen an increase in the number of patients waiting more than 62 days for their treatment although we have recommitted to achieving the end of March trajectory of no more than 150 patients waiting more than 62 days. The number of patients waiting more than 62 days for treatment following GP referral has risen considerably in the last month to 282 at the end of December, compared to 403 at the outset of the year; this is however, a significant deterioration on December's position. This represents c11% of the total cancer waiting list against a target of 6%. Urology remains the speciality of most concern. On a more positive note, at December's Trust Leadership Team (TLT) meeting, two investment business cases were approved. The first to address the shortfall in capacity for the key diagnostic in the prostate cancer pathway known as local anaesthetic transperineal prostate (LATP) biopsy which will enable considerable recovery to be affected in the final quarter of the year. The second was investment in additional staff to build a more sustainable service, in response to the c20% increase in activity in the last two years.

As a Trust overall, at the end of December 63% of patients were treated within 62 days of referral against a standard of 85%; nationally the average stands at 59%.

## 4. Strategy

- 4.1 **Community Diagnostic Centre (CDC).** The new community diagnostic centre will be offering X-rays, MRI, CT, ultrasound, ECHO, and DEXA scanning to patients across Gloucestershire and is fully opening in the centre of Gloucester at Quayside House in February 2024. The new centre has been opening in phases, with CT and MRI services operational from earlier this year.

£15m has been invested in the Gloucestershire Community Diagnostic Centre, which will include 'One Stop Shop' services such as Liver Disease screening and dietetic assessments, Complex Breathlessness diagnostics, Lung Cancer diagnostics and Sleep Study service, as well as facilities for additional lung function testing and phlebotomy. The centre will help both hospitals, by reducing the number of diagnostic appointments they are required to provide. This will enable busy hospital staff who are facing high levels of need to focus on providing acute care and should lead to fewer cancelled appointments for patients.

The new Diagnostic Centre has been developed in partnership between Gloucestershire Integrated Care Board and Gloucestershire Hospital NHS Foundation Trust as well as local authority, voluntary organisations as well as the local community and residents.

From a patient perspective the centre will support in reducing the number of appointments/visits they will need to attend prior to getting a diagnosis or not, as it will enable services on site to offer a 'One Stop Shop' service model whereby patients can receive a suite of diagnostic tests on the same day or in as few appointments as possible.

Furthermore, the look and feel of the centre has been designed using a Patient-Led Assessment of the Care Environment (PLACE) principles to ensure the design and layout of the centre meets the needs of its users.

- 4.3 **Cardiac Catheterisation Labs.** The Trust's Cardiac Catheterisation Labs (Cath Labs) are moving from their previous location at Cheltenham General Hospital (CGH) to Gloucestershire Royal Hospital (GRH) in a phased move. The moves will locate the Cath Labs in the new Image Guided Interventional Surgery (IGIS) Hub at GRH. The new IGIS



Hub will establish a 24/7 hub for image guided interventional surgery, comprising interventional radiology, vascular surgery and interventional cardiology. The first move will happen on Monday 5 February.

The Cath Labs form part of the Image Guided Interventional Surgery (IGIS) development, which was included in the Fit for the Future consultation programme in 2020-2022. The outcome report supported plans to establish a comprehensive IGIS service in Gloucestershire so that local people no longer need to travel out of county to access certain services.

## **5 Care Quality Commission**

- 5.1** In December we received two further inspections from the CQC. On December 12 we received an announced inspection at Stroud Maternity Unit (SMU) and in their response letter afterwards the regulator acknowledged areas of good practice as well as identified areas for improvement. We are awaiting their final report.
- 5.2** On December 13 the regulators visited again this time to perform a focused unannounced inspection at Gloucestershire Royal Hospital's Emergency Department. The regulator has advised us of failings relating to fire safety regulations, staff fire training and regular testing of electrical / medical devices. We anticipate that their report will be published in due course.

## REPORT TO COUNCIL OF GOVERNORS

<b>Date</b>	8 February 2024
<b>Title</b>	<b>Governor Election Update</b>
<b>Author / Presenter</b>	Simeon Foreman, Interim Trust Secretary
<b>Sponsoring Director /</b>	Deborah Evans, Chair

PURPOSE OF REPORT		Tick all that apply ✓
To provide assurance	<input type="checkbox"/>	To obtain approval
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue
To canvas opinion	<input type="checkbox"/>	For information
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience

LINK TO COUNCIL OF GOVERNORS DUTIES	
Hold to account	<input type="checkbox"/> Appointment/remuneration
Represent interests of members and public	<input checked="" type="checkbox"/> Contribute to strategy
Approve increase in non-NHS income	<input type="checkbox"/> Approve significant transactions
Approve merger/acquisition etc.	<input type="checkbox"/> Approve constitution changes

### SUMMARY OF REPORT

Following approval from three quarters of governors in post, a written resolution was passed on 19 January 2024 to convene additional elections to fill governor vacancies. Since then, another governor confirmed support for this taking support to 13/16 governors.

Elections will be held for governors to serve until Annual Member Meeting 2026 (approximately two and half years). There is one vacancy in each of the following constituencies;

Public governor constituencies	Staff governor constituencies
<ul style="list-style-type: none"> <li>• Cotswold</li> <li>• Forest of Dean</li> <li>• Gloucester</li> <li>• Tewkesbury</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing and Midwifery</li> <li>• Allied Health Professionals</li> </ul>

The election timetable is shown below and is based on the Model Rules, but with extended three-week nominations. The timetable is based on having new governors able to attend the Council of Governors meeting in April 2024.

ELECTION STAGE	DATE
Notice of Election / nomination open	Tuesday, 6 Feb 2024
Nominations deadline	Tuesday, 27 Feb 2024
Summary of valid nominated candidates published	Wednesday, 28 Feb 2024
Final date for candidate withdrawal	Friday, 1 Mar 2024
Electoral data to be provided by Trust	Tuesday, 5 Mar 2024
Notice of Poll published	Friday, 15 Mar 2024
Voting packs despatched	Monday, 18 Mar 2024
Close of election	Tuesday, 9 Apr 2024
Declaration of results	<b>Wednesday, 10 Apr 2024</b>

In the event of a candidate being elected unopposed, they would be appointed in early March following completion of the required checks and paperwork.

At the request of the Governance and Nominations Committee, the Interim Trust Secretary contacted candidates who stood in the most recent elections for Tewkesbury and Nursing and Midwifery to alert them to the upcoming elections in case they remained interested.

Governors are asked to promote and share the elections across their networks, encouraging potential candidates to seek further information and stand for election as well as encouraging people to sign up as members and vote.

We will be looking to particularly attract candidates from groups who are currently under represented on the Council and any support from Governors to help us achieve this is welcomed.

The Corporate Governance team is working with colleagues in the Communications Team and partner organisations to engage with members and other interested parties, in order to publicise the vacancies. The elections will be highlighted through social media and have been trailed already in the Member newsletter.

The Corporate Governance Team will update the Trust’s webpages and governor information packs and also host four “drop in” session for interested parties to ask questions and hear about the role:

- Friday 9 February 2024 – 12:30 – 13:30 – Online – Via Microsoft Teams
- Tuesday 13 February 2024 – 14:00 – 15:00 – Room 5, Sandford Education Centre, Cheltenham General Hospital
- Wednesday 14 February 2024 – 10:00 – 11:00 – Room G4 Computer Room (Library), Redwood Education Centre, Gloucestershire Royal Hospital
- Thursday 15 February 2024 – 18:00 – 19:00 – Online – Via Microsoft Teams

**RECOMMENDATION**

The Council of Governors is asked to **NOTE** the update on the elections and to provide support in promoting the elections to encourage candidates to stand and members to vote.

**ENCLOSURES**

None.

Report to the Council of Governors			
<b>Date</b>	8 February 2024		
<b>Title</b>	Non-Executive Director Appointment Report		
<b>Author / Sponsoring Director/ Presenter</b>	Sim Foreman, Interim Trust Secretary Deborah Evans, Chair		
<b>Purpose of Report</b>	Tick all that apply ✓		
To provide assurance	✓	To obtain approval	✓
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	
Link to Council of Governors Duties			
Hold to account		Appointment/remuneration	✓
Represent interests of members and public		Contribute to strategy	
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	
Summary of Report			
The report provides a summary of the Non-Executive Director recruitment process that concluded on 7 February 2024 and makes a recommendation regarding the appointment of a candidate to the position.			
Recommendation			
The Governance and Nominations Committee have considered the report and <b>RECOMMEND</b> the appointment of Sam FOSTER to the Trust Board.			
The Council is asked to:			
<ul style="list-style-type: none"> <li>• <b>NOTE</b> the recruitment process undertaken.</li> <li>• <b>APPROVE</b> the recommendation to appoint Sam FOSTER to the position of Non-Executive Director of the Trust and Chair of the Quality and Performance Committee.</li> </ul>			
Enclosures			
Non-Executive Director Appointment Report			

## Non-Executive Director Appointment

### 1. Recruitment Process

The recruitment process for a Non-Executive Director/Chair of Quality and Performance Committee concluded on 7 February 2024 following a process developed by the Governance and Nominations Committee and approved by the Council of Governors that included the following elements:

- An information pack and advertisements in a range of publications, led by recruitment consultants GatenbySanderson.
- Applications, which included the submission of a CV and supporting statement based on the job description and person specification.
- A longlist of candidates which was prepared following preliminary interviews by GatenbySanderson.
- A shortlist of four candidates was agreed by interview panel members.
- Governor, Executive and Non-Executive stakeholder panel focused on candidates charring and facilitating discussions.
- Formal interview panel comprising Governance and Nomination Committee members, Non-Executive Directors, and an external assessor supported by the Chief Executive Officer and the lead consultant from GatenbySanderson.

All candidates were deemed appointable following the interview process and the panel identified a preferred candidate.

### 2. Nominated Candidate

The preferred candidate nominated for appointment is **SAM FOSTER**. Her biography (produced by GatenbySanderson) is provided below.

*Sam is currently the Executive Director for Professional Practice at the Nursing and Midwifery Council, having previously been the Chief Nursing Officer for Oxford University Hospitals NHS Foundation Trust. Prior to this she was the Chief Nurse at Heart of England NHS Foundation Trust having previously been their Deputy Chief Nurse, Deputy Chief Nurse for Shrewsbury and Telford Hospitals NHS Trust, Head of Practice Development and Education for Frimley Park Hospital NHS Foundation Trust and held a range of nursing roles prior to this across the acute sector as well as roles in education.*

Sam has confirmed that she would accept the role of Non-Executive Director, subject to formal appointment by the Council of Governors, and satisfactory pre-appointment checks (including Fit and Proper Persons).

### 3. Recommendation

The Governance and Nominations Committee **NOTED** the nomination by the panel and **RECOMMEND** the appointment of Sam FOSTER as a Non-Executive Director of Gloucestershire Hospitals NHS Foundation Trust and Chair of Quality and Performance Committee for **APPROVAL** by the Council of Governors.

## KEY ISSUES AND ASSURANCE REPORT AUDIT AND ASSURANCE COMMITTEE – 28 NOVEMBER 2023

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

### Items rated Red

Item	Rationale for rating	Actions/Outcome
	There were NO items rated as RED	

### Items rated Amber

Item	Rationale for rating	Actions/Outcome
Internal Audit	<b>Progress report</b> – Good progress noted. Rated amber in light of previous concerns and would wish to see continued sustained progress but excellent progress between meetings	Continued sustained performance needed
	<b>Allied Health Professional (AHP) waiting list audit report</b> – Overall moderate assessment with a range of helpful recommendations, all of which were accepted by management. Helpful feedback from Chief Allied HHP around audit process and potential lessons learned around areas that are rarely audited and the improvements that can come from a well-structured and scoped review. Rated as amber pending implementation and follow up	Evidence of implementation and improved performance as a result.
	<b>Follow up report</b> – Generally looking far better and clearly a lot of work has gone in to get us to this point. Appear on track to deliver the plan by the end of financial year along with some additional work. Rated amber pending further output from Feb 24 meeting	Good sustained progress and delivery of the annual plan.
External Audit	<b>Lessons learned report received</b> - Very helpful to see very honest, candid and reflective process from which both parties had clearly learned with good enhancements planned for coming year	Good plan which now needs to be seen actioned and will be kept under review by the Committee
	<b>Action plan</b> – helpful level of granular detail which will hopefully be a very useful tool at year end	Good plan which now needs to be seen actioned and will be kept under review by the Committee
Gloucestershire Managed Services (GMS)	Some areas of concern noted around progress but based on matters arising update on new governance arrangements there is a plan to enhance this and the Committee expects to receive regular KIARs from the monthly GMS Governance and Compliance Committee meetings which are intended to deliver greater progress against areas of concern to Audit and Risk Committee	Implementation of GMS governance arrangements and delivery through these
Board Assurance Framework	BAF out of sync for this meet. Full report to January 2024 Board. Risk register position noted. Concern around Datix, impact on workloads and compromising	Committee supported escalation to NHS England given that this is a corporate solution and

#### Assurance Key

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



(BAF) and Risk Register	ability of risk management as tool to support effective management	should be far more effective
Accountability Framework (AF)	Accountability report received to show how exec manage performance and escalate as needed. Welcomed by Committee and full roll out supported. Committee agreed that AF should be referred to other Committees to consider in planning their annual work plans	Refer to other Committees for consideration

### Items Rated Green

Item	Rationale for rating	Actions/Outcome
High quality papers - circulated well in advance of the meeting which made prep easier		
Follow up actions between meetings – Very good progress		
Good focus on non-traditional audit Committee areas, with focus on patient added value		
Matters arising. All four outstanding matters were closed off.		
Counter fraud report – Excellent, clear digestible report. Good progress reported against various ongoing cases. Evidence of added value particularly around input to Junior Doctors around fraud awareness		
GMS accounts – Noted as complete and satisfactory		
HFMA self-assessment - Ownership and continued progress on actions identified from self-assessment and audit. Most actions now completed		
Single tender actions report - No retrospective tenders, total value of single action tenders £296,020		
Losses and compensations – Two low value ex – gratia payments made and approved write off of 134 low value invoices totalling approx. £2K.		
Trust seal – Noted several sealings since last report in July 2023		
Annual debt report - Noted		

### Items not Rated

AOB item - Member of staff receiving exceptional hospitality award following third party recognition of their work – fully separate to the Trust, no contractual relationship and was judged by independent panel. Trust exec aware and fully supportive as is Audit Chair		
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### Investments

Case	Comments	Approval	Actions
N/A			

### Impact on Board Assurance Framework (BAF)

None noted
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## KEY ISSUES AND ASSURANCE REPORT FINANCE AND RESOURCES COMMITTEE – 21 DECEMBER 2023

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

### Items rated Red

Item	Rationale for rating	Actions/Outcome
Capital Programme	<p>Treatment of the financial impact of the delay in delivery of the 5<sup>th</sup> Orthopaedic Theatre had yet to be agreed with Region. Failure to secure agreement to a carry forward of funds could lead to the scheme not being delivered as planned.</p> <p>The impact of IFRS16 continued to unfold with consequent implications for spending limits.</p>	<p>The Committee noted the seriousness of the position and received assurance that positive discussions were taking place with the Region.</p> <p>Discussions with Region, System partners and external auditors were underway with a view to mitigating this risk.</p> <p>A potential reprogramming of medical equipment expenditure between financial years was under consideration.</p>

### Items rated Amber

Item	Rationale for rating	Actions/Outcome
Financial Performance Report	<p>At M8 there was a small overspend of £0.6m and an improving run rate in a number of staffing related areas. Planned industrial action in December and January would impact upon financial plans and a forecast outturn position would be confirmed at the close of month 9. The current ICS position was achievement of break even for the year. The deficit at the close of M8 was £7m - £1.9m adverse to plan.</p>	<p>The Committee noted the seriousness of the position and looked forward to receiving the outcome of the forecast outturn exercise at its next meeting.</p>
Financial Sustainability Report	<p>The Committee noted the position at the end of M8 – to date £17.4m of savings had been delivered (£12.7m recurrent, £4.7m non-recurrent) and £2.4m behind plan. Significant risk remains around delivery of over £8m “red” rated schemes during the remainder of the year.</p>	<p>The Committee noted the position, risks around delivery and mitigating actions.</p> <p>Early preparations had begun for 24/25 schemes with a view to achieving a rapid take off come April.</p> <p>The requirement for additional staffing resource in this area was under consideration.</p>

#### Assurance Key

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

Items Rated Green			
Item	Rationale for rating		Actions/Outcome
None.			
Items not Rated			
None			
Investments			
Case	Comments	Approval	Actions
CARR Contract (Cardiac equipment)	<p>The Contract Award Recommendation report recommended approval of this revised contract by the Committee.</p> <p>The contract had been approved by the Committee in June 2022 but re-approval was required as a consequence of delays in awarding the contract (by partner organisations) which had resulted in price rises.</p> <p>The Committee were assured that the price increase would be matched by value offsets so that the contract was comparable to that awarded in 2022.</p>	APPROVED	The Committee confirmed the approval of the revised contract.
Impact on Board Assurance Framework (BAF)			
Not considered – this was a short meeting focussed on a small number of items.			

Glossary:

H1/H2= first/second half of the financial year

CIP: Cost Improvement Programme

ICS = Integrated Care System

ERF: Elective Recovery Fund

**KEY ISSUES AND ASSURANCE REPORT**

**People and Organisational Development Committee, 30 November 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
Recruitment and Attraction	<p>Updates included reducing length of time to recruit, improving both candidate and recruiting manager experience, medical time to hire and attraction, candidate onboarding, the Employer Value Proposition (EVP) project and the refresh of existing marketing assets to broaden the media solutions currently being used.</p> <p>Given the importance of the EVP project which will see new marketing branding concepts designed, a focussed PODC Development Committee will be considered on this in the context of the wider recruitment and attraction agenda, to ensure broader engagement and ownership. February's PODC Development Session is likely to focus on the Staff Survey results.</p>	<p>Important that SMART targets with timescales are reflected on the BAFs.</p> <p>The Retention Workstream under the Workforce Sustainability Programme will look at staff exit data and the 'retire and return' policy as priorities.</p> <p>Summary of specific areas/services most impacted by vacancies and plans to address those, i.e., vascular to be presented through the developing Recruitment Plan.</p> <p>Assurance will be given of the organisational readiness for / impact of the transformational focus across transactional activities such as time to hire.</p>

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Staff Survey	Good to see overall response rate improved, but Committee keen to understand how well we understand why. Despite a strong engagement programme with the Staff Survey, many staff still did not complete survey. What can be done to reduce perception that nothing changes, staff voices are not heard	<p>Feedback on post survey review to be presented to next PODC</p> <p>Learning from GMS positive results</p>
Culture, Experience & Retention	3-year programme drafted with reporting to follow. Cultural awareness pilot commenced with 'Train the Trainer' course identified.	Further work on the RAG ratings reflected in the BAF is required.
Performance Appraisals	Educational Development Group reviewing staff perception of appraisals and what is needed to improve. Key area of focus which needed to be reviewed was EDI aspect.	Outcome from EDG to come back to next PODC, setting out key actions to improve appraisal process.

**Assurance Key**

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

<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
Internal Audit Report on organisational readiness	The BDO audit will commence, but there will be further focus on organisational readiness through the recently published NHSE IMPACT self-assessment which contains all the key aspects of organisational development and design.	Learning will be taken from the internal audit alongside the national framework assessment
<b>Items not Rated</b>		
Risk Register		
<b>Impact on Board Assurance Framework (BAF)</b>		
SR3: Discussion on scoring in relation to ongoing confirmed that the score needed to be high due to ongoing pressures, but agreed to maintain score at 20. SR4: Staff Experience Taskforce work commended.		

**KEY ISSUES AND ASSURANCE REPORT**  
**Quality and Performance Committee, 29 November 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Water safety report <b>Could be amber/red</b>	Numerous actions remain open (red) on action plan and several rated green have only partial evidence to support. Known capacity issues and risks being mitigated? to what extent and with what impact on other areas. Executive reporting that water safety group well chaired, holding to account and several meetings lined up.	Committee need to see evidence of achievement of outstanding areas to be actioned and assurance of mitigations to risks of capacity issues.
Maternity report	Comprehensive suite of data and performance metrics showing a challenged and pressurised service, although an improvement in the perinatal vacancy rate was noted. Maternity Incentive Scheme (MIS) progress noted and residual risks to compliance. Results of CQC unannounced inspection in April confirms as inadequate and a further section 29A report issued.	MIS scheme to be presented to January extraordinary committee prior to Board sign off in January. Regular reporting to continue into Committee ensuing key areas of concern are highlighted within the reporting.
Quality and Performance	Incident reporting – Trust seems to have lower % for reporting patient safety concerns when compared to others, also levels of overdue action plans for serious incidents noted. A concern and an area of executive focus.	Evidence needed to committee of plans to improve reporting and cultural environment, linked with Trust plan to introduce the national patient safety strategy and ensure links to existing cultural work and F2SU. New executive led safety huddles now in place.
	Fractured Neck of femur – detailed briefing on current position and improvement work. Divisional leadership presented and gave assurance that the issues were known and being worked on, with some improvement in latest reporting.	Further update to committee bi-monthly until stable.
	Discharges- Newton work on discharges noted involving both ‘simple’ and complex discharges.	Deep dive into Discharges requested by committee (linked to winter plan actions)
	Gynae-Oncology update – progress noted with improvement plan and reassurance that divisional leadership was into the detail and working with the speciality team. Review of patients and any impact	Committee to receive further briefing on gynae-oncology and any wider tumour site work.



	underway. Question of other tumour site processes in place is being reviewed.	
	Wider cancer and planned care performance noted with challenges in key areas of urology, colorectal and head and neck respectively.	Deep dive into head and neck improvement plan to come to committee.
	'Results Reporting and Acknowledgement' findings within radiology briefed as high executive safety priority	Exception reporting through Quality Delivery Group to Committee.
Winter Plan	Detailed account of winter resilience plan presented to committee. Outstanding query on accurateness of bed deficit plan to be resolved prior to Board. Consideration to be given on what assurance committee can receive on actions which are in the gift of the Trust to resolve	Further iteration of the plan to go to Board and executive to review what comes to committee for ongoing assurance.
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
Regulatory Update	The process/ system of receiving updates on all regulatory activity is positive. Questions and challenge on specific aspects undertaken.	
<b>Items not Rated</b>		
System feedback – system wide update on falls prevention work will be welcomed.		
<b>Impact on Board Assurance Framework (BAF)</b>		
Board Assurance Framework strategic risks SR1, 2, 5 and 6 - Discussion and current updated given by respective executive leads.		



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## **Cheltenham and Gloucester Hospitals Charity**

Update to be presented to Council of Governors:

- 2023/24 progress
- 2024/25 plan



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You may have been moved in some way by the amazing work of our hospitals and NHS staff - perhaps as a patient undergoing treatment or as a family, friend or carer for someone affected by illness. We all know too well how lifechanging, or even life-affirming, these experiences can be. Many donations are from people who simply wanted to show their appreciation and say thank

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# Growing visibility and impact:

The image is a screenshot of an iPLAYER video player. At the top left, the word "iPLAYER" is written in pink. To the right of it are navigation links: "Channels", "Categories", "A-Z", and "TV Guide". The main video area shows a woman with curly hair and glasses, wearing a black blazer over a patterned top, standing in a clinical setting next to a large white medical machine. A BBC logo is visible in the top left corner of the video. A semi-transparent black box at the bottom of the video contains the text: "Janelle Reyes-Goddard", "Nuclear Medicine, Gloucestershire Hospitals NHS Trust", and a red "BBC POINTS WEST" logo. Below the video player, the text "Points West" is displayed in a large, bold font, with "Evening News: 14/12/2023" underneath it.

# National Award Shortlisting:

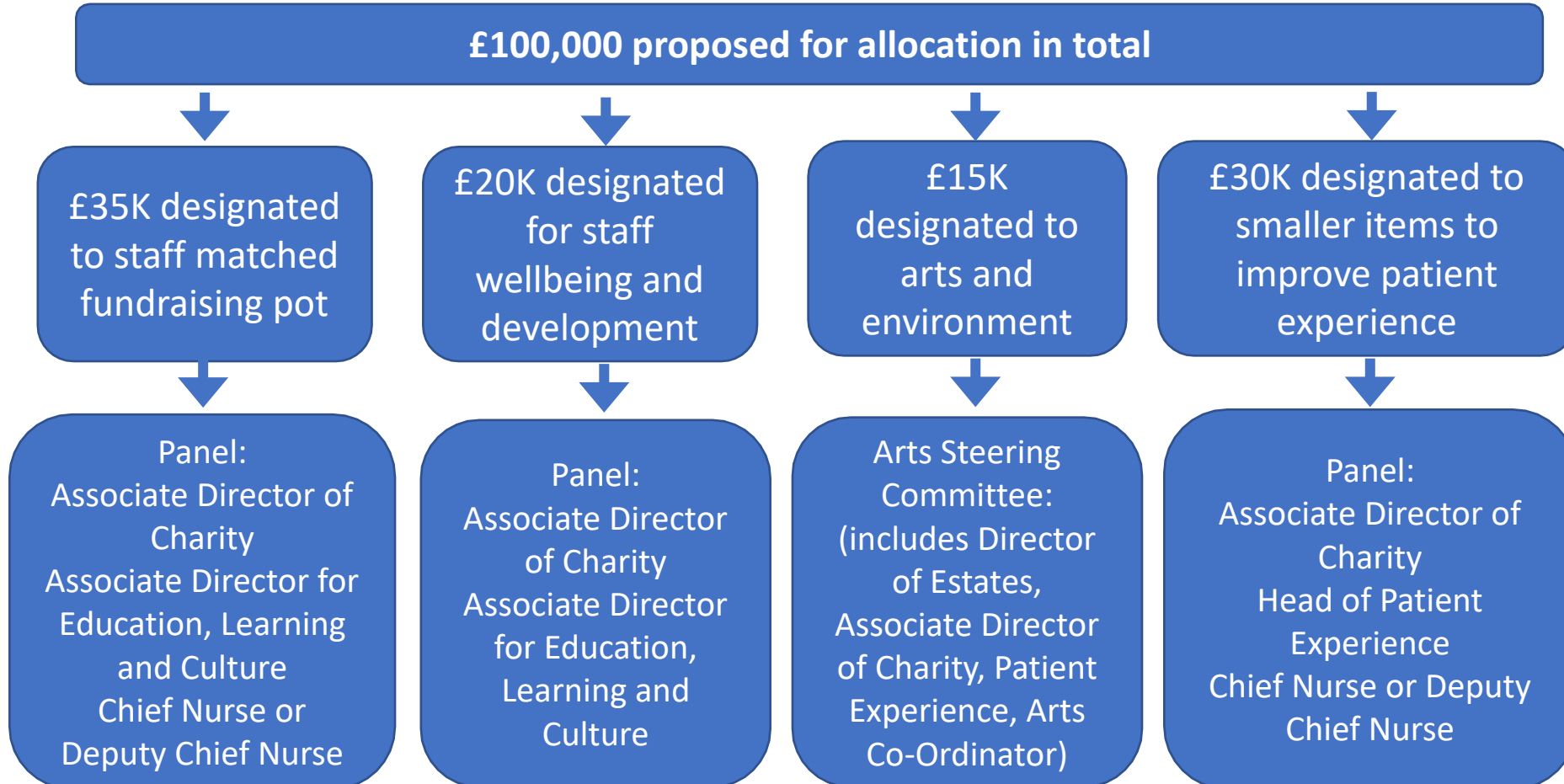
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**Reaching Out Together**  
**project shortlisted for HSJ**  
**award**

14 August 2023

# Planning grantmaking:



# Communicating grant opportunities:

## Charitable funds

Cheltenham and Gloucester Hospitals Charity is the official charity for Gloucestershire Hospitals NHS Foundation Trust.

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If you would like to apply for funding £5000 or over, please contact [steven.salter@nhs.net](mailto:steven.salter@nhs.net) for further guidance or [click here](#) for information on bids.

### Your details

First name \*

Last name \*

Email address \*

### Submission agreements

I confirm that I have divisional approval for this project, this needs to be from within the divisional tri, and that the project conforms to all GHNHSFT policies including, but not limited to, IT regulations and infection control. \*

I understand that a condition of this grant is that it may feature in PR / communications, and that I may be required to feedback on the project. \*

If the requisition relates to training costs, I confirm I have sought authorisation from Maria Smith, Associate Director for Education, Learning and Culture or Steph Cuthill, Head of

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## State-of-the-art equipment

Your support has funded millions of pounds of state-of-the-art technology; helping to provide faster diagnosis, more effective treatment and reduced waiting times





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## Charity Plan 2024/25



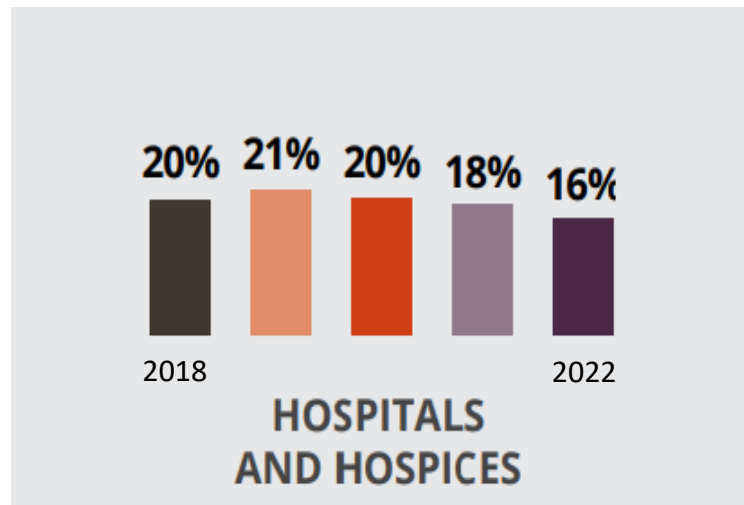
**Process for forming our  
2024/25 Charity plan:**



## **Strategic Priorities 2024/25:**

- The Big Space Cancer Appeal
- Growing sustainable income and visibility
- Strategic grantmaking and communicating impact
- Establishing strategic alliances:
- Governance and future planning

## Landscape and charity trends



69%

Proportion of people who  
said they would need to make  
spending cuts in 2022



£12.7bn

Total amount given to charity  
over the course of 2022  
(up £2 billion on previous year)



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## The Big Space Cancer Appeal







# THE BIG **SPACE** CANCER APPEAL

**Transforming cancer care**  
in Gloucestershire

A bigger, brighter space that is as kind, and as compassionate as the extraordinary specialists inside.

## The Big Space Cancer Appeal – overview of potential timeline

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	Indicative Timeline			Green = Charity Appeal			Private fundraising phase - aim to reach 70% of funding through pledges, grants and gifts prior to media launch					
				Blue = Build timeline			Plans refined with further patient and staff engagement					
2024/25	Private fundraising phase Briefing community / corporates			Media launch (timed to avoid pre-election purdah period)		Public fundraising campaign across Gloucestershire and surrounding areas						
	NHS Final Build Case (FBC) phase begins @ 60% raised			Final Build Case developed						FBC signed off, procurement of construction partner		
2025/26	As construction starts, fundraising campaign shifts to key areas inside building, garden areas, arts and environment. Greater emphasis on events and challenges, high profile Wild in Art sculpture Trail across Cheltenham and Gloucester, timelapse of build.											
	Build phase begins @80% raised			Construction taking place								
2026/27	Celebration of completion of new build, supporter tours and recognition											
	Build completes 12-14 months after commencing			Cancer staff working from new area, patients benefitting								

# Big Space Cancer Appeal





## Big Space Appeal:

### Public launch campaign

Key elements:

- A digital / social media campaign running alongside donor communications.
- Media partnerships and coverage
- The stewardship of donor relationships will be key

### Events and community engagement

Key projects in this area will include:

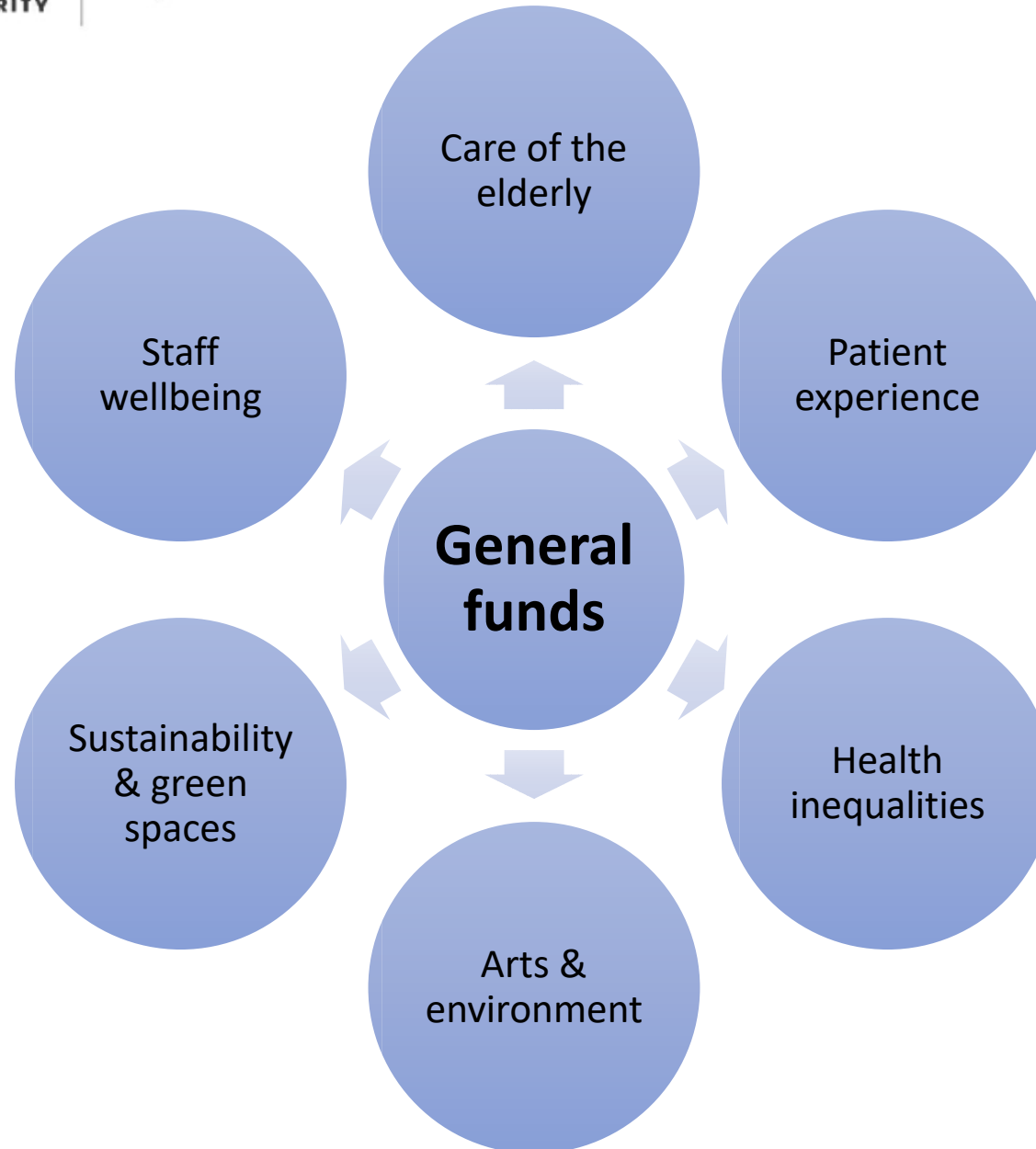
- Wild in Art sculpture trail sponsorship / education launch
- Charity partnership with Cheltenham Half Marathon (Oct 2024)
- Further major donor / HNWI fundraising events
- Promotion of opportunities for public to join third-party events

Objective	Date
<b>Clarification of public appeal phasing, finalise public target.</b>	By May 2024
<b>Public media launch of appeal</b> – commencing the public phase of fundraising	Joint plan with GHNHSFT Comms by Mar 2024, Launch by Sept 2024
<b>Public donations campaign</b> – working to engage local population with compelling campaign	First wave by Dec 2024
<b>Initial grant application phase and major donor private phase completed</b>	By end Jan 2025
<b>Wild in Art trail launch phase</b> – engaging the local community through a high profile art trail.	By end Feb 2025



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## **Growing sustainable income and visibility**



## Income and visibility milestones

Objective	Date
<b>Charity begins year-round Gift in Will promotion</b>	By end September 2024
<b>Staff engagement</b> - Charity Staff Ambassador programme launched.	By end March 2025
<b>Lottery</b> to raise over £80,000	By end March 2025
<b>Volunteering</b> - Shared future strategy with GHNHSFT volunteering team to increase charity volunteers.	December 2024



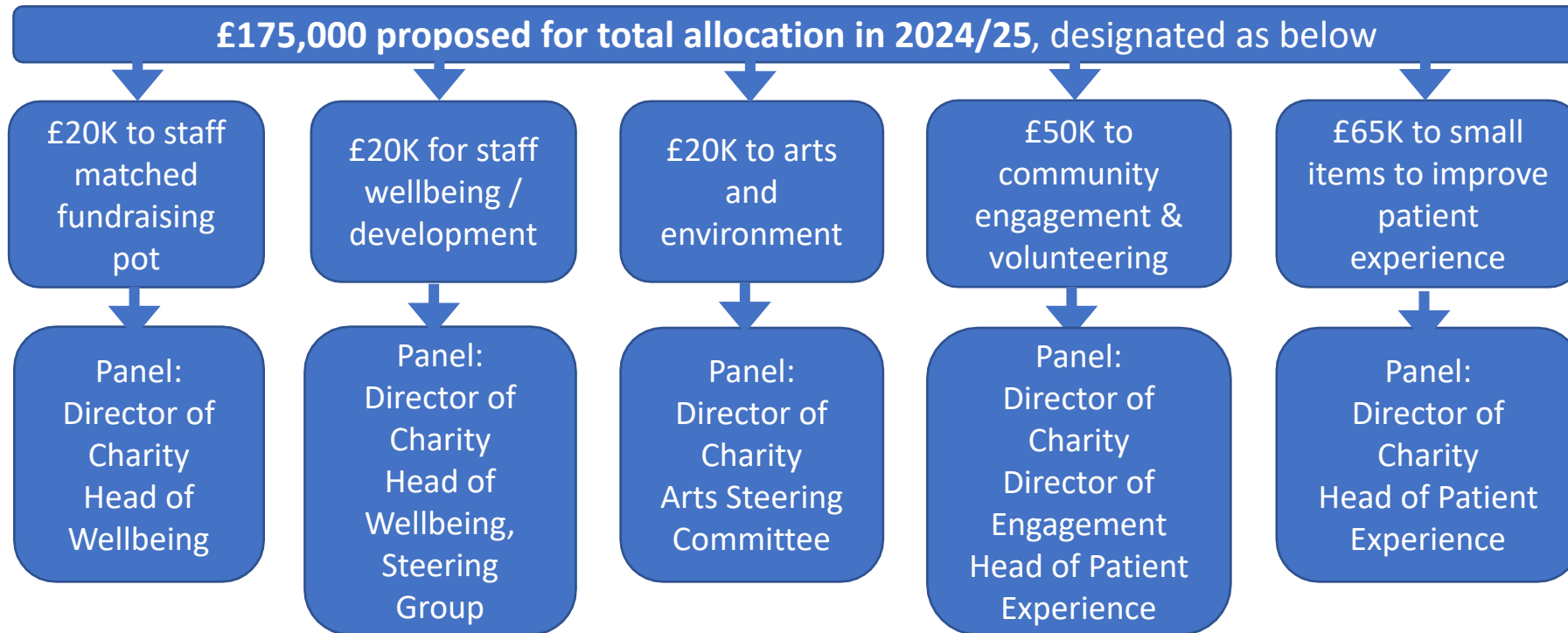
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## Strategic Grantmaking

## Strategic Grantmaking: measuring and maximising impact



**Planned general allocation for 2024/25 for streamlined grants**  
(Part of the overall grants programme)





## Strategic Grantmaking Milestones

Objective	Date
<b>Grant evaluation and learning system in place</b>	October 2024
<b>Annual survey of grant recipients / key staff involved in grantmaking process</b>	November 2024
<b>Annual grant learnings report introduced</b>	January 2025



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## Strategic Alliances

## Strategic Alliances

### Reaching Out Together project shortlisted for HSJ award

A joint NHS community project in Gloucestershire, to tackle health inequalities, has been shortlisted for a national award.



## Strategic Alliances: Milestones

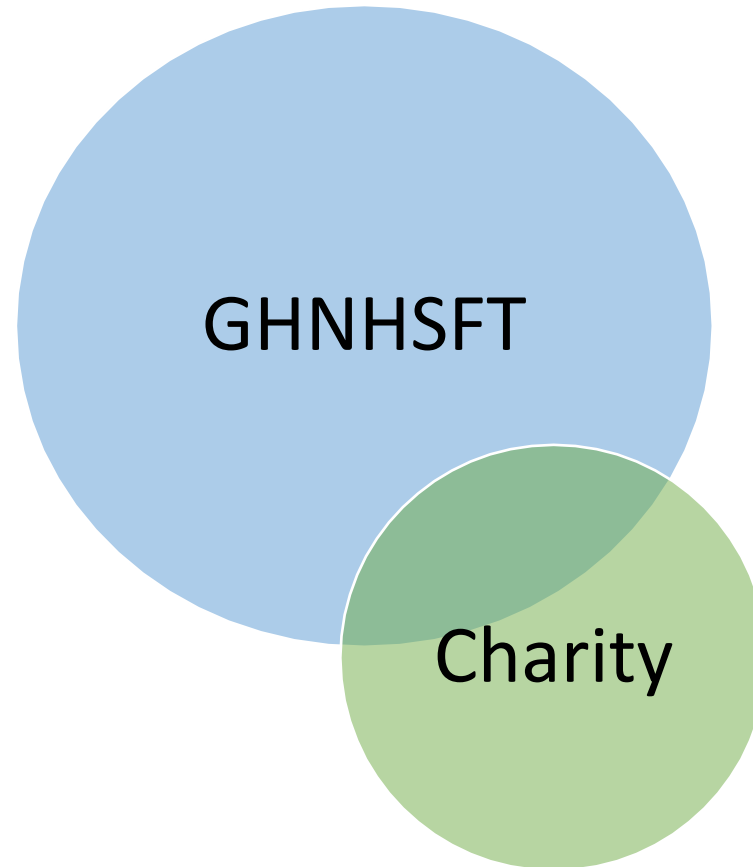
Objective	Date
<b>Understanding the wider role the charity can play with key partners across the local healthcare system, including potential future work with GHC and the ICB.</b>	Oct 2024



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## Governance and future planning

## Governance and future planning



## Governance and future planning: Milestones

Objective	Date
<b>Review of Governance systems and finance</b> models used by other NHS charities	By end Sept 2024
<b>Creating the most effective future systems</b> - report suggesting future ways of working.	By end Jan 2025
<b>Plan created for growth of strategic financial reserve for the charity</b> , to facilitate work in longer term.	By end Mar 2025





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## Income 2024/25

## Income & pledges:

