

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Alexandra House, Cheltenham General Hospital, Sandford Road,
Cheltenham, Gloucestershire, GL53 7AN

Dear Colleague

6 February 2019

The next meeting of the Council of Governors of the Gloucestershire Hospitals NHS Foundation Trust will be held on **Wednesday 20 February 2019**, in the **Lecture Hall, Sandford Education Centre, Cheltenham General Hospital** commencing at 17.30

Yours sincerely

Peter Lachecki
Chair

AGENDA

| | Approximate Timing |
|---|---|
| 1. Apologies | 17.30 |
| 2. Declarations of Interest | 17.31 |
| Items for Discussion | |
| 3. Quality Account and Governors' Indicator | PAPER 17:32 (Suzie Cro) |
| 4. Forecast Outturn | PRESENTATION 17:45 (Sarah Stansfield) |
| 5. Non-Executive Director/ Associate Non-Executive Director Recruitment | PAPER 17:55 (Peter Lachecki) |
| 6. CQC Announcement | PRESENTATION 18:00 (Steve Hams) |
| 7. Any Other Business | |

Close 18:10

Date of the next meeting

The next meeting of the Council of Governors will be held on **Wednesday 17 April 2019** in the Lecture Hall, Redwood Education Centre, Gloucester Royal Hospital commencing at 17.30

Public Bodies (Admissions to Meetings) Act 1960

"That under the provisions of Section 1 (2) of the Public Bodies (Admissions to Meetings) Act 1960, the public be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted."

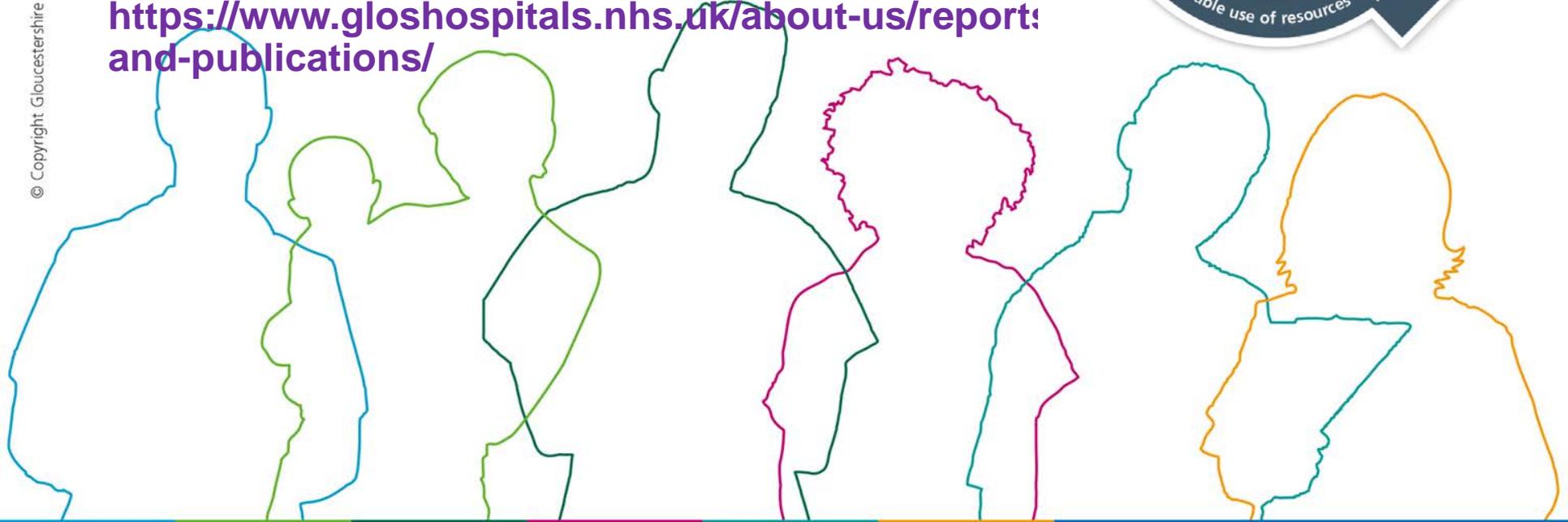
Quality Account 2018/19

Link 2017/18

<https://www.gloshospitals.nhs.uk/about-us/reports-and-publications/>



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What is the Quality Account 2018/19?

- A Quality Account is a report about the quality of our services.
- Our report is published annually.
- Quality Accounts are an important way for us to report on quality and show improvements in the services we deliver to our local communities and stakeholders.
- The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.



Assurance over mandated indicators

The main changes in 2018/19 are as follows:

- The indicators for assurance as part of the limited assurance opinion have changed as follows: –
- For NHS foundation trusts providing acute services, the order of selection of indicators has changed.
- four-hour A&E, and
- 62-day cancer indicators being subject to assurance.



Auditor checks

- **Accuracy.** Is data recorded correctly and is it in line with the methodology for calculation?
- **Validity.** Has the data been produced in compliance with relevant requirements?
- **Reliability.** Has data been collected using a stable process in a consistent manner over a period of time?
- **Timeliness.** Is data captured as close to the associated event as possible and available for use in a reasonable time period?
- **Relevance.** Does all data used to generate the indicator meet eligibility requirements as defined by guidance?
- **Completeness.** Is all relevant information, as specified in the methodology, included in the calculation?

Governor indicator

- In 2018/19, as in previous years, NHS foundation trusts also need to get assurance through substantive sample testing **over one local indicator included in the quality report, as selected by the governors of the trust.**

- NHSI

“For NHS foundation trusts providing acute services, for 2018/19 **we strongly recommend** that this local indicator should be the Summary Hospital-level Mortality Indicator (SHMI).

- The governors of the trust may choose an alternative indicator **if they consider there is already sufficient assurance in this area**, or it is determined that other priorities take precedence. Further, the governors of the trust can select an additional second local indicator for assurance if they wish, but this will extend the scope of the auditors’ work and is not mandatory.

[https://improvement.nhs.uk/documents/3601/Detailed requirements for assurance for quality reports.pdf](https://improvement.nhs.uk/documents/3601/Detailed_requirements_for_assurance_for_quality_reports.pdf)

Your choice – discussion

- The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

| Overview and background | | |
|---|--|--|
| Data sets used | Exclusion criteria | Contextual indicators |
| <ul style="list-style-type: none">• Hospital Episode Statistics (HES) can be used to identify whether a patient dies in hospital• HES does not capture deaths occurring outside hospital• Linking HES to ONS deaths data creates a richer dataset• Allows the identification of deaths which occur outside of hospital within 30 days of discharge | <ul style="list-style-type: none">• Specialist hospitals• Mental health trusts• Community trusts• Day cases• Regular attenders – day and night• Stillbirths | <ul style="list-style-type: none">• Also publish a range of contextual indicators alongside the SHMI to aid in its interpretation.• The following contextual indicators are currently available:<ul style="list-style-type: none">• Palliative care• Admission method• In and out of hospital deaths• Social deprivation |

FORECAST OUTTURN

PRESENTATION *(Sarah Stansfield)*

COUNCIL OF GOVERNORS – FEBRUARY 2019
Lecture Hall, Sandford Education Centre commencing at 17:00

| Report Title | |
|--|---|
| Non-Executive Directors and Associate Non-Executive Directors Recruitment | |
| Sponsor and Author(s) | |
| Author: | Lukasz Bohdan, Director of Corporate Governance |
| Sponsor: | Lukasz Bohdan, Director of Corporate Governance |
| Executive Summary | |
| <p><u>Purpose</u></p> <ul style="list-style-type: none"> To update the Council on the recruitment of non-executive directors (NEDs) and associate non-executive directors (Associate NEDs). To present the Governance and Nominations Committee's recommendation for the Associate Non-Executive Director (Associate NEDs) and ask the Council of Governors to appoint the recommended candidate. <p><u>Background</u></p> <ul style="list-style-type: none"> As the Council will be aware, there are currently two NED vacancies. In August 2018 the Council of Governors endorsed the continued search for NEDs with digital and integration expertise; the Council also endorsed the recommendation of the Constitution Review Group to create an Associate NED role and make up to two appointments to that role (see Appendix 1). As a reminder, the Governance and Nominations (G&N) Committee's role is to "... seek, shortlist and interview such candidates as the Governance and Nominations Committee considers appropriate and shall make recommendations to the Committee of Governors as to potential appointments as Non-Executive Directors and shall advise the Board of Directors of those recommendations". The G&N Committee agreed the composition of the interview panel, consisting of the Trust Chair, the Lead Governor and Tom Llewellyn (Governance and Nominations Committee member). The panel was assisted by an independent assessor Hattie Llewelyn-Davies. The NED and Associate NED roles were advertised in the autumn and the Trust received over 90 applications. 5 candidates were shortlisted for the NED role and 4 candidates were shortlisted for the Associate NED role. Interviews for some candidates were held in December and led to the appointment of one Associate NED. Due to candidate availability, some interviews were scheduled for early February. <p><u>Key Issues to note</u></p> <ul style="list-style-type: none"> NED and Associate NED candidates met governors on Monday 11th February – an additional step agreed by the Committee and the Council to offer the governors an opportunity to meet the candidates prior to interview/appointment The panel, assisted by an independent assessor Hattie Llewelyn-Davies, interviewed the second tranche of candidates on Tuesday 12th February and agreed to recommend Dr Marie-Annick Gournet for the Associate NED role (candidate's bio is attached at Appendix 2). While the Associate NED is not a Director/Board Member, the Council of Governors agreed to apply the same principles and process to the appointment as applies to NEDs. Consequently, the Committee is required to formally make the appointment. No appointments were made to the NED role; interviews of two candidates are about to be scheduled In parallel, Mr Keith Norton, Non-Executive Director, whose first term in office ends in | |

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April 2019, has advised that he will not be seeking re-appointment. This creates a **third NED vacancy.**

Implications and next steps

- Outstanding interviews for shortlisted candidates to conclude.
- Advertise any remaining vacancies and conclude the recruitment process by mid-April.

Recommendations

The Council of Governors is asked to:

- Make the appointment of Dr Marie-Annick Gournet as Associate Non-Executive Director, as per the terms set out in Appendix 1.
- Note progress to date and note that further interviews/recruitment for NED roles will continue.

Impact Upon Strategic Objectives

Not directly applicable, however Associate NED role is part of the Board succession planning.

Impact Upon Corporate Risks

Not applicable.

Regulatory and/or Legal Implications

Not applicable.

Equality & Patient Impact

Not applicable.

Resource Implications

| | | | |
|-----------------|---|-------------------------------------|--|
| Finance | x | Information Management & Technology | |
| Human Resources | x | Buildings | |
| No change. | | | |

Action/Decision Required

| | | | | | | | |
|--------------|--|---------------|--|--------------|---|-----------------|--|
| For Decision | | For Assurance | | For Approval | ✓ | For Information | |
|--------------|--|---------------|--|--------------|---|-----------------|--|

Date the paper was previously presented to Committees and/or TLT

| Audit and Assurance Committee | Finance and Digital Committee | GMS Committee | People and OD Committee | Quality and Performance Committee | Remuneration Committee | Trust Leadership Team | Other (specify) |
|-------------------------------|-------------------------------|---------------|-------------------------|-----------------------------------|------------------------|-----------------------|-----------------|
| | | | | | | | |

Outcome of discussion when presented to previous Committees/TLT

| |
|--|
| |
|--|

APPENDIX 1 - ASSOCIATE NED ROLE

| | |
|--------------------------------------|---|
| Salary | £6,650 |
| Time Commitment | 2-3 days/month |
| Term | 2 years with: a review at the end of year 1 (option to terminate appointment, if performance development not satisfactory); possibility of extension at the end of year 2, if no suitable NED vacancies at the time |
| Eligibility | Same as for NEDs (e.g. eligible for membership of the Trust; subject to Fit and Proper Person Test) |
| Requirements | Genuine commitment to patients and to the promotion of excellent health care services Relevant expertise, skills and experience |
| Board membership & voting | Attends Board meetings but are non-voting. |
| Other | Associate NEDs would undertake some of the other dimensions of NED role to the extent the nature of their role demands (i.e. development) and allows (i.e. time requirement) - e.g. membership of committees; safety visits etc.). They would not, however, chair Board Committees. Associates would be expected to attend Committee of Governor Meetings. |

APPENDIX 2 MARIE-ANNICK GOURNET (PhD) – RECOMMENDED ASSOCIATE NED CANDIDATE BIO

PROFESSIONAL PROFILE

- Result driven educator with a demonstrable track record in the domain of equality, diversity and inclusion.
- Community engagement strategist with highly refined interpersonal skills and the ability to build effective relationships to mobilise the expertise and support needed to realise agreed goals.
- Innovator with a client-centred approach, known for spearheading successful initiatives that have positively enhanced the profile of organisations and benefitted the wider community.
- Senior Manager with over 25 years of experience in a large organisation and the ability to analyse, evaluate and review areas of underperformance, and provide effective policies and solution focused strategies.
- Value driven individual with over 25 years of volunteering in a variety of roles bringing expert knowledge in widening access.
- A qualified coach/mentor who successfully supports individuals at various stages of their development.

BOARD LEVEL EXPERIENCE

- Chair of Governors - Bristol Futures Academy: <http://bristolfuturesacademy.co.uk> Sept. 2017 - to date
- Bristol Futures Academy is an alternative provision Free School located in the Barton Hill area of Bristol, an area of high deprivation and social need. It caters for young people aged 14 to 16 who are finding mainstream schooling challenging. It is part of the Inspirational Futures Trust, a multi academy trust sponsored by Weston College.
- Chair of Board - Black South West Network: <https://www.blacksouthwestnetwork.org> – Oct. 2016 - to date
BSWN is a BAME led organisation that works with BAME communities and BAME led organisations across the South West with a key focus on economic and social inclusion.
- Trustee of St George's Bristol (Lead for Diversity): <https://www.stgeorgesbristol.co.uk> - Oct. 2015- to date
St George's Bristol is one of the leading concert halls in the country. It is also a charity dedicated to promoting high quality music to diverse audiences.
- Trustee at South Gloucestershire and Stroud College (Lead for Inclusion): <http://www.sgscol.ac.uk> 2007 - 2014
- Vice Chair of the Centre for Employment and Enterprise Development (CEED): <http://www.ceedtraining.co.uk/home.html> (2003 to 2006). The Centre's mission was 'to improve the economic wellbeing of those currently disadvantaged in the labour market and in business, in particular those from ethnic minorities'.

Other volunteering memberships:

- Co-opted Advisory member on the Bristol Commission on Race Equality Apr. 2018 - to date.
- Mentor on Bristol City Council's Stepping Up BAME leadership programme Jan. 2018 – to date.
- Bristol Learning City:
- Member of the Race in Education Steering Group 2014 – to date.
-



Gloucestershire Hospitals
NHS Foundation Trust

**CQC Inspection
Rating
February 2019**

Purpose and role of CQC

The CQC is the independent regulator of health & adult social care in England.

CQC's purpose

To make sure health & social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

CQC's role

To monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find including performance ratings to help people choose care.



And our overall rating is...

Overall rating:

Good

Scores on the doors

Our CQC rating 2019

Overall rating:

Good

Core services:

Safe:

Good

Effective:

Good

Caring:

Good

Well led:

Good

Responsive:

Requires improvement

Well led:

Good

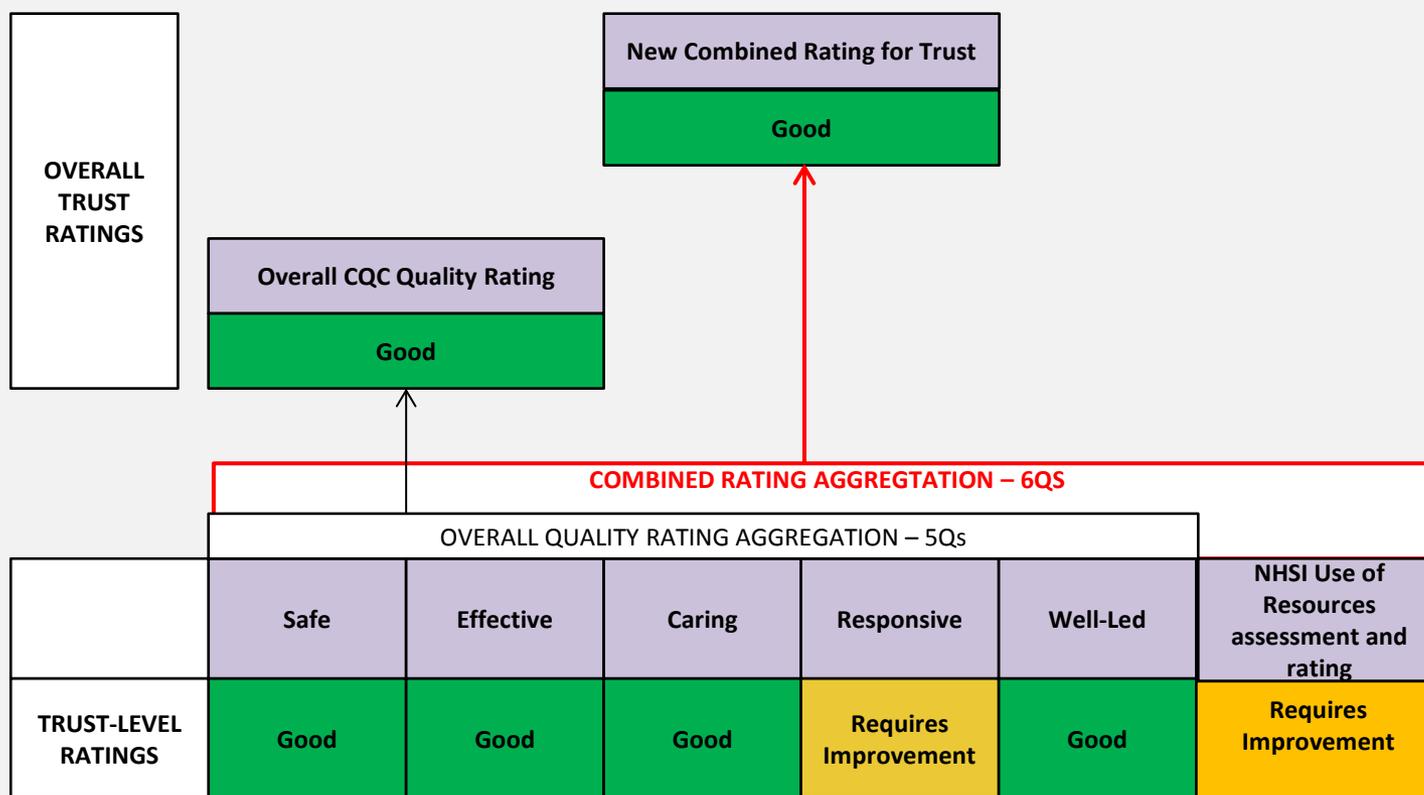
Use of resources:

Requires improvement

ONLY A THIRD OF ACUTE TRUSTS IN ENGLAND ARE RATED AS
'GOOD' OVERALL - CQC

Use of Resources Framework

How do the ratings work together?



Scores on the doors

Gloucestershire Royal Hospital (GRH)

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------|----------------------|---------------|----------------------|----------|---------------|
| Urgent care | Good ↑ | Good | Good | Requires improvement | Good | Good |
| Medical care | Good ↑ | Good ↑ | Good | Requires improvement | Good ↑ | Good |
| Surgery | Good ↑ | Good | Good | Requires improvement | Good | Good |
| Outpatients and diagnostic imaging | Good ↑ | Not inspected | Good | Requires improvement | Good | Good |
| Previous inspections | Critical care | Good | ☆ Outstanding | ☆ Outstanding | Good | ☆ Outstanding |
| | Maternity and gynaecology | Requires improvement | Good | Good | Good | Good |
| | Children and young people | Good | Good | Good | Good | Good |
| | End of life care | Good | Good | Good | Good | Good |
| Gloucestershire Royal Hospital overall | Good | Good | Good | Requires improvement | Good | Good |

Scores on the doors

Cheltenham General Hospital (CGH)

| | | | | | | | |
|----------------------|-------------------------------------|--------|---------------|---------------|----------------------|---------------|---------------|
| | Urgent care | Good ↑ | Good | Good | Good | Good | Good |
| | Medical care | Good ↑ | Good ↑ | Good | Requires improvement | Good ↑ | Good |
| | Surgery | Good ↑ | Good | Good | Requires improvement | Good | Good |
| | Outpatients and diagnostic imaging | Good ↑ | Not inspected | Good | Requires improvement | Good | Good |
| Previous inspections | Critical care | Good | ☆ Outstanding | ☆ Outstanding | Good | ☆ Outstanding | ☆ Outstanding |
| | Maternity and gynaecology | Good | Good | Good | Good | Good | Good |
| | End of life care | Good | Good | Good | Good | Good | Good |
| | Cheltenham General Hospital overall | Good | Good | Good | Requires improvement | Good | Good |

Scores on the doors

Stroud Maternity

| | | | | | | | |
|---------------------|---------------------------|------|------|------|------|------|------|
| Previous inspection | Maternity and gynaecology | Good | Good | Good | Good | Good | Good |
| | Overall | Good | Good | Good | Good | Good | Good |

Headlines

- 90.5% of core services now rated as either ‘good’ or ‘outstanding’ compared to 72.5% in January 2017.
- No service rated as inadequate
- Of the 38 domains and services inspected 13 (34%) ratings have improved, 25 have remained the same and none have deteriorated.
- All services inspected are now rated as safe, caring, effective and well-led, with the exception of the safe domain in maternity (2017)
- The responsiveness domain is rated as ‘Requires Improvement’; a reflection of the long waiting times experienced by too many patients

Outstanding Practice



Gloucestershire Hospitals
NHS Foundation Trust

- ✓ A fully embedded and systematic approach to improvement driven by the GSQIA with surgical division singled out for the scale of their adoption of QI projects
- ✓ A specialist team pro-actively engaged with patients with a learning disability
- ✓ 'Cheers Ears' project which had dramatically reduced heel and device related pressure ulcers
- ✓ Approach adopted by clinical psychologists in the care of stroke patients and their families
- ✓ Integrated care model developed by the brain injury team to enable ongoing care of patients following discharge
- ✓ Partial knee replacement surgery undertaken as a day surgery
- ✓ Keenness to learn from others evidenced by the adoption of practice through the Getting It Right First Time (GIRFT)
- ✓ Roll out of the Nursing Assessment and Accreditation System (NAAS)
- ✓ Acute floor model of care at Gloucestershire Royal Hospital and the associated deployment of the unscheduled care workforce

Areas for improvement

- 10 different 'must do' actions from inspection compared to 30 in 2017 (19 across both sites).
- Action plan already developed for majority following feedback during inspection.
- Inspectors' insights provide valuable opportunity to further improve services for patients
- Source of focus and motivation to continue our journey - this 'good' rating is a vital stepping step in 'outstanding'
- Five-year strategic plan will provide important context and illustrate how we get there

Must Do Actions



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- Ensure patients in ED are treated within an hour of arrival
- Follow legislation on Control of Substances Hazardous to Health (COSHH)
- Complete checks of emergency equipment
- Ensure medicines are managed safely and stored at appropriate temperatures
- Ensure Oxygen cylinders are stored securely
- Ensure risks relating to health, safety and welfare of service users are assessed, monitored and mitigated
- Ensure plans to reconfigure cardiology services are progressed
- Ensure staff who obtain consent are familiar with the Mental Capacity Act 2005 and apply this correctly
- Ensure staff act in accordance with the Deprivation of Liberty Safeguards 2005 and are competent in completing applications to deprive patients of their liberty
- Ensure that if staff use restraint on patients that this is in line with national guidance and good practice

Since their first comprehensive inspection in March 2015, Gloucestershire Hospitals NHS Foundation Trust has implemented and thoroughly embedded improvements and I am pleased to congratulate the Trust in reaching an overall rating of good.

Patients we met on inspection were entirely positive about their care. We found staff to be dedicated, kind, caring and patient focused. We found clear evidence of leaders who were visible and committed to continual improvement and instilling a shared vision of high quality care.

Staff at all levels of the organisation were actively involved in quality improvement; we found evidence of positive changes in practice as a result of their improvement efforts. We hope that the trust will encourage their staff to continue to make improvements. We will take due course to check their progress."

Within urgent and emergency departments, inspectors found the four-hour target was met. There had been improvements since the last inspection. Both concerns and compliments were investigated, learned lessons, and shared the results with all staff. A specialist team engaged with patients with learning disabilities to ensure their individual needs were understood and met during emergency attendances.

Overall the inspection found that the Trust's leadership team had the experience, capability and integrity to manage a well-led organisation. Leaders at all levels were visible and approachable for their patients and staff. There was an emphasis in the Trust on the safety and wellbeing of staff, and benefits available to provide staff with the opportunity to maintain and improve their own health.

In the outpatient departments, patients were treated with compassion, dignity and respect. Staff provided emotional support to patients to minimise their distress and inspectors observed patients having treatments explained and discussed with them, and the options that were available.

The Trust had reviewed their safety culture and this was demonstrated by the Trust's commitment to learning and improvement. However, there were signs of wear and tear and some wards and theatres were cluttered. Staffing on the wards was regularly at minimum levels.



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**Onwards &
Upwards to
Landing Outstanding !!!!**

ITEM 7

ANY OTHER BUSINESS

DISCUSSION