

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Council of Governors Public Meeting**  
**16.00, Thursday 11 April 2024**  
**F9, Redwood Education Centre, Gloucester**  
**AGENDA**

Ref	Item	Purpose	Paper	Time
1	<b>Apologies</b>			16.00
2	<b>Declarations of interest</b>			
3	<b>Minutes of meeting held on 8 February 2024</b>	Approval	Yes	
4	<b>Matters arising</b>	Information	Yes	
5	<b>Chair's update</b> <i>Deborah Evans, Chair</i>	Information	Yes	16.10
6	<b>Chief Executive's Briefing</b> <i>Kevin McNamara, Chief Executive</i>	Information	Yes	16.25
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> </ul>	Approval	Yes	16.45
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, John Cappock, Non-Executive Director</i></li> </ul>	Assurance	Yes	16.55
<b>Break (10 minutes)</b>				17.25
9	<b>Discharges Update</b> , Al Sheward, Chief Operating Officer	Assurance	No	17.35
10	<b>Staff Survey Results</b> , <i>Claire Radley, Director for People and OD</i>	Assurance	Yes	18.00
11	<b>Any other business</b>			18.25
<b>INFORMATION ITEMS</b>				
12	<b>Governors Log</b>	Information	Yes	
<b>Close by 18.30</b> <b>Date of next meeting: Thursday 13 June @ 2pm</b> <b>(Redwood Education Centre)</b>				

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

<b>Present</b>	Deborah Evans	Trust Chair (Chair)
	Bryony Armstrong	Public Governor, Cotswold
	Matt Babbage	Appointed Governor, Gloucestershire County Council
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Pat Eagle	Public Governor, Stroud (to item 08)
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Jeremy Marchant	Public Governor, Stroud
	Peter Mitchener	Public Governor, Cheltenham
	Russell Peek	Staff Governor, Medical & Dental Staff
	Maggie Powell	Appointed Governor, Healthwatch
	Olly Warner	Staff Governor, Other/Non-Clinical Staff
<b>Attending</b>	James Brown	Director of Engagement, Involvement & Communications (to item 10)
	John Cappock	Non-Executive Director
	Lisa Evans	Deputy Trust Secretary
	Sim Foreman	Trust Secretary
	Marie-Annick Gournet	Non-Executive Director
	Matt Holdaway	Director of Quality and Chief Nurse (to item 06)
	Kaye Law Fox	Chair of GMS, Associate Non-Executive Director (to item 08)
	Kevin McNamara	Chief Executive Officer
	Jaki Meekings Davis	Non-Executive Director
	Sally Moyle	Associate Non-Executive Director (to item 08)
	Mike Napier	Non-Executive Director
	Alan Sheward	Chief Operating Officer (for item 06)
<b>Apologies</b>	Matt Bishop	Public Governor, Forest of Dean
	Mike Ellis	Public Governor, Cheltenham
	Rachel Lowings	Staff Governor, Nursing and Midwifery
	Bilgy Pelissary	Staff Governor, Nursing and Midwifery
	Balvinder Heran	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	<b>Minutes of meeting held on 14 December 2023</b> The minutes were approved as an accurate record.	
04	<b>Matters arising</b> The Governors noted the updates:	

	<ul style="list-style-type: none"> <li>• <b>06, CEO Report</b> – Matt Holdaway had met with Rachel Lowings to discuss concerns around aftercare during Industrial Action. Matt Holdaway reported that oversight of staffing was undertaken by the Medical Directors Office and the Trust provided the best care it could in the circumstances. Rachel Lowings and Matt Holdaway had agreed some communications to be shared about staffing levels. <b>CLOSED</b></li> </ul>
05	<p><b>CEO Report</b></p> <p>Kevin McNamara reported on the recent BBC Panorama documentary about the Trust's maternity services, which was broadcast on Monday 29 January. Kevin McNamara, Matt Holdaway and the Mark Pietroni (Medical Director) had watched the programme with colleagues in the Maternity Service to offer support and answer any questions. The programme focussed on three very tragic events over the course of 2 to 3 years – two babies that died under our care at the Aveta Birth Centre in 2019 and 2020, and a mother who died at the Gloucestershire Royal Hospital in 2021. The Trust was keen to be open and transparent and had been accountable in its response, offering sincere apologies for the events that led to the deaths. The documentary also explored the national and local challenge in recruitment and staffing and drew attention to the serious issues raised by some staff within the department of their experience of speaking up at that time, and how they felt that they weren't listened to.</p> <p>Kevin McNamara reported that each case was independently investigated at that time and there were a number of key learning points highlighted from that. Governors noted the investment into the service, in the form of additional staffing and improvements made as a result of the investigations. Improved safety oversight and changes in leadership were showing positive improvement, however the Trust recognised that there was still more work to do. Governors noted that Kevin McNamara was engaging with the Maternity Improvement Advisor from NHS England and system partners, to commission an external party to look at the mortality issues raised by the programme and to offer an objective view to the Trust. This was likely to be a 12 week piece of work.</p> <p>Kevin McNamara reported on the Staff Survey; a total of 63% of staff (5578) completed the annual NHS Staff Survey in 2023, the highest-ever response rate for the Trust. The Trust had received interim results, which were yet to be compared with the wider national data by NHS England, but did provide an outline of areas for improvement and focus. The results had begun to be shared with Divisions 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 had improved slightly.</p> <p>The impact of industrial action was discussed. There had been a better experience of flow since December and the first Clinical Flow workshop was being held the following day. The move of the Cath Labs from Cheltenham to Gloucester had taken place that week.</p> <p>Russell Peek asked about the piece of work to be undertaken to review Maternity Services; noting that the incidents discussed were rare events, the review would need to cover a long period. Kevin McNamara reported that he was in discussion about timeframes and it was likely that the review would cover the previous 5 years.</p> <p>Andrea Holder reported on the NED / Governor visit to the Maternity Service which had taken place the previous day. The service was busy but calm, staff spoke about Panorama and had welcomed the support they had received. Governors did not feel that things were being</p>

hidden. The Chair and Kevin McNamara noted the positivity of the teams and thanked James Brown for his work on the communications. Matt Holdaway added that there needed to be more focus across the organisation on celebrating the positives.

Matt Babbage asked about a number of claims made by the Panorama documentary including that staffing levels were impacting patient safety and that there had been delays to staff inductions. He asked about confidence in the Freedom to Speak Up service and if those former staff who were involved in the documentary had undertaken exit interviews when they left the Trust. He also asked whether NEDs had received the right information about the service.

The Chair reported that the Board received more assurance on Maternity than any other service. Matt Holdaway added that staffing levels were a national concern and the Trust worked to mitigate risks where there were not enough staff. A huge programme of recruitment and retention continued and Lisa Stephens (Head of Midwifery) undertook a rigorous process to escalate staffing issues. Weekly staffing reports were made to various committees including the Quality and Assurance Committee and the Board.

Matt Holdaway reported that staff needed to feel able to speak up in a meaningful way and the Freedom to Speak Up process was being strengthened. It was noted that the staff interviewed for Panorama were not all former colleagues, some were still working at the Trust. It had not been possible to undertake exit interviews with the staff who had left the trust as they had not been in work prior to leaving the Trust. However, support was offered to all colleagues involved in the programme.

Alison Moon reported that work had been taking place for a few years and listening events had been held. Patient and staff experience were very important to the Trust, including ensuring that people felt safe to speak up. Work was taking place to simplify reporting.

06 **Chairs Update**

Governors received a report setting out the Chair's activities since the last meeting. This included:

- We said farewell to Deborah Lee our outgoing chief executive and welcomed Kevin McNamara.
- Visits took place to Maternity, Neonatology, Dermatology and the team who delivered fractured neck of femur pathway at Gloucestershire Royal Hospital.
- The Chair also visited the Acute Care response team/ Call for Concern, a national pilot site associated with our 24/7 Acute Care Response Team. The team supported the wards on both sites with patients whose condition had deteriorated or whose relatives were concerned about deterioration.
- Participation in selection processes, both for the Trust and those of partner organisations. These included the selection process for the Chair of Gloucestershire Health and Care Foundation Trust, Consultant interviews in obstetrics, haematology, restorative dentistry and paediatric neuro disability and the Non-Executive Director for this Trust's Quality and Performance Committee.
- Ambassadorial commitments included welcoming international nurses and attending the Health Overview and Scrutiny Committee.

The Chair also reported that NHS England required all Board members to have measurable Equality, Diversity and Inclusion objectives for 2024/5. This was intended to create strong leadership and momentum on Equality, Diversity and Inclusion and to ensure that the

	<p>organisation demonstrated its leadership commitment to this work. The Chair asked Governors to consider how the Council might further address Equality, Diversity and Inclusion.</p>
<p>07</p>	<p><b>Update from Governance and Nominations Committee</b></p> <p><b>NED Appointments</b></p> <p>Sim Foreman provided a summary of the Non-Executive Director recruitment process that had concluded on 7 February 2024. The Governance and Nominations Committee had considered the report and recommended the appointment of Sam Foster to the Trust Board. The Council APPROVED the appointment of Sam Foster as Non-Executive Director and Chair of the Quality and Performance Committee.</p> <p><b>Governor Election Update</b></p> <p>Sim Foreman reported that following support from governors, a written resolution was passed on 19 January 2024 to convene additional elections to fill governor vacancies. The Governors noted that the elections had opened the previous day and a previous candidate for the Nursing and Midwifery vacancy had expressed an interest in standing again. The Communications and Engagement team would be highlighting the elections on social media etc. and drop-in sessions for potential candidates would be taking place.</p> <p>Jeremy Marchant asked if the Trust could co-opt a governor. Sim Foreman advised that this was not possible under the current constitution</p>
<p>08</p>	<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> John Cappock reported on the November meeting of the Audit and Assurance Committee. There were no red rated items; amber items were noted. The meeting had received reports from the internal and external auditors. A report on the Accountability Framework approach had been received and would be shared with other committees. Progress being made by Gloucestershire Managed Services was noted and John Cappock thanked the Finance and Corporate Governance teams for their work on the Audit process.</li> <li>• <b>Finance and Resources Committee</b> Jaki Meekings Davis reported that the last meeting of the Finance and Resources Committee was a short December meeting. There was one red item being monitored by the Committee around the Capital Programme, the Committee had noted the seriousness of the position and received assurance that positive discussions were taking place with the Region. An update would be provided at the next meeting. The Committee had noted that the impact of International Financial Reporting Standard (IFRS) 16 continued to unfold with consequent implications for spending limits, this was being discussed at national level. Financial Performance and Financial Sustainability were both rated as amber. Month 8 saw a small overspend of £500,000, however the run rate was improving particularly around agency spend.</li> <li>• <b>Quality and Performance Committee</b> Alison Moon presented the KIAR for the November meeting of the Quality and Performance Committee. Newton work on discharges involving both 'simple' and complex discharges was noted and the Committee requested a deep dive into discharges. Incident reporting</li> </ul>

was a concern and an area of executive focus; the Trust appeared to have lower % for reporting patient safety concerns when compared to other Trusts and the level of overdue action plans for serious incidents was also noted. The Medical Director and Matt Holdaway had updated the Committee on the new Executive Huddle which was taking place daily and was seeing improvements.

- People and OD Committee

Sally Moyle reported that there was one red rated item from the November meeting of People and OD Committee, this was recruitment and retention and time to hire. Colleagues were investigating where the blocks were but the Committee had noted an improvement. The Staff Survey had been discussed; the Council agreed to receive a report on this at the next meeting. **ACTION**

The Committee would receive a report in January on Appraisals, to look at how they could be made more helpful and uptake could be improved. The work of the staff experience work force had been commended and the committee discussed how to build on that momentum.

Jeremy Marchant was disappointed that appraisals were not viewed positively by staff, he asked about ongoing actions. Sally Moyle reported that ongoing conversations were taking place. Olly Warner reported that his recent appraisal had been a positive experience, which had set short, medium and long term objectives. Russell Peek noted that they could be more of a two way process. Vareta Bryan added that the Educational Development Group was reviewing staff perception of appraisals and the issues were beginning to be understood. The group were looking at how a more flexible approach could be put in place.

09 **Cheltenham and Gloucester Hospitals Charity**

The Charity's Annual Plan for 2024/25 had been shared with Governors. Richard Hastillo Smith was proud of what had been achieved over the past year and areas of development were noted. The strategic priorities for the Charity were similar to the previous year:

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

Governors noted that there was £175,000 in the General Fund, proposed for allocation in 2024/25 for streamlined grants. Richard Hastillo Smith reported that this often funded projects which would not otherwise happen.

The biggest ambition for the Charity was for the new Cancer Centre building. This was a £12m appeal and the halfway point had been reached. Richard Hastillo Smith reported that the Charity was looking forward to a public launch in the late summer. A high level of support was anticipated, which would get the appeal to 80% funding – a position which would allow construction to begin. Regular reports would go to the Charitable Funds Committee.

The Chair welcomed the update and noted the positivity and energy from the team. Helen Bown welcomed the flexibility of the general fund, noting that older people often missed out. Kevin McNamara reported that he liked the simplicity, rigour and urgency of the plan. However, he urged Richard Hastillo Smith to ensure that space was left for other small local charities to thrive. Richard Hastillo Smith reassured Governors that the Community

	<p>Partnership approach of the charity was about the Charity working with other Charities and funding them where appropriate.</p> <p>The Governors thanked Richard Hastillo Smith for his presentation and looked forward to receiving a further update next year.</p>
10	<p><b>Update from the Young Influencers</b></p> <p>Bryony Armstrong reported that a lot had happened since the last meeting. Tanika Blake from the employee wellbeing hub had come on board. The group had agreed that there was a need to engage and get feedback from young people and Bryony Armstrong was working with James Brown and Juwairiyia Motala (Community Engagement and Involvement Manager) on this. Work would be taking place to update the website and restructure the group; it was likely that two groups would be established with one containing members from patients and families and a separate group of Youth Ambassadors who did not have first-hand experience of Trust Services. Bryony Armstrong reported that the aim was to have a co-productive group which would feed into service areas.</p> <p>Mike Napier noted the good direction and energy and asked about the target audience. Bryony Armstrong reported that the age range of members was 11-25 years, the next step would be to look at the level of demand and how that could be met.</p> <p>The Chair welcomed the work and offered the support of Non-Executive Directors.</p>
11	<p><b>Any other Business</b></p> <p>The Chair thanked Governors and Non-Executive Directors for their support since the Panorama documentary had been televised. She also thanked James Brown for his work on the communications.</p>
12	<p><b>Date of next meeting:</b> Thursday 11 April 2024</p>
<b>Close 17.00</b>	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
<b>February 2024</b>				
07	<p><b>NED Appointments</b></p> <ul style="list-style-type: none"> <li>The Council APPROVED the appointment of Sam Foster as Non-Executive Director and Chair of the Quality and Performance Committee.</li> </ul>			
08	<p><b>KIARs – POD</b></p> <p>The Council agreed to receive a report on the staff survey at the next meeting.</p>	Claire Radley	April	On the agenda for this meeting.
<b>December 2023</b>				
08	<p><b>Patient Portal</b></p> <p>Olly Warner asked if care plans could be pulled into the app. Helen Ainsbury /Llinos Williams agreed to discuss with Olly Warner.</p>	Helen Ainsbury & Llinos Williams	February	Llinos has been in contact with Olly regarding the capabilities and potential of the system.
09	<p><b>Boarding Report</b></p> <p>A report on discharges would be brought to the next Council meeting.</p>	Matt Holdaway	February April	This will come to the next meeting.

10	<p><b>KIARS – POD</b> Rachel Lowings raised a concern around staff not being informed in advance of ward moves. Deborah Lee asked Rachel Lowings to share any specific incidents.</p>	Rachel Lowings	February April	Rachel met with Matt Holdaway to discuss. <b>CLOSED</b>
<b>October 2023</b>				
11	<p><b>Freedom to Speak Up (FTSU) Update</b> Staff governors to meet with Louisa Hopkins and this would also support greater confidence in the service.</p> <p>Rachel Lowings and James Brown to discuss using more than email to support staff to feel empowered and if there were obstacles in the current team brief cascade approach.</p>	<p>Louisa Hopkins</p> <p>Rachel Lowings &amp; James Brown</p>	February	<p>Louisa met with staff governors. <b>CLOSED</b></p> <p>Team Brief has now become Staff Forum which is monthly open session for everyone to attend and hear from senior leadership (led by Kevin) and ask open questions.<b>CLOSED</b></p>

## **CHAIRS REPORT – 11 APRIL 2024**

### **1. Welcomes and Farewell**

Alison Moon, our chair of Quality and Performance Committee and my vice chair and Senior Independent Director came to the end of her second term of office as a Non-Executive Director at the end of March. I know that Alison was widely respected and appreciated by Governors and I am very grateful to her for her diligence, her constructive approach and her insightful assurance skills.

She is replaced by Sam Foster who is currently and Executive Director with the Nursing and Midwifery Council and has previously held Director of Nursing posts in acute hospitals.

### **2. Visits**

#### **Churchdown surgery**

I visited Churchdown surgery in Gloucester to see their “Whiteboard” system in which they have identified the 500 (3%) most frail patients out of their 15,000 patient cohort identified using an AI tool with opportunities for members of the team to add people they consider to be frail. They hold a weekly multi-disciplinary team meeting to review and take action on anyone for whom there are concerns. family members can raise concerns directly to a care coordinator who ensures that patients are referred to the right pathway. The service offering includes a variety of voluntary sector offers, including volunteer health champions and a “chatty café” Some GHFT consultants offer consultations in the community including for diabetes and respiratory.

The Primary Care Network is also running a Waiting Well services for the 80 people who are waiting for hip or knee replacements at GHFT. This involves group meetings with sessions on diet, exercise, pain management as well as access to an online physiotherapy programme and referral to the voluntary services described above. As patients receive their joint replacement, they able to re-join the group in a peer support capacity.

#### **Chair’s visit to Community Mental health services**

This was the latest in our series of chair’s visits and was a day in which we were joined by colleagues from a number of teams including crisis support, peri natal mental health, assertive outreach, and the recovery service.

#### **Cardiology**

The cardiology service has recently relocated its catheter laboratories from Cheltenham to Gloucestershire Royal to sit alongside the Emergency Department. Two catheter laboratories are open and a third will become available as part of the IGIS development.

## **Integrated Discharge Hub**

The Trust has redeployed the “Courtyard” area adjacent to Gloucestershire Royal Emergency department to bring together colleagues from adult social care, the Integrated Care Board, Gloucestershire Health and Care with our HAT team, colleagues from Business Intelligence, site managers and other to bring a real time focus to discharge planning for patients. Colleagues from the housing department and Newton Europe are also regular contributors. At least three days stay can be avoided by the co-location of these teams and better decisions about care are taken as colleagues understand and discuss collectively what care can be provide in various settings. The ambition is to reduce the number of patients with “No Criteria to Reside” and who are deconditioning from the current c165 to 50.

## **Discharge lounge**

This was my third visit to the Discharge Lounge and it was noticeably busier than on other occasions. The incentive of hampers for the ward who sends the most patients has stopped, but very strong relationships have been built with the wards, with pharmacy and ambulances services which are all helping wards to release patients earlier in the day.

## **Daily safety incident review**

This was a virtual visit to our new daily safety incident review where a multidisciplinary group of clinicians and managers representing all Divisions and the Executive convene each day for 45 minutes to review any moderate or serious harm incidents from the previous day to discuss immediate actions. It’s part of the new national patient safety incident review arrangements which aim to act quickly on and spread the learning from incidents as soon after the occur as possible. I was very impressed at the professionalism and team working across the 56 individuals who dialled into the call, which is chaired by the Medical Director or the Nursing Director

## **A visit to Chedworth day surgery unit**

We received a visit from the Prime Minister and our local MP the Rt Hon Alex Chalk to see the new Chedworth day surgery unit and to visit theatres.

## **3. Meetings and Ambassadorial engagements**

### **Health Overview and Scrutiny**

I wrote in my last report about the importance of attending the County Council Health Overview and Scrutiny Committee. The latest meeting focussed on our maternity services and was a thorough question and answer session with local councillors.

### **Big Space Cancer Appeal**

I had one of my regular meetings with Diane Savory, who chairs our Big Space Cancer Appeal Board. Diane was feeling optimistic about our appeal and looking forward to the launch of its

public phase over the next few months, where there will be the opportunity for much wider public engagement.

### **Iftar**

I enjoyed breaking the fast with Muslim colleagues after our March Board meeting. It's always an occasion to meet new people and to learn new things about Ramadan. This year I learnt that Ramadan has three stages or Ashras. They are Mercy, Forgiveness and Protection from Allah. We had a question and answer session followed by the call to prayer. We were invited to observe the prayers and then colleagues served our food. Thank you to Juwairiyia Motala, Sheema Rahman and colleagues who arranged these events.

## **4. Gloucestershire Health and Care Chair Selection process**

It took part in the stakeholders focus group prior to the interviews for this role. This is important to me as I work closely with the GHC chair. Graham Russell who is currently a GHC Non-Executive Director was appointed and I look forward to working with him.

## **5. Non-Executive Director Appraisal Processes**

NHS England has circulated a new framework for Chair and Non-Executive Director competencies. It has six domains which are:

1. Driving high quality, sustainable outcomes
2. Setting strategy and delivering long term transformation
3. Promoting equality and inclusion and reducing health inequalities
4. Providing robust governance and assurance
5. Creating a compassionate, just and positive culture
6. Building trusted relationships with partners and communities

It's very valuable when governors contribute to Non-Executive feedback for appraisals and in future these headings will be offered for you use as a framework for comment. The new framework will also extend to assessing chair's performance (coming up in May).

**Deborah Evans**  
**Chair**

**March 2024**

## Chief Executive Report – Council of Governors – 11 April 2024

### 1. People and Culture

#### 1.1 Prime Minister visits Cheltenham

On Thursday 14 March 2024, The Prime Minister, Rishi Sunak, and the Lord Chancellor and Secretary of State for Justice, Alex Chalk, visited Cheltenham General Hospital's Chedworth Surgical Unit and the two new theatres that opened that week.

The Prime Minister was led on a 40-minute tour of the new facilities and took the opportunity to meet staff and patients, and listened to how the dedicated units would help improve the quality of care.

The two new theatres (theatre 7 and 8) opened on Monday 11 March and combined with Chedworth Surgical Unit means that the Cheltenham Hospital now benefits from new and dedicated day surgery facilities. The new facilities cost £17.2m and are part of the Trust's wider centres of excellence vision.

The new theatres will be used for urology, GI and orthopaedic surgery bringing the total number of theatres on the Cheltenham site to 14. They adjoin a modern state-of-the-art day surgery unit, Chedworth Surgical Suite, which opened last year at a cost of £7.9m. Combined these will help us treat up to 2,500 more day-surgery patients per year.

Photographs from the visit have been published on the Trust website: [PM Visit to Cheltenham](#)

### 2. Operational context

#### 2.1 Operational Overview

The Trust recognises the impact of flow and waiting times for our patient and staff experience and the critical impact on safety, and we continue to work hard to improve ambulance delays and waiting times in our Emergency Department ED.

With the exception of industrial action periods, ED attendances have been above average levels since mid-December. The increase has primarily been driven by walk in patients, with a daily average of 409 attendances.

There is a new/reinforced requirement to deliver 76% of patients seen in 4 Hours during March 2024, and as at the 9 March the Trust are slightly under this standard at 73.4%.

The Trust has made positive progress on Ambulance Handover times, although the average handover increased from 56mins in January 2024 to 66mins in February 2024 (which is lower to the average of 122mins in January 2023). However we continue to see significant variation from day to day which often correlates to surges in arrivals over a short period of time.

The Trust has also worked to support the safe discharge of patients with No Criteria to Reside (NC2R) and since the peak of 218 on 4 January 2024 this has reduced to 147 as of the 12 March 2024. Looking ahead into 2024/25 as we work with system partners, we are finalising the NCTR target which will be below 100 (precise number being work through at time of writing this report).

In February 2024 the Integrated Care System (ICS) launched a new integrated flow hub (pilot scheme) based at Gloucestershire Royal Hospital. This means we have an integrated, multi-

disciplinary and co-located Hub including Community, Social Care, Virtual Wards and System Partners, to support patient flow from Gloucestershire's acute hospitals. Other systems who have implemented the same approach and have seen a positive impact on patient care. Internally we have seen referrals drop from an average of 72 hours to less than half a day. This trial is our first step towards ensuring we get timely pathway decisions and better outcomes for patients.

In addition, the Trust held a 'Clinical Vision of Flow' workshop in February with a follow up at the beginning of March, working directly with staff and partners to help re-shape flow across the Trust and aiming to engage and energise teams across the Trust to recognise and lean into the issue of flow to ensure it is not viewed as a 'front door' challenge. This work will culminate in a Clinical Vision of Flow with a set of agreed Internal Professional Standards (the commitment we make to one another speciality by speciality to improve patient care through better flow). This work has also identified a broad range of issues and opportunities in areas where, as a system, our performance could improve, and crucially how we could deliver better outcomes and experiences for our patients. Many elements of this work are now being worked through as we look to re-set some of these long-standing issues collectively.

As part of this work, system partners will work together to deliver the 'Perfect Week'. Launching on 15 April there will be a concentrated effort across health and social care to free up capacity to ensure patients in hospitals' beds are processed more quickly.

The evidence shows that when patients are ready to leave hospital their recovery is better if this is done in a timely way and this has a positive impact on reducing delay related harm. By working together in such a concentrated and focused way, clinicians from the acute hospitals and community, as well as professionals across social care, can significantly improve the effectiveness of this process and help enhance the patient's recovery.

## **2.2 Industrial Action**

On 20 March 2024 it was confirmed that Junior doctors in England supported further industrial action, with 98% of members of the British Medical Association voting more action (on a turnout of 62%). The vote result means the union has a mandate for a further six months, although no dates for industrial action have been confirmed.

There has been a total of ten periods of Industrial Action involving Junior Doctors over the last year and a total of 17 separate periods of action by different health staff since December 2022, impacting on our hospitals.

As part of our planning, we continue to prioritise maintaining emergency care and in order to do so we have temporarily closed Cheltenham's ED for an extended period during Industrial Action.

In addition, the Trust stood down certain elements of planned care and outpatients, but with a focus on minimising disruption for specific area, in particular cancer care, and for those patients who have been on the waiting list a long time.

The number of patients cancelled due to of industrial action in December 2023 and January 2024 was 725 and 955 respectively – 325 procedures and 1355 outpatient appointments and in February 2024 it was 644 – 91 procedures and 553 outpatient appointments.

## **2.3 Spring Budget 2025**

On 6 March 2024 the Chancellor delivered his Spring Budget, which included funding for health and social care, as well as items that have a direct or indirect impact on the cost of living.

The key announcements for health and care include:

- **£2.5bn** revenue funding in 2024/25 to protect current funding levels in real terms and support the NHS to continue reducing waiting times and improve performance.
- **£3.4bn** capital funding over 3 years for technological and digital transformation:
  - £1bn to transform administrative tasks e.g. pilots to test the ability of artificial intelligence (AI)
  - £2bn to update outdated IT systems e.g. ensuring all trusts have electronic patient records, upgrading MRI scanners with AI and digitising transfers of care
  - £430m to transform access e.g. making NHS App the single front door for patients to access NHS services and manage their care.
- **£35m** over 3 years to improve maternity safety across England:
  - i.e. roll out Avoiding Brain Injuries in Childbirth Programme and Maternity and Neonatal Voice Partnerships
- Local authority funding: The **£500m** for councils to support adult and children's social care.

### 3. Quality & Performance

#### 3.1 Quality & Performance Overview

The total number of patients on the waiting list remains fairly static at around 75,000 over the last six months.

As of February 2024, 6 people were waiting more than 78 weeks for treatment, compared to 15 in December 2023 (all of whom will be seen before the end of March) and 299 projected to be waiting more than 65 weeks by the end of March 2024. The Trust are running extra outpatient clinics and theatre lists at the weekends and into the evening. The additional theatre capacity will allow the Trust to carry out up to 2,500 extra day case operations each year helping reduce waiting lists and long waits.

In December, 82.3% of patients were able to access diagnostic tests within 6 weeks, against a target of 85%. Access to imaging tests has been particularly strong, with MRI, CT and Non-obstetric ultrasound modalities all performing well.

#### 3.2 Cancer

Since October 2023, national cancer standards have been streamlined into 3 key cancer waiting time standards with associated targets:

- 28-day Faster Diagnosis Standard (FDS) – **75%** of people should have cancer ruled out or receive a diagnosis within 28 days.
- 31-day decision to treat to treatment standard – **96%** people with cancer should begin their treatment within a month (31 days) of deciding to treat their cancer.
- 62-day referral to treatment standard – **85%** people with cancer should begin treatment within two months (62 days) of an urgent referral.

The following table shows Gloucestershire's performance against national (England NHS) performance:

		Oct-23	Nov-23	Dec-23	Jan-24
28 day Faster Diagnosis	Gloucestershire	73.9%	73.1%	75.0%	69.7%
	National	71.1%	71.9%	74.2%	70.9%
31 day treatment	Gloucestershire	91.2%	93.5%	95.3%	94.0%
	National	89.4%	90.1%	91.1%	87.5%
62 day treatment	Gloucestershire	63.7%	66.5%	68.6%	60.1%
	National	63.1%	65.2%	65.9%	62.3%

Overall performance has not fully met these standards in Gloucestershire since their introduction in October 2023 except for the 28-day FDS which was met in December 2023.

However, performance in general is better in Gloucestershire than the national average, with performance exceeding the national position for all targets in all months, except January 2024 (28-day FDS and 62-day treatment). Gloucestershire narrowly missed the 31-day treatment target – with GHFT consistently performing in the top half of trusts nationally. However, the overall performance can mask variation down to speciality level and focussed work is taking place in Urology where our performance is significantly below standard. It is recommended that a full update on actions being taken is provided to the Governors in due course.

Several additional waiting list initiatives are supporting cancer recovery and helping to reduce the number of people waiting more than 62 days for treatment with progress being made.

### 3.3 Martha's Rule and Call 4 Concern

NHS England have announced that the first phase of the introduction of Martha's Rule will be implemented across the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this and other cases related to the management of deterioration NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

In Gloucestershire, we began a trial for this approach, called Call 4 Concern, over a year ago to ensure staff, patients, families or carers can call for help and advice from the Acute Care Response Team when they feel concerned about a worsening clinical condition. Call 4 Concern has now been widely rolled out across the Trust and will continue to be embedded and communicated.

What does Martha's Rule involve

- All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
- All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact if they are worried about the patient's condition. This is Martha's Rule.
- The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

The safety of patients remains the main priority for the Trust and staff, and the successful pilot of Call 4 Concern and the implementation of Martha's rule nationally will add an important step in providing additional support and clinical reviews whenever they are needed.

### **3.4 Improving accessibility to our hospitals**

Navigating a busy hospital environment can be challenging for anyone, but for those who are blind and visually impaired, it can be particularly difficult. Lack of accessibility can create anxiety, restrict independence, and impact on access to some health services.

To ensure our hospitals remain as accessible as possible for all our patients and visitors we are delighted to have partnered with Gloucestershire Sight Loss Council to coproduce a series of audio guides.

The 12 new guides will allow people to access the Emergency Departments on both hospital sites, as well as Ophthalmology and Eye Screening services. They have been created using Artificial Intelligence voice-over, enabling rapid development and testing and significantly reducing costs.

The guides are available on the hospital website and can be accessed from smartphones and tablets, and is believed to be the one of the first NHS navigation audio tools ever developed.

The audio guides provide clear, step-by-step instructions, allowing blind and visually impaired people to navigate hospitals independently and with confidence, ensuring that are able to find their way to appointments and services and reducing anxiety.

## **4. Strategy**

### **4.1 A decade of robotic surgery.**

The Trust reaches a significant milestone this year as it celebrates a decade of ground-breaking advancements in the field of robotic urological surgery, which has helped revolutionise the landscape of healthcare. Over the past 10 years, the hospital has established itself as a pioneering hub for robotic-assisted surgeries.

A significant accomplishment of the robotic approach is in performing complex cancer surgeries. Procedures such as prostate and bladder removal and reconstruction, as well as kidney removal and reconstruction, have seen unprecedented success with the implementation of state-of-the-art robotic technologies.

The Trust is recognised as an outstanding training centre in the West of England, where surgeons undergo training to become proficient in using dual-control robots. These innovative systems allow two surgeons to collaborate seamlessly during surgery. This not only enhances the overall surgical experience but also provides better outcomes for patients.

The Urology service currently uses state-of-the-art equipment including two latest generation Da Vinci robotic systems (X and Xi dual console), a new urological laser, state-of-the-art camera systems and electrosurgery, all procured between 2021 and 2023. Since surgeons at

Gloucestershire Hospitals started using the Da Vinci robots in 2014, these machines have collectively treated over 2,500 patients and this milestone emphasises not only the quantity but also the quality of care provided. These innovative approaches have led to thousands of hospital bed days being saved, signalling a transformative shift in healthcare efficiency.

## 4.2 Fifth orthopaedic theatre update

In 2022, the Trust successfully bid for funding to build a new orthopaedic theatre in Cheltenham and was in line to receive £10.2m from NHSE. As part of this process, the Trust was required to complete a detailed review of the building programme including market testing, which is normal as part of a capital funding bid of this nature.

The review showed that costs had increased by up to £3.1m, in part fuelled by inflation, as well as the complexity of the building programme. Given the significant increase in cost to deliver the work, the Trust has taken the difficult decision not to proceed with the development of the fifth orthopaedic theatre and associated works.

Building works at the Aveta Birth Unit also formed part of this programme. The Trust is committed to the reopening of the Aveta Birth Unit when staffing levels mean that it is safe to do so and the maternity leadership team is working with staff and partners on developing models of care which will ensure that a safe and sustainable staffing solution is found. The Trust will be working closely with colleagues in maternity to understand what improvements to the Unit are needed before this happens as well.

## 5 System and Regulation

### 5.1 CQC Report - Stroud Maternity Unit

On 20 March the Care Quality Commission's (CQC) published its report following their Inspection in December 2023 of Stroud Maternity Unit (SMU), which resulted in a rating of 'Requires Improvement.' The full report can be viewed on the [CQC's website](#).

The CQC inspected the maternity service at Stroud as part of their national maternity inspection programme. Stroud Maternity Unit (SMU) includes a birth centre, antenatal clinic, and conservatory area where additional support services were provided. The focused inspection of the maternity service examined only at the safe and well-led domains within the regulator's framework.

Stroud was previously inspected under the maternity and gynaecology framework in 2015, however this was changed in 2018 and as a result the historical rating and inspection is not comparable. This means that the resulting rating for Safe and Well-led from this inspection will be the first rating of maternity services for the location and does not affect the overall Trust level rating.

The CQC rated Stroud Maternity Unit as requires improvement because:

- Compliance for safeguarding training was low, staff did not always ensure equipment was safe and ready for use and medicine management was poor;
- Staff did not always complete risk assessments or follow policy to ensure women and birthing people were suitable for care and birth, and documentation was not always contemporaneous;
- There was ineffective governance process and oversight, and leaders did not always manage risk and manage safety incidents well;
- Leaders did not always use reliable information to evaluate and run the service;
- There was limited engagement with the team and community to review and develop the model of care and services provided.

However, the CQC noted that:

- Staff had training in key skills and controlled infection risk well;
- The team at Stroud Maternity Unit worked well together for the benefit of women and birthing people and were passionate about the philosophy of the unit.

Following the CQC inspection, the team have strengthened processes around medicines and the checking of equipment. They have also ensured that routine data collection is in place for the 36-week place of birth assessment, helping mums to be guided to the best place of care for them and their baby.

The team are grateful to the Stroud Hospitals League of Friends, for their support and work with staff, mums and families in codesigning additional services, including free singing and yoga for mothers and babies as well as groups to give practical and emotional support, as well as companionship to new mothers. We would also like to thank Stroud Maternity Matters and Maternity and Neonatal Voices Partnership for their continued support to mums, families and staff. The report will provide further momentum to address the issues identified and are working hard to engage and involve staff and local communities to improve our services.

The six postnatal beds have been temporarily closed since September 2022 and midwifery staff have been centralised at the Gloucestershire Royal Hospital to ensure safety, and one-to-one care in labour and birth. Stroud Maternity Hospital remains open for labour and birth and the community midwifery service is unchanged.

The Trust welcomed the opportunity to meet with key partners in February 2024, to discuss the challenges facing maternity services. Although some positive progress has been made in terms of recruitment, there is still more to do to ensure safe staffing levels are achieved to enable the reopening of post-natal beds in Stroud. The Trust continues to work openly with partners and staff on long-term, sustainable solutions.

The Trust expects the CQC to re-inspect the service in the near future and will be working with colleagues and partners to obtain an improved overall rating.

## **5.2 The Care Quality Commission national maternity survey**

The national survey highlights women's and families' views on all aspects of their maternity care from the first time they see a clinician or midwife, through to the care provided at home in the weeks following the arrival of their baby.

The survey took place in February 2023 and asked women about their experiences of care at three different stages of their maternity journey – antenatal care, labour and birth and postnatal care – and 230 people who accessed maternity care at Gloucestershire Hospitals took part.

One key aspect that stands out, is the responses that show teams scored better than average in treating people with kindness and understanding, listening and responding when people are worried during labour and feeling that the team are aware of the mother's and baby's medical history following birth, which is critical in the personalised care we strive to deliver and does link back to some of the concerns raised in the recent panorama documentary from 2018-2021.

Where people highlighted areas experience could improve, we are already working on plans, alongside our local Maternity and Neonatal Voices Partnership (MNVP), to make changes, with a particular focus on feeding and induction.

Overall, there were no statistically significant changes from last year, with 52 questions at the national average, 1 somewhat better than expected and 1 somewhat worse than expected.

The Trust was rated particularly highly for the following areas:

- Partners or someone else involved in the service user's care were able to stay with them as much as they wanted during their stay in the hospital

- Women and birthing people could see or speak to a midwife as much as they wanted during their care after birth
- During antenatal check-ups, people were given enough information from either a midwife or doctor to help decide where to have their baby
- Women and their supporters were not left alone by midwives or doctors at times when it worried them during labour and birth
- People felt that if they raised a concern during labour and birth, it was taken seriously

Meanwhile, the Trust was rated less highly for the following areas:

- Being given and after the birth of their baby

The full results for England are available on the [CQC website](#).

### 5.3 CQC integrated care system assessments

The CQC now has new powers (since 1 April 2023) to review and assess Integrated Care Systems (ICSs) as part of the changes to the Health and Care Act 2022.

The aim is to help the CQC understand how integrated care systems are working to tackle health inequalities and improve outcomes for people. This means looking at how services are working together within an integrated system, as well as how systems are performing overall.

The recently published guidance by the CQC as to how the assessments will be carried out and this has confirmed that they will use a sub-set of the quality statements in the single assessment framework which CQC will be using across all its work.

This will involve using 6 evidence categories to assess ICSs against 17 quality statements (describing what 'good' looks like) mapped against three 3 core themes:

1. Quality and safety
2. Integration
3. Leadership

The new CQC system reviews are scheduled to commence from April 2024 and no date has yet been set for Gloucestershire.

### 5.4 NHS Oversight Framework Quarter 3 – 2023/24 Segmentation Review outcome

The NHS England NHS Oversight Framework provides an overview of the level and nature of support required across systems and to enable support to organisations that may require it. The Framework places trusts and ICB's to one of four segments, and the segmentation indicates the scale and support needed, from no specific support needs (segment 1) to intensive support (segment 4).

The most recent quarterly review by NHS England Regional Support Group (RSG) on 5 February 2024, confirmed that Gloucestershire Hospitals NHS Foundation Trust would remain unchanged, segment 3, for Quarter 3, 2023/24

Under the Framework, NHS England confirmed that the areas being reviewed for Gloucestershire Hospitals NHS Foundation Trust related to:

- Maternity – Maternity Safety Support Programme
- Quality - CQC Overall Requires Improvement rating
- Quality – Summary Hospital-level Mortality Indicator (New)

- Workforce – Engagement, Bullying & Harassment, Leadership Culture and Safety Culture
- Finance - Agency Spend

The Trust continues to work closely with Regional NHS England and our One Gloucestershire partners to address the areas outlined and each has established workstreams and plans to manage the requirement.

**Kevin McNamara**  
**Chief Executive**

March 2024

<b>REPORT TO COUNCIL OF GOVERNORS</b>			
<b>Date</b>	11 April 2024		
<b>Title</b>	<b>Governance and Nominations Committee Report</b>		
<b>Author / Presenter Sponsoring Director /</b>	Simeon Foreman, Interim Trust Secretary Deborah Evans, Chair		
<b>PURPOSE OF REPORT</b>			Tick all that apply ✓
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
<b>LINK TO COUNCIL OF GOVERNORS DUTIES</b>			
Hold to account	<input type="checkbox"/>	Appointment/remuneration	<input checked="" type="checkbox"/>
Represent interests of members and public	<input checked="" type="checkbox"/>	Contribute to strategy	<input type="checkbox"/>
Approve increase in non-NHS income	<input type="checkbox"/>	Approve significant transactions	<input type="checkbox"/>
Approve merger/acquisition etc.	<input type="checkbox"/>	Approve constitution changes	<input type="checkbox"/>
<b>SUMMARY OF REPORT</b>			
<p>The Governance and Nominations Committee met on 20 March 2024. Business related to the following matters:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director (NED) recruitment update – Chair of Quality and Performance Committee</li> <li>• Appointment of Vice Chair and Senior Independent Director</li> <li>• Governor vacancies</li> <li>• Governor elections</li> <li>• Committee standing business <ul style="list-style-type: none"> <li>○ Governor attendance and training compliance</li> <li>○ Terms of Reference</li> <li>○ Forward business planner</li> </ul> </li> </ul>			
<b>RECOMMENDATION</b>			
The Council of Governors is asked to <b>NOTE</b> the report from the Governance and Nominations Committee.			
<b>ENCLOSURES</b>			
Appendix 1 – Governance and Nominations Committee Terms of Reference			

## **GOVERNANCE AND NOMINATIONS COMMITTEE REPORT**

### **1. Purpose**

- 1.1 To update the Council of Governors from the meeting of the Governance and Nominations Committee held on 20 March 2024 and subsequent related actions and activities.

### **2. Non-Executive Director (NED) recruitment – Chair of Quality and Performance Committee**

- 2.1 Following the Council of Governors' approval of the appointment of Sam Foster as a Non-Executive Director and Chair of the Quality and Performance Committee, the Committee received an update on onboarding and induction.
- 2.2 The Committee recorded formal thanks to Alison Moon whose term of office ended on 31 March 2024.

### **3. Appointment of Vice Chair and Senior Independent Director**

- 3.1 The Committee considered a proposal related to the appointment of a new Vice Chair of the Trust and a new Senior Independent Director (SID) which separated the roles across two Non-Executive Directors. This was supported by the Committee and written resolutions were prepared for formal approval and circulated on 28 March 2024.
- 3.2 The Council of Governors APPROVED the appointment of Mike Napier as Vice-Chair on 2 April 2024 by written resolution with three quarters of governors in post having confirmed their support. Since then further approvals have been received and only one response is awaited.
- 3.3 The appointment of the Senior Independent Director is a matter reserved to the Board in consultation with the Council of Governors. The Committee ENDORSED the appointment of Jaki Meekings Davis for this role. At the time of writing this paper, only one governor was still to respond but no concerns or issues had been raised by the others.

### **4. Governor vacancies**

- 4.1 The Committee NOTED the resignation from Merleen Watson as the Out of County Public Governor and that this vacancy would be contested through the planned elections over the summer period. Merleen's resignation came too late for this constituency to be included in the current elections.
- 4.2 Following consultation with the Chair, Rachel Lowings agreed to step down was Nursing and Midwifery Staff Governor with effect from 31 March 2024 to coincide her term with a natural year end. Her successor will be announced following the elections concluding on 9 April 2024 so the period where Bilgy Pellissery is the only Nursing and Midwifery staff governor is minimal.

## 5. Governor elections

- 5.1 The call for nominations to fill governor vacancies until Annual Member meeting 2026 through additional elections had resulted in a lot of interest from members (both public and staff). There was interest from a number of people who were interested in standing in the future when a seat becomes available for their area.
- 5.2 Two governors for the public constituencies in Gloucester and Tewkesbury were elected unopposed with elections held for the following constituencies and due to close on 9 April 2024 at 5pm;
- Forest of Dean – *two candidates*
  - Cotswold – *two candidates*
  - Nursing and Midwifery – *three candidates*
  - Allied Health Professional, Clinical Scientists and Other Clinical Staff – *three candidates*
- 5.3 The new governors will be announced at the Council meeting and will be elected subject to completion of the standard checks.

## 6. Other items

- 6.1 The Committee NOTED a standing report on Governor attendance and training compliance.
- 6.2 The Committee reviewed its Terms of Reference and forward business planner. No changes were made and the documents were APPROVED. The Terms of Reference are provided as Appendix 1 for information.

## 7. Recommendation

- 7.1 The Council of Governors is asked to **NOTE** the report from the Governance and Nominations Committee.

Appendix 1 – GNC Terms of Reference (March 2024)

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST  
GOVERNANCE AND NOMINATIONS COMMITTEE  
TERMS OF REFERENCE**

<b>Accountable to</b>	Council of Governors
<b>Chair</b>	Trust Chair
<b>Executive Lead(s)</b>	Chief Executive
<b>Frequency of Meetings</b>	As required
<b>Quorum</b>	Any two Governor members and one of either the Chair or the Vice Chair.
<b>Approval</b>	March 2024
<b>Review date</b>	March 2025

## 1. CONSTITUTION

1.1 In accordance with the Constitution of the Trust, a committee is established, to be known as the Governance and Nominations Committee (“the Committee”).

## 2. PURPOSE

2.1. The Governance and Nominations Committee is established in accordance with the provisions of the Constitution of the Gloucestershire Hospitals NHS Foundation Trust.

## 3. AUTHORITY

3.1. The Committee has such powers and is subject to such conditions (as to reporting back to the Council of Governors), as the Council of Governors, shall decide subject to the provisions of the Constitution.

## 4. MEMBERSHIP

4.1. The Committee shall have not less than six members, which shall include as a minimum (the core members):

- The Chair of the Trust (who shall be the Committee Chair)
- The Vice Chair of the Trust (who shall be the Vice Chair)
- Four members of the Council of Governors (to include the Lead Governor(s), at least one Public Governor and at least one Staff Governor)

4.2. The Trust Chair will be Chair of the Committee.

4.3. In the absence of the Chair, a meeting of the Committee may be chaired by the Vice Chair.

4.4. Where vacancy or absence prevents full membership, an additional Governor may be co-opted as an interim member of the Committee, as required.

4.5. Membership of the Committee shall not exceed **eight** members.

4.6. The Council of Governors shall approve the appointments to the Nominations Committee.

4.7. Other persons may be invited to attend meetings but they will not form part of the quorum, or have decision-making authority. The following individuals have a standing invitation to attend the Committee meetings:

- Chief Executive
- Trust Secretary

## **5. MEETINGS and QUORUM**

5.1. Meetings will be held as required to allow the Committee to discharge its responsibilities.

5.2. The Chair may request an extraordinary meeting at any time.

5.3. A quorum for the Committee shall be three; to include any two Governor members and one of either the Chair or the Vice Chair.

5.4. Notice of each meeting, including an agenda and supporting papers, shall be sent to each member of the Committee not less than five working days before the date of the meeting (where possible).

5.5. Meetings will normally take place virtually, and participation by telephone, video or computer link shall be deemed to constitute presence in person at the meeting.

5.6. Minutes of the meetings of the Committee shall be taken.

5.7. An annual schedule of reporting shall be set and regularly reviewed.

5.8. Administrative support shall be provided by the Corporate Governance Team.

## **6. DUTIES**

The Committee is responsible for the following main functions:

6.1. To consider and make recommendations to the Council on any matter(s) of Governance that may be remitted to it or which are brought to its attention from other sources. In this area the Committee should consider appropriate examples of good practice in both the public and private sectors.

6.2. To make recommendations to the Council of Governors as to potential appointments of Non-Executive Directors and to advise the Board of Directors of those recommendations.

6.3. To consider and make recommendations to the Council of Governors on the subsistence and travel expenses payable to members of the Council of Governors.

6.4. To consider, make recommendations and provide advice to the Council of Governors on the levels of remuneration, subsistence and travel allowances for the Chair and Non-Executive Directors. In this task those declaring an interest will take no part and the Chair will be taken by the Lead Governor who will call on advice as appropriate.

- 6.5. To recommend performance indicators to the Council of Governors by which the Council may monitor its corporate and individual responsibilities and to review these measures periodically in the light of national benchmarks and examples of good practice.
- 6.6. To receive reports on behalf of the Council of Governors on the process and outcome of appraisal for the Chair and Non-Executive Directors.
- 6.7. To consider Equal Opportunities issues arising from the remit of the Committee.
- 6.8. To consider Risk Assessment issues arising from the remit of the Committee and to recommend, or implement, action as appropriate.
- 6.9. To ensure an appropriate and up to date Governors' Code of Conduct is in place.
- 6.10. To review on a regular basis the membership strategy and to make recommendation to the Council of Governors on its development.

## **7. REPORTING**

- 7.1. A record of Committee meetings shall be submitted to the Council of Governors for consideration in its meetings held in public.
- 7.2. The Committee will evaluate its membership and performance on a regular basis through an annual review of its activities over the course of the previous year.
- 7.3. The Committee will undertake an annual audit of compliance with its Terms of Reference.
- 7.4. The Committee will review and update its terms of reference on an annual basis.

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**
**ELECTION TO THE COUNCIL OF GOVERNORS**
**CLOSE OF VOTING: 5PM ON 9 APRIL 2024**
**CONTEST: Public: Cotswold**

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

<b>ELECTED</b>
Douglas Butler

Number of eligible voters		182
Votes cast online:	39	
Votes cast by post:	9	
Total number of votes cast:		48
Turnout:		26.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		48

**CONTEST: Public: Forest of Dean**

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

<b>ELECTED</b>
Susan Mountcastle

Number of eligible voters		163
Votes cast online:	36	
Votes cast by post:	6	
Total number of votes cast:		42
Turnout:		25.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		42

**CONTEST: Staff: Allied Health Professionals**

*The election was conducted using the single transferable vote electoral system.*

*The following candidate was elected:*

<b>ELECTED</b>		
Samantha Bostock		

<b>ELECTION RESULTS</b>		
Number of eligible voters		2,336
Votes cast online:	339	
Total number of votes cast:		339
Turnout:		14.5%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		339

**CONTEST: Staff: Nursing and Midwifery**

*The election was conducted using the single transferable vote electoral system.*

*The following candidate was elected:*

<b>ELECTED</b>		
Asma Pandor		

<b>ELECTION RESULTS</b>		
Number of eligible voters		2,442
Votes cast online:	303	
Total number of votes cast:		303
Turnout:		12.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		303

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

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

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

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

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

All voting material will be stored for 12 months.



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

## KEY ISSUES AND ASSURANCE REPORT AUDIT AND ASSURANCE COMMITTEE – FEBRUARY 2024

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 but seeing continued sustained progress between meetings backed up by feedback from the Internal Auditors.	Continued sustained performance needed.
	<b>Mental Health Act report</b> – Overall limited assurance assessment for design and operational effectiveness. Report was commissioned by Management to obtain candid assessment of current position with a range of helpful recommendations, all of which were accepted by management. Helpful feedback from Chief Nurse around value of the work undertaken. No matters identified around patient safety and action plan will be prepared by early May. Rated as amber given proactive nature of commissioning and intent around implementation of lessons learned. This will be overseen by the Quality and Performance Committee.	Evidence of implementation and improved performance as a result.
	<b>Organisational readiness report</b> – Overall moderate assurance for design and limited for effectiveness. As per the previous report, this was commissioned by Management to obtain candid assessment of current position with a range of helpful recommendations, all of which were accepted by management. Helpful feedback from Chief People Officer around value of the work undertaken. Rated as amber given the limited assessment but currently being overseen by People and OD Committee and a clear priority for the Trust	
	<b>Follow up report</b> – Generally looking far better and clearly a lot of work has gone in to get us to this point. Currently on track to deliver the plan by the end of financial year along with some additional work. Rated amber as some long-standing outstanding actions have the potential to impact the annual internal audit opinion but these are being followed up by the Executive team.	Good sustained progress and delivery of the annual plan.
External Audit	Interim pre year end audit is progressing well. Good cooperation and work between Trust team and external audit. Detailed year end plan submitted. Rated amber pending delivery of year end process.	Good plan which now needs to be seen actioned and will be kept under review by the Committee.

#### 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.

Terms of Reference	Considered in the meeting. Extensive feedback provided outside of the meeting and this will be considered and incorporated into updated Terms of Reference prior to next meeting.	
Gloucestershire Managed Services (GMS)	A number of audit recommendations where further progress is needed.	
Board Assurance Framework (BAF) and Risk Register	Board Assurance Framework and Risk register position noted. Concern around Datix noted and extent of areas showing high and fairly long-term risk scores. Committee keep to see a Board Development session on long term areas of concern to assess and learn from these.	
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
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 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 raising fraud awareness across a range of staff groups.		
Approved Internal Audit and Counter Fraud work plans for 2024/25.		
Cyber Security Audit – joint audit covering a range of Gloucestershire health economy partners, good level of assurance provided along with some added value lessons learned.		
Committee discussed plans for self-assessment process.		
Single tender actions report - No retrospective tenders, total value of single action tenders £1M, all with accompanying justifications		
Losses and compensations – Two low value ex gratia payments made and approved write off of 190 low value invoices totalling approx. £3.5K.		
Annual debt report – Noted.		
<b>Items not Rated</b>		
N/A		
<b>Investments</b>		
<b>Case</b>	<b>Comments</b>	<b>Approval</b> <b>Actions</b>
N/A		
<b>Impact on Board Assurance Framework (BAF)</b>		
None noted.		

## KEY ISSUES AND ASSURANCE REPORT (KIAR) FINANCE AND RESOURCES COMMITTEE – JANUARY 2024

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	At the end of month 9 capital expenditure was £38m against a plan of £45m - £7m behind plan. Despite this underspend to date, the forecast outturn is an overspend due to changes in accounting standards International Financial Standard (IFRS) 16. The impact of delays in delivery of the fifth Orthopaedic Theatre remain 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.	The Committee NOTED the seriousness of the position and received assurance that positive discussions were taking place with the Region.

### Items rated Amber

Item	Rationale for rating	Actions/Outcome
Financial Performance Report	At Month 9 there was a small overspend of £1.14m which was favourable compared to plan. The drivers for this improved position include funding from NHS England to cover the costs of industrial action. The run rate in a number of staffing related areas remain encouraging. The forecast outturn position of an £8.9m deficit remains fluid with a number of items yet to be confirmed including the costs of Industrial Action. The overall direction of travel is a positive one. The Integrated Care System forecast is for breakeven – after excluding the impact of industrial action. A number of service pressures including patients with “No criteria to reside” or with low clinical need and unfunded additional nursing costs remain to be resolved for both this and future financial years.	The Committee NOTED the seriousness of the position and the risks remaining in the final quarter of the financial year.
Financial Sustainability Report	The Committee noted the position at the end of Month 9 – to date £21.2m of savings had been delivered (£6.9m non-recurrent) and £2.2m behind plan. Significant risk remains around delivery of “red” rated schemes during the remainder of the year.  The pace towards greater pan Integrated Care System working e.g., on shared services and estates remained	The Committee NOTED the position, risks around delivery and mitigating actions.  Early preparations had begun for 24/25 schemes with a view to achieving a rapid take off come April. Over £7m of schemes had been identified to date.  In addition to Executive actions already underway, NEDs undertook to

#### 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.

	slow thereby impacting on the ability to generate savings.	highlight opportunities for greater collaboration at pan Integrated Care System meetings etc.
Five Year Financial Plan 2024/2029	Although planning guidance had yet to be published, systems and providers were preparing plans using consistent parameters etc. The baseline was to be the exit underlying position for 2023/24 – a £6.4m deficit (excluding the impact of Industrial Action) since the included a significant level of non-recurrent actions/income. The Trust was forecast to exit 2023/24 with a £61.9m underlying deficit.	The Committee NOTED the challenging targets and impact on the underlying deficit position which would need to be reflected in the Trust's longer term financial strategy.
Budget Setting Update	The process had begun in November 2023 and were moving towards sign off. Sustainability schemes continue to be identified and designed with an indicative target of 3.4% (£26m). Despite these measures, further reductions in outline budgets were required in order to meet 2024/5 targets and ensure no worsening of the underlying deficit position. Work would continue to resolve the position and a report made to the next meeting.  Discussions around the GMS contract would continue, in particular the risks around achievement of National Cleaning Standards.	The Committee NOTED the update, the underlying position and the high level of sustainability schemes which would be required.
New Finance System	There was an urgent requirement to replace the current finance system which had been in place for thirty years and no longer fit for purpose. Approval to replace the system had been obtained in 2022. There had been only limited interest in the tender process and the projected costs were significantly higher than originally anticipated.	The Committee APPROVED the process taken to date, supported Elmbridge as the preferred supplier and urged the Finance team to work to review the specification in order to make the scheme more affordable.
Gloucestershire Managed Services KIAR and Contract Management Group Overview Exception Report	KIARs for October, November and December were considered along with a verbal update from the January meeting. The most recent Contract Management Group exception report – which monitors the contract between the two organisations was considered alongside since they reflect each side of the contractual relationship.  Recruitment to key posts remains challenging and achievement of National Cleaning Standards is an amber risk. Financial pressures within GMS were significant and mitigating actions were under active discussion. Progress against a range of measures was noted and the hard work undertaken in pursuit of these improvements noted.	The Committee NOTED the various strands of work around Governance processes between and within the two organisations currently underway and looked forward to receiving an update on progress at the next meeting

Glossary:

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

CIP: Cost Improvement Programme

ICS = Integrated Care System

ERF: Elective Recovery Fund

	The process by which GMS Board received assurances around water and safety compliance issues (and then onto the Trust) was explored.	
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
Productivity Dashboard (including Outpatients Transformation Programme and Theatres Improvement Programme)	The Committee received encouraging reports on all fronts with much work underway. Significant improvements had been made in Productivity ratios overall, Theatre and Outpatient Clinic Utilisation and DNAs.	
National Costing Collection update	The Committee received the NCC submission for the Trust which had been significantly delayed due to national level system changes. Comparisons to national benchmarks/averages and potential explanations were noted. The work undertaken by the Trust was of a very high standard and the Committee encouraged an application be made for a national costing award.	
Matters Arising	All matters either resolved or in hand with the exception of the Wye Valley Linac agreement which has been outstanding for four years.	To be escalated and reported to next meeting.
<b>Items not Rated</b>		
Finance and Resources Committee workplan 2024/25		
Integrated Care System (ICS) Update		
<b>Investments</b>		
<b>Case</b>	<b>Comments</b>	<b>Approval</b>   <b>Actions</b>
None		.
<b>Impact on Board Assurance Framework (BAF)</b>		
SR 9: Failure to deliver recurrent financial sustainability and SR 11: Sustainable Healthcare had been reviewed by Executive Leads and an update provided – it was agreed to incorporate a longer-term perspective to the next iteration of SR 9.		

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**KEY ISSUES AND ASSURANCE REPORT (KIAR)  
FINANCE AND RESOURCES COMMITTEE – FEBRUARY 2024**

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 Amber**

Item	Rationale for rating	Actions/Outcome
Capital Programme 2023/24	At the end of month 10 capital expenditure was £41.2m against a plan of £48.3m - £7m behind plan. Despite this underspend to date, the forecast outturn is for a break even position due to additional funding for the impact of International Financial Reporting Standard (IFRS) 16. The impact of delays in delivery of the fifth Orthopaedic Theatre remain 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.	The Committee <b>NOTED</b> the M10 capital position and the risk with the current forecast outturn.
Capital Plan 2024/25	Although the Integrated Care System has identified additional funds to assist the Trust in tackling its backlog maintenance problems, there remain a number of unfunded high-risk schemes. Many of these involve long delivery and planning periods and cannot be resolved in any one financial year. The current Trust plan of £33.1m is unaffordable – the entire Integrated Care System allocation is £36.1m – work continues to reduce this figure.	The Committee <b>APPROVED</b> the draft Capital plan ahead of the 29 February submission. The March Board meeting would receive an update including an assessment of the impact of the plan on risks and assurance mechanisms over the short and medium term.
Financial Sustainability Report 2023/24	The Committee noted the position at the end of Month 10 – to date £24m of savings had been delivered (£6.9m non-recurrent) and this was £3.2m behind plan. Significant risk remains around delivery of “red” rated schemes during the remainder of the year. As the Trust focusses on its underlying financial position, a greater proportion of schemes need to be of a recurring nature in future years.	The Committee <b>NOTED</b> the report and the improvements taking place.
Operational Plan 2024/2029 and Planning and Budget Setting 2024/25	Although planning guidance has yet to be published, systems and providers are preparing plans using consistent parameters etc. A high-level submission was made on 29 February showing a £45.5m deficit position. Work continues to identify further efficiencies but the size of the challenge should not be underestimated. In addition to Acute sector pressures, the ICB faces cost pressures in relation to continuing healthcare. The next submission will be presented to the Board on 14 March.	The Committee <b>NOTED</b> the updated financial plan and supported the 29 February high level financial submission.

Assurance Key

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Digital Transformation Report	<p>This is the final year of the Digital strategy – 39 projects are currently active and due for delivery in coming months. In addition to delivery, there was to be a focus on resilience.</p> <p>The five programmes are; Sunrise Electronic Patient Record (EPR), Clinical Systems Optimisation, Business Intelligence, Infrastructure, Cyber Security and Information Governance.</p> <p>The Virtual Ward work undertaken by the team had received plaudits from NHS England nationally.</p>	<p>Further work on EPR, infrastructure and configuration, and system health checks was underway. Improvements related to resilience were identified.</p>
Cabinet Office Spend Controls Compliance	<p>This was an update from Procurement on new rules relating to approval by the Cabinet Office of proposed procurement exercises. In effect, they require the introduction of pre-procurement authorisation within the Trust for proposed expenditure above certain thresholds and Cabinet Office involvement for some.</p> <p>In addition to understanding the impact of any delay on spending plans (especially capital) the committee were concerned about the staffing implications of these new measures, adequacy of our existing Standing Orders/Standing Financial Instructions and general appreciation of them across the organisation - including at Board level.</p>	<p>Head of Procurement will conduct a review of best practice elsewhere and develop a proposal for the Committee to consider.</p>

### Items Rated Green

Item	Rationale for rating	Actions/Outcome
Financial Performance Report 2023/24	<p>At Month 10 the financial position was a surplus of £3,909k which was £6,288k favourable when compared to plan. The drivers for this improved position include funding from NHS England to cover the costs of industrial action.</p> <p>The forecast outturn position of an £4.4m deficit is an improvement on previous forecasts and the overall direction of travel is positive although there remain many variables at play. The Integrated Care System forecast is for a year end deficit of £675K.</p>	<p>The Committee <b>RECEIVED</b> the report as a source of assurance that the financial position was understood.</p>
Productivity Deep Dive (including Outpatients Transformation Programme and Theatres Improvement Programme)	<p>The Committee received encouraging reports on all fronts with much work underway. Significant improvements had been made in Productivity ratios overall, Theatre and Outpatient Clinic Utilisation and Did Not Attend (DNAs).</p> <p>Productivity Champions are being identified throughout the organisation.</p>	
Digital Clinical Systems Report	<p>The Committee received updates on the large number of new systems as well as software and process enhancements which had taken place in recent years. The focus is now on embedding the benefits of these into operational working and budgets.</p>	<p>The Committee received the report as assurance of the delivery of competent systems and congratulated the IM&amp;T</p>

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	Over the past five years the Trust has been focussed on achieving HIMSS Level 6 – based on 2018 standards. HIMSS is a measure of digital maturity. To date it has progressed from level 0.2 (one of the lowest ever recorded in the NHS) to near Level 6 – a remarkable achievement.	team on achievement of the HIMSS standard.	
Matters Arising			
<b>Items not Rated</b>			
Financial Risk Register Committee Terms of Reference GMS Articles of Association Integrated Care System Digital Strategy Digital Investment Review			
<b>Investments</b>			
<b>Case</b>	<b>Comments</b>	<b>Approval</b>	<b>Actions</b>
Fire Alarm Panel Tender Approval	Preferred supplier appointed.	YES	
<b>Impact on Board Assurance Framework (BAF)</b>			
SR 13: Digital Systems Functionality and SR 9: Financial Sustainability had been reviewed by Executive Leads and an update provided. SR10: Condition of the Estate was reported to be work in progress as there was further work to be done on risk, compliance and backlog maintenance.			

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**KEY ISSUES AND ASSURANCE REPORT**

**People and Organisational Development Committee, 25 January 2024**

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>Board Assurance Framework (BAF) risks being reviewed ensuring they remain fit for purpose including how BAFs for other Committees are reported for greater shared learning. Highlights included</p> <ul style="list-style-type: none"> <li>• Time to Hire' continued to reduce.</li> <li>• Staff focus groups taking place to support development of employer value proposition along with marketing plan to improve recruitment and retention and dedicated Trust recruitment website.</li> <li>• National operational guidance for workforce planning not yet received but work commenced with finance, workforce and operational leads to triangulate early indications of targets and plans.</li> <li>• Areas still facing challenges having focussed reviews to support recruitment plans to mitigate risks of carrying ongoing hard to fill positions, particularly where high-cost agency is in place.</li> </ul>	<p>Updated risks to be bought back to the Committee when work completed.</p> <p>Committee assured that focussed work continues to be undertaken and improved outcomes are showing.</p> <p>This item remains red due to need to keep focus on retention and those areas which remain hard to fill and result in high-cost agency usage.</p>
Staff Survey	<p>Summary of embargoed staff survey results provided. Further details to be provided including comparison with 62 acute trusts.</p> <p>Three workstreams underway: -</p> <ul style="list-style-type: none"> <li>• teamwork and leadership</li> <li>• anti-discrimination</li> <li>• building a safe speaking up culture.</li> </ul> <p>Next steps included service line results being cascaded with support for Tri's/Quads around three workstream priorities and reporting through service line performance meetings and interdivisional boards.</p> <p>Encouraging to see engagement programme developing but disappointing that less than half of staff would not recommend the organisation as a place to work or receive care.</p>	<p>Committee to be provided with comparison against 62 acute trusts along with how results were received by managers and wider workforce.</p> <p>Details to be provided around what support was being given to Divisions on data relating to their own teams so they could develop focussed plans and Committee could be assured that necessary actions at team level were being taken.</p> <p>Committee keen to receive assurance that focus and actions was on right things from an operational and staff perspective and asked to see evidence to support this. Given significance of survey feeding into wider staff</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.

	Further detail to be received once detailed analysis was compiled including key themes coming out of free text.	engagement, retention and experience item is rated red.  Committee asked for update around previous year's workstreams with focus on lessons learnt around what could have worked better.
<b>Items rated Amber</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
Culture, Experience & Retention	<p>Highlights included:</p> <ul style="list-style-type: none"> <li>Continued improvements across staff engagement; floor walking, availability of hot food which was well received.</li> <li>Expectations that an improved response rate on the NQPS (National Quarterly Pulse Survey).</li> <li>New CEO would be holding staff forum starting the following week to improve engagement.</li> <li>Social media policy strengthened; new media policy produced along with a branding policy.</li> <li>Community Engagement &amp; Involvement Manager shortlisted and won several awards for her work in the community and now a substantive member of staff.</li> <li>BBC broadcasting an episode of Panorama based on the organisation Monday 29 January at 20:00 in relation to maternity services.</li> <li>Progress was noted in respect of leadership development programmes with activities due to commence after Easter.</li> </ul>	<p>The Committee were assured that good progress is being made. The overall theme remains amber until outcomes from various initiatives being planned are embedded and positive impacts visible and shown to be sustainable.</p> <p>Committee requested update on actions to mitigate harassment and bullying faced by Black and Minority Ethnic (BME) staff disproportionately and in relation to bullying and harassment and evidence of the trust being culturally specific to support individual needs.</p> <p>Feedback on how staff were being supported after Panorama programme including impact on morale was requested.</p>
Workforce Sustainability Programme (WSP)	<p>WSP Q4 position presented.</p> <p>The Committee welcomed improved time to hire data. Benchmarking should be a focus and resourcing team seek shared good practice but not all Trust's calculate their KPIs in same way.</p> <p>GHFT and Gloucestershire Health and Care (GHC) aspiration to mirror Key Performance Indicators (KPIs_ across end-to-end recruitment process to achieve a consistent comparison within Gloucestershire.</p> <p>Increased confidence with current target position of 49 working days and work to sustain/improve this provided.</p>	<p>Time to hire – confirmation of revised target and comparison around best practice in the south west region.</p> <p>Committee asked for further update on increase in nurse funded establishment.</p> <p>The Committee asked for all milestones rated red (delayed) to be brought back with detail on how performance would be improved.</p>

	<p>Framework agency performance when compared to other Trusts in the South West showed agreed locally negotiated bank rates helped performance and reduced off framework agency use/reliance.</p> <p>Committee commended significant progress made with recruitment including improvement to consultant recruitment and noted executive representatives would require further training as part of the overall improvements.</p> <p>Committee commended partnership working between HR and the Digital team with the medical e-rostering plans.</p>	
Performance Appraisals	<p>Overview of findings of non-medical appraisals review due to decline in completion rates presented. Organisation was consistently 10-15% below 90% target.</p> <p>A consistent problem of staff reporting poor-quality experience with regular comments including – <i>how do they improve my job; it's just a tick box exercise; an 'annoying piece of work that we have to do'.</i></p> <p>Barriers identified included time, space, technology, attitude of the trust/leadership, attitude of the appraiser/appraisee and the appraisal paperwork.</p> <p>Next steps in review included paperwork review, training for appraisers and appraisees, with long term goals for improvement including sustained improvement with the compliance target.</p>	<p>The Committee reflected it was disappointing appraisees saw appraisals as target driven rather than for development.</p> <p>This review is important and welcomed with the focus on how to get the best out of an appraisal and how to undertake an appraisal well welcomed.</p> <p>Committee requested further detail around the way managers approaching appraisals could be improved, particularly during times of operational pressure and how appraisals could be linked to celebrating success as good practice and more work around helping staff to feel more positive around the value of the appraisal process.</p> <p>Suggestions around consideration of other routes such as continuous conversations be considered.</p>
HSE Inspection and fire safety update	<p>Summary provided in respect of on-going HSE inspection – areas such as violence and aggression (V&amp;A) and musculoskeletal disorders (MSD) in scope along with relationship with Gloucestershire Managed Services (GMS) around non-compliance and pending security proposal.</p>	<p>Committee asked for this item to come back to future committee with a focussed update on the key issues the Committee needed assurance on.</p> <p>A lot of detail narrative was provided but due to time constraints the Committee</p>

	Several risks around fire safety were reported and a fire safety plan was being prepared.	requested critical items be addressed outside of the meeting and be brought back to a future meeting with an action plan.
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
<b>Items not Rated</b>		
<p>Risk Register</p> <p>Three new emerging risks;</p> <ul style="list-style-type: none"> <li>• Historical staff immunisation records being held within the resourcing team impacting on Occupational Health having correct immunisation information for staff;</li> <li>• Increasing number of international nurses requiring visa extensions creating a financial and clinical risk to the organisation</li> <li>• Staff requiring Oliver McGowan training causing a financial impact to the Trust and constraints on capacity levels, and compliance of this statutory training requirement.</li> </ul>		
<b>Impact on Board Assurance Framework (BAF)</b>		

**KEY ISSUES AND ASSURANCE REPORT**  
**Quality and Performance Committee 24<sup>th</sup> January 2024**

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
Regulatory Update	NHS Review of Paediatric Hearing Services received a 'Red' rating – serious risk	Action plan in development. Full report to Committee February '24, monitored via QDG. Escalation routes to be reviewed.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Regulatory Update	Section 29a warning notice issued for Urgent and Emergency Care (UEC).	Action plan in development to be monitored through QDG.
	NHSE - Annual Peer Review of Trauma Units highlighted concerns about high rates of unexpected deaths.	Action plan in development. Governance via QDG.
	HSE Inspection – Phase 1 took place December '23	Phase 2 planned for February '24
Board Assurance Framework - SR1	The Trust will be moved to Tier 2 for Urgent and Emergency Care, which was anticipated.	The Trust would receive support from the Emergency Care Intensive Support Team and GIRFT (Getting it Right First Time) team. The risk score is under review.
SR5	Ambulance Improvement Plan. The trust is one of the five worst in terms of handover delays in the South West.	The trust has been in conversation with the Secretary of State. Key actions have been implemented including an ambulance cohort area in the Emergency Department resulting in improved performance in January.
Quality and Performance Report	Revised Quality and Performance report in development to provide greater clarity in reporting to committee.	Revised report to February committee.  Maintaining performance continues to be challenging, particularly in light of on-going industrial action. Focus remains on improving pathways and working collaboratively to improve performance.

**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.

Trust Risk Register	One new Never Event reported related to the misplacement of naso-gastric tube.	Investigations on-going.
	One new referral to Health Services Safety Investigations Body (HSSIB)	Investigations on-going. Weekly meetings taking place to address action plans.
	Nine Serious Incidents reported including several maternity declarations	Work on-going relating to recording data quality recording.

<b>Items Rated Green</b>		
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Item	Rationale for rating	Actions/Outcome
Patient Safety and Risk Assurance Report	Draft Patient Safety Incident Response Framework (PSIRF)	Plan and Policy approved pending recommended changes. Committee to receive updates on implementation.
	Falls	No longer reported on QPR as performance is now in range
	Maternity Incentive Scheme	Compliance achieved on all standards
	Learning from Deaths Report – Q1 (April – June '23)	Hospital Mortality Group review completed. Mortality indicators remain as expected except for weekend admissions which remain high.
	Maintenance backlog – significant estates issues noted across some divisions.	Clarity re escalation routes to be provided. Backlog maintenance to be raised nationally and with ICB.
	The Committee were advised that the BBC Panorama programme was to focus on the Trusts maternity service	Post programme learning and development planned
Discharges	Ian Sturgess work	Committee to receive briefing on outcomes of February workshop.
Human Tissue Authority (HTA)	Compliance and action plan	Action plan closed. All actions signed off.

<b>Items not Rated</b>
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**SYSTEM FEEDBACK** No further business to note, key issues picked up in various reports.

**GOVERNOR OBSERVATION** There were no governor in attendance

<b>Investments</b>
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Case	Comments	Approval	Actions

<b>Impact on Board Assurance Framework (BAF)</b>
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All strategic risks discussed. Challenge given on current and target risk scores

Glossary:

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## KEY ISSUES AND ASSURANCE REPORT

### Quality and Performance Committee 4 January (extraordinary) and 28 February 2024

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

#### Items rated Red

Item	Rationale for rating	Actions/Outcome
None		

#### Items rated Amber

Item	Rationale for rating	Actions/Outcome
Water safety	Several areas of focus remain within the Group including Trust and Gloucestershire Managed Services (GMS). Evidence of much work underway to ensure/maintain safety including audits. Pressure of time commitment on Infection Precentral and Control (IPC) team and impact on other responsibilities they have. Chief Executive outlined external resource to support Internal Audit results, progress against actions and ensuring cohesiveness and supporting transformation across the Group.	Agreed to continue with monthly reporting for assurance.
PACs clinical systems	Update provided, backlog stated to be resolving, mitigations in place by continued outsourcing, team morale noted as affected by the disruption. Business as usual should resume when the planned upgrade to PACs has been successfully achieved.	Further report to Committee
Maternity Services	Dashboard and comprehensive report presented. Questions included areas regarding the stillbirth rate for December, declining FFT score and plateaued appraisal rates. Reassurance given that these areas are high focus within the service. Safeguarding training rate shows improvement. The recent Panorama programme was noted and Trust actions to be shared. External review of maternity services requested by Chief Executive and supported by Committee.	Maternity services continue to be reported monthly to Committee.  Detail to March Committee.
Quality and Performance Report	Quality and Performance report received covering areas of urgent and emergency care, elective and cancer activity. Deep tissue injuries and numbers of falls with harm. Both had increased over winter months and thought to be linked with issues of flow. VTE assessment now 'mandatory and improvements expected in reporting. Emerging issue with potential JAG re-accreditation for Endoscopy and coding of screening patients.	Detailed work timelines to return to committee and contemporaneous data.  Report to March Committee.
Regulatory Report	Current action plan updates provided and closure of HTA inspection and Early Inflammatory Arthritis Audit both expected soon. Recent Health and Safety Executive visit focussing on violence and aggression noted, awaiting feedback.	

#### 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.

	Paediatric hearing service rated red for consistency of care within current clinical guidelines, no safety or governance concerns described to committee.	Detailed report to March Committee for assurance on delivery of improvements.
Safety, Risk and Incident reports	Risk escalated to Corporate Risk Register concerning risk of harm due to violence and aggression involving staff/patients. Importance of Trust and GMS working well together clear and work to establish if current model is most effective. Two Never Events reported, high levels of complaints continued and new model of divisional 'tri' ownership working with corporate team noted. First patient safety panel held with patient safety champions.	Assurance route for violence and aggression is through People and OD committee.
Director of Infection Prevention and Control (DIPC) Report	Quarterly report received. Much work and some significant improvements in year/ comparisons in SW. MRSA and MSSA low, E Coli lowest in SW. Areas needing continued focus include hand hygiene standards, surgical site infection. National cleaning standards of 2021 being implemented now by GMS, approach questioned and assurance requested on current cleaning standards. Verbal reassurance that cleanliness in general was 'good' Noted that the Infection Control Committee has oversight of this but a request for this committee to see more of the detail.	Quarterly update to Committee from DIPC

### Items Rated Green

Item	Rationale for rating	Actions/Outcome
Fractured Neck of Femur update	positively received by Committee and ambition, detail and improvements noted. Final report to go to Hospital Mortality Group and by exception to Committee and then to return to business as usual.	

### Items not Rated

Operational Plan shared with Committee enroute to Finance and Resources Committee

### Impact on Board Assurance Framework (BAF)

Discussion on status of Strategic Risks (SR) 1, 2 and 5 indicating some good momentum in SR1 and recent Flow workshop. Support regarding discharges noted from national lead who is due to visit. SR5 regarding national patient safety strategy implementation noted the importance of capacity to deliver fully, remains a work in progress. SR6 not available to review- due in March.

Glossary:

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

CIP: Cost Improvement Programme

ICS = Integrated Care System

ERF: Elective Recovery Fund

# Discharge Report

Al Sheward-Chief Operating Officer

Neil Hardy-Lofaro – Deputy Chief Operating Officer

# Introduction

# Introduction

- Updated guidance released in Jan 2024 on Hospital Discharge and Community support guidance.
- Key changes
  - A clear duty to co-operate
  - Involving families and carers
  - Care transfer hubs
- Focus on moving to an environment that can best meet the needs of the individual. Focus on moving people home with appropriate support where safe to do so.

# How are we doing?

# How do we decide which pathway people leave on?

- **pathway 0**: discharges home or to a usual place of residence with no new or additional health and/or social care needs
- **pathway 1**: discharges home or to a usual place of residence with new or additional health and/or social care needs
- **pathway 2**: discharges to a community bed-based setting which has dedicated recovery support. New or additional health and/or social care and support is required in the short-term to help the person recover in a community bed-based setting before they are ready to either live independently at home or receive longer-term or ongoing care and support
- **pathway 3**: discharges to a new residential or nursing home setting, for people who are considered likely to need long-term residential or nursing home care. Should be used only in exceptional circumstances

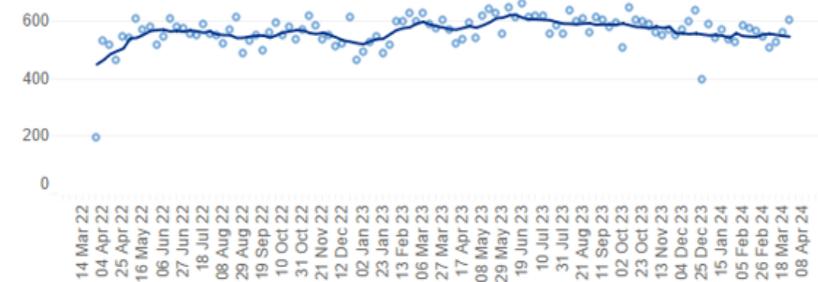
# Supporting discharge

- Hospital should focus on describing and not prescribing.
- Risk of “over prescribing”
- Choice conversations
- Home First - [Home First / discharge to assess | Local Government Association](#)

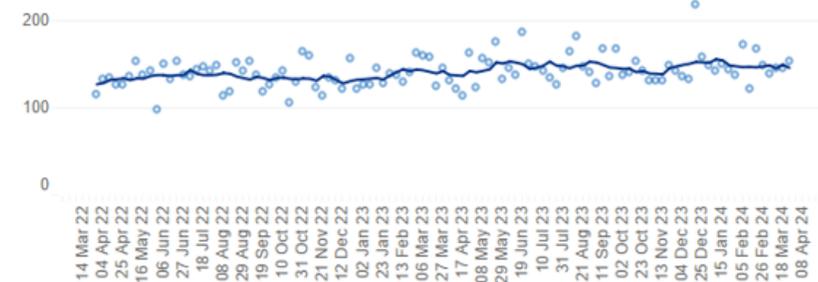
# Reflections on Q4

- Overall the average simple discharges have remain steady;
- Daily targets feature in the daily drum beat of the organisation;
- There are generally more positive discharge days than negative;
- Discharge Lounge continues to be preferred destination BUT has reduced recently

Simple discharges (Non OCT) (incl moves to discharge lounge)

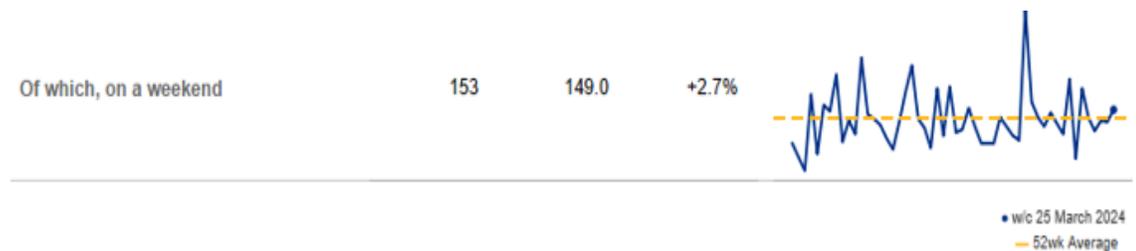


Of which, on a weekend



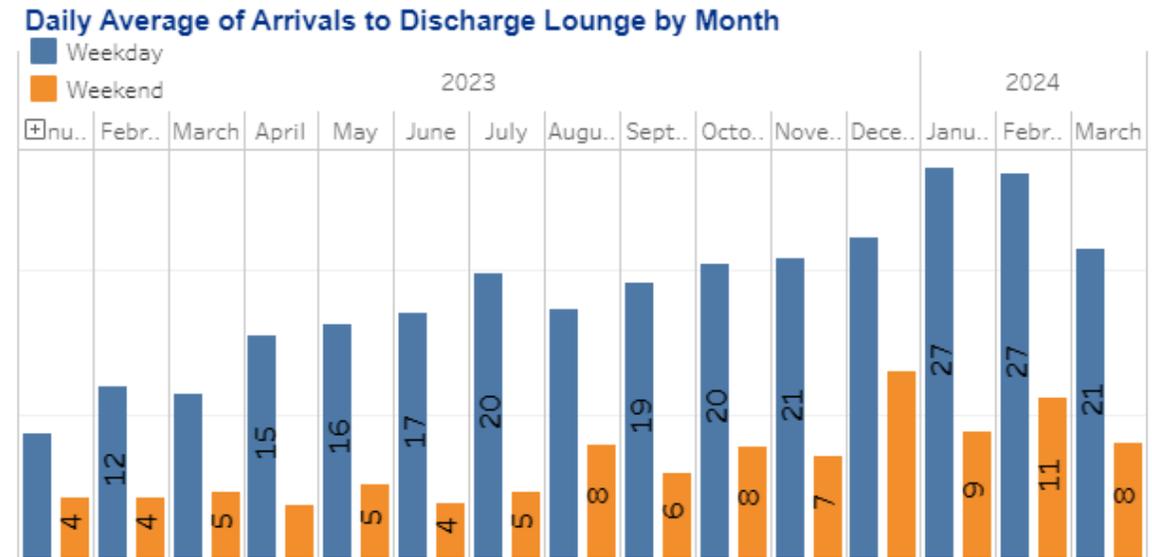
# Q4 Highlights

- Simple Discharges have seen a continued improvement overall. This has been matched by an overall reduction in the nCTR numbers within the Acute Hospital bed base
- Weekend Discharges have seen a slight increase. This metric has been a particularly stubborn metric but is essential to establish a strong week; This has been supported by a Ward Activity Doctor (WAD) dedicated to discharge and Discharge waiting area as a Winter scheme.



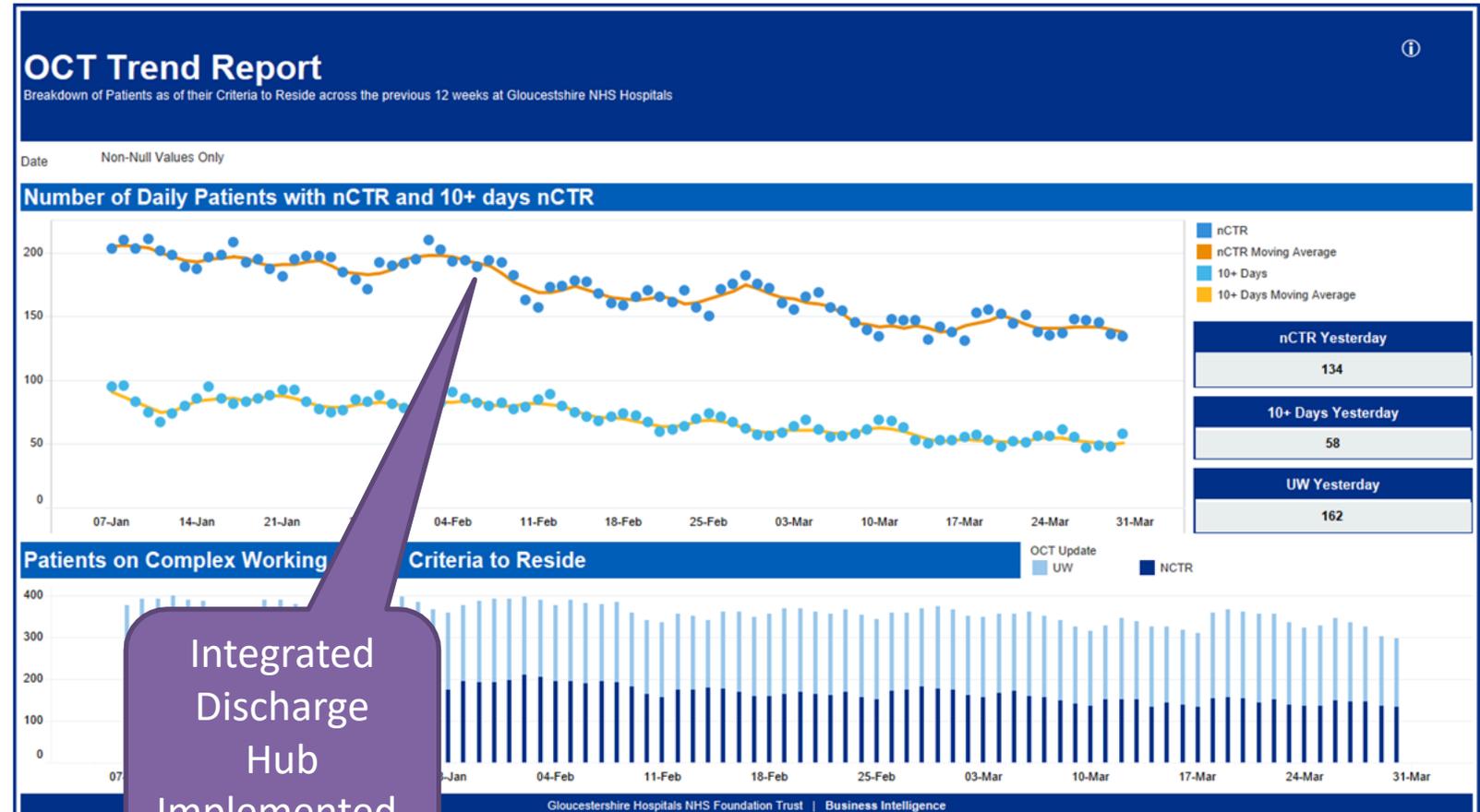
# Discharge Lounge Activity

- Patients accessing the discharge lounge continues to improve in Q4
- Focused drive in Jan and Feb with recognition of wards and departments who supported most patients to be discharged via the discharge lounge.



# Non Criteria to Reside improvement

- Stubborn for the last 12 months at 200-220 patients in Acute Setting awaiting non-acute care in a non-acute setting;
- At end of March consistently below 150 and falling.



# Integrated Flow Hub

**An integrated, multi-disciplinary and co-located trial Hub including Community, Social Care, Virtual Wards and System Partners, to support patient flow from Gloucestershire's acute hospitals.**

- Launched in February;
- Bringing HAT/CAT, GHC, OCT, GCC, ASC, Brokerage, ICB and Virtual Wards together in to one area.
- Reduced bureaucracy; delay in admin; promoting conversation; reduce delay; increase discharges; reducing overall length of stay; increasing numbers of 'complex discharges'; rapid referrals and rapid decisions;
  - Open door policy for any queries about discharge, call in and see us in the Courtyard
  - No once-a-day ToCB meeting
  - A shorter Single Referral form
  - Face-to-face conversations with experts for people in complex circumstances
  - Aiming for decisions on the pathway the same day
  - Escalation of delays to patients
  - Real-time support from system partners
  - Home First ethos - if not, why not?

# Plans for the future

# Focus on Q1

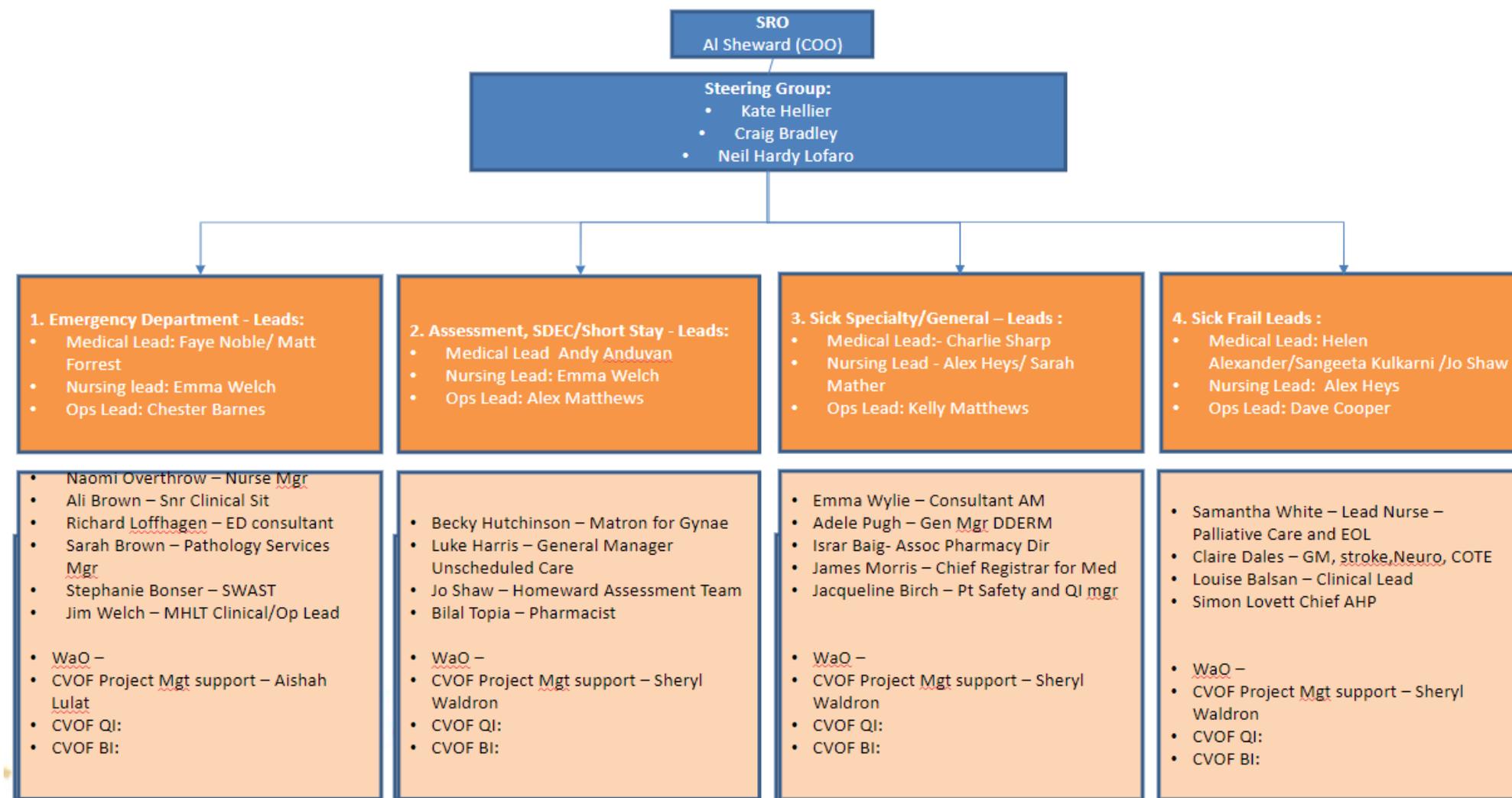
- Increase footfall through Discharge lounge to 30 per day
- Discharge earlier in the day;
- 'Next Steps' functionality to be promoted at ward level
- Increase P0 discharges
- Weekend discharges
- Prep for the 'perfect journey'

# Clinical Vision of Flow

- Following the two facilitated workshops in February and March the Trust is progressing with the development and delivery of our Clinical Vision of set.
- This programme seeks to reset the way in which our patients flow through the hospital, reducing LoS; delays bureaucracy and frustration, whilst promoting positive behaviours, action, reduced risk and harm and promoting a better patient experience.
- Clinical teams have set themselves ambitious AIMS and Internal Professional Standards so they can be measured and actions identified and implemented to maintain improvements.

**‘Assess to Admit, Today’s work Today, Home First for Discharge’  
Have the ‘Grunt at the front’, don’t ‘fiddle in the middle’ and ‘send at the end’**

# Clinical Vision of Flow – Governance



# CVOF – work stream roles and responsibilities

## **Establish Group:**

- Establish a Work Stream group (approx. 10 members)
- Agree meeting schedule (minimum fortnightly)
- Identify resource requirements (eg BI, QI etc)
- Develop an action log (support from S&T to develop and maintain action logs)

## **Reporting/tracking progress**

- Agree key indicators (aims/IPS) to be used to track progress and monitor
- Produce regular progress reports for the Steering Group showing progress against each QI initiative using improvement cycle methodology (report template to be provided)

## **Review aim statements and IPS**

- Agree priority order and timeline **Identify QI improvement priorities**
- Aligned to the aim statements and IPS – identify QI initiatives to be tested over the next 6 months (value vs effort matrix)
- Agree who should lead each initiative

## **Perfect week –**

- Agree QI improvements to be tested in the Perfect Week
- Plan initiatives to be tested (support from QI and S&T)

## **Improvement timeline and cycles**

- Set out timeline for work of the group and key milestones
- Undertake improvement cycles (support from QI and S&T)

# Improvement Event...

## PERFECT JOURNEY

Week commencing 15<sup>th</sup> April



1



# Thank you



Report to Council of Governors			
<b>Date</b>	11 April 2024		
<b>Title</b>	<b>Staff Survey 2023 Results</b>		
<b>Author /Sponsoring Director/ Presenter</b>	Abigail Hopewell, Head of Leadership OD & Staff Engagement Claire Radley, Director for People & OD		
<b>Purpose of Report</b>	Tick all that apply ✓		
To provide assurance	<input type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input checked="" type="checkbox"/>
<b>Summary of Report</b>			
<p>The annual NHS Staff Survey results for 2023 were published nationally on 7 March 2024.</p> <p>Due to taking a very proactive approach to engagement and promotion of the survey including the offer of incentives, we have seen a dramatic increase in the response rate - from 50% in 2022 to 68% in 2023, which is just below the highest response rate nationally of 69.5%.</p> <p>Overall, the Trust remains considerably below the average for Acute Trusts for all People Promise scores. Equally, all People Promise elements have seen a statistically significant improvement in their score. Of the three 'net promoter' questions, two of these have seen an improvement (this is in line with the national average trend). The question 'Care of patients/service users is my organisation's top priority' has dropped by 0.5% compared to 2022, and this bucks the national average trend.</p> <p>The Staff Experience Improvement Programme is using the latest results to inform the focus of our activity around the three workstream priorities which are each linked to the NHS People Promises. We have also identified additional priorities for each division to concentrate on based on division-level analysis of the results. Divisions will report throughout the year on their progress at Divisional Board, monthly Executive Performance Review meetings. At Trust level progress is monitored via the Trust Leadership Team meeting and People &amp; OD Committee.</p>			
<b>Recommendation</b>			
To ACCEPT the published NHS Staff Survey results and associated plans for delivery and monitoring of improvements through stated governance processes.			
<b>Enclosures</b>			
Staff Survey Results Summary The Trust's Benchmark report is available on the <a href="#">NHS staff survey website</a>			

# NHS Staff Survey 2023

## Summary of results for Public Board

## Gloucestershire Hospitals NHS Foundation Trust

March 2024

Gloucestershire Hospitals NHS Foundation Trust

## 2023 NHS Staff Survey

### Organisation details

Completed questionnaires **5475**

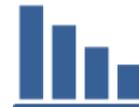
2023 response rate **68%**

### Survey details

Survey mode **Mixed**

### This organisation is benchmarked

Acute and Acute & Community Trusts



### 2023 benchmarking group details

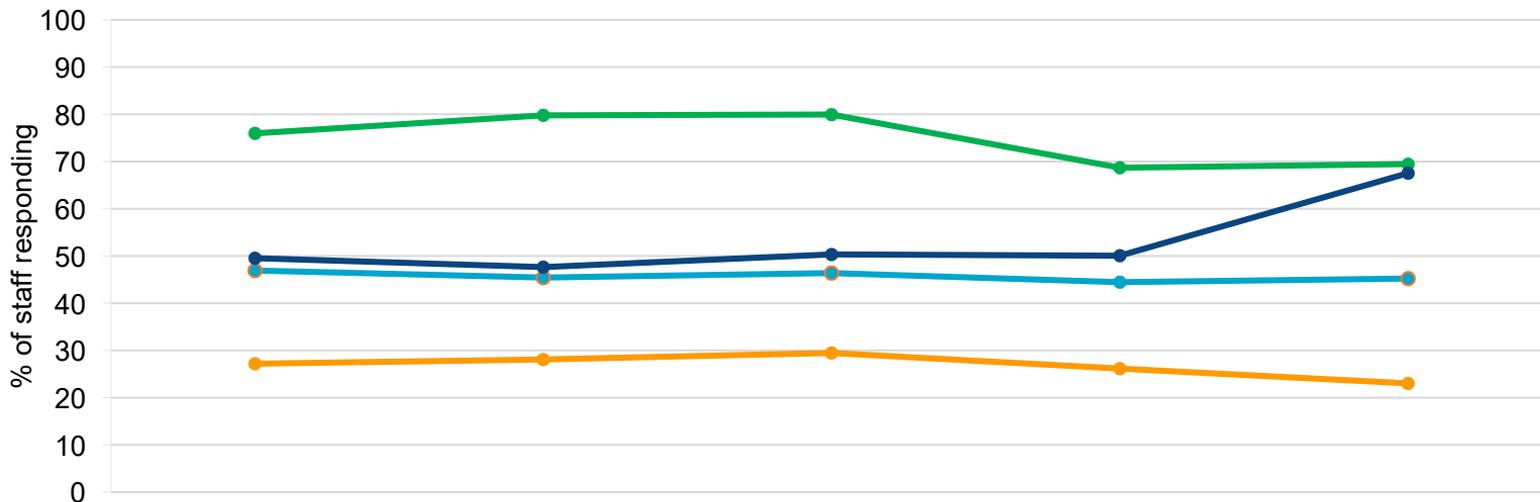
Organisations in group: 122

Median response rate: 45%

No. of completed questionnaires: 477643



### Response rate



	2019	2020	2021	2022	2023
<b>Your org</b>	49.53%	47.64%	50.34%	50.06%	67.53%
<b>Highest</b>	75.96%	79.77%	79.95%	68.69%	69.45%
<b>Average</b>	46.93%	45.43%	46.38%	44.46%	45.23%
<b>Lowest</b>	27.20%	28.09%	29.47%	26.17%	23.03%
Responses	3403	3519	3897	4232	5475

# People Promise elements and themes: Overview

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



We are compassionate and inclusive

We are recognised and rewarded

We each have a voice that counts

We are safe and healthy

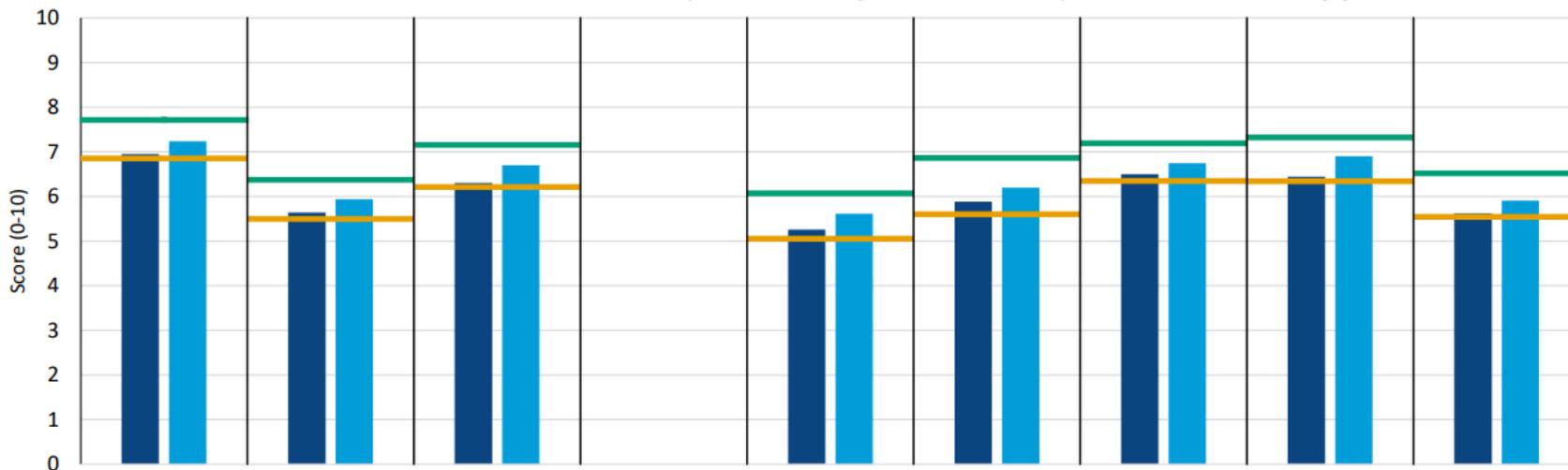
We are always learning

We work flexibly

We are a team

Staff Engagement

Morale



Your org	6.95	5.64	6.30	-	5.26	5.88	6.50	6.45	5.62
Best result	7.71	6.37	7.16	-	6.07	6.87	7.19	7.32	6.52
Average result	7.24	5.94	6.70	-	5.61	6.20	6.75	6.91	5.91
Worst result	6.85	5.50	6.21	-	5.05	5.60	6.35	6.34	5.54
Responses	5462	5458	5425	-	5145	5438	5454	5468	5469

Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023\*. For more details please see the [technical document](#).

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	6.83	4222	6.95	5462	Significantly higher
We are recognised and rewarded	5.39	4225	5.64	5458	Significantly higher
We each have a voice that counts	6.16	4203	6.30	5425	Significantly higher
We are safe and healthy	5.63	4208	-	-	-
We are always learning	4.97	4086	5.26	5145	Significantly higher
We work flexibly	5.63	4217	5.88	5438	Significantly higher
We are a team	6.33	4216	6.50	5454	Significantly higher
<b>Themes</b>					
Staff Engagement	6.32	4227	6.45	5468	Significantly higher
Morale	5.31	4226	5.62	5469	Significantly higher

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

# Question summary

**56 out of 87 questions (64%)**, which are directly linked to the People Promises/theme, have seen a **statistically significant improvement**.

The remaining questions show a modest improvement or have remained the same as 2022, with the exception of two questions which show a modest deterioration:

**Q16a** – not experienced discrimination from patients/public: **2023: 91%** (2022: 92%)

**Q24a** – organisation offers me challenging work: **2023: 69%** (2022: 71%)

Another question, not attached to the Promises/themes, has shown a modest deterioration:

**Q31b** - Disability: organisation made reasonable adjustments to enable me to carry out work: **2023: 71%** (2022: 72%)

Whilst movement of this nature is minor and may be no more than random fluctuation in the data, we will monitor these questions in future surveys

# League table: historic positive score



Gloucestershire Hospitals  
NHS Foundation Trust

The historical league table for Trusts **which administered their survey with PICKER** shows how your overall positive score changed from the previous survey, and how this change compares to other organisations **Acute and Acute Community Trusts** who ran the **NHS Staff Survey with Picker**.

## NHS Staff Survey 2023: Overall Positive Score Change (12/62)



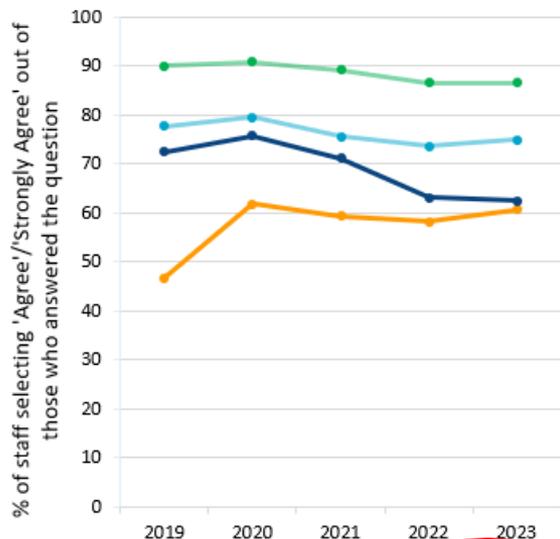
## NHS Staff Survey 2022: Overall Positive Score Change (64/65)



# Net Promoter Questions

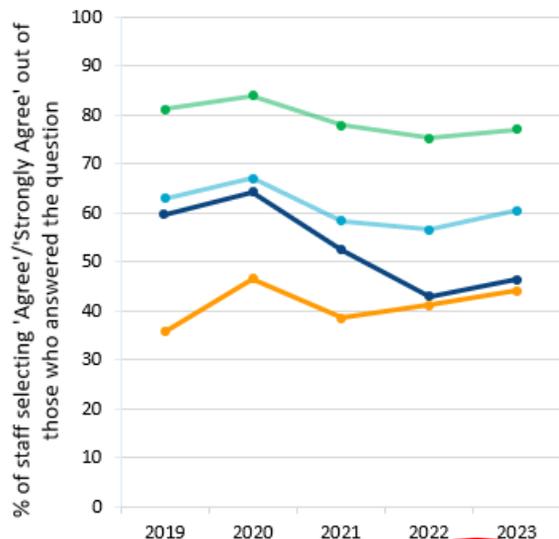
- Care of patients/service users is my organisation's top priority
- I would recommend my organisation as a place to work
- If a friend of relative needed treatment I would be happy with the standard of care provided by this organisation

Q25a Care of patients / service users is my organisation's top priority.



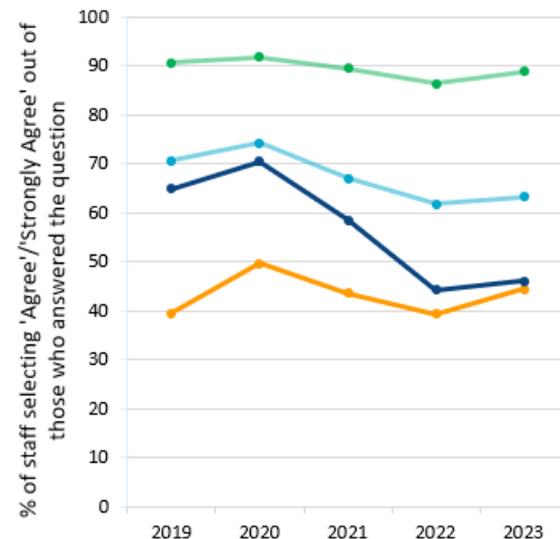
	2019	2020	2021	2022	2023
<b>Your org</b>	72.29%	75.70%	71.12%	63.05%	62.49%
<b>Best result</b>	90.05%	90.77%	89.25%	86.61%	86.57%
<b>Average result</b>	77.64%	79.53%	75.57%	73.56%	74.83%
<b>Worst result</b>	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	3346	3499	3873	4208	5442

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
<b>Your org</b>	59.53%	64.29%	52.48%	42.98%	46.40%
<b>Best result</b>	81.18%	83.99%	77.82%	75.24%	77.09%
<b>Average result</b>	62.94%	67.00%	58.40%	56.48%	60.52%
<b>Worst result</b>	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	3341	3497	3869	4207	5441

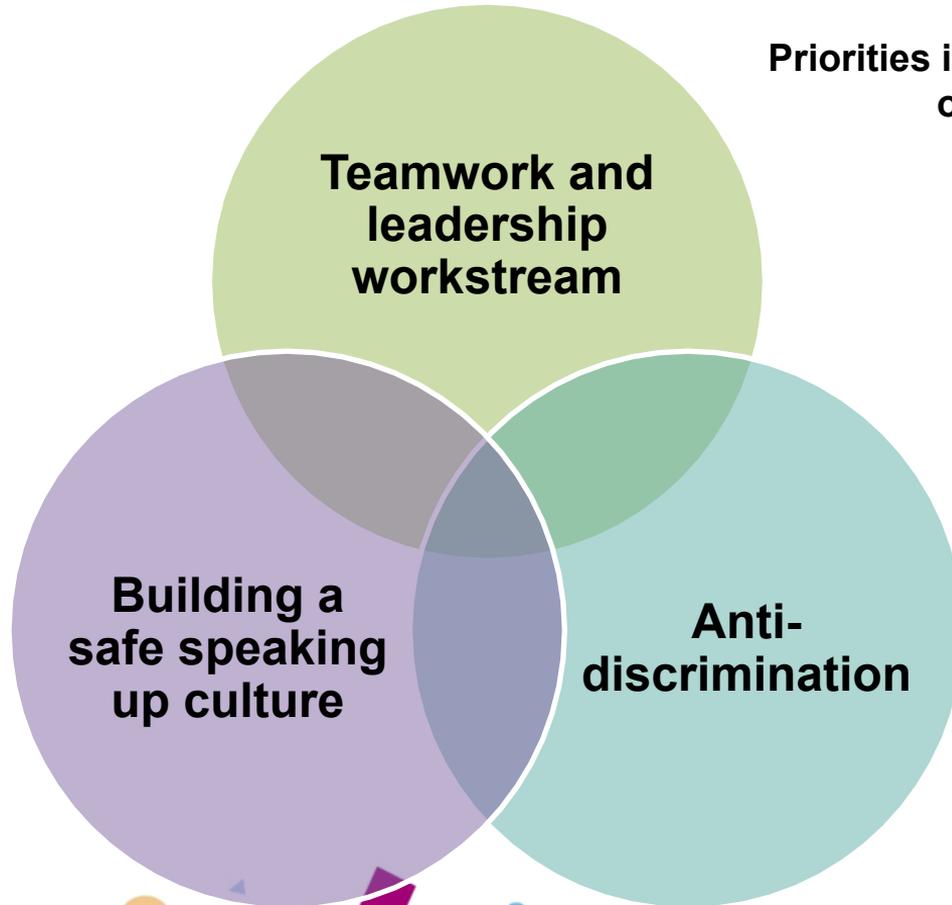
Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
<b>Your org</b>	64.68%	70.46%	58.50%	44.21%	46.09%
<b>Best result</b>	90.62%	91.76%	89.51%	86.28%	88.82%
<b>Average result</b>	70.57%	74.32%	66.99%	61.82%	63.32%
<b>Worst result</b>	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	3326	3500	3866	4205	5442

# Staff Experience Improvement Programme – workstream priorities

Priorities identified from staff survey results alongside other key data sources/ intelligence



Teamwork & Leadership workstream  
NHS People Promise 7: We are a team

Anti-discrimination workstream  
NHS People Promise 1 sub-score:  
Diversity & Inclusion

Building a safe speaking up culture workstream  
NHS People Promise 3: We each have a voice that counts

Report to Council of Governors			
<b>Date</b>	11 April 2024		
<b>Title</b>	Governor's Log		
<b>Author /Sponsoring Director/Presenter</b>	Lisa Evans, Deputy Trust Secretary		
<b>Purpose of Report</b>	Tick all that apply ✓		
<b>To provide assurance</b>	<input checked="" type="checkbox"/>	<b>To obtain approval</b>	<input type="checkbox"/>
<b>Regulatory requirement</b>	<input type="checkbox"/>	<b>To highlight an emerging risk or issue</b>	<input type="checkbox"/>
<b>To canvas opinion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
<b>To provide advice</b>	<input type="checkbox"/>	<b>To highlight patient or staff experience</b>	<input type="checkbox"/>
Summary of Report			
<p><u>Purpose</u></p> <p>This report updates the Council of Governors on the themes raised via the Governors' Log in the Council of Governors meeting in December.</p> <p><u>Key issues to note</u></p> <p>The Governor's Log is available to view at any time within the Governor Resource Centre on Admin Control.</p>			
Recommendation			
That the report be noted.			
Enclosures			
Governors Log			

<b>REF</b>	01/24	<b>STATUS</b>	<b>CLOSED</b>
<b>SUBMITTED</b>	20 February 2024	<b>ACKNOWLEDGED</b>	22 February 2024
<b>DEADLINE</b>	7 March 2024	<b>RESPONDED</b>	26 February 2024
<b>GOVERNOR</b>	Bilgy Pellissery		
<b>LEAD</b>	Ian Quinnell, Director of Strategy and Transformation		
<b>THEME</b>	Parking Issues		
<b>QUESTION</b>			
Could the diagnostic centre staff get parking nearer to the site? It's not ideal to walk from Tesco parking to the site.			
<b>ANSWER</b>			
<p>The CDC currently has limited parking available and we have prioritised patient parking.</p> <p>Due to that factor, we asked the council to provide us with some options for staff parking. The information is provided in the attached presentation. Currently the closest car parks are Tesco and Castlemeads: the Castlemeads option was ruled out as the first choice due to poor lighting on the route, undergrowth on the way and the closing time. The Quays was probably the best option in terms of lighting, but was quite a walk and whilst pleasant in the summer months, we were worried about the winter nights. These options were taken to the Parking Task and Finish Group, where we debated the pros and cons of each option and decided on the Tesco option.</p> <p>There are a few things to note, however: -</p> <ol style="list-style-type: none"> <li>1. We said that we would check back in with staff after 4 months to see how things were going. It was not clear which staff exactly were going to be working at the CDC as not all of the sessions have been filled as yet, so we thought it would be important to gauge views once everyone had experienced it for a while.</li> <li>2. The Council are going to build a multi-storey car park next to the CDC site, so this would be the long-term option for parking for our staff.</li> <li>3. Lastly, we will be talking to local bus providers to see if we can build this into a route between the CDC and the hospital site.</li> </ol>			

<b>REF</b>	02/24	<b>STATUS</b>	<b>CLOSED</b>
<b>SUBMITTED</b>	25 February 2024	<b>ACKNOWLEDGED</b>	27 February 2024
<b>DEADLINE</b>	10 March 2024	<b>RESPONDED</b>	28 March 2024
<b>GOVERNOR</b>	Mike Ellis		
<b>LEAD</b>	Al Sheward, Chief Operating Officer		
<b>THEME</b>	62 day Cancer targets – Urology & Colorectal – Update		
<b>QUESTION</b>			
<p>Last year I asked questions about Urology and Colorectal Cancer targets, with particular reference to 62day RTT breaches (see Governors Log questions 6/23 &amp; 11/23). Following discussion of this topic at the subsequent CoG, it was agreed that I might submit a request for an update after 3-6months.</p> <ul style="list-style-type: none"> <li>• Would it be possible to share the latest status of both Urology and Colorectal 62 day Referral to Treatment (RTT) figures? Whilst it can be helpful to compare GHT figures with the national average, it is more relevant to Gloucestershire residents to see what progress over time is being made locally.</li> <li>• The helpful response to my August Log question also answered my query about increases in the numbers of referrals to Urology and Colorectal cancer teams. Referrals for both departments appeared to be increasing steadily. Is that trend continuing? How well are these departments managing the increased “demand”?</li> <li>• What has happened to the number of Breaches of the 3 national cancer targets for Urology and Colorectal cancer, both in terms of numbers breaching and %age?</li> <li>• Have the doctors’ strikes impacted on the management of cancer referrals for either of these specialties?</li> <li>• I appreciate that the CEO’s report to CoG in February referenced some of the above. Unfortunately, I was unable to attend and do not know if this topic was explored in more detail.</li> </ul> <p>And an addendum – the Lithotripter: Has a home been found for important piece of equipment, and is it now in service?</p>			
<b>ANSWER</b>			
62-Day Cancer targets – Urology & Colorectal			
<p>1. January 2024, which is the latest reported national position, for Urology and Colorectal in GHFT for 62 Day RTT shows 22.8% and 26.9% respectively.</p>			

These are both lower than previous 6 months, however this is due to seasonal/winter pressures and prolonged industrial action during the month of Decemeber-23

2. Referrals for LGI continue to increase, and year to date we have seen a growth of 2% compared to last year's referral rates. Urology referrals have however shown a 4% decrease in 23/24 compared to 24/25, however this converts to around a 100 referral difference in the 2 years.
3. Both LGI and Urology have maintained a stable, while overall non-compliant position during the past 6 months. This is mainly due to the complex pathways and known diagnostic delays which the Trust are working through as part of the recovery plans for 24/25.
4. The specialties have minimised the impact of the industrial action on their performance through prioritising cancer lists for cover through the strike period.
5. It has been agreed that the lithotripter will be housed on what is currently ACUC, however ward moves are required to facilitate this followed by estate works. It is planned that this will be operational form August 2024.

**Lower GI:**

<b>62 Day RTT</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Treated	38.5	25	26.5	27	28	33.5
Treated before Day 62	18	9	10	13	12	9
Treated after day 62	20.5	16	16.5	14	16	24.5
Performance	46.8%	36.0%	37.7%	48.1%	42.9%	26.9%

<b>31 Day RTT</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Treated	115	73	75	78	76	99
Treated before Day 31	105	57	68	72	74	93
Treated after Day 31	10	16	7	6	2	6
Performance	91.3%	78.1%	90.7%	92.3%	97.4%	93.9%

<b>28 Day FDS</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Patients Diagnosed	442	404	436	468	371	397
Informed before Day 28	315	264	289	289	258	235
Informed after Day 28	127	140	147	179	113	162
Performance	71.3%	65.3%	66.3%	61.8%	69.5%	59.2%

**Urology:**

<b>62 Day RTT</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Treated	60	67.5	46	56.5	39.5	80
Treated before Day 62	25	28.5	12	25	9	23
Treated after day 62	35	39	34	31.5	30.5	57
Performance	41.7%	42.2%	26.1%	44.2%	22.8%	28.8%

<b>31 Day RTT</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Treated	161	164	146	183	108	205
Treated before Day 31	136	143	116	162	94	187
Treated after Day 31	25	21	30	21	14	18
Performance	84.5%	87.2%	79.5%	88.5%	87.0%	91.2%

<b>28 Day FDS</b>	<b>Aug-23</b>	<b>Sep-23</b>	<b>Oct-23</b>	<b>Nov-23</b>	<b>Dec-23</b>	<b>Jan-24</b>
Patients Diagnosed	230	201	198	243	188	280
Informed before Day 28	110	84	86	126	92	110
Informed after Day 28	120	117	112	117	96	170
Performance	47.8%	41.8%	43.4%	51.9%	48.9%	39.3%