

**/ GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Council of Governors Public Meeting**  
**14.00, Tuesday 10 September 2024**  
**Room 3, Sandford Education Centre, Cheltenham**  
**AGENDA**

Ref	Item	Purpose	Paper	Time
1	<b>Apologies</b>			14.00
2	<b>Declarations of interest</b>			
3	<b>Minutes of meeting held on 13 June 2024</b>	Approval	Yes	
4	<b>Matters arising</b>	Information	Yes	
5	<b>Chair's update</b> <i>Deborah Evans, Chair</i>	Information	Yes	14.10
6	<b>Chief Executive's Briefing</b> <i>Kevin McNamara, Chief Executive</i>	Information	Yes	14.25
7	<b>Update on the year-end position</b> <i>Michelle Hopton, Deloitte</i>	Assurance	Yes	14.40
8	<b>Engagement &amp; Involvement Annual Review</b> <i>James Brown, Director of Engagement, Involvement &amp; Communications</i>	Assurance	Yes	14.55
9	<b>Freedom to Speak Up – Annual Update</b> , <i>Louisa Hopkins</i> <i>Lead Freedom to Speak Up Guardian</i>	Assurance	Yes	15.15
<b>Break (15 minutes)</b>				15.30
10	<b>Key Issues and Assurance Reports:</b> <ul style="list-style-type: none"> <li>• <b>Audit &amp; Assurance Committee</b> <i>John Cappock, Non-Executive Director</i></li> <li>• <b>Quality &amp; Performance Committee</b> <i>Sam Foster, Non-Executive Director</i></li> <li>• <b>Finance &amp; Resources Committee</b> <i>Jaki Meekings Davis, Non-Executive Director</i></li> <li>• <b>People &amp; OD Committee</b> <i>Vareta Bryan, Non-Executive Director</i></li> </ul>	Assurance	Yes	15.45
11	<b>Any other business</b>			16.15
<b>INFORMATION ITEMS</b>				
12	<b>Governor's Log</b> <i>Lisa Evans, Deputy Trust Secretary</i>	Information	Yes	
<b>CONFIDENTIAL ITEM</b>				
13	<b>Procurement Paper – Audit contracts</b> <i>Karen Johnson, Director of Finance</i>	Approval	Yes	16.20
<b>Close by 16.30</b> <b>Date of next meeting: TBC</b>				

**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Minutes of the Council of Governors - Public Meeting**  
**14.00, Thursday 13 June 2024**  
**Redwood Education Centre, Gloucester**

<b>Present</b>	Deborah Evans	Trust Chair (Chair)
	Bryony Armstrong	Public Governor, Cotswold
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Matt Babbage	Appointed Governor, Gloucestershire County Council
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Douglas Butler	Public Governor, Cotswold
	Ian Craw	Public Governor, Tewkesbury
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Jeremy Marchant	Public Governor, Stroud
	Peter Mitchener	Public Governor, Cheltenham
	Asma Pandor	Staff Governor, Nursing and Midwifery
	Bilgy Pelissary	Staff Governor, Nursing and Midwifery
	Maggie Powell	Appointed Governor, Healthwatch
Olly Warner	Staff Governor, Other/Non-Clinical Staff	
<b>Attending</b>	John Cappock	Non-Executive Director
	Lisa Evans	Deputy Trust Secretary
	Sam Foster	Non-Executive Director
	Marie-Annick Gournet	Non-Executive Director
	Richard Hastilow-Smith	Associate Director of Charity (item 07)
	Millie Holmes	Corporate Governance Apprentice
	Kaye Law Fox	Chair of GMS, Associate Non-Executive Director
	Kevin McNamara	Chief Executive
	Jaki Meekings Davis	Non-Executive Director
	Juwairiyia Motala	Community Engagement and Involvement Manager (item 08)
	Mike Napier	Non-Executive Director
	Amanda Naylor	Healthwatch (Observer)
	Kerry Rogers	Director of Integrated Governance
	Stephanie Rowe	Clinical Photographer (item 08)
<b>Apologies</b>	Matt Bishop	Public Governor, Forest of Dean
	Vareta Bryan	Non-Executive Director
	Pat Eagle	Public Governor, Stroud
	Balvinder Heran	Non-Executive Director
	Susan Mountcastle	Public Governor, Forest of Dean
	Sally Moyle	Associate Non-Executive Director
Russell Peek	Staff Governor, Medical & Dental Staff	
<b>Ref</b>	<b>Item</b>	
01	<b>Welcome and Apologies</b>	
	The Chair welcomed all to the meeting, particularly new Governors attending for the first time.	

	Apologies were noted as above.
02	<p><b>Declarations of Interest</b></p> <p>Sam Foster, Jaki Meekings Davis, Mike Napier and Kaye Law Fox declared interests in the NED appraisal item. They agreed they would step out of the room for that section.</p> <p>The Chair declared an interest in the Chairs Appraisal item, it was agreed that she would leave the meeting at that point and Andrea Holder would take the chair for the remaining items.</p>
03	<p><b>Minutes of meeting held on 11 April 2024</b></p> <p>The minutes were approved as an accurate record.</p>
04	<p><b>Matters arising</b></p> <p>The Governors noted the updates and APPROVED the closed items.</p>
05	<p><b>Chairs Update</b></p> <p>Governors received a report setting out the Chair's activities since the last meeting. This included:</p> <ul style="list-style-type: none"> <li>• A visit to the Community Assessment and Treatment Unit (CATU) at Tewksbury Community Hospital which was celebrating its second anniversary. The service accepted referrals from Rapid Response, South West Ambulance, the Homeward Assessment Team and local GPs and aimed to prevent acute hospital admission and reduce length of stay. A joint visit with Governors to Woodmancote (stroke ward at Cheltenham General) also took place. The Chair and Governors were able to converse with patients and colleagues.</li> <li>• The Chair had met with new governors.</li> <li>• Ambassadorial commitments included a meeting with Claire Marchant, the Vice Chancellor of the University of Gloucestershire, the launch of the Hospital Charity's lion themed walking trail for summer 2025 called Lions at Large – the Pride of Gloucestershire. The Chair had attended the opening of the Alstone Urology outpatients area and spent time with the multidisciplinary urology team.</li> <li>• The Chair had attended a Health and Overview Scrutiny meeting, which had received a 'deep dive' report into GP services and access to primary care.</li> </ul>
06	<p><b>Chief Executive' Report</b></p> <p>The report provided by the Chief Executive was taken as read. Kevin McNamara reported on the ambassadorial visits he had undertaken as part of his role. He had been spending time in the services within the hospitals and in the community seeing the conditions in which the Trust was delivering care the excellent facilities now available at the Community Diagnostic Centre were noted. Work was taking place with Gloucestershire Managed Services to focus on some estates interventions.</p> <p>Kevin McNamara reported that a new Trust Strategy would begin to be developed in the summer. Governors noted that the advent of system working had changed the focus.</p> <p>The first cohort from the Three Counties Medical School had been welcomed to the Trust. A staff safety trial of body worn cameras was now coming to an end and the results would be evaluated. Governors noted that currently the Trust did not have a dedicated security team.</p>

Kevin also reported that staff the Sexual Safety Charter had been raised with him by colleagues; he was keen that the Trust signed up. Kevin noted examples of discrimination which had been highlighted to him, cultural work was continuing and Trust values were being reinforced.

Kevin reported on operational performance. The Trust had been working closely as a system with partners from Newton Europe to help improve flow and had reduced waiting times in the emergency department and ambulance handovers. Gloucestershire Health and Care NHS Foundation Trust had been awarded the contract to provide an Integrated Urgent Care Service for local patients. The service would begin in November and could make a positive difference.

Kevin reported that Junior Doctors would be holding further strike action next month. Consultants had accepted a pay offer.

The Trust had launched a Patient Engagement Portal in May. It would enable direct communication with patients, through the NHS app, and would help patients access more of their hospital information and improve accessibility to services. Governors were encouraged to download the app if they hadn't already done so.

Governors were updated on recent reports and inspections by the Care Quality Commission. Discussions had taken place at executive level and Kevin was keen that the trust should be open and receptive and should respond in a non-defensive way.

Emma Mawby noted that the Trust was responsible for vulnerable patients and asked about the scope of the Trust Strategy, would the focus be on patients? Kevin reported that the Strategy should consider the whole population. It would involve work around development and improving outcomes. There should be focus on areas where the Trust could add the greatest value. Kevin added that governance issues were being addressed, Kerry Rogers, new Director of Integrated Governance would be key in raising standards.

Helen Bown noted the recent '12 days of Spring' initiative and the energy this brought. Kevin reported that the energy was still evident, that work was translating into '8 days of Summer'. Maggie Powell asked if focus on one area i.e., flow, took focus away from other areas. Kevin reported that there was no evidence of that, adding that flow was so important as it drove so much of the work of the Trust.

07 **Charity Launch**

The Governors noted that the strategic vision for the Charity was to enhance the established regional cancer centre serving up to 1m people. Richard Hastilow-Smith, Associate Director of Charity updated the Committee on the journey toward the Gloucestershire Cancer Institute:

- GCI Project Board 2018: Strategic Outline Case approved 2019: Phase 1 new build and Phase 2 transformation of estate
- Fundraising & spatial 'envelope' with iterations: 2018 - 2023
- Systemic Anti-Cancer Therapies (SACT) suite development 2023: Avening
- Outline Business Case approved 2023: high level plans with pre-planning discussions
- Full Business Case 5/2024: Trust Board approval to progress

Richard Hastilow Smith reported that the Outline Business Case provided private space where people could digest difficult news and leave through a private garden area. The full

	<p>business case was signed off in May, the target to fund this was £17.5m. £500k had been received from the Department of Health.</p> <p>The Lions at Large sponsorship appeal was discussed; the sculpture trail would span across Gloucester and Cheltenham. Richard reported that the appeal had already received great coverage at the launch and significant pledges had already been made, with donations £8.3m. The full launch would happen in September</p>
08	<p><b>REFRAME – Diverse Images for Healthcare</b></p> <p>Stephanie Rowe, Clinical Photographer updated the Governors on a project aiming to transform healthcare images. Stephanie explained that this resource would be instrumental for healthcare professionals and educators in their efforts to address health inequalities. The aim was to capture a comprehensive range of medical photographs of people from different backgrounds, and to create a diverse image library that represented the communities being served.</p> <p>Stephanie reported that this project could help to reduce health inequalities, she asked Governors for their ideas on how the Council could support the initiative. Emma Mawby noted that the University of Gloucestershire had a strong international body who may be able to help. Several governors offered to share information through their networks and communication channels. Andrea Holder suggested approaching the primary care Patient Participation Groups.</p> <p>Fiona Hodder asked who would take the photos. Stephanie Rowe confirmed that she would, photos being taken for other purposes could also be used with permission.</p> <p>Richard Hastilow Smith welcomed the project and suggested that a bid could be made to the charity for some funding.</p> <p><b>Engagement and Involvement Update</b></p> <ul style="list-style-type: none"> <li>• <b>Young Influencers</b></li> </ul> <p>Bryony Armstrong reported that since January 2024, Talitha Blake had supported Bryony and team to review the Young Influencers Programme. After connecting with Birmingham Children’s Hospitals Young Person’s Advisory Group and conducting a focus group with young people, the programme had moved away from the work experience/careers focus. Since March there had been a core group of 10 young people meeting monthly (in person or via Teams) to feedback on services and experiences within the Trust. In April, the Young Influencers carried out a 15 Step Challenge in Children’s Emergency Department and were now working on an information leaflet for young people accessing Emergency treatment. The group had connected with Gloucestershire Young Carers and The Music Works with the aim of building relationships with local youth groups and organisations. Call for Concern was launched on 10 June and in preparation, the Young Influencers were asked for feedback on the poster.</p> <p>Bryony set out the next steps for the group. This included printing new marketing materials, t-shirts and hoodies and attending the No Child Left Behind Party in the Park. The Children’s ED leaflet for young people would be finalised. A short video about the Trust for Cheltenham and Gloucestershire Hospitals Charities would be produced to show at local primary and secondary schools and a feedback/review visit was to be undertaken to Theatre Practice Development Team which covers Cheltenham, Gloucester and</p>

Cirencester. The group was continuing to recruit Young Influencers and was developing ongoing relationships with community groups.

Peter Mitchener reported that he was a Governor at Balcarras school in Cheltenham and may be able to arrange for the group to test the video there. Sam Foster noted the good evidence shared here of how the Trust involved different groups. Kevin McNamara reported that the Trust did not currently have a formal record of engagement projects taking place. He noted the low number of boys in the picture and the impact of health inequalities on working class boys, Bryony confirmed that there was only 1 boy and 9 girls in the group, she added that there was a need to diversify the group; the Young Influencers were mainly female grammar school students. Kevin McNamara suggested looking into NHS Cadets.

#### • **Governor Events**

Juwairiyia Motala updated the Governors on the Community Engagement work being undertaken. Governors noted that information was being provided in multiple languages; improved communication methods had been implemented and increased outreach efforts to engage with seldom heard groups were taking place. The team was building trust and relationships with community leaders, the focus on health equity and ensuring equitable access to healthcare was noted. The collaboration between health providers, community groups, and individuals had been strengthened; work with Gloucestershire Inter faith team was noted. Juwairiyia reported that she had attended the recent Polish Heritage Day where there were more than 2000 people in attendance.

#### **Engagement Strategy Update**

Juwairiyia Motala reported that the strategy fell across four pillars:

- Our Service Users & Supporters
- Our Colleagues
- Our Partners
- Our Places & Communities

Milestones for each year were provided; these would be reviewed at 3 ½ years. Objectives being removed from the plan and objectives not being met were noted.

Work on staff experience was highlighted. Juwairiyia reported that this area required some dedicated resource and focus. Kevin McNamara reported that the Trust needed to adopt one strategy with consistency of purpose. Enabling plans would be created which would sit beneath that strategy. Kevin added that regarding resources, the Trust would need to make choices around what pieces of work could be undertaken. Successful delivery of Our Places & Communities was noted, with all objectives green. Next steps were discussed. These included:

- New Engagement and Involvement Strategy – co-designed
- New (separate) Staff Engagement and Experience Strategy – co-designed
- Build on success of Young Influencers
- Core Priorities set, linked to CORE 20+5
- Continue to build representative membership
- Work in partnership with Governors on engagement opportunities

Juwairiyia highlighted a number of events taking place around the county over the next few months. Deborah Evans emphasised the request to the Governors to come along and be part of the events; she highlighted the Trust's work to address health inequalities.

	<p>In response to a question from Fiona Hodder about community events and membership. Juwairiyia reported that some groups currently did not sign up as they did not believe their voice was valuable, Governors needed to reassure these groups. Kerry Rogers added that Governors needed to share the membership information with their own contact groups but we also needed to ensure that membership was meaningful.</p>
<p>09</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>• Quality &amp; Performance Committee</li> </ul> <p>Sam Foster presented the Key Issues and Assurance Report for the March and April meetings of the Quality and Performance Committee. Sam reported that at the April meeting, the Regulatory Update had been rated red around the NHSE National Review of Paediatric Hearing Services. The CQC had requested that Trust Boards were made aware of progress. Mark Pietroni had reported that the service was now in a much stronger position. Complaints had also been discussed. Patient Safety was also rated red, 103 complaints had been received in March and year-end figures were the highest for the last three years. Assurance was sought regarding timeliness and handling of complaints and this was noted as an area the Chief Executive had identified as a priority for improvement. Water safety was another red risk.</p> <p>A number of reports were rated amber and Sam highlighted the Chief Operating Officer's work with Business Intelligence colleagues to improve data. Work was also taking place with Kerry Rogers to review the Board Assurance Risks.</p> <ul style="list-style-type: none"> <li>• Finance &amp; Resources Committee</li> </ul> <p>Jaki Meekings Davis, reported that there were no items rated as red at the April meeting of the Finance and Resources Committee. A number of amber risks were highlighted including the Cyber Security report which had previously been rated red. This risk had been downgraded following the receipt of an Internal Audit report. The Committee received assurance on cyber security actions and an update on the current picture.</p> <p>Recent cyber-attacks in London were discussed and Kevin McNamara reported that cyber risks had been discussed at the Executive Team Meeting. Governors noted that some samples from this Trust were sent to London Hospitals so this county was affected. Kevin added that a 'phishing' email exercise had been undertaken, Jaki reported that the Committee had asked about any colleagues who had made the same mistakes more than once.</p> <ul style="list-style-type: none"> <li>• People &amp; OD Committee</li> </ul> <p>Marie-Annick Gournet, reported on the March meeting of the People and OD Committee. Recruitment and Attraction was considered a red rated risk. Work taking place on recruitment was noted, a discussion took place around the experience of international staff. Data showed staff had experienced bullying and harassment. Concerns around their job security due to their visa position was noted. Work was taking place around culture and Marie-Annick reported that bullying and harassment was not well recorded for international colleagues.</p> <p>Consultants had been commissioned to provide work on time to hire. Feedback was positive but some gaps were noted; work was continuing. Kevin McNamara reported that key Trust policies were being reviewed including Equality, Diversity and Inclusion policies. This review</p>

	<p>would give confidence that the policies were fit for purpose. Governors welcomed the review and Emma Mawby asked how the Trust will know that the policies worked for staff. Kevin McNamara reported that there would be liaison with staff groups including staff side.</p>
10	<p><b>Notice of AMM</b></p> <p>Kerry Rogers reported that the Trust’s Annual Member’s Meeting also fulfilled the statutory duties of an Annual General Meeting. Work had taken place in the hope of making this a community event, however this would not happen this time. Kerry reported that the date currently held in calendars would change and the Corporate Governance team was working with the Communications team to find a new date.</p>
11	<p><b>Update from Governance and Nominations Committee</b></p> <p><b>NED Appointments</b></p> <p>A meeting of the Governance and Nominations Committee had taken place that week. The two items on the agenda for that Committee would be covered in the next item.</p>
12	<p><b>NED Appraisals &amp; Reappointments</b></p> <p><i>All Non-Executive Directors left the room for this item</i></p> <p><b>NED performance and appraisal update</b></p> <p>A summary of the non-executive director appraisals for 2023/24 was provided. Governors noted that it was a national requirement, and good governance, for each non-Executive director to have an appraisal each year. The Chair reported that she conducted appraisals; feedback was sought from Governors, Non-Executive and Executive Directors. Appraisals involved a review of the year, feedback from colleagues, the Chair’s own assessment or perspectives, and a discussion about development needs and NED responsibilities. A letter summarising the appraisal was sent to each NED for their amendment and agreement.</p> <p>Douglas Butler asked how NEDs were recruited and if it was a paid position. The Chair reported on the open recruitment process undertaken for NEDs and confirmed that NEDs were contracted on three-year terms and paid on the basis of 4-5 days’ work per month. The Chair confirmed that Governors were part of that recruitment process. The next NEDs reaching the end of their current terms were Mike Napier, Balvinder Heran and the Chair.</p> <p>Governors noted the report.</p> <p><b>Associate NED re-appointment</b></p> <p>Sally Moyle was appointed as Associate Non-Executive Director in 2022 for a one-year term year, with the possibility of a further one-year term extension. The appointment was made as the Trust was looking to become a University Hospital and national guidance required the Trust to appoint an ANED with a specific brief to support that.</p> <p>Governors noted that Sally Moyle was approaching the end of her second term. The letter of appointment provided for a further re-appointment as an Associate Non-Executive Director.</p>

	<p>The report set out the details of the appointment, the performance and appraisal process followed and outlined a recommendation to adopt the provision for a further one-year term.</p> <p>The Committee APPROVED the reappointment of Sally Moyle as an Associate Non-Executive for a one-year period until 13 June 2025.</p> <p><b><i>The Chair left the room and Andrea Holder chaired the meeting from this item</i></b></p> <p><b>Trust Chair’s performance and appraisal update</b></p> <p>The preparation for and conduct of the appraisal discussion had been facilitated by Jaki Meekings Davis in her role as Senior Independent Director. Jaki set out the rigorous process followed for the Chair’s performance and appraisal. The appraisal and feedback were discussed with Andrea Holder as Lead Governor. Jaki noted that some Governors had felt that they were unable to participate as they did not know Deborah and work was being undertaken to create an informal interface with Governors.</p> <p>Jeremy Marchant asked who the Chair’s line manager was. Kerry Rogers reported that the Chair did not have a line manager, however the Council of Governors collectively undertook that role. Kerry added that the Council would be involved in the Chair’s reappointment in May and this appraisal would support that process.</p> <p>Andrea Holder noted the difficulty some Governors had with this process when they only saw NEDs at Council of Governors meetings. Kerry Rogers reported that it was encumbent on all Governors to be involved in the work of the Trust. However, she reported that it was the Council as a whole which held the NEDs to account.</p>
13	<p><b>Any other Business</b></p> <p>Andrea Holder asked Kevin McNamara about the Review of GMS Services which was currently taking place. The history and idea behind setting up GMS was discussed and Kevin reported that an independent consultant had been brought in to undertake a full review of the provision. A report which set out options for the future of the service was currently going through the Trust governance process. The recommendations set out how the Trust could be a better partner and could support GMS. Risks relating to GMS areas of work were highlighted and the make-up of the GMS Board was discussed.</p> <p>It was agreed that the GMS Strategic Review report would be brought to the Council, following its progress through the Trust Governance process. <b>ACTION</b></p> <p>Douglas Butler asked about the provision of Accident and Emergency departments at both Gloucestershire Royal Hospital and Cheltenham General Hospital. Kevin McNamara reported that co-location of those services not being considered at this time, however Trust services needed to be sustainable from a quality and workforce perspective.</p>
12	<p><b>Date of next meeting:</b> Tuesday 10 September 2024</p>
<p><b>Close 16.55</b></p>	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
<p><b>June 2024</b></p>				

13	<b>Any other business</b> GMS Strategic Review report to be brought to the Council, following its progress through the Trust Governance process	IQ	Sept	Ian will discuss the GMS Strategic review in his presentation to Governors at the November Induction / Development Session.
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## Chairs Report to Council of Governors - September 2024

### 1. Purpose

This is the regular report from the Chair of the Trust about her activities since the last Council of Governors meeting and is for information

### 2. Appreciation

A number of longstanding Governors have reached the end of their tenure and are not extending or standing for re-election. These include Jeremy Marchant, public governor and Maggie Powell, stakeholder governor representing Healthwatch Gloucestershire.

Maggie and Jeremy have both served the Trust very loyally, focussing on improving services and outcomes for patients. They have been committee members and committed extra time to interview processes, service visits and deep dive meetings.

We are very grateful to them.

### 3. Visits

My visits and external meetings since June Council of Governors meeting have included:

- Chairs visit – the chairs visit focussed on alternatives to conveyance to the Emergency Department. We included the chair and medical director of South West Ambulance Trust. The day started with an introduction to the admissions avoidance activities of Gloucestershire Health and Care focussing on Rapid Response and then looking at their Virtual Wards and the GHFT Virtual Wards. The Ambulance colleagues reflected on the snap shot surveys which suggest that 20% of patients would not need to attend an Emergency Department if alternatives were available and also talked about best practice across the South West.
- On 13 August Andrea Holder and I undertook a NED/Governor visit to Human Resources and Organisational Development. We met many team members and reviewed the many achievements including Time to Hire of 47 days; financial savings through e rostering, Agency / bank shifts and recruiting Health Care Assistants to “special” vulnerable patients. We gained insights into the work of HR Business partners in supporting the Divisions and the People Advisory Team. Organisational developments include the extensive team and management development programme, preceptorship and becoming early adopters of the standardised NHS Mandatory training. This will create an NHS wide training passport.
- My most recent visit in the company of GMS chair, Kaye Law-Fox was to the telephone switchboard and the post room at GRH. In both cases we met highly dedicated colleagues who had been with the Trust for many

years. We learnt of the operational difficulties which these colleagues experience and the committed and imaginative solutions they seek. The post room for example were running a campaign to ensure that colleagues across the Trust are addressing, folding and putting letters in envelopes so that they are not rejected by the franking machines as this brings additional costs and causes delay.

- Lucy White – Healthwatch are a nationally mandated, independent organisation who have a brief to seek feedback on health and care services and direct it to local service providers. Their powers include the ability to “enter and view” services. They work closely with Katherine Holland our Patient Experience lead and the Trust gives them a place on our Governing Body, which Maggie Powell has filled until recently.
- Vicci Livingstone – Inclusion Gloucestershire. This local organisation is run by and represents people who are disabled, neuro divergent, autistic or have mental ill health. Their activities include quality checking health and social care services, user led research into barriers to services, easy read guides, training and development of co production of service improvements. Vicci is also a non-executive director at Gloucestershire Health and Care so it was good to talk about our common interests.
- Heads of service meeting Research and Innovation team. This team, led by Claire Richardson are responsible to developing our research portfolio, which is mainly about national research studies and for stimulating innovation at the Trusts, often through commercial developments. The meeting included a presentation on the national genomics programme.
- The Perfect 8 Days of Summer – this was second series of rapid improvement days following those at Easter. I particularly liked the emphasis on “green days” which are those where progress is made towards diagnosis or treatment leading to arrangements for discharge

#### **4. Ambassadorial commitments**

Since the last Council of Governors meeting, I have undertaken the following:

- Speaking at the Dursley Rotary club who are coordinating fundraising for the refurbishment of the Focus Centre as part of our Big Space Cancer Appeal.
- New doctors induction – I welcomed the new cohort of junior doctors at the beginning of August. I had previously had a meeting with the chair of our junior doctors forum to understand the issues they face. We talked about the low morale in their profession and the long-standing industrial action. We also reviewed local issues including car parking, especially for twilight shifts; barriers to train/bus travel: mess facilities. Our Trust was seen as good on setting 12-month rotas and the food/ drinks offers.

**Deborah Evans**  
**Chair**

**August 2024**

## Chief Executive Report to the Council of Governors - Sept 2024

### 1. People and Culture

#### 1.1 General Election

Since the last Council of Governors Meeting there has been a change of Government following the General Election. For Gloucestershire, there was also a change to the constituent boundaries with the creation of the cross-county boundary constituency of South Cotswolds (combined with parts of Wiltshire), which has increased our MPs from six to seven.

There were six new MPs elected for Gloucestershire, including Matt Bishop, who is one of our Governors and we look forward to working with them all and we have had contact from most already. The full list of MPs is below:

- Max Wilkinson – Cheltenham.
- Matt Bishop – Forest of Dean.
- Alex McIntyre – Gloucester.
- Sir Geoffrey Clifton-Brown – North Cotswolds.
- Dr Simon Opher – Stroud.
- Dr Roz Savage – South Cotswolds.
- Cameron Thomas – Tewkesbury.

There will likely be changes for the NHS, as there always are with any new parliament, and we will continue to work together with staff and our partners in improving what it is like to work in our Trust and to ensure we continue to deliver good quality care for our patients and communities.

#### 1.2 Lord Darzi Review

The new Government announced on 11 July that Lord Ara Darzi would lead a rapid investigation and analysis of what the NHS does now and the scale of the challenges it faces.

Lord Darzi is a surgeon and innovator, independent peer and former health minister. He also led the NHS Next Stage review in 2007/08.

The investigation will consider the available data and intelligence in order to:

- Provide an independent and expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system.
- Ensure that a new 10-year plan for health focuses on these challenges.
- Stimulate and support an honest conversation with the public and staff about the level of improvement that is required, what is realistic and by when.

The analysis aims to shine a light on health inequalities and unwarranted variation in terms of demand for, access to, quality of and outcomes from NHS services across England.

It is expected that the independent investigation will report at some point in the autumn.

### **1.3 New Appointments - Director of Improvement and Delivery**

Following a recruitment process in June, the Trust has appointed Will Cleary-Gray as our new Director of Improvement and Delivery.

The role has been reshaped from the strategy, transformation and business development role, to emphasise the work we need to do on developing our approach to improvement, as well as the wider partnership/system agenda which will be important for the Trust in the years ahead.

Will started his NHS career as a Critical Care Nurse over 25 years ago and brings extensive experience in strategy, policy and COO roles at regional and national levels. Will is currently Executive Director of Strategy and Partnership for NHS South Yorkshire, a large, complex health system. Based on his experiences will give us a new perspective on some of the challenges and opportunities we face and make an important contribution to the wider Gloucestershire ICS agenda and will hopefully join the Trust in October.

My thanks to Ian Quinnell who has held the strategy and transformation brief since last summer and will continue to do so until Will's arrival. Ian's support has been hugely appreciated at a really important time for the Trust.

### **GMS Managing Director**

Mike Gregson has been appointed as the Managing Director within GMS from 1 August. Mike is currently the Director of Governance and Change for GMS and has a career history of strategic leadership in the delivery of business improvement programmes.

Simon Wadley has been interim Managing Director for the last 18 months and will revert to his substantive role as Finance and Commercial Director within GMS and we are grateful for the leadership provided to GMS.

### **1.4 Industrial Action update - Junior Doctors**

The British Medical Association's (BMA) Junior Doctors' Committee has agreed to put the latest Government pay rise before its members.

The latest offer is made up of a 4% backdated pay rise for 2023-24, on top of the existing increase worth an average of 9% for the last financial year. A further pay rise worth about 8% is being offered for 2024-25, as recommended by an independent pay review body.

That brings the total over the two years to roughly 22%, on average, for each junior doctor, with the lowest paid set to receive the largest increases.

If accepted, it would bring to an end a series of 11 separate periods of industrial action since March 2023.

### **1.5 Agenda for Change**

The Government announced in July the 2024/25 pay award for staff under the remits of the NHS Pay Review Body (NHS PRB).

With effect from 1 April 2024, a 5.5 per cent consolidated uplift for all Agenda for Change staff on NHS terms and conditions was approved.

Final details of the pay uplift such as when the backdated pay will be received are unclear at this stage.

Historically uplifts have been backdated and been paid in late summer or autumn. We are awaiting final details. We are also awaiting details on how it will be funded.

## **1.5 Industrial Action update - GP services**

GP services across England began collective action on Thursday 1 August for an indefinite period of time, and while there may be some disruption to services practices will remain open as usual and patients can make requests by phone, on-line or by walking in.

During collective action, practices are still required to be open between 08:00 and 18:30 Monday to Friday.

The nature of the action means that the impacts will vary at different GP practices and from area to area but could include GPs limiting the number of patient appointments per day.

NHS teams have worked hard to plan for disruption and to mitigate this where possible to ensure services continue to be provided for patients.

## **2. Operational context**

### **2.1 Performance**

#### **UEC**

Since July 8<sup>th</sup> (the first day of 8 Days of Summer), no patients have been boarded in ward corridors which is a significant achievement. We recognise that the boarding has impacted on the quality of patient and staff experience and several new processes, including the Integrated Flow Hub (IFH), have made a positive difference to flow across both hospitals. Building on the success of the 8 days of Summer working to identify those patients who could leave the Trust by asking the Question – Home? Why not today? Resulted in the highest number of discharges we have seen for some time.

The Trust has set a No Criteria to Reside (NCTR) target of 105 by the end of August 2024 we currently work at around the 137 level which, despite progress, still has an impact on our ability to maintain flow and care for patients. There is a clear correlation between lower No Criteria to Reside and better flow, reduced delays for patients and reduced deconditioning hence why it is such a focus for us and the wider system.

Four-hour performance across the Trust improved in July to 63% from 58.6% in June. against a target of 78%. The four-hour performance in Minors improved to 71.6% in July compared to 66.7% in June.

We have seen a steady increase in Minors in recent months which presents a challenge to us in terms of how we manage the capacity of the department. Part of the solution is system-based with regards to the need to ensure there are appropriate alternatives for Minors patients elsewhere in the system. We are closely monitoring the potential impact of the collective action taken by colleagues in General Practice.

Ambulance handover delays showed some signs of improvement in July. This is on the backdrop of an 6% increase in Ambulance arrivals across the Trust between June and July. The average handover time in July was 55mins. This compared favourably to the two

previous months 78 mins and 76 mins respectively. Our recent audits with SWAST and community partners indicate that around 20% of patients conveyed by ambulance to our Emergency Departments could receive a different offer in the community if it was readily available. Both CEO and COO have joined the SW Ambulance Handover improvement programme. In some other parts of the country systems have moved to 45 minute handover deadlines before the crew leaves the patient in ED and this is something that we need to develop our thinking on.

### Elective care

Improvements with elective care were seen in July as we continue to reduce the number of patients waiting more than 65 weeks by the end of September. At the end of August there are 459 patients at risk of breaching 65 weeks at the end of September. Our plans will see this number significantly reduce in September. We do not plan to have more than 50 patients at the end of September (8 Spinal and 48 ENT). The Trust has not reported any patients waiting more than 78 weeks since June 2024.

### Cancer

Current cancer data for July is being finalised. However, the following represents our position at 22<sup>nd</sup> August 2024.

Standard – JULY 2024	Total Seen	Breaches	Target	Performance
2 Week Wait	2,808	873	93%	68.9%
Breast Symptomatic 2WW	129	91	93%	27.9%
28 Day FDS	2,617	567	75%	78.3%
31 Day Overall	831	53	96%	94.5%
62 Day Overall	354.5	134	85%	62.2%

The Trust acknowledges the size of the challenge and that many patients are still waiting longer than they would like. We recognise the impact this has on individuals and families and are working hard to improve this position for all concerned.

## 3. Quality & performance

### 3.1 NHSE’s improvement teams offering support

NHSE National Team is providing additional support to the Trust ahead of winter 2024 to help support ambulance offloads, ambulance handovers and waiting times in ED. The Trust is working with NHSE’s Getting it Right First Time (GiRFT) and the Emergency Care Improvement Support Team (ECIST) as part of a targeted approach aimed at improving performance. It is planned to mobilise this work over the autumn. This will build on our existing approach through Working as One and the Clinical Vision of Flow (CVoF).

### 3.2 Right Care Right Person

Gloucestershire Police will be adopting Right Care Right Person (RCRP), which is an operational model that changes the way the emergency services respond to calls involving concerns about mental health.

Listening directly to the individuals who have experienced mental health crisis, it is known that police intervention can sometimes have a detrimental effect on patients who can feel they are being criminalised because of their health or social care issues.

The RCRP approach is solely about ensuring our communities receive an appropriate response from the individuals and agencies best equipped to support them.

It will not stop Gloucestershire Police immediate response to attend incidents where there is a threat to life. However, it will mean some changes to how the police respond if a patient has left an NHS premise or when individuals are brought to a place of safety (which could include an emergency department) if they require health support. The Trust are working with system partners to plan for the changes that are due to come into force at the end of September 2024.

### **3.3 High Intensity Use (HIU) Patients**

The Trust continues to deliver a dedicated monthly MDT clinic focused on patients with High Intensity Use (HIU) of services, including ED. The clinic brings together a multidisciplinary team including a pain consultant, safeguarding coordinator, and mental health liaison, with the recent addition of an ICB-funded HIU Social Prescriber.

The HIU Clinic continues to demonstrate its value in providing comprehensive support to patients with complex needs and a recent case highlights the effectiveness of this approach. A young person, experiencing multiple health-related anxieties, was supported by the clinic. Complex factors including social isolation, domestic abuse, and cultural barriers were identified. The presence of a Muslim HIU Social Prescriber significantly enhanced engagement, enabling effective assessment and development of a comprehensive support plan.

This case demonstrates the crucial role of the HIU Clinic in addressing the multifaceted needs of vulnerable patients. The collaboration between medical, social, and mental health services is essential in achieving positive outcomes for individuals who may otherwise continue to have a poor experience and limited ongoing support.

### **3.4 Partnership with Kingfishers Treasure Seekers and Trauma-Informed Care Initiative**

The Trust has launched two key initiatives aimed at enhancing support for vulnerable patients and staff within the Emergency Department (ED).

The first is a pilot project in collaboration with Kingfishers Treasure Seekers, a Gloucester-based charity supporting vulnerable patients. Two support workers from the charity are physically present in the ED from 6-11pm daily for a 10-week pilot, providing emotional and psychological support to distressed or vulnerable patients. Initial feedback from is extremely positive and the project not only benefits patients but also provides valuable support to staff and colleagues within the department.

The work with Kingfishers Treasure Seekers coincides with the launch of our Trauma-Informed Care (TIC) educational project.

Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?'

This project, funded by Health Education England, aims to equip staff in unscheduled care with the knowledge and skills to deliver trauma-informed care. We are currently recruiting a Band 7 practitioner dedicated to leading this initiative and implementing TIC principles within the department.

### **3.5 Impact of Homelessness on Attendance and Admissions**

The number of people experiencing homelessness nationally and locally has significantly increased, placing pressure on our services and the Trust's homeless team has been working to review the impact on hospital admissions, discharges, and readmissions.

In defining 'homelessness' the team focuses on individuals experiencing rough sleeping, those with no fixed abode, and those registered with the homeless healthcare team or residing in a homeless hostel. The trust team specialises in supporting homeless individuals with complex needs such as mental health, substance abuse, and exploitation.

The national housing and cost-of-living crises are driving the surge in homelessness. Research indicates that homeless individuals are disproportionately affected by health issues, with higher rates of emergency department attendance, hospital admissions, and length of stay.

To address this challenge, we implemented a strict 'no discharge to the street' policy, with exceptions for safety concerns. Our goal is to prevent unnecessary hospital admissions and readmissions through early intervention and support in the community.

Analysis of discharge data shows that the vast majority of patients are discharged promptly upon medical fitness. However, delays can occur in complex cases requiring specialist placements.

Despite the rising number of homeless individuals accessing our services, we have achieved a reduction in overall admissions and readmissions. This is a testament to the hard work of our teams, particularly in the emergency department and inpatient care.

To further improve our response, the team are developing standard operating procedures for managing homeless patients in the emergency department to ensure safe and timely discharges, early housing referrals, and personalised care plans for vulnerable individuals.

### **3.6 Post Graduate Doctors in Training**

An independent review by NHS England South West Workforce Training and Education Quality team has found that the Trust has made 'significant improvements' in the way it delivers training and supports Post Graduate Doctors in Training (PGDiT) in our Emergency Departments.

The team carried out a repeat visit and assessed workforce, training and education quality for doctors in training during the review.

They concluded that significant quality improvements had been made against previously identified areas and that overall, the progress made means training is now of an 'acceptable

quality overall' meaning no further visits would be required. The team did identify seven further action points but the panel was satisfied with the progress made and complimented the trainers, approach to training and commitment to learning and development. The panel also signalled some concerns particularly in relation to workforce pressures and volume of work, themes that are familiar with other EDs across the country.

## 4. Strategy

### 4.1 Centres of excellence

In July we centralised the Acute Medical Take at GRH as part of our vision *centres of excellence*. While there were teething issues the service reconfiguration was largely successfully.

The benefits of centralising the service, as set out in the wider Fit for the Future (FFTF) public consultation in 2020, include:

- Patients being seen more quickly by the most appropriate specialist teams.
- Patients experience more rapid diagnosis and shorter hospital stays.
- Improved patient flow, shorter patient waiting times, and faster ambulance handover times.
- Health outcomes and the overall patient experience should be improved.

In transferring the Acute Medical Take to GRH it has enabled the Trust to complete the establishment of an expanded HASU at CGH meaning more patients benefit from specialist care, a better patient experience and an improved environment for staff. This work has been completed. Meanwhile, more work is underway to develop the new stroke ward at Cheltenham.

The centralisation of the Acute Medical Take at GRH means that 10 of the 11 service reconfigurations across both sites set out in FFTF are now complete. Work continues on the remaining change, Image Guided Interventional Surgery (IGIS), which is due to be completed next year.

To support these improvements, the Trust secured more than £100m which has been invested in new buildings, state-of-the-art technology and equipment, new clinical practice, green initiatives, as well as digital care transformation across both sites.

## 5 Regulation

### 5.1 CQC Inspection at Cheltenham General Hospital Site

An unannounced inspection in Cheltenham General Hospital (CGH) Medical Services, inclusive of Oncology, started on the 16<sup>th</sup> July with a night time visit. The inspection focused on the safe and responsive domains. On 18<sup>th</sup> July 2024 Inspectors arrived for a day time inspection. Interviews with Senior Leaders took place the week of the 5 August and data has been provided. See [here](#) for further information on CQC's New Approach to Assessment.

### 5.2 Adult Inpatient Survey

The CQC published its Adult Inpatient Survey last month (August). Overall, the Trust have seen a positive improvement in the results. Key highlights include 80% of respondents rated the overall patient experience at Cheltenham General and Gloucestershire Royal Hospitals

positively at a rating of 7/10 or more, 98% of respondents said they were treated with respect and dignity and a further 98% of patients also said they had confidence and trust in doctors. Areas for improvement include the time patients can wait for admission (an area we know continues to be a challenge and is a significant focus for us as we work to reduce the waiting list), explanations given to patients if changing ward at night and the amount and level of patient involvement in relation to discussions concerning their discharge from hospital. We are continuing to review the findings to better understand how we can respond and work is ongoing to enhance patient experience. The results will come formally through the governance route to Q&P Committee.

## **5.2 Learning from our CQC inspections**

The Chief Nurse and Director of Quality led a learning event on 21 June 2024 and the learning from each service was shared with clinicians across other services to ensure that we enable improvement in other areas of the organisation. This will be repeated every six months.

## **5.3 Independent Review of the Care Quality Commission**

An independent review of the Care Quality Commission (CQC) has identified significant internal failings which is hampering its ability to identify poor performance at hospitals, care homes and GP practices.

The interim report, led by Dr Penny Dash, chair of the North West London Integrated Care Board, found inspection levels were still well below where they were pre-COVID, a lack of clinical expertise among inspectors, a lack of consistency in assessments and problems with CQC's IT system.

These failings mean the regulator is currently unable to consistently and effectively judge the quality of health and care services, including those in need of urgent improvement. The report also found that social care providers are waiting too long for their registration and rating to be updated, with implications for local capacity.

The government has announced it will take steps to restore confidence in the effectiveness of health and social care regulation, including by increasing the level of oversight of CQC, ahead of a full report which will be published in the autumn.

This works forms part of the government's wider efforts to identify the challenges facing the NHS and take action to address them.

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



Gloucestershire  
Hospitals NHS  
Foundation Trust

**2023/24 External Audit Presentation to the  
Council of Governors – 2 September 2024**

# Scope of work and approach

We have three key areas of responsibility under the Audit Code

## Financial statements

We will conduct our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. The Group prepares its accounts under the Group Accounting Manual (“GAM”) which is issued by the Department of Health and Social Care.

We are also required to issue separate group reporting to the NAO on the Group’s separate return required for the purposes of its audit of the Whole of Government Accounts and departmental accounts.

## Annual Report

We are required to consider the completeness of the disclosures in the Annual Governance Statement in meeting the relevant requirements and identify any inconsistencies between the disclosures and the information that we are aware of from our work on the financial statements and other work.

As part of our work we review the remuneration report and annual report and compare with other available information to ensure there are no material inconsistencies. We also review any reports from the Care Quality Commission, NHS England and other relevant regulatory bodies and any related action plans developed by the Group.

## Value for Money

We are required to consider the arrangements that the Trust has made securing financial resilience and economy, efficiency and effectiveness in its use of resources, if we identify any significant weaknesses to make recommendations, and to provide a narrative commentary on arrangements.

To perform this work, we are required to:

- Obtain an understanding of the Trust’s arrangements sufficient to support our risk assessment and commentary;
- Assess whether there are risks of a significant weakness in the Trust’s arrangements, and perform additional procedures if a risk is identified. If a significant weakness is identified, we report this and an accompanying recommendation;
- Report in our audit opinion if we have reported any significant weaknesses; and
- Issue a narrative commentary in our Auditor’s Annual Report on the arrangements in place.

# Key Findings

## Financial performance

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<b>Deficit</b>	<p>The Group made a deficit for the year of £13.8m (£5.9m in 2022/23).</p> <p>The Group's adjusted financial performance deficit was £0.5m (£0.1m in 2022/23).</p>
<b>Cash Position</b>	<p>The Group's cash balance as at 31 March 2024 was £59.4m (£51.4m in 2022/23).</p>
<b>Cost Improvement Programme</b>	<p>The FY25 plan submitted in May 24 included a deficit position of £40.4m along with a cost improvement target of £31.5m, following system wide discussions a revised plan was submitted in June 24 which reported a breakeven position with the gap being closed through additional funding being provided to the Trust from the ICB of £25m and an increase in the CIP target to £37.4m. During FY24 the Trust delivered cost improvement savings of £28.7m against a target of £34.7m of which £9.4m was on a non-recurrent basis.</p>
<b>NHS Oversight Framework</b>	<p>To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement have allocated trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).</p> <p>The Trust was rated as 3 in the current and prior year.</p>

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# Key Findings

## Audit Findings

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### Financial Statements

Recommendations were raised in relation to improving the quality of the financial statements and working papers produced to support the financial statements which were accepted by management.

Whilst a number of errors were identified through the audit process, overall, there has been an improvement in the volume of errors identified in comparison to the 2022/23 audit.

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### Annual Report (including AGS and Remuneration Report)

Recommendations were raised in relation to improving the timeliness and quality of the annual report which were accepted by management. A number of errors were identified through the audit process.

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### Controls

A number of recommendations were raised related to control improvements as reported in our Final Report to the Audit & Assurance Committee dated 19 June 2024. Good responses to these were provided by management although we note that some control deficiencies identified in previous years are yet to be addressed.

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### Value for Money (VFM)

We identified three significant weaknesses which were reported in our Final Report to the Audit & Assurance Committee dated 19 June 2024. These were in relation to:

- Arrangements to secure financial sustainability, specifically how the Trust is able to achieve its cost improvement target for the year and governance arrangements;
- Governance arrangements, specifically the opinion of the Trust's Head of Internal Audit is that only 'limited' assurance can be placed on the framework of governance, risk and control; and
- Governance arrangements, specifically in relation to the foundation trust's reported significant delays in relation to ambulance handovers which resulted in additional review and scrutiny from the Secretary of State.

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### Audit Report

Our audit report was unmodified with the exception of reflecting the VFM significant weaknesses noted above.

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# Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

## What we report

Our report is designed to provide the Council of Governors of Gloucestershire Hospital NHS Foundation Trust with the key findings identified during the external audit of the Annual Report and Accounts for 2023/24 in line with the requirements of our terms of engagement.

Our report summarises the findings from our Final Report to the Audit & Assurance Committee dated 19 June 2024.

## The scope of our work

Our observations are developed in the context of our audit of the financial statements.

## Use of this report

This report has been prepared for the Council of Governors of Gloucestershire Hospitals NHS Foundation Trust, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose. Except where required by law or regulation, it should not be made available to any other parties without our prior written consent.

## What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to Gloucestershire Hospitals NHS Foundation Trust.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

**Deloitte LLP**

Bristol | 2 September 2024



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<b>Council of Governors</b>			
<b>Date</b>	10 September 2024		
<b>Title</b>	Engagement and Involvement Annual Review 2023-24 and Community Engagement Tracker		
<b>Author /Sponsoring Director/Presenter</b>	Juwairiyia Motala, Community Outreach Worker, and James Brown Director of Engagement, Involvement & Communications.		
<b>Purpose of Report</b>	Tick all that apply ✓		
<b>To provide assurance</b>	✓	<b>To obtain approval</b>	✓
<b>Regulatory requirement</b>		<b>To highlight an emerging risk or issue</b>	
<b>To canvas opinion</b>		<b>For information</b>	✓
<b>To provide advice</b>		<b>To highlight patient or staff experience</b>	✓
<b>Summary of Report</b>			
<b>Purpose</b>			
<ul style="list-style-type: none"> <li>To present the final draft of our Engagement and Involvement Annual Review 2022-23 and Community Engagement Tracker, which is a key milestone of our Engagement and Involvement Strategy.</li> <li>The Annual Review will be published to sit alongside our Annual Report and Quality Accounts.</li> <li>The review provides a summary, case studies and activities over the last year, as well as next steps.</li> <li>The review will also be used as part of the refreshed CQC framework and expected NHS England framework for community and public engagement.</li> <li>To present our first Inclusive Language Guide, co-designed with a wide range of staff and services and in partnership with Bradford District and Craven Health &amp; Care Partnership.</li> </ul>			
<b>Key issues to note</b>			
<ul style="list-style-type: none"> <li>The annual review is our fourth formal report on our engagement and involvement activity.</li> <li>The annual review sets out why engagement and involvement is important to the Trust and how we have worked with local people, community groups and partners over the last year.</li> <li>Over the last year the Trust has been an active part of 65 groups and community events, reaching over 13,000 people, enabling us to gain valuable insight into how we can improve access to services.</li> <li>The review sets out who our local communities are and the challenges of health inequalities across the county.</li> <li>Our commitment to engagement is a core element of the Care Quality Commission (CQC) well-led domain. We have previously shared the draft annual review with CQC as part of the Well-led review.</li> <li>The Trust has continued to develop and improve the Community Engagement Tracker, detailing the monthly activity undertaken, themes and impact.</li> <li>The CQC has significantly changed the focus of much of its regulatory framework, with a primary focus on 'people and communities' and assessing how NHS organisations involve, engage and listen to local people in improving services.</li> </ul>			

**Previous Publications:**

- [Engagement and Involvement Annual Review 2020-21](#)
- [Engagement and Involvement Annual Review 2021-22](#)
- [Engagement and Involvement Annual Review 2022-2023](#)
- [Community Engagement and Involvement Tracker 2022-2023](#)
- [Engagement and Involvement Strategy 2019–2024](#)

The Engagement and Involvement Review, Community Engagement and Involvement Tracker 2023-24 and Inclusive Language Guide have been reviewed via People & OD Group (10 July 2024) and People & OD Committee (25 July 2024) before progressing to Trust Board.

**Recommendation**

- To approve the Engagement and Involvement Annual Review and Tracker 2023-24 for publication.
- To note and provide feedback on the Inclusive Language Guide so it can be published and shared with staff and communities.
- Provide feedback and comments – and any areas for future development.

**Enclosures**

- Engagement and Involvement Review 2023-24
- Community Engagement and Involvement Tracker 2023-24
- Inclusive Language Guide



Gloucestershire Hospitals  
NHS Foundation Trust

# Engagement and Involvement Review

2023 – 2024

Building Bridges, Building Health:  
A Year of Engagement and Partnership

the Best Care  
for Everyone  
care / listen / excel



# Welcome to our Engagement and Involvement Annual Review

We are passionate about involving local people in designing, developing, and improving health care. Engagement is at the heart of the Trust's approach to building relationships with communities and hearing directly from patients, their families, and local people. We believe that this is a powerful way to improve access to services and achieve better outcomes and experience of care. We work in partnership with other organisations across Gloucestershire and under the umbrella of the One Gloucestershire "Working with People and Communities Strategy."

Over the past year, we have undertaken a wide range of work including improving uptake rates in cervical screening in South Asian communities and improving the care of vulnerable and homeless people in our Emergency Departments.

Our Young Influencers provide a great example of how young people themselves can provide direct and actionable feedback on how services can be improved. They visited our Children's Emergency Department at Gloucestershire Royal Hospital and have made a set of observations to the department and patient experience team. They are also building a relationship with other community youth organisations to increase the reach of young voices being heard by the Trust.

We are grateful to the Gloucestershire Hospitals charity for providing start-up funding for our community outreach worker and having the confidence to allow us to prove its worth. With their support, we have now been able to extend our resources to fund a small core team of community support workers with a big reach.



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**Bryony Armstong**

Public Governor for Cotswolds  
Chair of GHFT Young Influencers Group



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**Deborah Evans**

Trust chair

# Executive Summary

**“Great things are not done by impulse, but by a series of small things brought together”**

**Vincent Van Gogh**

Our annual review celebrates not just some of our achievements, but the cornerstone of all our work – collaboration. We believe that building and maintaining strong relationships between our services and the communities we serve, improves the quality and access to health and care services.

In 2023 we celebrated the 75 Windrush anniversary, many of whom dedicated their lives to building our communities and our health system. We also celebrated the NHS 75 anniversary, with a range of community and staff events to mark the occasion, and provided the opportunity to reflect on the incredible work that has been achieved together.

Working in partnership with our community isn't simply a box to tick; it's the key to unlocking better health outcomes. By understanding the needs for local people, we can transform our services and empower communities to focus on what matters most to them, helping to shape how healthcare is delivered for everyone.

This report explores our engagement and involvement work over the past year, outlining some of our achievements, our challenges and the future priorities the next 12 months. We have also continued to improve our Engagement and Involvement Tracker, providing a roadmap for how we work and demonstrating the impact it has had and how it has influenced how we work.

# Executive Summary

Although our work to strengthen how we involved communities began just before the pandemic, our biggest impact has been seen following the introduction of our community outreach project from early 2022, funded by NHS Charities Together. This has made a huge impact in how we can support and listen to so many local people and communities and transformed how we do this.

Our work has played a pivotal role in helping people who live in some of our under-served communities to access essential health and care support. This has been done in partnership with other local organisations and groups across Gloucestershire and we know it has improved the lives of many people, who may sometimes be at risk of not being picked up by health and care services.

We are also delighted this year that the Chair of our Young Influencers was elected to the Council of Governors and that the group has continued to develop and provide learning opportunities and improvement for key services, including the new Children’s Emergency Department.

The Trust also hosted visits over the last 12 months, including the Prime Minister, Rishi Sunak, who visited our new Chedworth Surgical Unit and theatres at Cheltenham General Hospital and HRH Princess Royal Visit who visited the Stroud Maternity Unit. These visits provide an opportunity for staff and partners to proudly show the work they do and how they provide care for local people.

# Executive Summary

## Highlights of our engagement and involvement programme during 2023/24 include:

- ✓ Collaboration in partnership with ICB to film a Bowel Cancer Screening Film.
- ✓ Community Collaboration with Mindsong.
- ✓ Community-Led Health Research:
- ✓ Young Influencers
- ✓ Development of new Audio Guides in partnership with the Gloucestershire Sight Loss Council to improve navigation and access across our hospitals.
- ✓ Continued partnership with Inclusion Gloucestershire and Healthwatch Gloucestershire to focus on key issues that matter to local people and communities, ensuring greater collaboration;
- ✓ Continued to support and engage the 2,000 members of the Trust, with regular newsletters, public events, and Annual Members Meetings;

The Trust is part of the One Gloucestershire Partnership, which is made up of other health, social care and Voluntary and Community Sector (VCS) organisations. One Gloucestershire has a really important 'Memorandum of Understanding' with our VCS partners – reinforcing how we will all continue to work together for local people.

We want local people to help us design, develop and improve services by sharing their views and experiences and we believe the people we listen to and involve need to reflect the communities we serve. We know that many people are often not heard and to ensure our services meet the needs of everyone, we work creatively and accessibly to reach those whose voices are too often ignored or not sought.

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

# Who we are and what we do

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

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



Gloucestershire Royal Hospital



Cheltenham General Hospital



Stroud Maternity Hospital

## Our visions and values

Our vision is to provide:

# the Best Care for Everyone

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

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

**caring**



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

**listening**



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

**excelling**



We strive to excel through learning, and we expect our colleagues to do and be the best they can

# Our commitment to engagement and involvement

Why is engagement and involvement important?

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

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

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

What are we doing?

What will we achieve together?

**By working together, we can make better decisions and we will be able to:**

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Improve the quality of care and services;

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Improve patient safety;

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Improve colleague and patient experiences;

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

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

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

# An introduction to Gloucestershire

Gloucestershire is a county of unparalleled beauty, boasting enchanting hamlets, picturesque towns, and stunning landscapes that include ancient forests, two iconic rivers, and three Areas of Outstanding Natural Beauty.

Beyond its natural splendour, Gloucestershire embraces a rich cultural diversity and history, blending rural and urban communities where over 100 languages are spoken. At Gloucestershire Hospitals NHS Foundation Trust, our team of over 9,000 colleagues represents more than 75 nationalities, fostering a dynamic blend of cultures and expertise that enhances the care we provide.

Collaborating closely with partners and local communities, the Trust is dedicated to enhancing health and well-being while ensuring equitable access to services. Recent census data highlights ongoing health and community challenges, which we are committed to addressing through collaborative partnerships.



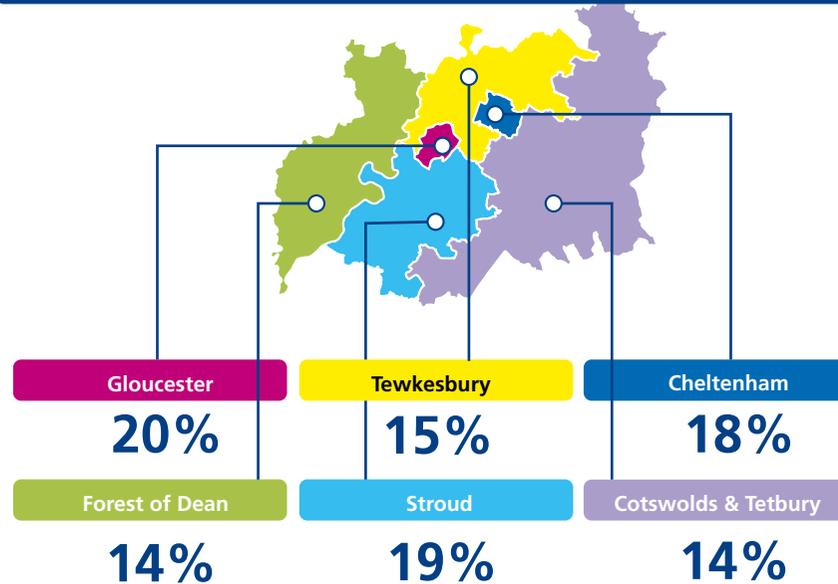
# Key statistics on Gloucestershire

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

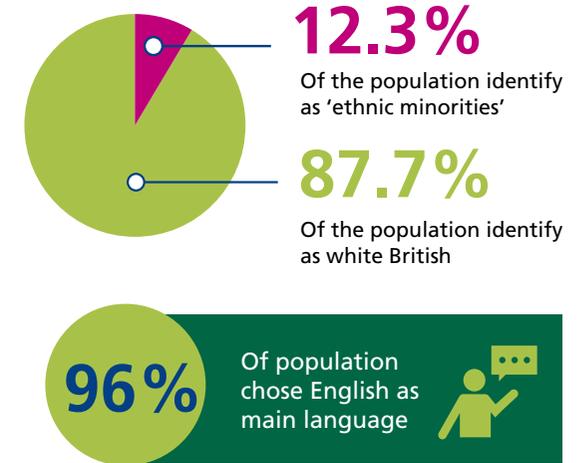
## Total population: 2021



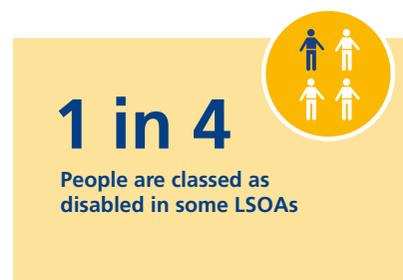
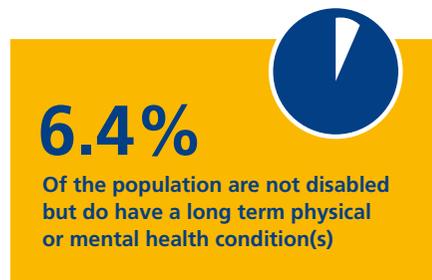
## Population distribution of Gloucestershire, 2021



## Ethnic groups and language

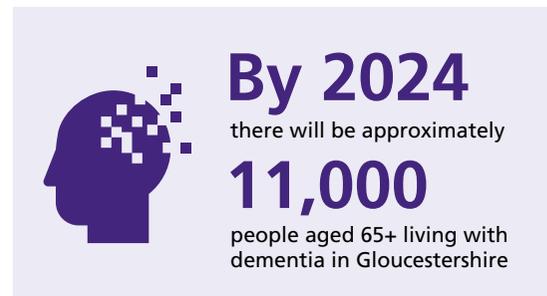


## Disability



## Diseases

Based on estimated projections



# Key statistics on Gloucestershire

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

## Country of birth: Proportion of 2021 population



90%



Europe (Non-UK)

5%



Africa

1.4%



Middle East and Asia

2.3%



The Americas and the Caribbean

0.9%



Antarctica, Oceania and other

0.3%



Is the country where the highest number of non-UK people were born



People not born in the UK

40%

Increase in the non-UK born population between 2011-21



# Who do we engage and involve?

# Who do we engage and involve?

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

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

In Gloucestershire, we are now part of a new Integrated Care System, bringing together NHS organisations, councils, Healthwatch, charities and the community, voluntary and social enterprise sector (third sector) with the shared aim of improve the health and wellbeing of local people.

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

The way in which we engage and involve people is at the heart of this work, and a cornerstone of this was in the codesigned ICS 'Working with People and Communities' strategy, which was further supported by the ground-breaking Memorandum of Understanding with VCS partners – cementing how we will all continue to work together for local people.

To support the way in which we work, ['Get Involved in Gloucestershire'](#) was established and is an online participation platform for people to share views, experiences and ideas about local health and care services.

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



# Who we engage

The diagram details our stakeholders



# Who do we engage and involve?

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

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

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

Elected and appointed Governors

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Trust Membership

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Get Involved in Gloucestershire

[🔗 getinvolved.glos.nhs.uk/](https://getinvolved.glos.nhs.uk/)

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Gloucestershire Voluntary and Community Sector Alliance

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Young Influencers

[🔗 www.gloshospitals.nhs.uk/about-us/support-our-trust/our-youth-group/](https://www.gloshospitals.nhs.uk/about-us/support-our-trust/our-youth-group/)

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Online patient experience websites, including NHS Choices and Care Opinion

[🔗 www.careopinion.org.uk/services/rte](https://www.careopinion.org.uk/services/rte)

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NHS Friends and Family Test questions

[🔗 www.gloshospitals.nhs.uk/contact-us/friends-and-family-test/](https://www.gloshospitals.nhs.uk/contact-us/friends-and-family-test/)

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Patient Advice and Liaison Service

[🔗 www.gloshospitals.nhs.uk/contact-us/patient-advice-and-support/](https://www.gloshospitals.nhs.uk/contact-us/patient-advice-and-support/)

Directly with our complaints, concerns and customer service team

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Healthwatch Gloucestershire

[🔗 www.healthwatchgloucestershire.co.uk](https://www.healthwatchgloucestershire.co.uk)

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Engagement on social media

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Patient Stories

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Through engagement activities and events

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Attendance at Trust Board and Annual Members Meeting

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Participation in our Fit for the Future engagement

[🔗 https://getinvolved.glos.nhs.uk/fit-for-the-future-2](https://getinvolved.glos.nhs.uk/fit-for-the-future-2)

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

# The impact of involvement and engagement over the last year.

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

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# Community Engagement Tracker

The Team uses the Community Engagement Tracker, which is designed to systematically track and analyse community interactions to improve services and foster meaningful relationships with stakeholders, facilitating data-driven decision-making and evaluating engagement efforts.

It focuses on directing community members to Voluntary, Community, and Social Enterprise (VCSE) groups, building local relationships, and enhancing healthcare services based on community feedback.

Between April 2023 and March 2024, The Community Engagement Team engaged with over 13,000 people, which was achieved by being involved with and attended 70 community group events and activities. This work has helped in increase access to VCSE services, improved access and attendance to health appointments, and improved access to healthcare information. Success is measured through engagement metrics and data analysis, and the insights directly help to change how our services work, ensuring the understand what matters to local people and communities.

Our improvement comes from regularly reviewing the feedback and supporting communities, all aligned with the Trust values to ensure meaningful engagement and quality improvement across the Trust.

Find out more here: ( [LINK TO TRACKER TO BE ADDED](#) )



# Voices of Our Community:

## A Look Back at the Stories that Define Us

## Refugees and Asylum Seekers Group

**A Syrian woman who came to the UK as a refugee with her young family shared her deeply personal and challenging experience. During her labour, she struggled without a close family member or interpreter present. From her previous experiences with her two older children, she anticipated complications, but she was unable to communicate this to the maternity staff. The medical team, unaware of the issues she foresaw, did not initially address her concerns.**

Eventually, she received emergency treatment, but only after considerable distress and effort to make her voice heard. Despite her attempts, she felt unheard and unsupported during this critical time. With support from the Trust Community Engagement Team, her experience was brought to the attention of the Director for Safety and Medical Director, the Deputy Chief Executive, and the Chief of Service for Women’s and Children’s. They escalated her concerns, ensuring that her experience was acknowledged and would inform future practices.

Her story has since become an essential part of ongoing training packages and will be included in the review of patient translation and interpreter services. She was finally listened to and supported, and the right method to communicate with her was established. Her primary wish is that no other mother-to-be experiences the frustration and fear she felt during her labour and subsequent birth. She wanted her lived experience to be shared and understood. Additionally, she was supported in accessing specialized perinatal care, ensuring her needs were met during this vulnerable period.

“

*Her story has since become an essential part of ongoing training packages and will be included in the review of patient translation and interpreter services.*

”

### Voices in our community: Stories

1. Refugees and Asylum Seekers Group
2. Attending: Emma Will Sewing Studio Wellbeing Group
3. South Asian Community Arts Group
4. Attending: Jamaica Day
5. Attending: South Asian Mens Health and Wellbeing Group
6. Attending: Chinese New Year Celebrations

## Attending - Emma Will Sewing Studio Well-Being Group



### The Trust Community Engagement Team participated in Community Engagement sessions with the Gynaecological Screening Nurses to understand the cultural barriers and data related to cervical screening.

The Trust Community Engagement Team worked with women from the local South Asian communities, explaining the cervical screening procedure and exploring the cultural barriers to accessing screening. One significant barrier is the emphasis on modesty, integral to many cultural and religious practices, which encourages women to dress modestly and avoid exposing private areas.

Additionally, there is a prevalent myth and taboo surrounding the HPV virus and its link to cervical cancer. Since HPV is a sexually transmitted virus, some cultures view the screening as an accusation of promiscuity. Furthermore, in many cultures and religions, a young woman's virginity is highly valued, and there is a misconception that cervical screening might affect this.

We also engaged with influential community members and local religious leaders from the mosque to understand their perspectives and seek their support in encouraging women to access screening. The religious leaders had in-depth discussions with our clinical team and were supportive, recognising that screening is part of maintaining one's health and well-being, which is highly regarded.

Despite these efforts, barriers still exist. However, progress is being made. For instance, six women have now accessed screening interventions. One man, who thanked me, shared that he now understands the importance of cervical screening. His wife of 20 years had never been screened, but with his support, she attended.

He also mentioned that being able to discuss these issues openly has given him the confidence to talk to his five sisters and two teenage daughters about puberty and HPV prevention. Coming from a Bangladeshi background where these topics are often considered taboo, this represents a significant shift.

### Voices in our community: Stories

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## South Asian Community Arts Group

### Working in Collaboration with Strike A Light (who are Strike a Light) to host a celebration to celebrate the 75 years of the South Asian Community, through music and art in August 2022



South Asian Heritage Month seeks to commemorate, mark and celebrate South Asian cultures, histories, and communities. The month seeks to understand the diverse heritage and cultures that continue to link the UK with South Asia.

The Trust Community Engagement Team supported young widowed women in the local community who have tragically lost their husbands to short-term illnesses, they have heard heartfelt testimonials about the excellent care provided by the Trust and staff. During the celebration of South Asian Heritage Month's 75th anniversary, we utilised art therapy as a means to address grief and navigate the intricacies of culture.

These women grapple with internal family expectations and the daunting task of becoming the primary breadwinners, often without prior work experience. It's important to note that for many of these women, English is not their first language.

Find out more here: [bit.ly/3X5Pv26](https://bit.ly/3X5Pv26)



*The month seeks to understand the diverse heritage and cultures that continue to link the UK with South Asia*



### Voices in our community: Stories

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## Attending - Jamaica Day

### The Community Engagement Team participated in the Jamaica Day event on August 6th, 2023.

During the event, a young teenage boy approached us on the NHS bus a refugee from Syria, wanted to discuss a sensitive ongoing issue he was facing at home. His parents were struggling to adapt to Western teenage norms, keeping him confined at home, monitoring his activities, and expressing frustration over his friendships with non-cultural peers. Their fear of losing control had escalated to angry outbursts and threats of violence.

These behaviours stemmed from their cultural beliefs where parental consent and approval were paramount, contrasting with their son’s desire for autonomy. Recognising this as a safeguarding concern, the Trust Community Engagement Team contacted a member of the Police Better Together Team who were also present at the event, they supported the boy’s decision to open up and requested the Community Engagement team’s continued presence.

Later, the Community Engagement Team facilitated a discussion involving the young boy’s parents regarding the father’s mental health symptoms. They guided accessing mental health services through the Locality Inclusion Lead at Gloucester Health and Care Trust.

Additionally, they encouraged them to connect with the School Support worker for a referral to the Positive Parenting Program offered by Gloucestershire County Council. This collaborative effort underscored the impact of coordinated support across different teams and systems.



“

*This collaborative effort underscored the impact of coordinated support across different teams and systems*

”

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## Attending – South Asian Mens Health and Well-Being Group

The Trust Community Engagement Team had the privilege of meeting an elderly gentleman who has been a local community champion throughout his life and who kindly introduced the team to two more friends of his, with whom he has regular interactions. During our conversation, they candidly discussed the challenges they face due to long-term health conditions, which significantly affect their daily lives.

These complications often necessitate the presence of a family member to provide care and assistance. They opened up about the profound sense of isolation and frustration that accompanies their inability to venture out independently, constantly relying on someone to accompany them. Perhaps most importantly, they shared their deep longing for a more vibrant social life.

Listening to their heartfelt stories and recognizing their desire for continued support, the Trust Community Engagement Team took the initiative to arrange a meeting with various NHS teams, including the Reaching Out Team for Ethnic Minorities. Fortunately, one of the team members expressed a willingness to provide these men with weekly support in diverse settings, particularly during outings and activities aimed at enhancing their well-being and mental health.

This collective effort gave rise to what is now known as the South Asian Men's Group, or SAM's. Moreover, the group has received valuable support from the Health Education Forum teams of the Adult Social Care Engagement Team for Gloucestershire County Council as well as the participation of Gloucestershire Health and Care Mental Health Services, who have contributed by sharing essential service information.

The SAM's group now convenes weekly, offering its members the invaluable opportunity to come together and bolster each other's health and well-being. This supportive environment is made possible through the dedicated assistance of the Complex Care at Home Reaching Out Team.

### Voices in our community: Stories

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## Attending – Chinese New Year Celebrations

**During the Chinese New Year celebrations to which the Community Engagement Team had been invited, the team had the opportunity to connect with a gentleman who possessed a strong command of the English language.**

He opened up to the team about the challenges he had been grappling with ever since he assumed the role of the sole caregiver for his ailing wife. His struggles were multifaceted, encompassing not only the profound emotional difficulty of witnessing his wife’s cancer diagnosis rapidly deteriorate but also the practical challenges associated with hospital appointments and caring for their two children.

Recognising the importance of providing him with the right support, The Community Engagement Team guided him towards the Cancer Support Services, including the Focus team, and explained the various support groups available, such as those offered by McMillan and Maggie. Additionally also suggested that he get in touch with the Carers Hub, assuring him that they could accommodate his language needs and provide invaluable assistance.

The conversation extended to delve into the intricacies of cultural complexities and the community’s reactions, which weighed heavily on his mind.

He confided in the team about his family’s disappointment, as they believed that he and his wife had deviated from traditional Eastern health teachings by adopting Western cultural norms and lifestyle choices. They saw the cancer diagnosis as a direct consequence of this departure from the traditional holistic path to well-being.

In response, The Community Engagement Team shared information about an alternative support group offered by the South Gloucestershire Council – the Chinese Lantern Project helpline, of which he was unaware.

Since our initial conversation, the Community Engagement Team has had the privilege of meeting with this gentleman again, and are pleased to report that he is now in a significantly improved emotional state. His wife has completed her chemotherapy treatment, and as a family, they have chosen to integrate holistic healing into their approach to well-being.

They have also enrolled their two children in a local language school, ensuring they can communicate effectively with their grandparents who plan to visit next summer. This newfound optimism for the future, combined with enhanced support, has made managing his relationship with his own family more manageable for him.

### Voices in our community: Stories

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# Case Studies

## The impact and outcomes

1. Co-designing Hospital Audio Guides
2. Community-Led Health Research Initiatives Submergence Project
3. Diabetes UK Community-Led Health Research Initiatives
4. Mindsong 2023
5. NHS and Community Iftars
6. Breast and Cervical Screening Uptake in South Asian Communities:
7. Bowel Cancer Screening Film
8. Celebrating Windrush75 and NHS75
9. Royal Visit to Stroud Maternity
10. Young Influencers
11. Apprenticeships and Careers Engagement
12. Young Thinkers Gloucester
13. Co-designing our Membership Strategy

# 1. Co-designing Hospital Audio Guides

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3. Diabetes UK Community-Led Health Research Initiatives
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## Brief Description

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. In addition, over the last few years, Gloucestershire Royal Hospital and Cheltenham General Hospital have undergone significant transformation and improvement works, and these changes add further challenges for people.

## Who did we speak to?

The Trust worked in partnership with Gloucestershire Sight Loss Council and staff within our ophthalmology and eye services, and the Emergency Departments, to understand how people access services and how they can be improved for those with sight loss. The aim was to create hospital audio guides for key services across Cheltenham General Hospital and Gloucestershire Royal Hospital.

## What and how did we ask?

We worked with Gloucestershire Sight Loss Council over several days to walk a number of routes across both sites, with the aim of understanding how to navigate hospital services if you have sight loss or visual impairment. The work ensured we identified immediate issues that may impact on access, further development work and to develop the script to be turned into the audio guides.

## What did we do?

The team from the Sight Loss Council provided written guides for both sites, and these were then combined with Artificial Intelligence (AI) voice-over technology (elevenlabs.io), to create the audio guides, which enabled rapid development and testing and significantly reducing costs. A total of 12 new guides were created and enable people to access the Emergency Departments on both hospital sites, as well as Ophthalmology and Eye Screening services. 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.

## What did people tell us?

Our hospitals can be difficult to navigate for many people and the development of audio guides provides 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. These initial audio maps focus on eye services and the Emergency Departments and we hope to build a larger library in the coming months.

Find out more here:

[www.gloshospitals.nhs.uk/your-visit/visitors-and-carers/hospital-audio-guides/](http://www.gloshospitals.nhs.uk/your-visit/visitors-and-carers/hospital-audio-guides/)



1. Co-designing Hospital Audio Guides

## 2. Community-Led Health Research Initiatives Submergence Project

- 3. Diabetes UK Community-Led Health Research Initiatives
- 4. Mindsong 2023
- 5. NHS and Community Iftars
- 6. Breast and Cervical Screening Uptake in South Asian Communities:
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### Brief Description

The Submergence Project, funded by a grant from Innovate UK, introduced a transformative immersive light experience at Cheltenham and Gloucester Hospitals. This initiative, a collaboration with Squidsoup—an international group of artists and technologists—features a large, immersive, walkthrough experience called Submergence. This installation, which used LED lights that emit patterns in sync with sound, aimed to create a calming environment, reduce stress, and potentially shorten hospital stays for patients.

The primary goal of the Submergence Project is to enhance the mental and emotional well-being of patients during waiting times. By pioneering immersive art installations in the Oncology and Children’s centers at Gloucestershire’s two main hospitals, the project seeks to improve patient experiences and explore future applications of immersive technologies within clinical settings. The success of this research will support a bid for a larger project, potentially bringing similar installations to hospitals nationwide.

### Who did we speak to?

As part of this project, we undertook a pioneering community-led health research initiative in collaboration with NHS Charities, Gloucestershire Health and Care NHS Foundation Trust (GHT), and community groups such as Sahara Saheli Women’s group and South Asian Elderly Women Group at Friendship Café, among others. The goal was to gather valuable feedback from minority groups who often face barriers to participation in research initiatives.

## What and how did we ask?

Our engagement strategy involved inviting members of these community groups to experience the light installation firsthand at CGH and provide feedback. This approach was crucial to ensuring inclusivity in our data collection efforts, reaching marginalized groups who might not typically have access to such research opportunities.

## What did we do?

We conducted in-person visits to these community groups, discussing the Submergence Project and extending invitations to visit CGH for the installation experience. Feedback forms were tailored to accommodate language and accessibility needs, ensuring that everyone could express their thoughts effectively.

The response from participants was overwhelmingly positive. They expressed pride in being included in this research initiative and emphasized the importance of such opportunities for their communities. The desire for more involvement in future research projects was a common sentiment among attendees.

## What did people tell us?

In response to this feedback, we are actively collaborating with research partners to develop additional opportunities for community engagement and participation. This includes exploring future projects that build on the success of the Submergence Project and continue to prioritise inclusivity in health research.

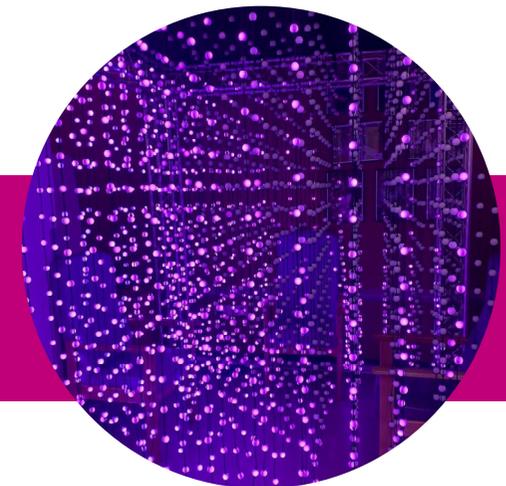
The Submergence Project not only brought innovative art into our hospitals but also set a precedent for community-led health research. By engaging with diverse community groups, we have not only gathered valuable insights but have also paved the way for more inclusive and meaningful research practices in the future.

This report underscores our commitment to fostering community engagement and ensuring that our research initiatives reflect the needs and perspectives of all individuals in our community. We look forward to building on these efforts and continuing to champion inclusivity in healthcare research and innovation.

Find out more here:

[Submergence Charity news](#)

[Submergence BBC Points West](#)



1. Co-designing Hospital Audio Guides
2. Community-Led Health Research Initiatives Submergence Project

### 3. Diabetes UK Community-Led Health Research Initiatives

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## Brief Description

The trust partnered with local communities, the Trust Research team and Diabetes UK to advance health research, especially in diabetes care.

Diabetes UK, the largest charitable funder of diabetes research in the UK, is dedicated to achieving breakthroughs in diabetes care, treatment, and prevention. They advocate for and support everyone affected by or at risk of diabetes, offering essential information, advice, and support to help individuals manage their condition. Additionally, Diabetes UK fosters community support and has developed a national programme to help high-risk patients lose weight and become more active.

The trust prioritises community involvement and feedback, focusing on collaborations with local groups to drive meaningful improvements in healthcare delivery and outcomes. A key focus of the study is diabetic retinopathy, a condition where diabetes can damage the retina, potentially leading to permanent sight loss. In England, all individuals with diabetes aged 12 and older are invited to a screening program where retinal images are taken to detect early signs of the disease. This process currently requires eye drops to dilate the pupils for high-quality images.

Participants are also asked to provide feedback on the Plain English Summary and the patient information sheet, ensuring that study materials are clear and accessible.

## Who Did We Speak To?

We engaged with various local community groups and individuals, including the All-Nations Community Centre, Ebony Carers, SAM's (South Asian Men's Group), and community members with diabetes. Recruitment was facilitated through community links and radio outreach.

## What and how did we ask?

Our engagement targeted individuals and groups affected by diabetes, particularly from Asian and Afro-Caribbean backgrounds, to ensure research relevance and impact within diverse communities.

Engagement was conducted through platforms such as Facebook, GFM Radio, and WhatsApp messaging, seeking feedback on research proposals and materials.



## What did we do?

We held focus groups, utilised social media platforms, and collaborated with local radio for community outreach and feedback.

We initiated the CONCORDIA study in collaboration with Diabetes UK, Professor Peter Scanlon, and local community groups, focusing on using advanced imaging technology for diabetes-related eye screenings.

Patient feedback guided the development of study materials, protocols, and patient leaflets, ensuring culturally relevant and patient-centered research practices.

## What Did People Tell Us?

Participants emphasised the importance of improving diabetes-related eye screenings by minimising discomfort associated with traditional methods.

Community members highlighted the significance of culturally sensitive healthcare solutions and improved patient experiences.

1. Co-designing Hospital Audio Guides
2. Community-Led Health Research Initiatives Submergence Project
3. Diabetes UK Community-Led Health Research Initiatives

## 4. Mindsong 2023

5. NHS and Community Iftars
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### Brief Description

In collaboration with Mindsong, a Gloucestershire charity dedicated to supporting individuals with dementia through music and song, we engaged with diverse community groups to better understand the significance of music and sound in their lives and the positive impacts on memory.

Mindsong assists individuals with dementia and memory loss, employing various techniques including music therapy. They aim to facilitate and enrich the lives of those affected by dementia and their caregivers.

### Who did we speak to?

We directly interacted with community groups, particularly the South Asian Elderly Women Group and Gloucester Chinese Women's Guild, to explore their perceptions of music and memory. Mindsong's data revealed limited involvement and uptake from minority communities, prompting this initiative.

### What and how did we ask?

Community feedback emphasised the importance of culturally and religiously sensitive playlists that resonate with childhood memories. Participants expressed a desire to incorporate music from their cultural and religious heritage into their playlists.

## What did we do?

As a follow-up to these insights, we intend to collaborate with Mindsong in the summer of 2024 to develop a Community Playlist. This project will involve working closely with diverse community groups to curate a playlist that reflects their unique backgrounds and musical preferences.

## What did people tell us?

The final outcome of this collaboration will be a community-inspired video playlist, showcasing the diversity and richness of musical heritage within our local communities. The video will be accessible through the link: GHT and Mindsong.

This initiative aims to foster inclusivity and appreciation for the role of music in supporting individuals with dementia across culturally diverse communities.

Find out more here:

[bit.ly/3SQxFgT](https://bit.ly/3SQxFgT)



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### Brief Description

The Trust organised the first NHS Iftar events at Gloucestershire Hospitals Trust to allow staff and colleagues to come together to celebrate and experience the breaking of the fast. This initiative aimed to provide NHS staff with an opportunity to learn about Ramadan and Eid-UI-Fitr celebrations, fostering a deeper understanding and appreciation of these cultural events.

Iftar is the evening meal Muslims enjoy to break their fast during Ramadan, the holy month of fasting in Islam. It's a significant daily event where Muslims gather with family and friends at sunset after the Maghrib prayer. Traditionally, Iftar starts with dates and water. Fasting from dawn to sunset during Ramadan fosters self-discipline, empathy, and spiritual reflection.

Iftar gatherings are communal, often hosted by mosques and community centers to promote fellowship and provide for those in need. Sharing Iftar is considered a charitable act (sadaqah) in Islam, embodying a blend of religious practice, social tradition, and cultural celebration that strengthens bonds and encourages spiritual growth.

### Who did we speak to?

We were asked by our staff and our One Gloucestershire colleagues, to provide our staff across the county with an opportunity to learn about Ramadan and Eid-UI-Fitr celebrations

We organised NHS Iftar events across organisations which were multifaceted, focusing on promoting inclusivity, enhancing cultural competence, and fostering a sense of community among staff.

## What and how did we ask?

An open QandA session was held, encouraging attendees to ask questions and engage in discussions in a safe and respectful environment.

Testimonials and positive feedback were received from attendees, highlighting the impact and value of the events.

We also produced Communications to Share Across the Trust/ICS: Communications were developed and disseminated across the Trust and Integrated Care System (ICS) to share the experiences and outcomes of the Iftar events.

## What did we do?

The event aimed to be inclusive, welcoming all staff members regardless of their religious or cultural backgrounds. It was meticulously planned to ensure maximum participation, accommodating the diverse working schedules of our staff.

Our talented chefs from Gloucester Managed Services prepared traditional Iftar meals, creating an authentic experience for everyone present. During the event, staff members openly shared their personal stories and experiences related to Ramadan and Eid, fostering deeper connections and mutual understanding among colleagues.

We also had guest speakers who provided insightful perspectives on the significance of Ramadan and Eid-UI-Fitr, enhancing the overall learning experience. The program included moments for congregational prayers and a call to prayer, allowing Muslim staff to practice their faith while offering non-Muslim colleagues an opportunity to observe and learn. The events were highly attended, with over 800 staff members participating, indicating significant interest and engagement across the organisation.

## What did people tell us?

The NHS Iftar events are part of the Trust’s approach to ensuring an inclusive, culturally competent, and cohesive workplace. These events have not only enhanced understanding and appreciation of different religious traditions but have also strengthened the sense of community and collaboration among staff.

The initiative promoted collaboration with colleagues across the different NHS organisation, and strengthened relationships among staff from different departments and areas of the Trust.

The events sparked ongoing conversations about cultural diversity and inclusivity, contributing to a more inclusive organisational culture.

Find out more here:

<https://intranet.gloshospitals.nhs.uk/news/ramadan-2024/>



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### Brief Description

In our ongoing commitment to breast and Cervical cancer awareness The Trust wanted to work with local South Asian Communities to support the uptake of Breast cancer and cervical screening. This was led by the Community Engagement and Involvement Manager , who brought women from specific communities together and hosted discussion sessions to understand what matters most to them when responding to the invitation for screenings.

This initiative aims to engage with diverse communities and gain insights into the barriers and preventive measures surrounding breast cancer screening, particularly among women aged 50 and over within local communities.

### Who did we speak to?

This initiative was carried out as data highlighted stark disparity in screening rates among women from Ethnic Minorities aged 50 and above also from a series of regular meetings and collaborations with local community groups.

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

## What and how did we ask?

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

## What did we do?

The Trust worked with community organisations and religious experts to:

- Breast Cancer Awareness Bus Tour, conducted in collaboration with the ICB (International Cancer Board)
- deliver culturally sensitive information and education about cervical screening
- promote the importance of regular screening
- address concerns and misconceptions

## What did people tell us?

The coordinator of the Gloucestershire Action for Refugees and Asylum Seekers group reached out to me. She expressed her concerns about a group of Afghan refugees comprising nine women, all aged 50 or older, who were completely unaware of breast cancer screening. In response, the Trust promptly connected with our ICS partners and successfully arranged for this group to be included in our bus tour.

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

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



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### Brief Description

To enhance cancer screening uptake among diverse communities, the Trust partnered with healthcare providers to engage with these communities. We hosted discussion sessions to understand their priorities and responses to screening invitations.

In collaboration with NHS Gloucestershire Integrated Care Board and Reddoor Film and Media, we reached out to the Gloucestershire community to create a bowel cancer screening awareness film.

A 60-second film was produced to encourage bowel screening uptake. It was showcased on large screens at Gloucester Quays and shall be used at local community venues for bowel cancer awareness events. The film featured local people speaking in various languages, urging everyone to take the test, emphasising that early treatment can save lives.

### Who Did We Speak To?

The Trust engaged with individuals and groups from diverse communities, alongside health and care professionals serving these communities.

We focused on improving screening uptake in areas with historically low participation. The film's key message was:

“If you receive a kit, don't ignore it. It could save your life!”

Languages featured included:

- Gujarati
- Punjabi
- Urdu
- Bangladeshi
- Arabic
- Sylheti
- Hindi
- Cantonese
- Polish
- Filipino
- Romanian
- Spanish
- Portuguese

## What and How Did We Ask?

We explored the cultural and language barriers that people from diverse communities face. Participants discussed their personal experiences and concerns about screening.

## What Did We Do?

The Trust partnered with community organisations and leaders to:

- We recruited volunteers to promote the screening programme in their native languages. Collaborating with local faith and community leaders, and individuals who had completed the screening test, we ensured the film reflected Gloucestershire's rich diversity
- Deliver culturally sensitive information and education about the bowel cancer screening programme.
- Promote regular screening through the awareness film, particularly during Bowel Cancer Awareness Month in April.
- Improve screening uptake in low-participation areas.
- Address concerns and misconceptions.

## What Did People Tell Us?

Participants highlighted a lack of awareness and education within diverse communities. They noted cultural barriers such as stigma and shame around discussing personal health, practical obstacles, and a general lack of understanding about the screening process. There was a strong call for more culturally sensitive education, better access to screening services, and more community-based information.

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### Brief Description

The summer of 2023 marked two important milestone anniversaries: the 75 anniversary of Windrush (June 22) and the 75 anniversary of the NHS (July 5).

The Trust worked with local health and care partners and community groups to plan and deliver two joined-up and very special events, making the anniversaries with staff and local people.

#### Windrush 75:

On 22 June, 1948, HMT Empire Windrush arrived in the UK, bringing over 1,000 passengers from the West Indies, many of whom were former service personnel. This marked the beginning of post-war immigration, with numerous passengers taking up roles in the NHS, which began just two weeks later. The 'Windrush Generation' refers to those who migrated from Caribbean countries to Britain between 1948 and 1971, following an invitation from the UK government to help rebuild the country after WWII. We celebrate their immense contribution to British culture and daily life.

#### NHS75:

5 July 2023, marked 75 years since the NHS was founded, representing the country's first universal health system available to all, free at the point of delivery, now treating over a million every day.

## What Did We Do?

The Trust worked with a wide range of community groups, staff, NHS organisations, the Heritage Hub, and local people to bring to life several events and activities to mark the two milestones.

To commemorate the 75th anniversary of Windrush a Windrush flag was raised at Gloucestershire Royal Hospital, followed by cake, refreshments, and entertainment from MusicWorks.

To mark the NHS 75 anniversary staff and patients were able to enjoy themed menus across a week, reflecting meals served over the 75 years of the NHS, and special cakes were given to all staff across both sites on July 5.

### Gloucester Cathedral Event:

On Thursday, July 6 2023 , NHS staff from across Gloucestershire gathered at Gloucester Cathedral for a service led by health and community leaders. The event, included Evensong with songs and readings reflecting health and healing. Following Evensong, NHS leaders and community partners reflected on the contributions of the county’s dedicated health and care professionals.

The event also featured an NHS75 Exhibition showcasing images and items from the local NHS and Windrush.

### Art Exhibition

As part of the NHS75 celebrations, we partnered with NHS Gloucestershire to host a special community art exhibition in the Cloister of the Cathedral. The exhibition featured inspiring artwork created during sessions aimed at boosting mental and physical wellbeing. It highlights the work of the Gloucestershire Creative Health Consortium’s partners, who tackle a wide range of health issues creatively, with many sessions funded by the NHS.



The exhibition included artwork from various organisations, Adult Education in Gloucestershire participants, and images from Gloucestershire Archives showcasing moments in the NHS's history.

A poignant new sculpture, 'The Hand that Cared,' by Deborah Harrison, will also be on display. This sculpture honours Fannie Storr, a Senior Nurse and the first Director of Nursing Education in Gloucestershire, who devoted her life to caring for others and died during the COVID-19 pandemic.

## NHS75 Park-run

On July 8, thousands of runners participated in special Parkrun events across the county, with participation awards handed out. The NHS teamed up with parkrun UK to encourage NHS staff, volunteers, and local communities to 'parkrun for the NHS.'

## Planting 75 Trees

As part of the green commitment, the Trust planted 75 trees at Gloucestershire Royal and Cheltenham General Hospitals with staff from across the organisation helping to plant them

Find out more here:

- [🔗 Gloucestershire celebrates 75 years of the NHS](#)
- [🔗 NHS 75 Community Art Exhibition - Gloucester Cathedral](#)
- [🔗 The Hand that Cared - Gloucester Cathedral](#)

## Heritage Hub

The Gloucestershire Heritage Hub helped to research the history and timeline of health and the birth of the NHS in the county, thanks to their volunteers. This included archiving a number of key items and artefacts from the hospitals. The volunteers mapped out the rich history of health and care in Gloucestershire, from Edward Jenner to the birth of the NHS and its evolution in the county, including primary, community, hospital, and ambulance services. The Trust's Medical Photography team also catalogued hundreds of photos, creating a digital archive, which were displayed at the Cathedral exhibition and available online at the Heritage Hub. A series of special films highlighting the changes in the NHS in Gloucestershire over the past 75 years and its significance to the local community will be shared on social media throughout the week, featuring staff, partner organizations, and members of the public



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### Brief Description

On Friday 22 March 2024, HRH The Princess Royal, Patron of Stroud Hospital League of Friends, visited Stroud Maternity Unit to meet the mothers, babies and staff who benefit from the League’s support. The League of Friends has been a dedicated supporter of Stroud Maternity for decades, funding refurbishment projects and additional equipment and since 2017, support from the League has extended to free singing and yoga for mothers and babies at the unit.

The royal visit was a very special day for our staff, volunteers, mums and families and a memory they will cherish for years to come.

Find out more here:  
[🔗 HRH Visit to Stroud](#)



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## 10. Young Influencers

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### Brief Description

As a Trust, we acknowledge the significance of involving young people to ensure their voices are heard in our decision-making process. Since rebranding last year, the Young Influencers group has launched a new webpage and produced new promotional materials. They continue to meet monthly face to face or via teams to provide meaningful feedback and improve service provision across the Trust.

### Who did we speak to?

The Young Influencers Group comprises individuals aged 14 to 22 years who are dedicated to enhancing the experiences of young people accessing the hospital.

### What and how did we ask?

We held a focus group with Young Influencers to identify what matters to young people in relation to health and what outcomes they wish to achieve this year. The focus group identified AandE as an area of interest, as well as the desire for opportunities to provide feedback on services across the hospital and to reach more young people in the wider community.

## What did we do?

We concentrated on promoting the Young Influencers Group internally and encouraging various departments within the Trust to utilise the group for feedback and service improvements. The Young Influencers conducted a 15-Step Challenge review in the Children’s Emergency Department and are developing an information leaflet for young people accessing ED. The Young Influencers input on the Call for Concern poster led to significant enhancements, and they have since been asked to provide feedback on the ‘Language That Cares’ leaflet as well as in the Trust recovery departments.

To engage more children and young people in the broader community, the Young Influencers will attend the No Child Left Behind family event in Cheltenham. They are also collaborating with the Trust’s digital team to create a video for use in schools, aiming to spark interest in the hospital’s work.

## What did people tell us?

Members of the Young Influencers Group have highlighted the importance of having a voice and influencing Trust services. Departments have been keen to involve the Young Influencers for feedback and to identify potential opportunities for service improvement.

Find out more here:

[🔗 Young Influencers](#)



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## 11. Apprenticeships and Careers Engagement

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### Brief Description

The apprenticeships and careers engagement supports the Trust’s aim to increase the promotion of apprenticeships and career opportunities, build connections with young people, attract new talent, and inspire our future workforce. The team link in with the ICB with regards to widening participation and apprenticeships within our communities, with further development opportunities for young people including hosting T Level industry placements, Experience within the workplace and work experience, QandA sessions, and taster sessions. Working with the “We Want You” project team on careers engagement and Widening participation.

### Who did we involve and why?

Over the last year, we engaged with over 34 local schools, colleges, and alternative providers to target students between the age of 10 – 21 to promote NHS apprenticeships, career opportunities, and experiences in the workplace. We supported National Apprenticeship Week, T Level Thursday, and National Healthcare Science Week with events for our existing staff as well as community engagement. The NHS has signed up to the Care Leavers Covenant to help support this group into work within the NHS.



## What and how did we ask?

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

- Virtual Engagement Events – Career Awareness QandA sessions to highlight Careers within our Trust and widen participation for our local community to speak with NHS professionals about their roles and how they could find out more about career pathways.
- Face to Face Engagement Events – Attendance at local career events in schools and colleges and alternative providers (e.g. Young Gloucestershire) to inspire the future workforce via representation from our Career Role Models (for which we have 234 currently representing our Trust).
- Social Media – regular content via X and Instagram to promote apprenticeships and career opportunities within the Trust and NHS.
- Healthcare Science Awareness - Event held at University of Gloucestershire for Year 9s and above
- Visit with Healthcare Scientist to local Primary school and competition for winners to return to Hospital site for tour and talk to Healthcare Scientists and use our VR Escape room
- Created 3 Podcasts for National Apprenticeship week – 1. General Information 2. A Parents Perspective 3. Ella's story (a care leaver)
- Ella's Story Podcast on youtube  
[www.youtube.com/watch?v=7xol0YDs9Kc](https://www.youtube.com/watch?v=7xol0YDs9Kc)

## What did people tell us?

The engagement has helped build knowledge and relationships between the NHS, ICS, and local schools/colleges, promoting and recruiting students into apprenticeships and future careers within the NHS.

- Helped break down some barriers for young people applying for vacancies, providing support on how to apply, access to IT equipment, and how to write and submit an application

The We Want You project showcased a drama production about apprenticeships and routes into the NHS and Social Care to schools around the county.

## We Want You Project

[Engaging young people with the We Want You project | NHS Employers](#)

- Strengthening work experience opportunities across the ICB, moving toward a process across the One Gloucestershire system

Find out more here:

[Apprenticeships](#)



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## 12. Young Thinkers Gloucester

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### Brief Description

We are proud to support Young Thinkers Gloucester (YTG), an established third-sector organisation led by two local doctors. YTG provides a free weekly study club for children in the Barton and Tredworth area and organises health and education events for the community.

The Trust has provided funding to YTG through NHS Charities Together, promoting healthy lifestyles and health equality. This support has enabled YTG to offer health information sessions on important topics such as diabetes, bowel cancer, CPR training, early intervention, and healthy lifestyles.

YTG has launched a new podcast series featuring special guests and covering diverse topics such as diabetes management, dementia awareness, and youth mentoring. You can find their podcast on the Young Thinkers Gloucester YouTube channel:

<https://youtube.com/@youngthinkersgloucester>

### Who Did We Speak To?

The Trust has been in contact with Young Thinkers Gloucester to discuss ongoing support, collaboration, and ways to maximise positive community impact.

## What and How Did We Ask?

The Trust inquired about YTG’s plans for this year’s education sessions and how we could support their community efforts. We provided the necessary funding to assist these initiatives.

## What did we do?

The Trust’s funding has helped YTG continue their:

- Free study club at Friendship Cafe
- CPR and first aid and cardiac teaching events for all ages
- Diabetes awareness sessions
- Bowel cancer screening guidance for young people
- Healthy Ramadan and diabetes webinar

The YTG team expressed their gratitude for the Trust’s ongoing support and funding, which has enabled them to continue their vital work educating young people on various topics. They emphasised the importance of community engagement and education in positively impacting health outcomes.

Find out more here:

[www.facebook.com/youngthinkersgloucester/](https://www.facebook.com/youngthinkersgloucester/)



Image sourced: Young Thinkers Gloucester Facebook

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## 13. Co-designing our Membership Strategy

### Brief Description

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

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

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

In 2023 we refreshed our Membership Strategy by co-designing it with members, our Council of Governors, local communities and staff.

### Who did we speak to?

Our strategy was codesigned with Governors and Trust staff who were part of a workshops and was also shaped through engagement with members of the public at events over the summer and our Young Influencers Group. We reached out to our 2,000 members to ask them what mattered most to them and get their input into co-designing a new strategy.

## What and how did we ask?

We held several co-design workshops with staff, our Governors, Board and Young Influencers, as well as working with members and the public at events over the summer in 2023. We also used our regular Members newsletter and community engagement to directly get views from members and the public, to understand what we could do to strengthen our approach to membership.

## What did we do?

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

## What did people tell us?

Our members, governors, staff, and community groups highlighted four key areas for the Trust to focus on within the strategy. It was also recommended that the strategy should be simpler to implement and be for a two-year period, to ensure pace in delivering against the priorities.

Through the co-design of our strategy, four core aims emerged:

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

Work is now well underway in delivering the strategy and we are grateful to those people who provided their views and ideas to shape the way in which we work together.

Find out more here:

[Membership Strategy 2024 - 2026](#)



# Other ways we involve and engage

## Other ways we involve and engage

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

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

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### Get Involved Gloucestershire

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

The new digital platform will be a central point for the NHS and local people to find out and directly get involved in shaping local services. The experiences shared through the platform will help inform and influence the decisions local NHS organisations make.

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

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



# Other ways we involve and engage

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## Governors

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

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

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

Further information about Governors can be found here:

[www.gloshospitals.nhs.uk/about-us/governors](https://www.gloshospitals.nhs.uk/about-us/governors)

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## Members

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

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

For more information and to become a member visit:

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

# Other ways we involve and engage

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## Patient Experience

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

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

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

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

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## People's Panel

As part of our One Gloucestershire approach to involvement, have supported the recruitment of more than 1000 local residents to join a People's Panel. The Panel is made up of individuals, whose anonymous feedback will be used at a county and a more local level to shape health and care services and support. The Panel includes people who live in priority areas of the county, the Core20, where under served communities experience greater health inequalities than elsewhere in Gloucestershire.

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## Insight Hub

We are supporting the development of an online space, a 'library', where all qualitative Insight (reported feedback from local people and communities) can be kept together in one place. Its purpose will be to assist One Gloucestershire partners to access current Insight from across the areas with the aim of avoiding duplication and involvement fatigue.

# Other ways we involve and engage

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## Patient and colleague stories

Patient and colleague stories are regularly presented at the beginning of Trust Board meeting. The stories provide an example of the lived experience of patients and colleagues to highlight examples of excellence and where there are areas for improvement.

<https://www.gloshospitals.nhs.uk/about-us/our-board/board-papers/>

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## 6.8 Our Annual Members Meeting

Our Annual Members Meeting is where the Trust shares key highlights and achievements, and reflect on the previous year's performance, and where we share some future developments planned for the year ahead.

You can watch Annual Members Meeting again at:

[YouTube GlosHospitalsNHS](#)

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## Healthwatch Gloucestershire

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

More information about Healthwatch can be found here:

[www.healthwatchgloucestershire.co.uk/](http://www.healthwatchgloucestershire.co.uk/)

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## Maternity Voices Partnership

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

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

# Other ways we involve and engage

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## Social Media

Social media continues to evolve and can bring closer involvement and engagement with a wider range of people than traditional approaches alone. The Trust has evolved its engagement and involvement, embracing face-to-face activity with social media, with a far wider reach. This includes our Facebook Live events, live streaming QandA sessions with staff, and listening to individuals' experiences of services.

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



Twitter:

[www.twitter.com/gloshospitals](https://www.twitter.com/gloshospitals)



Facebook:

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



YouTube:

[www.youtube.com/c/GlosHospitalsNHS](https://www.youtube.com/c/GlosHospitalsNHS)



LinkedIn:

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

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

# What will we be doing this year?

Over the past year, we have developed an engagement plan to ensure we are able to attend as many key local events and celebrations, as well as being invited to support community programmes.

We will continue to explore new ways to connect with our communities to help gain a deeper understanding of priorities, ensuring what we all do remains responsive to local needs



# What will we be doing this year?

## Key priorities over the next year include:

- 1 Co-design a new Engagement and Involvement Strategy
- 2 Co-design the new Trust strategic plan
- 3 Inclusive Language Guide
- 4 Introduce a new digital patient portal PEP, improving access to appointments, health records,
- 5 Support and work with the Patient Experience Team Accessible Information Standards (AIS),
- 6 Support the Trust Charity 'Lions at Large' project with the Pride of Gloucestershire Trail taking place in the summer of 2025 to fundraise for new cancer care facilities in Cheltenham.
- 7 Reframe – Diverse Images for Healthcare Project with Medical Photography.
- 8 Maintain our partnership with Youth Thinkers Gloucester, supporting some of the most deprived areas and engaging communities on health issues;
- 9 We will continue to focus on health equity and work towards ensuring all communities have access to the right care, at the right time, in the right ways.

If you want to find out more about the activities mentioned above, make sure you join the 'Get Involved in Gloucestershire' <https://getinvolved.glos.nhs.uk> platform where you can also share your views, experiences and ideas about local health and care services across the county.

# Summary

**Individually,  
we are  
one drop.  
Together, we  
are an ocean**

Ryunosuke Satoro

Meaningful community engagement and involvement is at the heart of what we do. In a year in which we celebrated and reflected on 75 years of dedication and care of those who have worked with and within the NHS, as well as the Windrush generations who shaped our communities and services, it is absolutely clear that it is together where we can make such a huge difference in the lives and wellbeing of each other.

Through working together, in meaningful partnerships with local people and community groups, we gain invaluable insights into specific health needs, challenges, and barriers that impact on accessing services and health and wellbeing. This deeper understanding enables us to develop culturally sensitive and impactful partnerships and improve access to services.

Over the last year we have continued to make good progress in several areas, including permanent recruitment to our Community Engagement and Involvement Team, who lead on building relationships with a range of partners, communities and seldom heard groups. Our Young Influencer group now has a direct role on the Council of Governors, including the election of a Governor, and they have led several projects to support services.

We have also continued to develop our “Centres of Excellence” at Cheltenham General Hospital and Gloucestershire Royal Hospital and over the last year there has been several exciting building works completed, including the opening of the new Chedworth Surgical suite in Cheltenham, the upgrade of the new Emergency Department in Gloucester, and the new Cardiology Cath Labs in Gloucester, all helping to improve access and service quality at our hospitals.

Our partnerships and relationships with local community groups, voluntary organisations and service providers has meant we have continued to reach more people across the county and help improve access to our hospitals. The impact of what we do together ensures we make it easier for people to share their experiences and to help understand what matters most to them.

# Summary

## Thank you

We have also continued to improve and develop the way in which we engage and involved people, from attendance at numerous events and groups, to strengthening the quality of live streaming and digital tools. We've incorporated this to our engagement activities, with a mix of virtual, digital, and face to face events to enhance our outreach and involvement.

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

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

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



# Inclusive Language Guide



Your reference guide

# Introduction

**There is power in words and language.**

At Gloucestershire Hospitals NHS Foundation Trust, the language and words we use must reflect our values, and beliefs and work as a system.

Language and the way we communicate are important aspects of building trust and connection, helping to empower and include people if we get it right.

In line with our wider place-based values, this guide is intended to be people-centred, highlighting inclusive leadership, and compassion, and creating supportive environments where everyone feels they belong.

# Our overarching principles

If you don't have time to read all of this guide, please read and apply the principles listed below.

## 1

**Keep it simple:** use clear, concise language with no jargon.

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## 2

**Centred around audience:** consider what words and phrases include and exclude groups and individuals?

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## 3

**Identify the purpose:** consider the type of communication. Is it text, verbal, video etc. think about the context in which you are using these words.

## 4

**Be accountable:** language evolves, it's not static which means you won't always get it right. When you don't, apologise and take action to make it right.

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## 5

**Respect privacy:** we all have the right to privacy and confidentiality and there will be some occasions where people do not want to or feel safe to disclose their protected characteristics.

*"Diversity is you because you are unique.  
Inclusion is accepting you because you matter."*

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**Furkan Karayel**, 2021, Inclusive Intelligence: How to be a Role Model for Diversity and Inclusion in the Workplace

**Inclusive language teaches us to value other people for who they are. To be sensitive and respectful towards other people. It is about being aware of the language we use and the impact it may have on others, rather than just using a list of acceptable words.**

Language matters, but we also recognise that it is complex and ever-changing. There is a wealth of information out there that can advise us on the right language to use but it can be overwhelming and difficult to know where to start.

This guide is designed as a starting point and an at-a-glance resource for colleagues, and we intend to build on it following feedback from you – the people using it or those who have helped contribute to its development.

It has not been designed to cover everything.



If you have any recommendations for the update, please email:

[ghn-tr.inclusionnetwork@nhs.net](mailto:ghn-tr.inclusionnetwork@nhs.net)

# Considering intersectionality

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Important

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When using this guide, it is crucial to remember that discrimination is complex and multifaceted. Many individuals and groups face overlapping forms of racism, sexism, heterosexism, ageism, and classism, among other factors.

## Intersectionality

Intersectionality is a concept that helps us understand how different aspects of a person's identity combine to create unique experiences of discrimination and privilege. It acknowledges that everyone has their own unique experiences of oppression, and we must consider all the factors that can marginalise people—such as gender, race, class, sexual orientation, and physical ability.

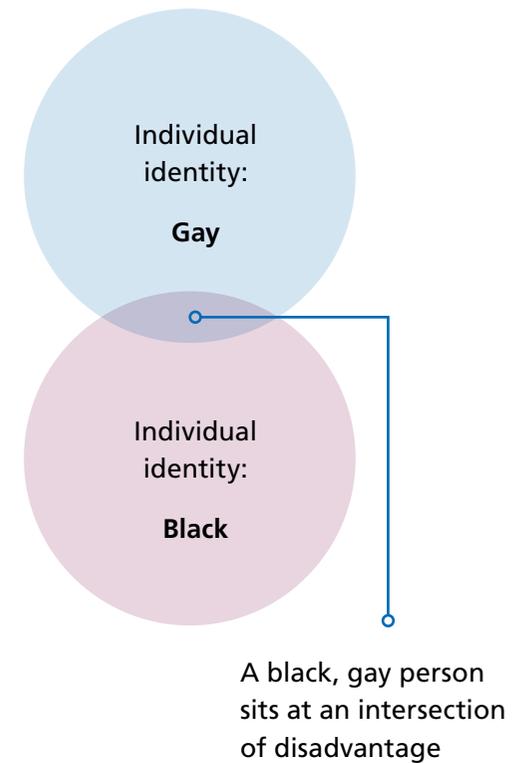
Historically, individuals who are Black have faced discrimination due to their race, and those who are gay have faced discrimination due to their sexuality. Therefore, a Black gay person faces discrimination on two fronts, placing them at an intersection of disadvantage.

In essence, intersectionality recognises that people have multiple identities that are inherently interconnected.

It is a critical concept for understanding how individuals face unique challenges at the intersections of these identities.

Crenshaw, who coined the term, defines intersectionality as "a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that are not understood within conventional ways of thinking."

It is important to be aware of intersectionality to understand how it shapes experiences and social inequalities. When writing about intersectionality, the language and information used should be carefully considered to avoid exacerbating stereotypes.



# Considering intersectionality

## Example

**In healthcare black women are 4 x more likely than white women to die in pregnancy or childbirth because of the lack of access, structural racism and implicit bias they face as women and as black women.**

**When presenting this information, in some cases, and in mainstream media, the reason for this statistic is omitted.**

By just stating 'black women are 4x more likely than white women to die in pregnancy or childbirth' and not providing information on why this is, stereotypes are reinforced as people may misinterpret the information to believe that black women are more likely to die in pregnancy or childbirth because they are black.



Important

Communicators must always give relevant context when it comes to instances when there are overlapping factors at play to avoid exacerbating stereotypes.



# Disability and language

(including mental and  
physical health)



# Disability and language

Many of us know and work with colleagues who have visible disabilities or long-term conditions. However, many conditions are hidden and can affect a person's thinking, emotions, or physical abilities, including their mental health.

It's important to respect the diversity and individuality of people with disabilities, long-term conditions, and mental health conditions by using language that acknowledges their capabilities and contributions.

There are several ways we can do this.

# Talking about disability

The word 'disability' should not be avoided; we can use it accurately when needed. To be accurate, we must understand that disabilities, long-term conditions, physical impairments, and mental health conditions are common in our workplaces and communities. According to the Equality Act, a disability is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on a person's ability to do normal daily activities.

However, many people prefer the social model of disability, which states that people are disabled by structures, environments, and social systems – not by their bodies or minds. We should be clear about a person's disability, and if we are unsure, we should ask them what language they prefer.

It's also important to note that many people may not see themselves as disabled but rather as having a long-term condition. Colleagues with neurodiverse conditions like dyslexia, ADHD, or autism might not consider themselves disabled but instead focus on the strengths these conditions give them. Different neurodivergent people may feel differently about whether neurodivergence is a disability, so it's important to be open to learning.

In general, it is okay to refer to someone who is neurodivergent as disabled if it is part of their identity. For example, a person with an autism diagnosis might prefer to be called an 'autistic person' rather than a 'person with autism' because it is a core part of who they are, not something separate from them.

## Make communications accessible

Under the Equality Act public bodies have a statutory duty to provide content in an accessible format.

In the NHS, for example, there is an Accessible Information Standard that NHS organisations providing care must follow. Inaccessible content can result in being fined, but more importantly, it means that colleagues and members of the public accessing our communications and messages are excluded and unable to understand them.

Making sure our language is accessible includes using simple and concise words, using Alternative Text on images, using colours that contrast each other, making hyperlinks accessible, using captions on videos and using accessible font. If you are creating documents and content on Microsoft, there is a built-in 'Check Accessibility' function which can support you with this. Another example is using OpenDyslexic font, which is designed to increase readability for readers with dyslexia. You can find more information about how to make content accessible in the 'Further reading and support' section of this guide.

## Avoid the 'hero narrative'

Also known as 'inspiration porn', a term coined by Stella Young. While some people do refer to their long-term conditions as superpowers, for many people having a disability or being neurodivergent is not something that is inspirational or a 'brave struggle', it is simply a normal way of living. For many people, their conditions give them other strengths.

Using inclusive language includes swapping terms like 'suffers from autism' to 'living with autism' and avoiding battle terminology like 'fighting multiple sclerosis (MS)' and replacing with 'living with MS or 'diagnosed with MS'. Individuals with disabilities or health conditions are capable and equal members of society, avoid using language that patronises or undermines them.

**If you're unsure about which language you should be using when it comes to disability, seek help or ask how a person would like to be referred.**

## Person-first language

When talking about a specific person many people living with long-term conditions or disabilities prefer person-first language which emphasises the person and not their disability or mental health condition.

This avoids reducing someone to just their disability.

For example:

- **Luc is a person with disabilities.**
- **Saadia, a person who is Deaf.**
- **They have hypermobility.**

However, if a person identifies more with the social model of disability mentioned earlier in this document, they would prefer to be referred to as ‘a disabled person’ – someone who is disabled by a world that is not equipped to allow them to participate and thrive. Our guidance here would be to listen to how people talk about their disability themselves and take your cue from them.

## Avoid ableist language

Ableism is a form of discrimination and is based on the notion that people with disabilities need ‘fixing’. Using ableist language means to describe something using a term/phrase or word that have negative connotations relating to physical or mental disabilities.

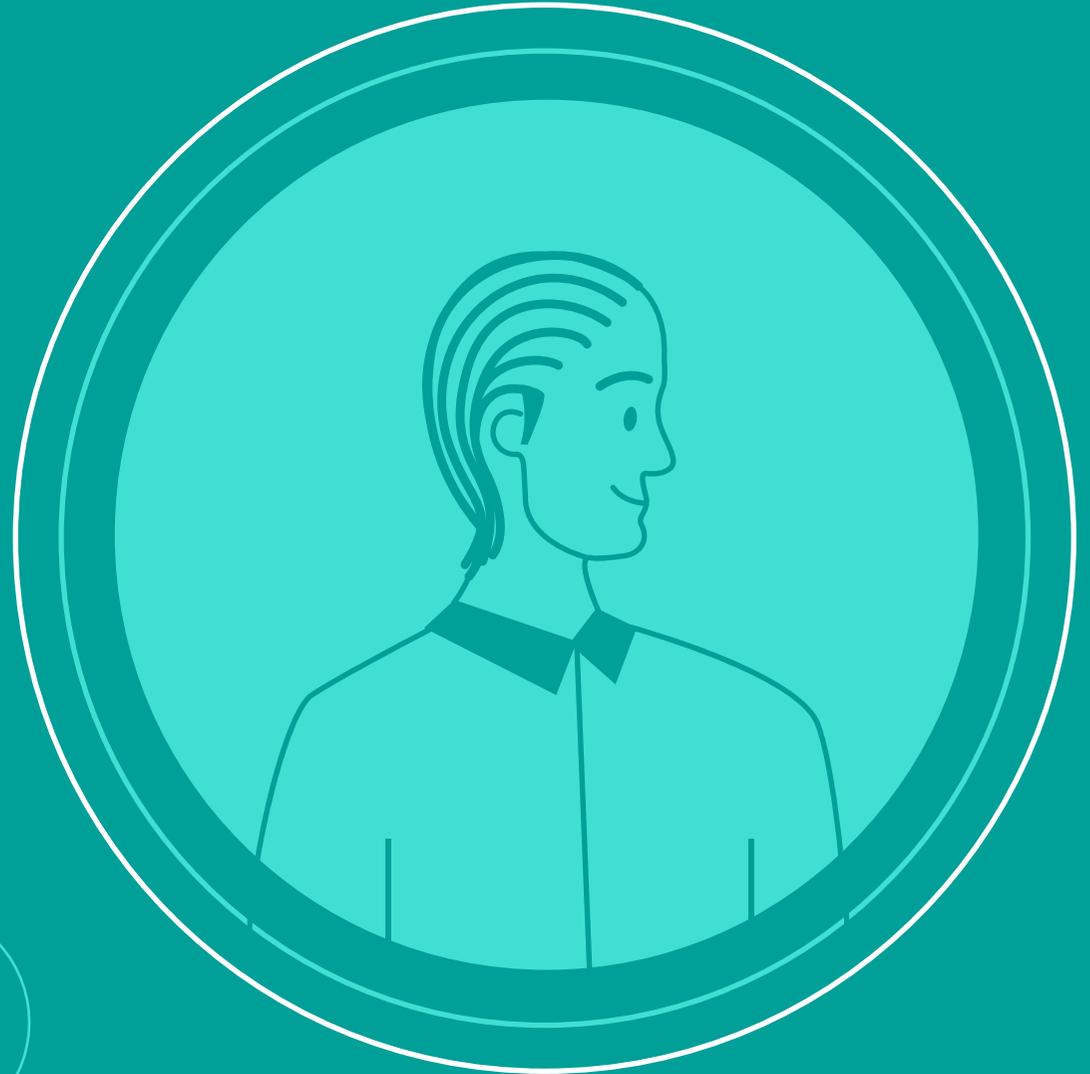
There are many phrases that are inappropriate, outdated and should not be used. For example:

- ✗ They are such a spazz/ spastic
- ✗ Mentally retarded

Here are some examples demonstrating how to change your language to be as inclusive as possible:

Instead of saying:	Trying saying this:
✗ The blind leading the blind	✓ They don't seem to know what they are doing
✗ Confined to a wheelchair	✓ She uses a wheelchair for mobility
✗ They are deaf to reason	✓ They are unresponsive to reason

# Gender and language



# Gender and Language

When it comes to gender and language it is important to use words that do not discriminate against a particular sex or gender identity and instead promote gender equality. This can be somewhat difficult when living in a society that still has work to do on eradicating gender biases.

We all have unconscious bias and our views, choices and decisions are influenced by this. However, using gender-inclusive language helps us move towards a more equitable society, where diverse teams with a range of viewpoints and opinions perform better.

## Stereotypes and generalisations

Avoid assuming gender based on appearance or making generalisations. When we use sweeping statements or stereotypes, we reinforce the notion that certain traits, behaviours, and roles are appropriate or expected for individuals based on their gender. This can widen gender inequalities.

As a general rule of thumb, we should avoid using masculine or feminine language. For example, using “they” as a singular pronoun rather than ‘he’ or ‘she’.

If you're unsure about which language you should be using when it comes to gender, seek help or ask how a person would like to be referred.

## Intersectionality

As mentioned in the introduction of this document, gender stereotypes intersect with other forms of discrimination, such as race, sexuality, and disability. This is something to be aware of as one person may be facing discrimination and disadvantage on more than one front.

## Relevance

In many situations, defining or highlighting a person's gender is simply not relevant in our communications.

This can be done using the strategies mentioned in the 'stereotypes and generalisations' section and also using a passive voice or removing gendered words or loaded terms.



# Gender and gender identity



# Gender and gender identity

Gender refers to our internal sense of who we are and how we see and describe ourselves, this is our gender identity.

Sex refers to physical and biological elements for an individual, whereas gender, also referred to as gender identity, is how an individual identifies with their gender, whether male, female or non-binary, which may or may not correspond to their sex assigned at birth.

Gender is broader than just male or female. Someone may see themselves as a man, a woman, non-binary (neither) or gender fluid (not having a fixed gender).

## Born gender

An individual's 'born gender' is the gender assigned to them at birth. This would be male, female, or intersex if physical characteristics that were both male and female were present.

## Gender-neutral pronouns

Pronouns are words we use to refer to an individual's gender in conversation, for example, 'he' or 'she'. Some people may prefer gender-neutral pronouns if their gender identity is not 'male' or 'female'.

A gender-neutral person may go by 'they/them' pronouns.



Important

**If you are unsure of what pronouns to use for an individual, you can politely ask.**

You can include your pronouns on your email signature and/or name badge if you are comfortable as a way of showing support to the trans and non-binary community.

## LGBTQ+ language

By using inclusive LGBTQ+ language we show respect and recognition for a community which has faced and continues to face discrimination locally, in the UK and around the world. It demonstrates that we are allies with the LGBTQ+ community and helps to create an environment of acceptance, where people feel valued and seen for who they are.

Language is fluid and ever-changing with the LGBTQ+ landscape, so it is important to educate yourself and stay updated with new terms, and language that is no longer used. If you use an outdated term, listen, be open-minded and adapt as necessary.

## LGBT+ versus LGBTQ+

LGBT+ is an umbrella term for the lesbian, gay, bisexual and transgender community. The plus (+) represents the multiple ways that people within this community can identify or describe themselves in terms of their gender identity or sexual orientation.

As familiarity and awareness around the range of terms people from the LGBT+ community use to identify their sexual orientation and / or gender identity has grown, other versions of the LGBT+ initialism/abbreviation has become more common.

The most common alternative to LGBT+ in the UK is LGBTQ+. This stands for lesbian, gay, bisexual, transgender and 'queer' and /or 'questioning'.

Questioning is where a person is taking time to understand their sexual orientation and or gender identity.

## Be accurate

Just like when using language around race and ethnicity, it is important to use accurate and respectful terms. This helps to educate others and challenges stereotypes. Refrain from making assumptions about someone's sexual orientation or gender identity based on appearance or any other factor. This is known as 'misgendering' and can cause distress and hurt. Remember that LGBTQ+ individuals are diverse and may have different experiences and identities.

Your approach should be led by how an individual or group wants to be referred to. If you are unsure of this, simply ask how an individual would like to be referred to or use their name and gender-neutral pronouns such as 'they' rather than binary terms like 'he' or 'she', 'ladies and gentlemen' or 'men and women'.

For an example of an inclusive greeting at an event, it would be better to start with 'good evening everyone'.

## Pronouns

Pronouns are important and should not be assumed. For transgender people, using the wrong pronoun can be uncomfortable and painful. They may prefer to be referred to as they/them unless they have stated otherwise. To reduce discomfort and promote inclusivity, we should move towards using gender-neutral language and terms.

Supporting the LGBTQ+ community can be as simple as sharing and explaining our pronoun preferences. Many people are now adding their pronouns to social media profiles or email signatures to normalise the process of stating one's gender. This is one of the easiest ways to be an LGBTQ+ ally.

Additionally, it is crucial to refer to a person by the name they have given you and not use their 'deadname'. To deadname is to call someone by a name they no longer use, such as a name a transgender person had before transitioning. This can feel invalidating.

Being respectful of people's pronouns and gender identities is essential. If you are unsure of someone's pronouns and it is not appropriate to ask, using 'they/them' pronouns can help ensure comfort and respect.

## The use of 'queer'

Some people in the LGBTQ+ community prefer to call themselves 'queer' because they don't want to use a specific label like 'lesbian', 'gay', or 'trans'. However, because 'queer' was used as an insult in the past, some people might still find it offensive. It's important to ask individuals what terms they prefer.

Many in the LGBTQ+ community have taken back the word 'queer' and use it with pride. But because of its history as a slur, some people, especially older generations, may feel unsure or uncomfortable using it. This shows how language can change over time. The best advice is to use the term 'queer' only if the person uses it to describe themselves.

## Privacy

We all have the right to privacy and confidentiality and there will be some occasions when people do not want to or feel safe to disclose their gender identity.

It is not always appropriate to ask a person about their sexual orientation or gender identity – read the room and think about the situation you are in.

## LGBTQ+ inclusive communications

We should consider the LGBTQ+ community in our communications to ensure they are included. This could include removing titles such as 'Mr, Ms, Mr and Mrs' for communications, removing gender boxes on forms where it is unnecessary, avoiding heteronormativity (the idea that everyone is or should be heterosexual) and making sure the community is visibly included in materials.

By including and having representatives from the LGBTQ+ community involved in the communications we produce we will ensure they are more inclusive. Listen to the community, hear their stories and reflect it back in the communications we create. When collecting equality monitoring data, we need to ensure we are reflective of gender-neutral terms.



# Race and language



# Race and language

**When it comes to race, ethnicity and language, the words we use will often depend on the context in which we are using them and which community or group we are referring to.**

By using the correct language when it comes to race, we can avoid furthering racial prejudice and discrimination and move towards equality. As with any other groups that may share some commonality, it is important to avoid generalisation or homogenising a group. It is important to note that it is not always appropriate to mention a community's or a person's race or ethnicity, so think about when and whether it is necessary to mention it.

<b>Race</b>	Race focuses on physical appearance, primarily skin colour and bone structure.
<b>Ethnicity</b>	Ethnicity refers to our cultural identification in international law and how this is articulated. A group of people with related traits in culture, faith, food, language and heritage could belong to a similar ethnic group.
<b>Heritage</b>	Heritage refers to an individual's ancestors and what they identified with.  For instance, someone born in Ireland to parents from Nigeria could say they have African heritage. They may not share the ethnicity (perhaps they can't speak a Nigerian language) and may be Irish in terms of nationality
<b>Nationality</b>	Nationality refers to the place where someone was born and or holds citizenship.  Where you live and your ethnicity can also influence your nationality.

## The use of 'BAME'



The term "BAME" (Black, Asian, and Minority Ethnic) centres whiteness by referring only to non-white groups, thereby excluding white minority ethnic groups. It is widely regarded as a lazy classification that lumps together many diverse ethnicities without consideration of their unique identities and experiences.

Instead of using "BAME," strive to be accurate and specific about the group you are referring to. Take the time to understand how the person or group you are talking to prefers to be identified. Ask yourself how they self-identify.

When discussing racial or ethnic groups, ensure that the terms you use accurately reflect those groups. Avoid using broad umbrella terms unnecessarily, as they do not represent a single homogenous ethnic group. Always seek more detailed data and insights to better recognize, understand, and reflect the experiences of different minoritised ethnic groups.

Commit to continuous education, listening, and learning, as language is always evolving. Respect people's preferences and allow options for self-description when asking survey questions.

## The use of the term "person of colour"

When using the term "person of colour," it is crucial to consider individual preferences, as identity is deeply personal and varies. The term "people of colour" can be contentious; some feel it reinforces a hegemonic "whiteness" and creates an "other" category. Alternative terms like "racialised minority" or "racially minoritised" can also be met with criticism for being unfamiliar or overly focused on race. While some younger individuals find "people of colour" acceptable, others, particularly in the UK, view it negatively due to its similarity to the offensive term "coloured" and its American origin.

**Always listen, educate yourself, and ask politely if unsure about the appropriate terminology. Learn from mistakes, apologise if you cause offence and strive to improve.**

## Ethnic minority, ethnic diversity or global majority?

While the term 'ethnic minority' is still widely used and accepted in Gloucestershire the terms 'ethnically diverse', 'ethnic diversity' and 'diverse ethnic communities' (as used by the ICB) are our preferred phrases of use within a health and care setting. However, we are aware that key partners in the county are using other terms, including 'global majority'.

Global majority is a collective term that refers to people who are Black, Asian, Brown, dual-heritage, indigenous to the global south, and or have been traditionally referred to as 'ethnic minorities'. Globally, these groups currently represent approximately eighty per cent (80%) of the world's population making them the global majority, not a minority.

## Person-first language

When talking about a specific person it is important to use person-first language which emphasises the person and not their ethnicity. This avoids reducing someone to just their ethnicity. For example:

- **'A person from the Irish Traveller community'**  
rather than **'an Irish Traveller'**
- **'A person from the South Asian community'**  
rather than **'a South Asian person'**
- **'A person from the Caribbean community'**  
rather than **'a Caribbean person'**

## Stereotypes and generalisations

It is important to avoid the use of broad terms, generalisations and stereotypes when talking about race and ethnicity. There are many nuances between and within communities which should be acknowledged.

Be as specific as possible and avoid placing people in broad categories, which sound like microaggressions

Examples of microaggression:

- ✘ If someone says to an Ethnic Minority person that they are **'surprised at how well-spoken'** they are.
- ✘ Asking a gay/lesbian couple **"Who's the man/woman' in the relationship?"**
- ✘ Saying to a disabled person **'you people are so inspiring'**.

## If we get it wrong

Language is always evolving which means that we are likely to get the language we use around race and ethnicity wrong at some point. That's okay and will help us learn. In the UK and around the world, racism is still present, and we have been raised in a society where racist language is used. Often, we have unconscious bias or use language that is not inclusive and can be harmful.

If you get it wrong or are corrected on your use of language, acknowledge it, apologise and take action to make it right. This may be as simple as switching to the term you have been asked to use. If you haven't been corrected, be open and respectful and have a conversation with the person who has highlighted your language to decide which term would be more inclusive. Avoid over-apologising and instead, focus on learning from feedback and from positive examples of inclusive communication from wider industries.

**If you're unsure about which language you should be using when it comes to race, seek help or ask how a person would like to be referred to as or which ethnicity they identify with.**

*“When designing experiences, I pay extra attention to the words I use, ensuring they are not ableist. For example, we often see buttons that say “watch,” “read,” and “see,” which implies that everyone can see or listen. I started swapping them for “explore,” “discover,” and “learn more.” It’s also important to use pictures and illustrations that represent folks from various communities, including people with disabilities.”*

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**Max Masure**, 2022, You don’t Suck, Overcoming Imposter Syndrome

# Further reading and support

## Please see below a list of further reading and support around inclusive language

- [↗ Inclusive language glossary](#), In Communities
- [↗ Communications and engagement toolkit to be used when communicating with socio-economically deprived areas](#), by NHS England
- [↗ How to talk about the building blocks of health](#), The Health Foundation toolkit
- [↗ Bias-free language and intersectionality](#), APA style
- [↗ Inclusive Language Guide](#), Oxfam
- [↗ How to write in plain English](#) The Plain English Campaign
- [↗ EDI Guides](#), Chartered Institute of Public Relations
- [↗ Include guidance on the Equality Act 2010](#)
- [↗ Accessible Information Standard Statement](#)
- [↗ Inclusive language NHS inform](#)

### Throughout this guide, we have taken reference from:

Humber and North Yorkshire Health and Care Partnership's Inclusive Language Guidance

.....

[↗ Bradford District and Craven Health and Care Partnership's Inclusive Language Guide](#)



**Gloucestershire Hospitals**  
NHS Foundation Trust

the **Best Care**  
**for Everyone**  
care / listen / excel

<b>Report to Council of Governors</b>			
<b>Date</b>	10 September 2024		
<b>Title</b>	Freedom to Speak Up Report		
<b>Sponsoring Director Author / Presenter</b>	Dr Claire Radley- Executive Lead for Freedom to Speak Up Louisa Hopkins - Lead Freedom to Speak Up Guardian		
<b>Purpose of Report</b> (Tick all that apply ✓)			
To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	
<b>Summary of Report</b>			
<p>This report provides an update on the progress the Trust continues to make. Including-</p> <ul style="list-style-type: none"> <li>• Review and update on matters raised in 2022/ 23 Annual Report</li> <li>• Freedom to Speak up Guardian assessment of the current position</li> <li>• Annual review of concerns raised to Freedom to Speak Up</li> <li>• National, Regional and Local work</li> </ul>			
<b>Risks, Concerns or Implications</b>			
<p>Freedom to Speak Up arrangements and learning are reviewed as part of the Well Led domain in CQC inspections.</p> <p>The Trust is required to meet the following legal/regulatory requirements in relation to raising concerns:</p> <ul style="list-style-type: none"> <li>• NHS contract (2016/17) requirement to nominate a Freedom to Speak Up Guardian.</li> <li>• National NHS Freedom to Speak Up raising concerns policy (2022)</li> <li>• NHS Constitution: The Francis Report emphasises the role of the NHS Constitution in helping to create a more open and transparent reporting culture in the NHS which focuses on driving up the quality and safety of patient care.</li> </ul>			
<b>Financial Implications</b>			
<b>Approved by: Director of Finance / Director of Operational Finance</b>			<b>Date:</b>
<b>Recommendation</b>			
<ul style="list-style-type: none"> <li>• Discuss and note the Freedom to Speak Up update</li> <li>• Support on going work to ensure an open and transparent culture of speaking up is achieved in the organisation</li> </ul>			
<b>Enclosures</b>			
<b>Purpose</b>			

This is an update report of the Lead Freedom to Speak up Guardian capturing a year of activity, bench marking where possible against National data.

## **Background**

The National Guardian's Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis' report 'The Freedom To Speak Up' (2015 [www.freedomtospeakup.org.uk/the-report/](http://www.freedomtospeakup.org.uk/the-report/)). In this report, Sir Robert found that the culture in the NHS did not always encourage or support workers to raise concerns that they might have about quality and safety of care provided, potentially resulting in poor experiences and outcomes for patients and colleagues.

Concerns can be raised about anything that gets in the way of providing good care. When things go wrong, it is important to ensure that lessons are learnt and improvements made. Where there is the potential for something to go wrong, it is important that staff feel able to speak up so that potential harm is avoided.

Even when things are going well, but could be even better, staff should feel confident to make suggestions and that these would be taken on board. Speaking up is about all of these things.

Freedom to Speak up Guardians are employed to promote an open and transparent culture of speaking up and raising concerns. FTSUG provide impartial support to speaking up matters, monitoring and supporting any concerns of detriment or disadvantages behaviour toward staff as a result of speaking up. The FTSU Guardian values are Impartiality, Empathy, Courage and Learning.

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

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

## **Review and update on matters raised in 2022/23 FTSU annual report:**

The FTSU 2022 report committed to continue to review the FTSU function and service.

Further review initiated the following improvements:

Improving the whole FTSUG function to protected time to carry out FTSUG duties, thus improving response rates and ensuring all cases are supported with escalation appropriately. This has led to an additional 0.4 WTE Band 7 FTSU Guardian being recruited to the team.

Refreshing the focus on consistently improving staff experience when speaking up.

Improvements to data recording to expand staffs voice throughout the organisation.

Implement NGO guidance for staff raising concerns of detriment.

Finally, the feedback function has changed to an anonymised function, in line with NGO guidance. Data is captured as set out by the NGO.

**Further updates on matters raised in 2022/23 report:**

Progress on developing a FTSU Strategy has paused due to the increase in cases and need to improve staff experience as a priority.

Developing a champion network remains a priority but capacity has not allowed. With the support of the additional recruited FTSU guardian, the FTSU service will commence recruitment for Champions in July 2024. This investment into the service will also enable the FTSU service to respond strategically to the speak up needs of the organisation while still supporting the reactive needs of staff concerns.

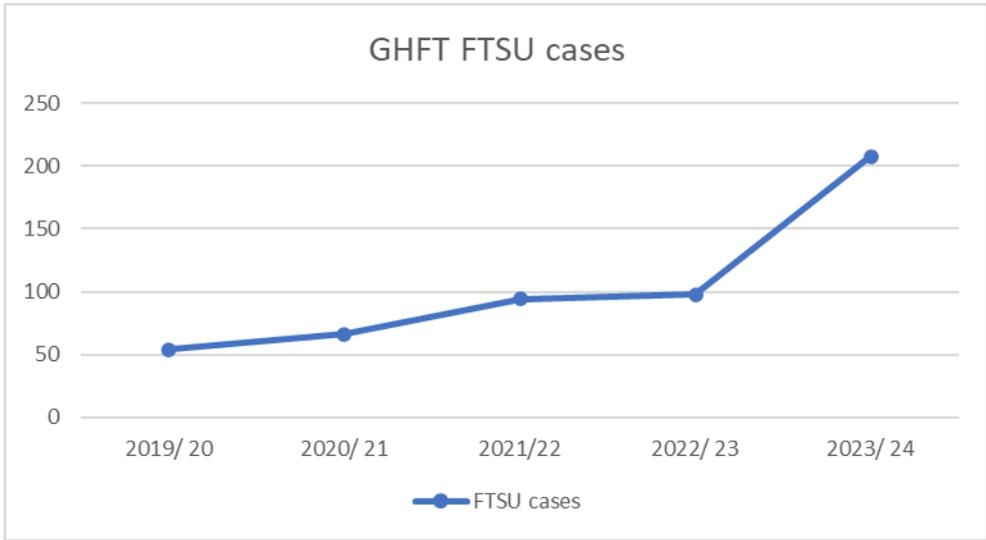
There remains a need to address training needs in the organisation. FTSU listen up, speak up, follow up training is available for all staff to access; however, this approach needs to be reviewed in order to ensure all staff access the training.

FTSU has a live communications plan and support to promote the service.

Finally, in our last annual report The National Guardians Office Ambulance Trust review – *Listening to workers* was referred to, setting out guidance for organisations to follow. An update on the progress can be found in Appendix 1.

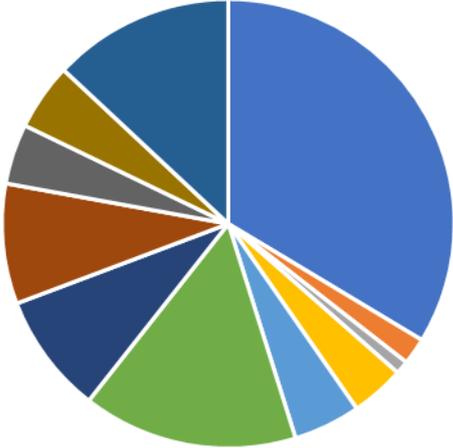
**2023- 24 FTSU data and activity:**

208 staff have accessed FTSU to raise concerns this year, more than doubling the activity of the previous year. A dedicated Lead full-time Guardian has, as expected increased provision in the service and processes of FTSU.



The types of cases that staff raise are broad and staff access the service from all staff groups which is reassuring that the reach of the service is becoming established in the organisation

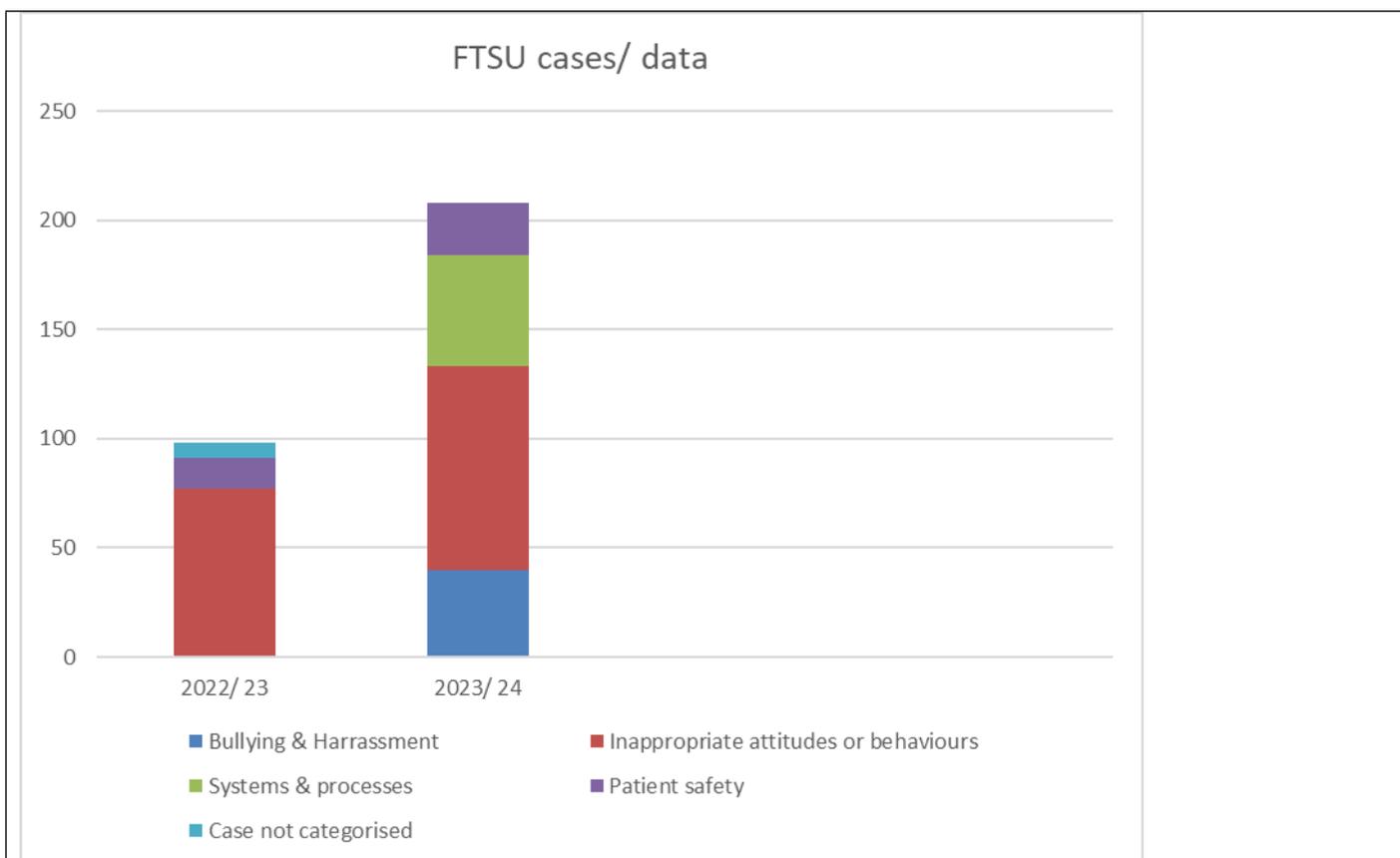
Professional worker breakdown  
FTSU 2023/ 24



- Nurse & Midwife 70
- Student 4
- Other 2
- Medical & Dental staff 8
- Health care scientists 10
- Admin & Clerical 32
- Additional professional staff such as pharmacists, social workers & psychologists 18
- Additional professional clinical services such as HCA 18
- Allied Health Professionals 9
- Estates & Ancillary 10
- Unknown 27

As can be identified below, inappropriate attitudes or behaviours (previously captured as behaviours), remain the organisations highest reason for contacting FTSU with nearly half of all total cases. Staff are fearful of repercussions and also fearful of trusting the organisation in speaking up matters.

Themes have been captured in the FTSU service as fear of speaking up; discrimination; poor experience as new starters; poor experience as a disabled person requiring reasonable adjustments; nepotism in recruitment and general poor behaviours witnessed or experienced in the organisation.



Some examples of anonymised staff concerns are captured here show the complexities of some of the issues staff are raising:

Cases with an element of worker safety	<ul style="list-style-type: none"> <li>• Staff reporting concerns about fear in relation to speaking up</li> <li>• Staff safety concerns connected to others behaviours</li> </ul>
Examples of patient safety concerns	<ul style="list-style-type: none"> <li>• Staff concerned about a training issue</li> <li>• Concerns connected to safe staffing levels</li> <li>• Staff raising a patient safety issue connected to care</li> <li>• Staff experiencing a poor response when they try to speak up to their line manager</li> </ul>
Examples of bullying and harassment concerns	<ul style="list-style-type: none"> <li>• Staff experiencing discrimination</li> <li>• Staff reporting harassment</li> </ul>
Examples of a system and process concerns	<ul style="list-style-type: none"> <li>• Staff expressing concerns about a lack of process connected to a safe working environment</li> <li>• Staff speaking up about the length of time a grievance process takes to resolve</li> </ul>
Examples of cases with inappropriate attitudes or behaviour	<ul style="list-style-type: none"> <li>• Staff worried about the behaviour of their line manager if they speak up</li> <li>• Staff reporting recruitment behaviours, believed to be nepotism</li> </ul>

**Staff experience of speaking up in Gloucestershire Hospitals:**

A common theme staff express is a poor collective experience of the organisation.

Staff report a poor collective experience as; reaching out to the organisation and being given incorrect advice about their issue; a concern not considered significant by their line manager in the climate of speaking up; a worker over hearing a manager speak about a colleague in a poor manner that impacts the worker's trust; a worker sending e mails seeking help and not receiving a response; a worker accessing a reporting system and not knowing the outcome. Staff approaching FTSU have often experienced all, or some of the above before approaching FTSU.

This poor collective organisational experience means staff need more time to gain psychological safety which has impacted on the capacity of the FTSU service.

Futility has been reported in the National Guardian's Office Annual report 2022- 23 as an element for organisations to overcome as people stay silent in organisations for fear of speaking up. It is essential that our managers and leaders respond to concerns with a growth mindset, where concerns are welcomed and seen as an opportunity for learning and improvement.

In addition, there are times when staff report; their only options is to follow a chaotic approach to trying to resolve issues, such as accessing Consultant line management in their team rather than Nursing line management or going outside of the organisation to express concerns rather than accessing available internal routes.

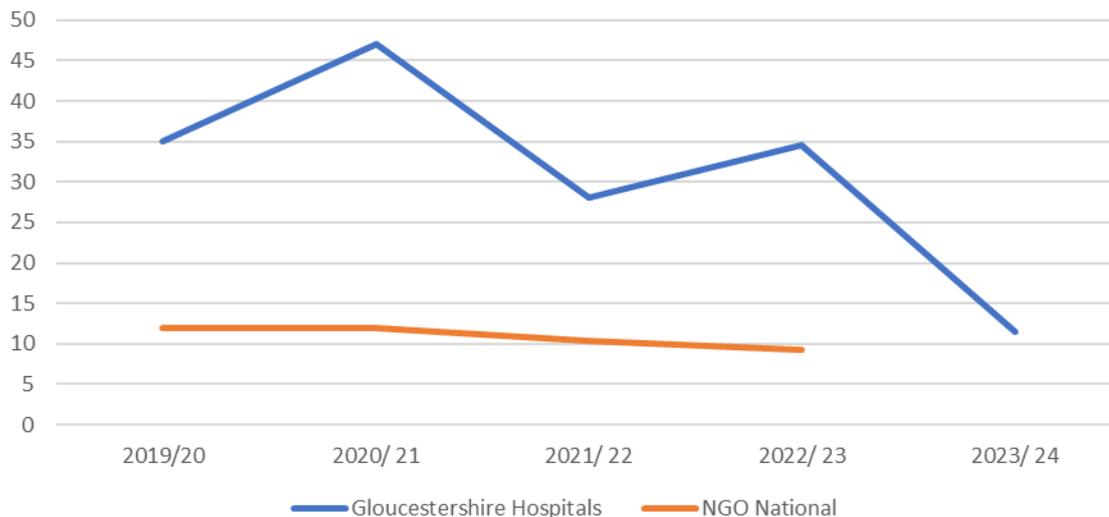
There is confusion in the organisation at times as to the FTSU function. FTSU has captured this learning to prioritise communication of the service with NGO guidance as the next priority. This will include producing extra support information for managers and staff as well as prioritising the Champion network and training in the next two quarters.

**Improvements**

As reported last year, it was noted that anonymous reporting at Gloucestershire Hospitals has been higher than the national average sitting at 34.5% last year.

The graph below shows the anonymous reporting trends bench marked with National Data over the last 5 years.

Anonymous reporting % bench marked against  
NGO National Data



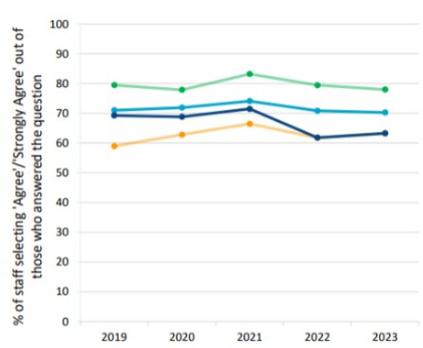
Anonymous reporting is highlighted by the NGO as an indicator of staff potentially feeling a lack of trust in the organisation and fear of detriment. As expected, the stability of a Lead Guardian has decreased anonymous reporting to more open concerns and less anonymised concerns raised.

As previously reported, the Trust has responded to data from the staff survey (please see data below) and CQC report April 2022. (<https://api.cqc.org.uk/public/v1/reports/2a68a3e9-5335-4c90-8c07-ea5c55ec2370?20221129062700>) citing a lack of trust in the freedom to speak up system and a lack of action when concerns were raised. This year with a high response rate of 68%, staff report improvements in speaking up matters.

People Promise elements and theme results – We each have a voice that counts: Raising concerns Survey Coordination Centre NHS

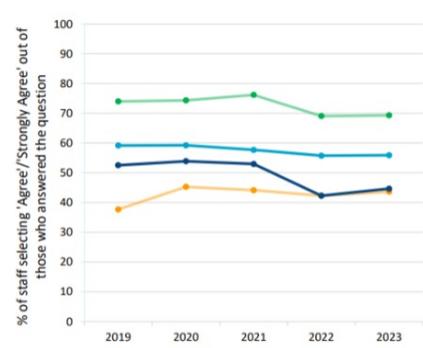


Q20a I would feel secure raising concerns about unsafe clinical practice.



	2019	2020	2021	2022	2023
Your org	69.26%	68.81%	71.46%	61.78%	63.29%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	3353	3504	3867	4214	5446

Q20b I am confident that my organisation would address my concern.

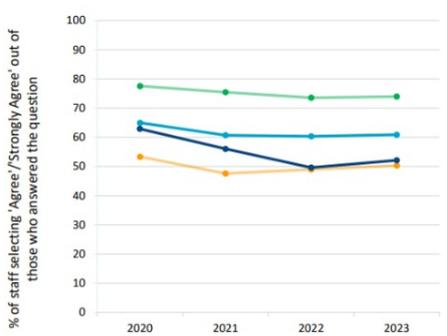


	2019	2020	2021	2022	2023
Your org	52.54%	53.88%	52.94%	42.27%	44.64%
Best result	73.99%	74.33%	76.17%	69.05%	69.29%
Average result	59.15%	59.22%	57.69%	55.75%	55.90%
Worst result	37.69%	45.27%	44.13%	42.27%	43.62%
Responses	3346	3498	3858	4215	5441

People Promise elements and theme results – We each have a voice that counts: Raising concerns

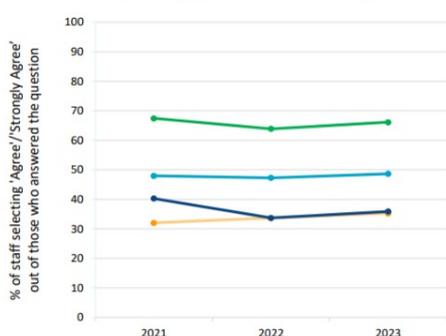


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	62.89%	56.05%	49.65%	52.14%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	3490	3866	4205	5441

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	40.24%	33.68%	35.90%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	3856	4207	5442

Gloucestershire Hospitals NHS Foundation Trust Benchmark report

A Panorama programme aired on BBC in January focusing on maternity services, led to additional activity in the FTSU service with additional staff speaking up in the following week. Although maternity staff access FTSU, the programme did not increase activity in the form of concerns from maternity during that time. It was noted that the organisation was actively supporting staff and continue to support staff with speaking up, by advertising the FTSU service and offering support to staff.

Other improvements include previously mentioned investment into the FTSU service in the form of an additional FTSU Guardian on a 23 month fixed term contract. This will move the service from simply reactive to include a strategic function as well.

### Staff experience and feedback

As reported, an anonymised feedback reporting system has been introduced. Over the last 5 years, feedback has been captured by the Trust as ‘the majority of staff would speak up again’ so there is not an opportunity to benchmark.

To date, 15 staff have accessed this avenue to provide feedback, other avenues have been written or verbal communication. Some staff voice they would speak up again. Others are disillusioned as they believed the FTSU service would do something outside of the FTSU function.

Would you speak up again?	Total responses	What was helpful about the FTSU service?	Other comments
Yes	11	<p>"being listened to and I felt safe"</p> <p>"Positive input received within a short time"</p> <p>"I was listened to"</p> <p>"Someone sat down with me and finally listened"</p>	<p>"I felt heard and listened to thank you"</p> <p>"FTSUG spent time with me and helped me have a voice"</p> <p>"The issue I raised was complex but FTSU took time to chat things through and understand"</p> <p>"It was prompt and quickly resolved"</p>
No	2	"Sorry but I didn't find anything helpful."	"It was pointless."
Maybe	1		
Don't know	1		

To date, 62 cases remain open and 146 cases have been closed. Of the 146 closed cases, 100 staff have shared feedback, with 15 of those staff accessing anonymous feedback service. 72 staff said they would speak up again, 8 staff said no and 20 were unsure. The current national data is not yet available, but last year's national data shared that 82.8% of staff would speak up again in comparison with GHFT 72%.

**Local, Regional and National Work:**

The National Guardian Office 2022/ 23 reports a 25% increase in concerns raised leading to a national total of 25,382.

Future priorities of the National Guardians Office have been highlighted as:

- Improving systems to better support the NGO offer to Freedom to Speak up Guardians
- Ensuring all workers have a voice wherever they work
- Exploration into how the NGO can better support knowledge and skills of Non- executive Directors and those with organisational oversight
- Build on insights from the first NGO speak up review, initiating the next review and establishing a framework for future assessments (NGO Annual report 2022/23)

Gloucestershire Hospitals Lead FTSU Guardian continues to actively engage with the National Guardian’s Office, seeking support for the organisation on speaking up matters and providing support to peers and mentorship for newly registered guardians nationally.

Please see below the responses to the [‘verdict in the trial of Lucy Letby’ letter](#) sent by NHS England to Integrated Care Boards (ICBs) and NHS Trusts the organisation:

Recommendations	FTSU update
All staff have easy access to information on how to speak up	FTSU comms plan in place where regular references are made to FTSU service and support available in the organisation
Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme	National Speaking up support scheme and active referrals have been made by the Lead FTSUG in 2024
Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up.  Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place	The new Champion network will actively support staff who may have cultural barriers  Weekend and unsocial hours are provided to staff raising concerns  <i>Building a safe speak up culture</i> is a workstream within the Staff Experience Improvement Programme and has project support. Building healthy and supportive cultures is part of the workstream, alongside improving communication
Last year we rolled out a strengthened <a href="#">Freedom to Speak Up (FTSU) policy</a> . All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest	The FTSU policy FTSU updated in August 2022 in accordance with new FTSU national guidance  Work is underway to make the policy more user friendly and accessible

In addition, the Director for People and the Chief Nurse and Director of Quality have

commissioned a review to identify any associated risks with past FTSU cases in response to the [‘verdict in the trial of Lucy Letby’ letter](#). This review continues to be underway and will be reported on in due course during Q1 24/25.

## Learning

Learning is promoted by the NGO as one of the key FTSU values. Learning as a function in response to FTSU concerns in Gloucestershire Hospitals is in its infancy and needs to grow and develop in a meaningful way. The majority of concerns provide local opportunities for learning and reflection but often the FTSU service meets a more punitive response to concerns in the organisation rather than a restorative, learning response.

One concern that has successfully captured learning stemmed from a staff member speaking up about the impact of the launch of TCLE. In response to the staff members concerns, the organisation commissioned a review of the lessons learnt.

Taken from the review, lessons learnt are reported as:

- Improved planning and assurance processes have been established to ensure the right decisions are made at the right time in a project life cycle.
- A rigorous change management process is in place and provides accurate assurance that changes have been logged and applied.
- Stakeholders are identified at the start of each new project, and involved in a project board from the start. A dedicated Testing lead directs teams through a process to ensure all areas of a new product/system have been properly tested, including end users.
- Go-lives themselves are now led by a dedicated lead, with standardised processes to ensure that the process is uneventful. Projects would not now go-live if the testing, training and communications, and sign-off was complete.

The review has been shared with the staff member with openness and transparency from the Trust.

## Conclusion:

The Freedom to Speak Up function is designed to support staff to have a voice in the organisation where there are barriers to speaking up. The FTSU service has focused on case management and support to provide staff with an excellent speaking up experience, where speak up, listen up and follow up is supported by the organisation. With anonymous reporting reducing, there is evidence to suggest that trust is gaining in the service and the organisation is more trusted by staff to respond to their concerns.

Cases have increased and the organisation has responded by supporting the recruitment of a new 0.4 WTE FTSUG to support the need of growing a dedicated FTSU team with protected time.

There is genuine support from senior leaders to respond to cases and support staff speaking up.

With the continued alignment with the NGO and communicating those processes to staff through training and education, it is hoped FTSU will continue to develop into a valued and trusted

service by staff to further impact speaking up being 'business as usual' in the organisation.

## KEY ISSUES AND ASSURANCE REPORT

### AUDIT AND ASSURANCE COMMITTEE – MEETINGS 20 and 26 JUNE 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 both meetings are available. Business transacted in both meetings related to the year end processes and endorsing a range of official statutory reports for approval by the full Board of Directors at its special meeting on 26<sup>th</sup> June. This suite of reports has represented a very significant effort by a number of teams and colleagues from across the Trust and I would wish to record my thanks to all for their contribution.

#### 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
Going Concern statement	In light of the overall External Audit opinion, content of the Annual Report and the Head of Internal Audit opinion previously report, I have opted to score all component parts of the various submissions as amber, although this particular element could have been considered as green.	The Committee considered the three available scenarios and concluded that the Trust is clearly a going concern and that it is appropriate for the accounts to be prepared on this basis.
Annual Governance Statement	The AGS reflected an accurate portrait of our work as a Trust in assuring the effectiveness of controls and management of risk and reflects significant control issues uncovered during the year and the remedial actions being taken to address these	The Committee noted and endorsed the limited assurance opinion expressed and considered it a fair assessment
Annual Report	Two iterations of the Annual Report were considered by the Committee. The first iteration was presented on 19 <sup>th</sup> June prior to feedback from the External Auditors. This version provided a very fair assessment and a candid reflection of the challenging year that the Trust has faced on a number of fronts, reflected in the various improvement plans. The second iteration was presented on 26 <sup>th</sup> June and had been strengthened further to reflect Audit findings	The Committee noted and endorsed for approval by the Board the tenor and message of the revised Annual Report.
Code of Governance requirements	The Code of Governance requirements were presented to the Committee for scrutiny. All elements of the requirements appeared to have been considered and appropriately reflected in the various submissions.	The Committee noted and confirmed that the various requirements had been addressed.

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

Items rated Amber			
Item	Rationale for rating		Actions/Outcome
External Audit report	The Audit opinion reflected significant weaknesses in the control environment and reflected the themes detailed within the Head of Internal audit annual opinion. The External auditor also highlighted some lessons learned for future iterations of Audit Planning.		The Committee noted the audit findings and endorsed the lessons learned approach including input from Deloitte colleagues, the CFO and Director of Integrated Governance.
Annual Accounts	The Committee received the annual accounts and scrutinised the output.		The Committee scrutinised, noted and endorsed the Annual Accounts and recommended them for adoption by the Board.
Items Rated Green			
Items not Rated			
N/A			
Impact on Board Assurance Framework (BAF)			
None noted.			

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

**KEY ISSUES AND ASSURANCE REPORT**  
**Quality and Performance Committee, 29 May 2024**

The Committee fulfilled its role as defined within its terms of reference, noting that they remained under review following Good Governance Institute (GGI) review. 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
Maternity Services	There was a large suite of papers submitted to QPC regarding <b>Maternity services</b> – The committee spent some time discussing the Section 31 received on May 1 <sup>st</sup> , and the improvement work underway, however it was felt the level of internal assurance needed to be urgently strengthened to enable the Trust to provide assurance externally on this key patient safety area	Trust team to consider options to strengthen assurance reporting opportunities.  The Chair of QPC along with the NED Board Maternity Safety champion to meet with the Director of governance, executives, and service team to support shaping of reporting to enable stronger assurance.
Patient Safety investigation and complaint report	QPC had sought assurance the previous month regarding timeliness and <b>handling of complaints</b> – this had also been noted as an area requiring grip and delivery by the CEO. Request that a detailed report on complaints to come back to the May Committee for assurance.  The performance regarding <b>closure of serious incidents</b> was discussed alongside the capacity of the team. It was noted that resources had been insufficient to maintain activity with delays and extensions being requested Alternative models working were being developed in response.	The Trust Chair noted the workforce constraints but was concerned about the numbers of overdue complaints with 203/420 over 3 months old.  The Trust Chair noted the efforts of the team however was concerned by the delays. The Director of Governance was asked to support, and the Committee agreed to receive a plan and trajectory to come back in 3 months' time.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Quality and Performance report	The CMO raised that he was undertaking some analysis of VTE compliance against the NICE standard that assessment should be completed within 14 hours of admission as there was a need for both completion and timeliness.  It was noted that assurance with VTE completion in maternity is part of the Trust's Section 31 response.	The CMO committed to bring back a more detailed analysis of Trust VTE performance against NICE guidance.

Items rated Amber		
Item	Rationale for rating	Actions/Outcome
	<b>Harm from falls and pressure ulcers</b> were discussed as requiring more prominence as proxy markers of quality.	The improvement programme that is underway would be added to the forward plan.
Integrated Performance Report	<p>DM01 and <b>Endoscopy</b> Improvement Plan: The COO provided the committee with an update On the Endoscopy Programme Plan In addition, a letter had been sent to the JAG (Joint Advisory Group) accreditation team to provide assurance on the plans in place to respond to the recommendations made by NHSE and to address the findings of the Four eyes work.</p> <p><b>Angiography:</b> QPC were made aware that the wait for angiography was approx. 18 months. The reasons for this related to estate reliability, priority cases and workforce. The move of the service from CGH to GRH whilst initially increase the waitlist the committee were assured that the mitigation of risk of estate reliability would have a positive impact on the position, and continued improvement work in other areas was underway. However, we were unlikely to see a significant improvement in Cardiology Waiting times for Angiography until Q3/4</p> <p>A deterioration in <b>ambulance handover times</b> for patients being offloaded in 30 minutes was noted, there was no significant deterioration in numbers waiting over 4 hours.</p> <p>The Trust Chair sought assurance on the system wide plan and how the Committee could get assurance on system partner plans that contributed to the delivery of a reduction in “no criteria to reside (NC2R)”.</p>	<p>Progress to be reported via IPR</p> <p>Progress to be reported via IPR</p> <p>Eve Olivant, Director of Flow (ICB) invite to attend the next meeting to present the system plan</p>
Regulatory Report	The QPC were updated that the <b>CQC Section 29a</b> (Childrens services) had been withdrawn by the CQC. The CQC accepted that the Trust had invited the CQC in due to Trust concerns about children who required care in a more appropriate setting. The Trust recognised that there are areas for internal improvements also.	

Glossary:

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

CIP: Cost Improvement Programme

ICS = Integrated Care System

ERF: Elective Recovery Fund

	<p>Improvement work was continuing following the <b>NHSE Annual Peer Review of Trauma Units</b> and Trauma Centres, the update report was noted.</p> <p>An NHS Review of <b>Paediatric Hearing Services</b> had rated the service as Red – serious risk. An action plan was in place and progress was being made.</p> <p><b>Major Trauma Diagnostic Report &amp; Recovery Plan:</b> The service team attended QPC and reported that Gloucestershire Royal Hospital was the busiest Trauma Unit in the Severn Major Trauma Network. Since 2021 there had been a serious concern placed on the trust by the Network based upon the Major Trauma Outcomes (01/01/2021 to 31/12/22).</p> <p>The Committee noted that since June 2023 the Trust had not had access to the Trauma Audit and Research Network (TARN) data and the service were not able to evidence improvements at this time. Data collection was anticipated to resume in Q1 2024. There was significant work taking place to make improvements, including around time to repatriate from major trauma centres. Work was taking place to improve education, staffing and documentation / evidence. A trauma lead was due to be allocated in the department. The team updated that recruitment of 8 International Medical Graduates had been successful. QPC noted the cautious optimism with regard to the recovery plan and commended Dr Emma Colley (ED Consultant and ED Trauma Lead) for her work.</p>	<p>Future progress to come back to QPC</p> <p>The Committee would receive a more detailed update of the position at the June meeting.</p> <p>The next report would come to the Committee in September when it was hoped that data would be available to validate assumptions.</p>
Board Assurance Framework	Noted that the BAF requires a review as some areas out of date	Plans for Executive team to work with new Director of Integrated Governance to refresh
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
Patient Safety and Risk Assurance Report	Patient Safety Incident Response Framework (PSIRF) There had been 0 Never Events reported since the last report There had been 0 referrals to HSIB in March.	PSIRF roll out plans on track

Glossary:

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

CIP: Cost Improvement Programme

ICS = Integrated Care System

ERF: Elective Recovery Fund

Quality Delivery Group	The Committee noted that the Trust had been an early adopter of Martha's Rule. The CMO this was being positively received by staff and patients and there was a plan to roll out into adult wards.	
Guardian of Safe Working	The CMO reported that a total of 271 exception reports had been raised between -1 April 2023 and 31 December 2023. No fines had been levied during that period. The overall rate of exception reports has dropped slightly compared to the same period in 2022/2023, though more incidents had been graded as 'immediate safety concern'. These would continue to be monitored and ongoing discussions were taking place with relevant specialties around how trainees could be supported. The CMO reported that a spike normally took place in August when new F1s began in their roles, however this spike had been lower than in previous years. Immediate safety concerns were raised with the supervisor and if not resolved were escalated to the CMO	
<b>Items not Rated</b>		
<b>SYSTEM FEEDBACK</b> No further business to note, key issues picked up in various reports.		
<b>GOVERNOR OBSERVATION –</b> Helen Bown reported that she was encouraged by the ambition to improve system working and noted that deep dives were producing some interesting pieces of work. Maggie Powell added that the impact of fresh eyes on this work was positive. The requirements of the regulators were noted.		
<b>Investments</b>		
<b>Case</b>	<b>Comments</b>	<b>Approval</b>
<b>Impact on Board Assurance Framework (BAF)</b>		
All strategic risks discussed. Challenge given on current and target risk scores		

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.

Glossary:

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**KEY ISSUES AND ASSURANCE REPORT**  
**Quality and Performance Committee, 26 June 2024**

The Committee fulfilled its role as defined within its terms of reference, noting that they remained under review following Good Governance Institute (GGI) review. 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
<p>Maternity Services</p>	<p>The Chair of QPC along with the Director of integrated governance and the CNO met with Trust colleagues support shaping of reporting to enable stronger assurance – a full cycle of business is required to enable benefits to be realised. Current high areas of risk are as follows:</p> <ul style="list-style-type: none"> <li>- Ultrasound scanning.</li> <li>- First trimester screening</li> <li>- Post partum haemorrhage.</li> <li>- Complaints</li> <li>- Second obstetric theatre</li> </ul> <p>The CNO reported the CQC had served a notice, under <b>Section 31</b> of the Health and Social Care Act 2008, with the decision to impose conditions on our registration as a provider. The concern related to Maternity Services and the Trust’s response, and delivery of required actions was included in committee papers and discussions.</p> <p>It was reported that there had been 2 referrals to MNSI in May (Updates on current HSIB investigations were provided)</p>	<p>Trust team continue to consider options to strengthen assurance reporting The CNO is planning to develop a KIAR to summarise work undertaken at service level. CNO agreed to work with Corporate Governance to agree a forward plan of reporting to QPC with an aim that we receive internal assurance in advance of external bodies where possible.</p> <p>Smaller sub – group of QPC to meet in August to track oversight and support. Due to no committee in August – a KIAR will be submitted to QPC in September recording this meeting.</p> <p>The NED Maternity Board Safety Champion (who is new in the role) had visited the maternity service and was progressing several opportunities to deliver this key role.</p>
<p>Patient Safety investigation and complaint report</p>	<p>QPC had sought assurance the previous month regarding timeliness and <b>handling of complaints</b> – this had also been identified by the CEO as an area requiring grip and delivery Request that a detailed report on complaints to come back to the May Committee for assurance.</p> <p>The improvement required regarding performance of closure of <b>serious incidents</b> was discussed, it was noted that Maternity related plans had been prioritised.</p>	<p>The Annual Patient experience report was deferred to next month due to some confusion with uploading paper - this will be first on the QPC agenda next month (July) for discussion</p> <p>The area of complaints has weekly oversight from the CMO- with a report due to QPC in September 2024.</p>

Items rated Amber		
Item	Rationale for rating	Actions/Outcome
Quality and Performance report	<p>The CMO sheared the analysis of <b>VTE compliance</b> against the NICE standard that assessment should be completed within 14 hours of admission as there was a need for both completion and timeliness. It was noted that previous data held was not comparable to the dashboard. The Committee noted that New VTE dashboard showed a snapshot compliance of completing VTE stood at 90%. However, completion within 14hrs (NICE guidelines) was at 75%. Both numbers would be included once the dashboard went live and included in future IPR's. The CMO reported that he was confident there would be an improvement with a specific focus on maternity services.</p> <p>The CMO reported on the Mortality – SHMI National Data, which showed an increase over the last 3 months. The Hospital Mortality Group was reviewing and an action plan to address clinical and coding issues, and will provide an update report to QPC</p>	<p>Update to QPC as per forward planner</p>
Integrated Performance Report	<p>The Committee noted that four-hour emergency care standard performance remained broadly unchanged in May at 58.5% compared to 58.8% in April. This was against a standard of 78%, and whilst ambulance handovers remained an area of focus, No Criteria to reside performance had not improved in previous weeks which was critical in allowing the Trust to reinstate flow.</p> <p>Cancer: 62-day standard was currently off trajectory. The faster diagnosis was being achieved and there was a plan to deliver the 52-week standard by October. Deterioration against the Elective: 65-week standard was noted and there were 3 patients waiting over 78 weeks; patient unavailability (with unreasonable notice) had had a bearing on this.</p>	<p>Progress to be reported via IPR including an update on utilisation of virtual ward capacity.</p> <p>Progress to be reported via IPR</p>

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Items rated Amber		
Item	Rationale for rating	Actions/Outcome
	<p>Eve Olivant, Director of Flow (ICB) delivered a presentation to QPC on system flow – it was reported that the key work being undertaken was around system governance and escalation when adequate flow could not be achieved. The Trust Chair sought assurance on the system wide plan and how the Committee could get assurance on system partner plans that contributed to the delivery of a reduction in No Criteria to Reside (NC2R)”.</p> <p>The COO noted that Gloucestershire had a disproportionate number of people leaving the Hospitals on pathway 2. The CEO asked what was needed to drive this conversation. The ICB flow director reported that the strategic conversation was developing but was not yet where it needed to be. There was more work to do to ensure that all partners responded at the same rate and that the responses provided additional capacity.</p> <p>There was acknowledgement that all system partners including the Trust had cultural and operational process improvement work to achieve better flow.</p> <p>The COO raised the opportunity to consider system delay related harm It was acknowledged that a previous Quality Summit had not achieved what was intended – The Trust QPC was planning to receive a planned delay related harm report in September – it was proposed that a system delayed replated harm report would be prepared – this was agreed with the ICB flow director.</p>	<p>CNO to escalate to the System Quality Committee to progress a system level risk register that includes system delay related harm.</p>
Board Assurance Framework	<p>The Director of Integrated Assurance reported the current Board Assurance Framework was a ‘work in progress’. A board strategy session was planned to enable a whole board discussion with our new Director of Strategy.</p>	<p>The committee noted with the CEO that the totality of several of the risk areas was not routinely discussed at ICB level in addition, the ICB Board are not routinely reviewing system flow metrics – CEO to discuss with ICB colleagues at next ICB Board</p>

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Items rated Amber		
Item	Rationale for rating	Actions/Outcome
Patient Safety and Risk Assurance Report	<p>It was reported that one national patient safety alert remained overdue. This related to medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls. An update related to the actions taken because of the audit findings, remained pending.</p> <p>There had been 0 Never Events reported since the last report.</p>	Updates to be provided as part of QPC Action log
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
	An NHS Review of Paediatric Hearing Services had initially rated the service as Red – serious risk. The CMO had overseen progressing an action plan and progress was being made- It was recognised that there was external desire to encourage the service to progress accreditation – this was discussed is a wider strategic conversation to be had as it was not only this service that accreditation / or not needed consideration.	
Integrated performance report	The Committee noted that the new Integrated approach offered a targeted update on key metrics and provided an update on the current performance; the actions taken to correct or mitigate the position and an assessment on a return to compliance assessment. The committee welcomed the opportunity to receive an updated forward plan to prevent multiple requests to grow the IPR beyond a reasonable size.	Committee to continue to support iterative nature of IPR under leadership of Executive team
<b>SYSTEM FEEDBACK</b> No further business to note, key issues picked up in various reports.		
<b>GOVERNOR OBSERVATION</b>		
Maggie Powell noted the complexity of external demands and the work required to complete reports for regulators. Maggie was reassured that colleagues still remembered that there were patients behind the data. Andrea Holder noted the huge amounts of data being worked through. She noted the evolving system wide work and reported that she was discussing issues with Lead Governors at Gloucestershire Health and Care and Southwest Ambulance Trusts.		

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Investments			
Case	Comments	Approval	Actions
Impact on Board Assurance Framework (BAF)			
All strategic risks discussed. Challenge given on current and target risk scores			

Assurance Key	
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Green	Assured – there are no gaps.
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## KEY ISSUES AND ASSURANCE REPORT FINANCE AND RESOURCES COMMITTEE – JUNE 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
Financial Sustainability Plan (FSP) Report Month 2	<p>Performance at month 2 was behind plan by £2m - £1.4m of savings have been delivered. The target for the year has been increased to £37m as part of delivering a breakeven position across the ICS. This is equivalent to c5% of revenue expenditure and a sizeable challenge.</p> <p>At £18m too large a proportion of plans are either unidentified or of a non-recurrent nature – thereby ensuring that the problem recurs in following years.</p> <p>. A more comprehensive analysis of requirements and confidence in achieving them will be available by Month 3.</p>	<p>Efficiency Board established and continues to refine ways of working. A focus on recovering all possible income is gaining traction.</p> <p>The national toolkit for improving “grip and control” is in the process of being tailored to the Trust before implementation.</p>
Financial Performance Report Month 2	<p>The Month 2 financial position was an adverse variance of c£0.9m against a deficit plan of £10.5m mainly due to nursing costs and slippage on financial sustainability schemes. At a system level the month 2 position is a £5.8m deficit in line with projections.</p> <p>Delivery of Financial Sustainability Plans and control of establishment and staffing costs are key to delivery of financial targets and any overspend will impact on levels of working capital.</p> <p>There have been some sizable positives in terms of establishment control/headcount reductions, however medical staffing costs rose as a consequence of covering vacancies and the impact of industrial action. Workforce colleagues will be providing a detailed report on workforce controls, impacts and next steps to the next committee.</p>	<p>Approval of a business case to ease medical staffing pressures in Emergency and AMU settings.</p> <p>Roll out of the Accountability Framework.</p> <p>Update on workforce controls to next meeting.</p>
<b>Assurance Key</b>		
Item	Rationale for rating	Actions/Outcome
Digital Transformation Report	<p>39 projects are scheduled for delivery during the year. A challenging agenda in an area of difficulty in terms of securing adequate numbers of experienced staff.</p>	<p>Continue to monitor delivery.</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.

	<p>Outpatient transformation schemes, particularly the introduction of the Patient Engagement Portal, have been more successful than anticipated but remain to be fully implemented.</p> <p>The transition to digital records involves precision in coding if income levels are to match the costs of providing services. A number of initiatives are underway.</p> <p>The Committee received an update re cyber security and supply chain vulnerabilities in the light of recent incident in London.</p>	<p>Approval of a £0.5m business case for a better coding initiative.</p> <p>Report including learning to be produced for September meeting,</p>
<p>Capital Programme Report Month 2</p>	<p>Total allocation is £43.5m with an additional allocation of £4.2m agreed with the system for backlog and MRI scanner replacement.</p> <p>At month 2 spend was £2.7m against a budget of £3.5m, a variance of £750k. There is currently a breakeven position against funds expected by the end of the year.</p> <p>Source of funding for additional expenditure currently unclear.</p>	<p>Continued monitoring against spend targets and system wide management of cash.</p>
<p>Productivity Deep Dive</p>	<p>Current productivity versus 2019/20 is -15% using PBR to value activity –pace of improvement is planned to increase during 2024/25. New national data just been received and is under interpretation – this will inform future reporting.</p> <p>The Theatre Improvement programme to month 2 saw a 80.5% rate and progress towards the target of 85% continues.</p> <p>Positive feedback from Patient Engagement Portal with improved DNA (did not attend) rates, reduced postage costs and uptake higher than anticipated.</p> <p>Overall a positive performance in a challenging period with significant new legislation and requirements needing to be incorporated into working procedures.</p> <p>Persistent problems in recruitment and retention in the team indicate that staffing levels and grades may</p>	<p>Update against target available in Month 3.</p> <p>Focus on theatres in Community Hospitals where utilisation is low.</p> <p>Focus on coding and specialty level productivity workshops.</p> <p>Review to be undertaken, report back to September meeting.</p>
<p>Bi- Annual Procurement Assurance Report</p>		

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	be out of kilter with the market – thereby increasing risk of delivery of an essential service.		
<b>Items Rated Green</b>			
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>	
Annual Governance Report - Digital	Positive story of development of Divisional Digital and Information Groups, clinical ownership and improved project governance.	Annual report	
Annual debtors	Assurance re performance of the function, including comparative information from other Trusts	Explore private hospitals practice re: payment	
Update on GMS strategic review	Positive reports of consultation and consensus re next steps.	Board debate July	
Strategic Review			
<b>Items not Rated</b>			
System Financial Risk Share		Approved	
ICS Infrastructure Strategy			
Items Referred from Audit and Assurance Cttee			
Estates and Facilities Contract Management Group Terms of Reference			
Commercial and Innovations Group KIAR			
<b>Investments</b> <b>No Business Cases considered at this meeting</b>			
<b>Case</b>	<b>Comments</b>	<b>Approval</b>	<b>Actions</b>
<b>Impact on Board Assurance Framework (BAF)</b>			
SR12 : Cyber Security : risk assessment reduced to 15 in light of current level of confidence following extensive preparatory works and appointments to key posts during 23/24.			
SR 9 : Failure to deliver recurrent financial sustainability – updated assessment in light of latest information, longer term perspective including cashflow and system risk share arrangements. A risk score of 25 agreed pending production of a longer term financial plan in Q2.			

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SR 10 : Condition of the estate – NOW RETITLED – The risk to patient safety, quality of care, reputational damage and contractual penalties as a result of the areas of poor estate and the scale of backlog maintenance – noted this more precise definition and continued risk score of 16.

SR 13 - Digital Systems Functionality – no changes recommended.

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**KEY ISSUES AND ASSURANCE REPORT**  
**People and Organisational Development Committee, 28<sup>th</sup> May 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	<ul style="list-style-type: none"> <li>Update received on attraction strategy. Framework aligned with the Workforce Sustainability programme, interventions and enabling workstreams. Committee noted improvements in the time to hire and confidence that these will be sustained along with changes to client applicant experience (enhanced online processes).</li> <li>Development of the marketing strategy and plan progressing well.</li> <li>Employee Value Proposition (EVP) defined through a series of focus groups, ensuring it was meaningful and relevant and feedback, was seen as valuable and offered new perspectives.</li> </ul> <p><b>Quarterly recruitment update</b></p> <ul style="list-style-type: none"> <li>Update on work around ongoing recruitment activities (careers fair, and digital efficiencies), standardising rates for agency and bank staff, reducing competitiveness and move towards standard rate cards.</li> <li>Workforce planning focused on monitoring and managing workforce growth.</li> <li><b>Attrition in the Recruitment Process for A&amp;C Staff</b></li> <li>Update on in-depth review of attrition data provided to better understand why candidates were withdrawing during the recruitment process. Overall evidence confirmed many applicants apply for multiple jobs simultaneously and primary reason for withdrawal was due to receiving another job offer. Others included personal circumstances, inability to attend interviews, and loss of interest.</li> <li>To improve candidate retention, reducing time-to-hire was a priority, encouraging managers to allow time off for interviews.</li> <li>Highest attrition rate was among administrative and clerical staff, due to career progression opportunities.</li> </ul>	<p>This item remained RED. Whilst assurance was provided on projects showing improvements across several key areas, issues set out leave the overall item RED.</p> <p>Presentation on the Employee Value Proposition was to come to the July People and OD Committee</p> <p>Further assurance requested around improvement in time to hire and its impact on BME staff members application process – PODC to receive update at future meeting.</p> <p>Committee acknowledged the hard work and was assured with updates provided.</p> <p>PoDC to receive update on any impacts on BME staff.</p>

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Culture, experience, and retention	<ul style="list-style-type: none"> <li>Staff Experience Improvement programme showed progression, with various workstreams focused on leadership and anti-discrimination. Over the next 12 months, these initiatives would continue, including integrating restorative justice and learning enablers into the anti-discrimination workstream.</li> </ul>	<p>Committee questioned level of confidence to meet the extended deadline of October for the restorative culture initiative and received assurance levels of confidence had raised dramatically following the first meeting; time</p>

**Assurance Key**

Rating	Level of Assurance
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Red	Not assured – there are significant gaps in assurance and we are not assured as to the adequacy of action plans.

	<ul style="list-style-type: none"> <li>Challenges in discrimination reporting were noted, primarily due to confidentiality concerns. New methods were being sought to ensure confidential but not anonymous reporting, enabling data collection and staff support. Divisions to take ownership of discrimination issues in the workplace. FTSU seeing a high volume of cases being managed and a new associate guardian joining the team to bring more support and to allow others to use more strategic thinking.</li> <li>A champion network to launch July 2024 to enhance guardianship structure. The task force had completed its work, other activities to be integrated into regular business operations.</li> <li>The restorative culture initiative had been delayed, with the timeline extended to October 2024;</li> </ul>	frames were in place and there was confidence that these would be met.
EDI Development Plan	Update provided on progress with the plan	
People Performance Dashboard	<ul style="list-style-type: none"> <li>Increase use of bank was rated red and matched previous trends and reflected impact of industrial action with a continued focus on managing bank and agency, temporary staffing to be maintained until acceptable levels could be sustained.</li> </ul> <p><b>Appraisal project</b></p> <ul style="list-style-type: none"> <li>A sample set of paperwork being tested to develop the policy documents was on track to launch in July 2024. A trust-wide rollout included targeted marketing and training for areas that had low appraisal completion and groups in with lower compliance rates. Additional support would be offered to managers and teams in these areas. Assurance regarding the essential training.</li> </ul>	A report to come to PoDC on impact of changes on compliance rates with expectation these would increase and time allowed for completion of necessary training.
Health and Safety	<ul style="list-style-type: none"> <li>Letter of contravention received requiring action to be taken. It was less severe than an improvement notice in terms of legal consequences, but failure to comply could result in a notice for prosecution from the Health and Safety Executive.</li> <li>Some points had been challenged and addressed in the response.</li> <li>Points, particularly around security, were valid and the security review paper was work in progress.</li> <li>An action plan, consisting of 51 actions, went to the HSC in mid-May. acknowledged not all actions could be completed by their deadline and decision on whether further monitoring would remain in place until action plan was fully implemented. To be confirmed.</li> </ul>	PoDC to be kept updated on key health and safety issues at each meeting.
<b>Items not Rated</b>		
<b>Risk Register</b>		
<ul style="list-style-type: none"> <li>No new emerging risks.</li> <li>No closed risks to report.</li> </ul>		

Report to Council of Governors			
<b>Date</b>	10 September 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>	03/23	<b>STATUS</b>	<b>OPEN</b>
<b>SUBMITTED</b>	10 June 2024	<b>ACKNOWLEDGED</b>	11 June 2024
<b>DEADLINE</b>	25 June 2024	<b>RESPONDED</b>	3 September 2024
<b>GOVERNOR</b>	Mike Ellis		
<b>LEAD</b>	Helen Ainsbury, Interim Chief Information Officer		
<b>THEME</b>	Synnovis Labs Cyber attack		
<b>QUESTION</b>			
<p>Whilst the national news implies that only certain London hospitals and GP practices have been affected by the Ransomware/Cyber-attack, I understand that some pathology samples are submitted by regional hospitals to Synnovis for analysis.</p> <ol style="list-style-type: none"> <li>1) Have any Gloucestershire Path Lab samples been caught up in this action?</li> <li>2) Is there a risk that Gloucestershire patients' details may be compromised?</li> <li>3) What action is being taken to manage those samples that may have gone to Synnovis?</li> <li>4) Are there lessons for Gloucestershire Hospitals can learn from the Synnovis Cyber-attack?</li> </ol>			
<b>ANSWER</b>			
<ol style="list-style-type: none"> <li>1) Yes, a small number of GHT patient samples were included in the incident, where specialist tests are commissioned.</li> <li>2) Yes, this remains a possibility, but the investigation to date has not identified that this was the case. The NHS England national team have feedback that an investigation of this type can take many months to conclude.</li> <li>3) The majority of the samples were able to be processed manually by the Synnovis labs, where this was not possible pathology have reached out to requestors and taken forward on a case-by-case basis.</li> <li>4) Yes, the third-party supply chain is acknowledged at a national, regional and local level as an area that is increasingly important to address in terms of cyber security risk and for measures in place to mitigate. This is an area that has already had increased focus within GHT over the last 12/ 18 months. Cyber security due diligence checks on suppliers handling patient data are a part of the procurement and Information Governance data protection impact assessment (DPIA) process. Attacks such as the Synnovis labs one illustrates that this should continue to be the case. The other lesson is around business continuity plans (BCP), to ensure that for critical systems robust plans are in place and tested.</li> </ol>			