

# PUBLIC AGENDA

Meeting: Council of Governors - Public

Date/Time: Wednesday 16 December 2020 at 14:30

Location: Virtual meeting via Microsoft Teams

Agenda Item	Lead	Purpose	Time	Paper
Welcome and Apologies	Chair		14:30	
1. Declarations of Interest	Chair		14:31	
<b>ITEMS FOR DISCUSSION</b>				
2. Minutes from the Previous Meeting	Chair	Approval	14:32	YES
3. Matters Arising	Chair		14:35	YES
4. Chair's Update	Peter Lachecki	Information	14:40	
5. Report of the Chief Executive	Deborah Lee	Information	14:45	YES
<b>REPORTS FROM BOARD COMMITTEES</b>				
6. Patient Experience Report	Suzie Cro/ Katie Parker- Roberts	Information	15:00	YES
7. Annual Complaints Report	Andrew Seaton/ Jo Mason- Higgins	Information	15:15	YES
8. Chairs' Reports from:		Assurance	15:30	YES
- Finance and Digital Committee	Rob Graves			
- Estates and Facilities Committee	Mike Napier			
- People and Organisational Development Committee	Balvinder Heran			
- Quality and Performance Committee	Alison Moon			
- Audit and Assurance Committee	Claire Feehily			
<b>BREAK</b>			16:20	
9. Sunrise EPR Presentation	Mark Hutchinson	Information	16:30	
<b>ITEMS FOR INFORMATION</b>				
10. Governor's Log	Sim Foreman	Information	16:50	YES

11. Any Other Business Chair 16:55

**CLOSE** 17:00

**Date of the next meeting:** Wednesday 17 February 2021, Virtual Meeting via Microsoft Teams

**DRAFT MINUTES OF THE COUNCIL OF GOVERNORS HELD VIA MICROSOFT TEAMS ON WEDNESDAY 21 OCTOBER 2020 AT 14:30**

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

**PRESENT:**

Alan Thomas	AT	Public Governor, Cheltenham (Lead)
Matt Babbage	MB	Stakeholder Appointed Governor, Gloucestershire County Council (from 026/20)
Liz Berragan	LB	Public Governor, Gloucester
Hilary Bowen	HB	Public Governor, Forest of Dean
Tim Callaghan	TC	Public Governor, Cheltenham
Geoff Cave	GCa	Public Governor, Tewkesbury
Carolyne Claydon	CC	Staff Governor, Other and Non-Clinical
Debbie Cleaveley	DC	Public Governor, Stroud
Graham Coughlin	GCo	Public Governor, Gloucester
Anne Davies	AD	Public Governor, Cotswold
Pat Eagle	PE	Public Governor, Stroud
Colin Greaves	CG	Stakeholder Appointed Governor, Clinical Commissioning Group (CCG)
Pat Le Rolland	PLR	Stakeholder Appointed Governor, AgeUK Gloucestershire
Fiona Marfleet	FM	Staff Governor, Allied Health Professional
Sarah Mather	SM	Staff Governor, Nursing and Midwifery
Russell Peek	RP	Staff Governor, Medical and Dental
Maggie Powell	MPo	Stakeholder Appointed Governor, HealthWatch
Julia Preston	JP	Staff Governor, Nursing and Midwifery
Nick Price	NP	Public Governor, Out of County

**IN ATTENDANCE:**

Peter Lachecki	PL	Trust Chair
Deborah Lee	DL	Chief Executive Officer
Claire Feehily	CF	Non-Executive Director (NED)
Sim Foreman	SF	Trust Secretary
Rob Graves	RG	Non-Executive Director
Micky Griffith	MG	Programme Director, Fit for the Future
Marie-Annick Gournet	MAG	Associate Non-Executive Director
Balvinder Heran	BH	Non-Executive Director
Natashia Judge	NJ	Corporate Governance Manager (Minutes)
Simon Lanceley	SL	Director of Strategy and Transformation
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director
Elaine Warwicker	EWa	Non-Executive Director

**APOLOGIES:**

Kate Atkinson	KA	Public Governor, Cotswold
Kedge Martin	KM	Public Governor, Tewkesbury
Emilio Palama	EP	Public Governor, Forest of Dean

**ACTION**

**020/20 DECLARATIONS OF INTEREST**

There were none.

**021/20 MINUTES FROM THE PREVIOUS MEETING**

**RESOLVED:** Minutes APPROVED as an accurate record subject to some minor typographical amendments.

**022/20 MATTERS ARISING**

AT asked how the Council could be assured that matters arising to be addressed outside the meeting were progressed and completed. The Council discussed, with DL expressing that she felt it was important to evidence which area of the Trust's architecture would be responsible for actions once closed at CoG. CL suggested any resulting or outstanding action be captured as a new Matter Arising. SF and PL to agree how best to track actions arising from CoG meetings.

SF/PL

It was agreed that **Matter Arising 018/20** regarding sharing the Governors' Log more widely would be followed up at Governors' Strategy and Engagement Meeting. NJ would add to the work plan.

NJ

**RESOLVED:** The Committee APPROVED the open and closed items.

**023/20 CHAIR'S UPDATE**

The Chair thanked all former governors for their involvement and hard work over the last three years. He also welcomed new governors and felt that it was a challenging but interesting time to join the Council, with the opportunities to support and guide the Trust greater than ever before.

The Chair confirmed that virtual meetings would continue until at least the end of December, reflecting that this had not held the Trust back and that all participants had embraced the digital opportunities over the last few months. In particular, the Chair highlighted the success of the recently held virtual Annual Members' Meeting and thanked the teams involved for their co-ordination and support.

**RESOLVED:** The Council NOTED the update.

**024/20 REPORT OF THE CHIEF EXECUTIVE OFFICER**

DL presented her report to the Council and provided a contemporary update on:

- COVID-19: current inpatient levels and future surge plans
- Long COVID: current understanding and funding for service provision
- Restoration of paused services and current activity levels
- Communication with patients waiting
- Submission of the Trust's financial plan
- Diversity and inclusion and the Trust's Widening Participation Review

GCa asked how governors could be involved with Helen England's

(Organisational Development and Governance Consultant) engagement and involvement work. DL explained that the Trust's new Director of Engagement was now in post and would be working alongside governors to take the engagement and involvement strategy forward. In addition, GCa asked how governors could best represent the interests of BAME (Black, Asian, Minority and Ethnic) community members considering the lack of diversity within the Council. DL answered that while unfortunate that the increased efforts to establish a more diverse Council had been unsuccessful, the Council should still strive for diversity of thought and place importance on issues of equality and inclusivity. PL noted that upcoming recruitment for Non-Executive Director (NED) and Associate Non-Executive Director (ANED) roles would include a BAME observer to ensure the spirit of the Trust's equality, diversity and inclusion (EDI) commitments were at the forefront of governor minds. AT requested governors be involved in the Trust's Widening Participation Review. DL agreed and would request the Director of People and Organisational Development to discuss with the external partner how best to involve governors.

DL

AT praised those involved in creating a great Annual Members' Meeting despite the challenges. PL shared that the success of the event had inspired the comms teams and that exciting developments in engagement would follow, encouraging governors to "watch this space!"

CGr noted the submission of a deficit plan by the system. He added that while the Integrated Care System (ICS) had signed up to an agreed direction of travel, the responsibility lay with individual Boards. DL assured that the Trust Board had supported the deficit plan at an extraordinary Board Meeting prior to submission to the ICS.

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

## 025/20 FIT FOR THE FUTURE UPDATE

SL presented the Fit for the Future (FFtF) consultation booklet and supporting slides to the Council ahead of the launch of public consultation, following Health Overview Scrutiny Committee (HOSC) on Thursday 22 October 2020. Governors would also have an opportunity to provide formal feedback on the proposals at a session on 9 November 2020. This would be a structured review and summary videos would be made available to governors prior to the session.

SL clarified the options being taken to consultation, who would be consulted, how individuals could get involved and finally the programme timeline. SL reinforced that FFtF related to the Trust's longer term strategic approach and not temporary COVID-19 service changes.

GCa asked how governors could be identified with the process of consultation. SL answered that governors would be mentioned within the online presence and would be welcome to join online sessions. GCa asked how changes would impact cancer operations. SL explained that cancer treatment was planned care, and that as oncology was centralised at Cheltenham General Hospital there was a strong case to centralise planned care there also where it was safe to do so.

MN raised a concern regarding the Venn diagram within the materials and potential misinterpretation. SL said he would consider but to date no confusion had been raised with the audience who had seen it so far. **SL**

DC felt the consultation document was very comprehensive and wondered how the Trust would encourage inclusivity and whether an easy read version had been created. SL answered that the Trust had been collaborating with Inclusion Gloucestershire and Healthwatch Gloucestershire and an easy read version had been created. SL would share with governors. **SL**

AT reinforced the importance of being clear on the reinstatement of Cheltenham A&E services and that these would return to pre COVID-19 arrangements of 8am until 8pm. AT also asked whether any factual inaccuracies in the booklet could be amended. SL responded that they could be amended online immediately and updated in the second version of the booklet. DL agreed to raise ATs concerns with the CCG who were overseeing content. **DL**

**RESOLVED:** The Council NOTED the update.

## 026/20 CHAIRS' REPORTS

PL explained the governance process behind the Trust's Committees for new governors, and that the Chair's reports presented were intended to provide governors with a feel for the nature of the meeting and the way challenge and assurance had been sought.

### Finance and Digital Committee

RG presented the Chair's report from the September 2020 meeting and explained, for the benefit of new governors, how the Committee operated. The digital portion of the Committee was noted to have focused on the deployment of a new electronic patient record (EPR) as well as the upgrade of legacy systems and project prioritisation. The finance portion of the meeting was noted to have focused on analysis of the Trust's current financial position and the impact of the COVID-19 funding. It was highlighted that the Trust was forecasting an operational deficit for the second half of the year.

### Estates and Facilities Committee

MN presented the Chair's report from the September 2020 meeting and explained how the Committee operated as well as detailing which services were within the Committee's remit. Key issues for the Committee at present were noted to be Gloucestershire Managed Services (GMS) performance against key performance measures (KPIs), management of hard services, parking, Private Finance Initiative (PFI) contracts and progress of the Trust's strategic site development (SSD) programme. In addition, clarification was being sought on where final accountabilities lay between the Trust and GMS.

AT reflected that estates and facilities often felt quite removed, and that governor interest was on how management of these affected patient safety. AT felt it might be useful to have a longer briefing on estates

issues to bring governors up to speed. It was noted that this was scheduled to be arranged as part of governor induction over the next 18 months.

GCa asked what changes took place to cleaning standards/compliance as a result of COVID-19. MN answered honestly that he did not know this level of operational detail, only performance against cleaning standards. DL noted that additional cleaning had been commissioned but was not able to say how this was monitored but would ask for a response via the Governors Log so all could see the response. DL added that the Trust had one of the lowest rates of nosocomial transmission in the South West with no transmissions since May 2020, suggesting no issues.

DL

#### People and Organisational Development Committee

BH presented the Chair's report from August 2020 meeting and explained how the Committee operated, noting that the Committee focused on issues of workforce, retention, supply and planning as well as equality and equity. Key issues for the Committee at present were noted to be workforce related risks, staff experience and engagement with data analysed from the Freedom to Speak Up (FTSU) report and staff survey. Turnover and vacancy rates within Medicine were highlighted as a concern, with a deep dive underway in advance of the next meeting.

GCa noted the concerns around staff bullying and harassment and asked whether themes flagged via the employee assistance programme were analysed, and if so whether this was also visible within the contacts recorded. DL answered that data was collected from a variety of sources with strong triangulation with the employee assistance programme, though greater collection of demographics was needed to support granular analysis of how different groups were impacted. However, DL felt that as the problems were clear, addressing this was the priority as opposed to reaffirming them through different data sources.

MB queried the process behind exit interviews: whether these were undertaken externally or internally, by staff or HR, and whether staff moving internally were asked. DL answered that these were undertaken by HR, independently from managers, and were entirely voluntary. However, a focus on understanding why staff were leaving before the end of their notice period was being encouraged in case potential issues could be resolved and notices rescinded.

#### Quality and Performance Committee

AM presented the Chair's report from the September 2020 meeting and explained how the Committee operated. The Committee was noted to have a large agenda, covering safety, effectiveness, quality, performance and responsiveness with focus and priorities determined on a risk based approach. Key issues for the Committee at present were noted to be the deterioration in the Friends and Family Test, real time feedback from patients, red quality and performance metrics and the maternity assurance action plan in response to a letter from the Healthcare Safety Infection Branch (HSIB). AM also commended the

Trust on its cancer performance.

#### Audit and Assurance Committee

CF presented the Chair's report from the September 2020 meeting and explained how the Committee operated, focusing on review of systems and processes with statutory responsibilities such as review of annual report and accounts. Key issues for the Committee at present were noted to be management of risk, reports from internal audit on information technology and GMS.

**RESOLVED:** The Council NOTED the assurance reports from the Committee Chairs.

### 027/20 GOVERNOR ELECTION RESULTS

SF presented the report on the recent governor elections to the Council, noting the increased level of participation in this year's elections and Annual Members' Meeting. All new governors were noted to have begun their induction plan with the Trust, having received a copy of the Governor's Handbook, Quick Guides and an 18 month Induction and Education Programme with a development plan aligned to all assurance Committees.

AT noted some errors within the Governor Terms of Office document. NJ would update.

NJ

**RESOLVED:** The Council NOTED the newly elected governors for INFORMATION.

### 028/20 GOVERNANCE AND NOMINATIONS COMMITTEE PROCESS

The Council of Governors was invited to agree the process for Governor nominations for the Governance and Nominations Committee. The Governance and Nominations Committee reviewed the process at its meeting on 13 October 2020 and agreed to recommend the process and timetable to the Council of Governors, outlined in the accompanying paper. PL expressed the importance of the Committee, and encouraged nominees to contact him or AT should they have any questions. Nominations would close on 8 October 2020.

**RESOLVED:** The Council APPROVED the process and timetable for appointing Governors to serve on the Governance and Nominations Committee and agree to proceed to nominations, and if required, elections.

### 029/20 GOVERNOR'S LOG

The Governors' Log and the process behind it were explained for the benefit of the new governors, with further guidance and standard operating procedure noted to be available within the Governor Handbook.

**RESOLVED:** The Council NOTED the Governor's Log.

**009/20 ANY OTHER BUSINESS**

There were no items of any other business.

**DATE AND TIME OF THE NEXT MEETING**

The next meeting of the Council of Governors will take place at 14:30 on Wednesday 16 December 2020.

Signed as a true and accurate record:

**Chair**  
**16 December 2020**

**Council of Governors (Public) – Matters Arising – December 2020**

Minute	Action	Owner	Target Date	Update	Status
<b>21 October 2020</b>					
	<b>MATTERS ARISING</b>				
<b>022/20a</b>	SF and PL to agree how best to track actions arising from CoG meetings.	SF/PL	December 2020	Agreed that where possible actions should reference area of organisational structure that will take forward.	CLOSED
<b>022/20b</b>	Sharing the Governors' Log more widely would be followed up at Governors' Strategy and Engagement Meeting. NJ would add to the work plan.	NJ	December 2020	On the work plan to be discussed at the next meeting.	CLOSED
<b>024/20</b>	<b>REPORT OF THE CHIEF EXECUTIVE</b> AT requested governors be involved in the Trust's Widening Participation Review. DL agreed and would request the Director of People and Organisational Development to discuss with the external partner how best to involve governors.	DL	December 2020	Governors invited to take part.	CLOSED
	<b>FIT FOR THE FUTURE</b>				
<b>025/20a</b>	MN raised a concern regarding the Venn diagram within the materials and potential misinterpretation. SL said he would consider but to date no confusion had been raised with the audience who had seen it so far.	SL	December 2020	Discussed and no further action required	CLOSED
<b>025/20b</b>	The Trust had been collaborating with Inclusion Gloucestershire and Healthwatch Gloucestershire and an easy read version had been created. SL would share with governors.	SL	December 2020	Shared with governors.	CLOSED

<b>025/20c</b>	AT also asked whether any factual inaccuracies in the booklet could be amended. SL responded that they could be amended online immediately and updated in the second version of the booklet. DL agreed to raise ATs concerns with the CCG who were overseeing content.	DL	December 2020	Revisions raised with CCG but revisions not accepted as not factually inaccurate per se.	CLOSED
<b>062/20</b>	<b>CHAIR'S REPORTS</b> GCa asked what changes took place to cleaning standards/compliance as a result of COVID-19. MN answered honestly that he did not know this level of operational detail, only performance against cleaning standards. DL noted that additional cleaning had been commissioned but was not able to say how this was monitored but would ask for a response via the Governors Log so all could see the response.	DL	December 2020	Whilst some additional cleaning of public areas has been introduced, this is not separately monitored and is reviewed through the usual oversight mechanisms. Enhanced cleaning in clinical areas was introduced to support achievement of the existing standards which are already monitored through existing routes such as Infection Prevention and Control Committee.	CLOSED
<b>027/20</b>	<b>GOVERNOR ELECTION RESULTS</b> AT noted some errors within the Governor Terms of Office document. NJ would update.	NJ	December 2020	Errors addressed.	CLOSED
<b>19 August 2020</b>					
<b>016/20</b>	<b>CHAIRS' REPORTS</b>				
	DL commented regarding the relatively low involvement of cancer patients in research (15% reported via the survey). DL felt that it would be worth triangulating this with the database to see if responder bias was distorting the picture and agreed to pick this up with the research team.	DL	October 2020	Metric not routinely captured but research and cancer team working together to try and establish a proxy measure. Update to follow.	OPEN

## **COUNCIL OF GOVERNORS - DECEMBER 2020**

### **REPORT OF THE CHIEF EXECUTIVE**

#### **1 Operational Context**

- 1.1 The operational context for the Trust remains largely unchanged from last month with a continued focus on elective recovery, preparations for winter and managing the increase in the number of patients with suspected and confirmed COVID-19. The number of COVID positive patients in our hospitals peaked at 166 in the week ending 4 December and have been maintained at this level; this compares to a peak of 148 during the first wave of the pandemic. Numbers in critical care remain considerably lower, as a proportion of total COVID positive patients, than during the first wave although this is beginning to rise and stands at 12 as of today. This picture is in line with our expectations and reflects the lag between rising community transmission and subsequent hospital admissions, and latterly rising critical care admissions.
- 1.2 In respect of community transmission and the impact of lockdown, the County has seen a reduction in the rate of infections in the seven days to 24 November from 171.1 per 100,000 population to 93.9 per 100,000 in the most recent week which, whilst positive, still reflects a high level of circulating infection with 598 new cases being confirmed in the most recent week; again positively, the highest rates remain in those aged under 60. The Trust has been at the forefront of local communication regarding a “cautious” approach to the festive period in order to guard against a third spike of infections in January. The Facebook Live events are now into their sixth and final week and have been very well received, with more than 45,000 engagements each week and it is clear that the COVID update is a welcome part of this approach.

#### **2 Key Highlights**

- 2.1 This month came the much awaited announcement that the UK has the first COVID-19 vaccine licensed for use in the world; this is a huge feather in the cap of UK science and industry. The vaccine, developed by pharmaceutical companies Pfizer and BioNTech, and manufactured in Belgium, was made available for use by the NHS, on the 8<sup>th</sup> December and Gloucestershire Hospitals was one of the 50 sites chosen to mobilise the vaccine in this first phase. The Trust is the lead organisation in Gloucestershire for the Mass Vaccination Programme and Steve Hams, Director of Quality and Chief Nurse is the Senior Responsible Officer (SRO). The priorities for roll out have been set by the national Joint Committee on Vaccinations and Immunisations (JCVI) Primary care (GPs, practice nurses, dentists etc.) and other healthcare professionals will be at the forefront of delivering the vaccine to the public, with a network of sites being established, throughout Gloucestershire, to support local access. Huge thanks to Steve Hams, and his team, for their phenomenal efforts to mobilise this on behalf *One Gloucestershire*.
- 2.2 In preparation for the COVID-19 vaccination programme, the Trust had a final push to ensure as many staff as possible were vaccinated by the end of November and achieved 87% which is a phenomenal performance and the best in the region. Staff who have had a flu vaccine are required to wait seven days before receiving their COVID vaccine.
- 2.3 Until the vaccine has changed the nature of viral transmission, measures to reduce the risk of infection remain vital and one such measure is the regular testing of all patient

facing staff to detect the present of COVID-19 in the small number of staff who have no symptoms but who turn out to be carriers of the virus, and thus potentially transmitting to both patients and colleagues. Using new technology (Lateral Flow Devices) that enables a rapid result to be achieved by staff that self-swab, twice weekly and report their results online. The Trust commenced roll out of its programme at the end of November and to date around 75% of eligible staff have commenced testing. To date, the detection rate has been 1.96% which is on the lower end of nationally reported rates and as such, a positive reflection on the Trust's infection prevention and control practices. Staff that test positive using the LFD, must have their result confirmed via the standard PCR Test.

- 2.4 This same technology is also being rolled out in care homes throughout the country including Gloucestershire. This is a huge development in enabling the longed for ability of carers and family members to visit residents, many of whom have not seen loved ones since the start of the first lockdown in March 2020. A HUGELY welcome development.
- 2.5 A significant focus of the ICS is understanding and responding to the health inequalities that have worsened, or presented, as a result of the pandemic. Following the national publication into the impact of COVID-19 on mortality rates amongst people with a learning disability, *One Gloucestershire*, has replicated the national evaluation and although the small numbers require interpretation with caution, positively the inequalities seen nationally are not evident in Gloucestershire. Equally, the work done during wave one of the pandemic to look at the impact of COVID on BAME communities has been replicated for the period September 1<sup>st</sup> to 30<sup>th</sup> November with comparable findings i.e. access to hospital care as expected and mortality lower than expected.
- 2.6 On the 26 November NHS England published [The next steps to building strong and effective integrated care systems across England](#), which builds on previous publications and the route map set out in the NHS Long Term Plan for health and care joined up locally around people's needs. The document signals a renewed ambition for how NHSE wish to support greater collaboration between partners in health and care systems to help accelerate progress in meeting the most critical health and care challenges. It is based on the experience of the earliest ICSs and wide input from colleagues across the NHS, local government and wider partners.

The proposals are designed to serve four fundamental purposes:

- improving population health and healthcare
- tackling unequal outcomes and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

In practice this means that from April 2021 all parts of the health and care system nationally will be working together as integrated care systems. Four Sustainability and Transformation Partnerships in the South West Region were awarded ICS status this week and therefore six of the seven systems in the region are now operating as ICSs; Devon are hoping to achieve this status early in 2021. The role and expectations of ICSs have also been refreshed and restated as below;

- stronger **partnerships in local places** between the NHS, local government and others, with a more central role for primary care in providing joined-up care
- **provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale
- developing strategic **commissioning** through systems, with a focus on population health outcomes
- the use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

In addition to setting out expectations for how integrated care systems will work from April 2021, the document also describes options for giving ICSs a firmer footing in legislation likely to take effect from April 2022 (subject to parliamentary decision).

NHS England are consulting on the proposals until 8 January 2021 and One Gloucestershire ICS will respond formally on behalf of member organisations but individuals are equally welcome to respond.

- 2.7 Relationships with partner University of Gloucestershire (UoG) continue to go from strength to strength with two more exciting developments in train. Following the cessation of the Operating Department Practitioner (ODP) degree at Oxford Brookes University, the Trust became concerned about the loss of benefits associated with being a training institution as well as becoming concerned about the impact on the future employment pipeline. Sally Beamish, Senior ODP and Practice Educator in our theatres has led the work with UoG to develop a degree programme which will take its first cohort in January and offers both traditional and apprenticeship pathways. The programme has been established in under 18 months which given the context this year, speaks to the responsive of both Trust and University teams who have worked together on the programme. Additionally, reflecting where else we have recruitment challenges, we are also on track to establish a degree programme for biomedical scientists that will see the UoG and Trust delivering degrees in all the main healthcare disciplines with the exception of medical training.
- 2.8 Since my last report we have continued working with our partner David Weaver Consulting (DWC) who have been engaged to help us develop our approach to inclusion and in particular to expedite our progress on improving the experience of BAME colleagues in the Trust. DWC have been facilitating discussions with a wide range of staff groups and hosted another Facebook Live session with myself and two BAME colleagues - Mr Noel Peter, Trauma Surgeon and Coral Boston, Equality, Diversity and Inclusion Lead. The session, aimed at Trust staff, was well received with more than 4,500 views and some positive follow through on Twitter. Inevitably, given the current challenges, engagement has been more limited than we would have liked and therefore we will be welcoming DWC to provide some initial findings to the Board in January before they return to have further conversations with colleagues after the winter months. The commitment to this agenda from the Board remains one of “action over action plans”.
- 2.9 Excellence in nursing continues to define Gloucestershire Hospitals and last month I reported that , from a field of many hundreds of nominations, three of our nurses were shortlisted for the *Florence Nightingale Award for Outstanding Contribution by a Nurse*

or *Midwife* in this year's Health Quality Improvement Partnership (HQIP). Phillip Lort, Nursing Accreditation and Assessment Scheme (NAAS) lead and Sarah Simmons and Katy Murphy, Advanced Neonatal Practitioners. I am delighted to share the news that Sarah and Katy with the WINNERS of this year's national award!

- 2.10 Finally, as is becoming our monthly tradition, last week we celebrated the contribution of our fabulous ward clerks; this invaluable group have yet to achieve national recognition and so we filled this obvious gap with a day of celebration of the 26 November. Often the back bone of a busy ward, and a key point of contact for relatives and other visitors, the contribution of this group of staff cannot be understated. Steve Hams and/or myself visited every ward in GRH and CGH to hand deliver a "goodie bag" packed with essential stationery items which turned out to be more exciting to this group of colleagues, than any bar of chocolate might have been (although there was a small one of those too!). We are now developing plans for World Admin Day on the 21 April and hoping our recently appointed staff Governor, for this group of colleagues, will work with us to develop a day to be remembered!

**Deborah Lee**  
**Chief Executive Officer**

9 December 2020

**COUNCIL OF GOVERNORS – DECEMBER 2020**  
**Microsoft Teams commencing at 14:30**

<b>Report Title</b>	
<b>Quarter Two Patient Experience Report – July – September 2020</b>	
<b>Sponsor and Author(s)</b>	
Author:	Katie Parker-Roberts, Head of Quality and Freedom to Speak Up Guardian, and Suzie Cro, Deputy Director of Quality and Programme Director for Professional Excellence
Sponsor:	Steve Hams, Executive Director of Quality and Chief Nurse
<b>Executive Summary</b>	
<u>Purpose</u>	
<p>This paper represents a regular quarterly report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in Quarter Two of 2020/21.</p>	
<b>Summary – Quality Strategy Delivery Plan</b>	
<ul style="list-style-type: none"> <li>• Overall, our patients report a mostly positive experience of our services. In Q2 we received 20,845 responses for FFT, up from 11,500 responses in Q1. The overall percentage of positive responses has decreased from 92.5% in Q1 to 90.4% in Q2, however the number of responses received per month has increased significantly by over 70%</li> <li>• We have also included a breakdown of the FFT scores across all surveys for each division:             <ul style="list-style-type: none"> <li>○ Medicine 87%</li> <li>○ Surgery 92.9%</li> <li>○ Women’s and Children’s 92.5%                 <ul style="list-style-type: none"> <li>▪ Maternity 92.5%</li> </ul> </li> <li>○ Diagnostic and Specialties 92.8%</li> </ul> </li> <li>• PALS issues are now exceeding pre-Covid levels of concerns being raised (showing a 14.8% increase on this time last year, in addition to a 72.8% increase on Q1), with the majority focussed on communication issues and delays to appointments/waiting times</li> <li>• We are currently reviewing how we support teams to gather real-time feedback, with the changes to the FFT survey allowing us to ask these questions at any point in someone’s journey. We are looking to pilot running local surveys in ward areas to gather real time feedback, and support teams where they identify areas of concern from existing feedback routes to get a greater understanding and insight (including local surveys, shadowing and further patient involvement opportunities).</li> <li>• National New Mothers’ Experience of Care Survey initial data has been published. This was a voluntary National Survey programme, and twelve trusts participated. Overall, we ranked third in this survey, with lots of positive scores to celebrate. Picker will be working with the maternity team to review the data in depth and to create an improvement plan.</li> </ul>	

- Q2 saw the return of 102 volunteers to the hospital as part of a phased return, with a focus on opening more volunteer welcoming desks and reintroducing some ward roles.
- Work is underway on a full Hearing audit of services across the Trust sites, to support improving experience for our patients with hearing loss. This will continue in Q3.
- Engagement and Involvement Strategy is in development, which is expected to be published in November 2020
- The Trust will be recruiting an Arts Coordinator to join the Patient Experience team, following a successful funding bid from the charity. This post will work closely with the Communications team, PPI Manager and Staff 2020 Hub colleagues to support a programme of work improving the hospital environment and experience for staff and patients.
- There will be a soft launch of the new Trust values and behaviours in October 2020, supported by ongoing engagement with colleagues and patients to ensure these are embedded as part of our wider work on compassionate culture
- There has been a broad range of engagement activity ongoing throughout Q2, to support patient experience improvement across departments as well as the Trust's strategic programmes

#### Recommendations

To note the report for information.

#### Impact Upon Strategic Objectives

The plan will help deliver against the following strategic objectives:

- Outstanding care
- Quality Improvement
- Involved people

#### Impact Upon Corporate Risks

Patient Experience Risks identified in report have been given an amber assurance rating, as in the main, there are appropriate procedures and controls in place to mitigate the key patient experience risks reviewed albeit with some that are not fully effective.

#### Regulatory and/or Legal Implications

Patient experience regulated through CQC as part of inspection process, and used for national benchmarking and reporting.

#### Equality & Patient Impact

By focussing on improving patient experience across services we aim to make our services accessible and offer the best outcomes for all.

#### Resource Implications

Finance	x	Information Management & Technology	
Human Resources	x	Buildings	x

#### Action/Decision Required

For Decision		For Assurance		For Approval		For Information	x
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## COUNCIL OF GOVERNORS – DECEMBER 2020

### QUARTER TWO PATIENT EXPERIENCE REPORT: JULY - SEPTEMBER 2020

#### 1 Purpose of Report – Quality Strategy Delivery Update for Caring and Equality

This paper represents a regular quarterly report to the Quality and Performance Committee to provide assurance that the Trust reviews patient experience risks, patient experience data and insights and provides an update on patient experience improvement activity across the Trust in Quarter Two of 2020/21.

#### 2 Summary – Quality Strategy Delivery Plan

- Overall, our patients report a mostly positive experience of our services. In Q2 we received 20,845 responses for FFT, up from 11,500 responses in Q1. The overall percentage of positive responses has decreased from 92.5% in Q1 to 90.4% in Q2, however the number of responses received per month has increased significantly by over 70%
- We have also included a breakdown of the FFT scores across all surveys for each division:
  - Medicine 87%
  - Surgery 92.9%
  - Women's and Children's 92.5%
    - Maternity 92.5%
  - Diagnostic and Specialties 92.8%
- PALS issues are now exceeding pre-Covid levels of concerns being raised (showing a 14.8% increase on this time last year), with the majority focussed on communication issues and delays to appointments/waiting times. There has been a 72.8% increase on concerns raised from Q1 (361) to Q2 (624)
- We are currently reviewing how we support teams to gather real-time feedback, with the changes to the FFT survey allowing us to ask these questions at any point in someone's journey. We are looking to pilot running local surveys in ward areas to gather real time feedback, and support teams where they identify areas of concern from existing feedback routes to get a greater understanding and insight (including local surveys, shadowing and further patient involvement opportunities).
- National New Mothers' Experience of Care Survey initial data has been published. This was a voluntary National Survey programme, and twelve trusts participated. Overall, we ranked third in this survey, with lots of positive scores to celebrate. Picker will be working with the maternity team to review the data in depth and to create an improvement plan.
- Q2 saw the return of 102 volunteers to the hospital as part of a phased return, with a focus on opening more volunteer welcoming desks and reintroducing some ward roles.
- Work is underway on a full Hearing audit of services across the Trust sites, to support improving experience for our patients with hearing loss. This will continue in Q3.
- Engagement and Involvement Strategy is in development, which is expected to be published in November 2020
- The Trust will be recruiting an Arts Coordinator to join the Patient Experience team, following a successful funding bid from the charity. This post will work closely with the

Communications team, PPI Manager and Staff 2020 Hub colleagues to support a programme of work improving the hospital environment and experience for staff and patients.

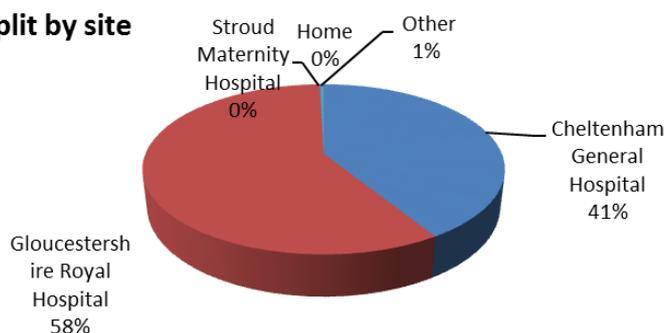
- There will be a soft launch of the new Trust values and behaviours in October 2020, supported by ongoing engagement with colleagues and patients to ensure these are embedded as part of our wider work on compassionate culture
- There has been a broad range of engagement activity ongoing throughout Q2, to support patient experience improvement across departments as well as the Trust's strategic programmes

### 3 Trust Overview

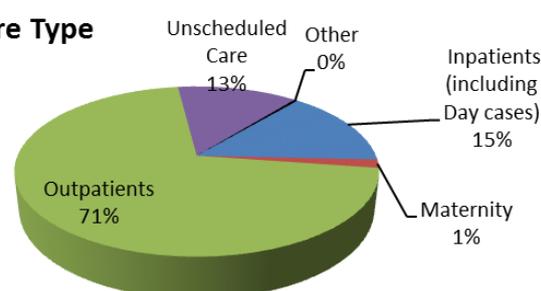
#### Friends and Family Test (FFT) Summary

In Q2 we received 20,845 responses for FFT, up from 11,500 responses in Q1. The overall percentage of positive responses has decreased from 92.5% in Q1 to 90.4% in Q2, however the number of responses received per month has increased significantly by over 70%

#### Split by site



#### Split by Care Type

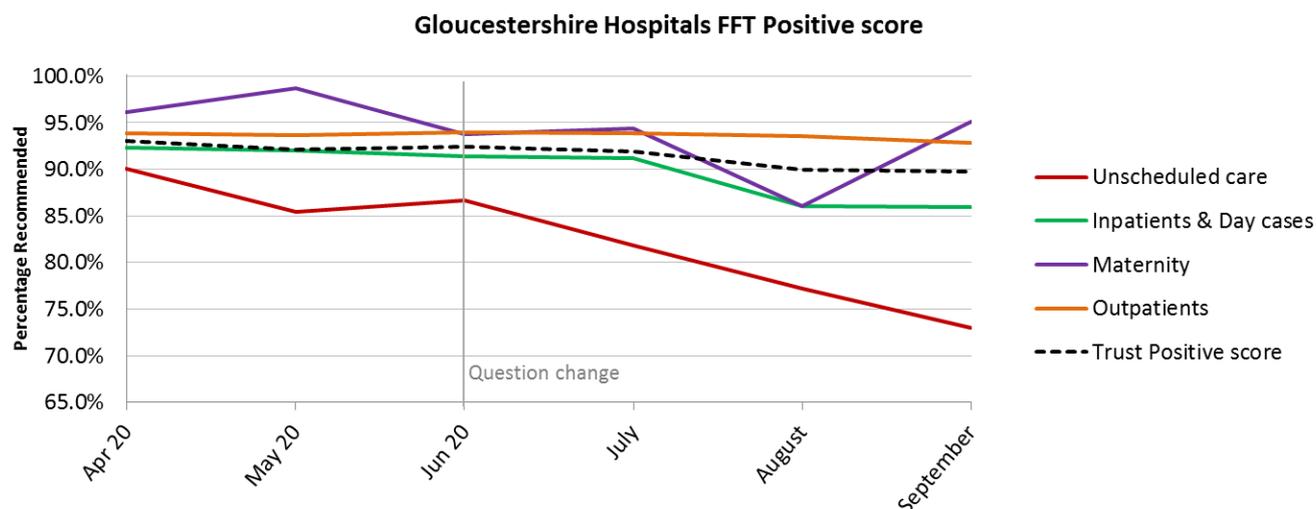


58% of the responses were for Gloucestershire Royal Hospital, and 71% of the responses received were for outpatient services, as illustrated in the charts above.

#### Gloucestershire Hospitals FFT Total Responses & Positive score

Care type		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
Unscheduled care	Total Responses	575	615	686	768	1,106	779
	Positive score	90.1%	85.4%	86.7%	81.8%	77.2%	73.0%
Inpatients & Day cases	Total Responses	582	590	740	946	1,003	1,095
	Positive score	92.3%	92.0%	91.4%	91.2%	86.0%	85.9%
Outpatient services	Total Responses	2,162	2,469	2,843	3,967	5,251	5,523
	Positive score	93.9%	93.6%	94.0%	93.9%	93.5%	92.8%
Maternity (all touchpoints)	Total Responses	77	77	97	143	86	102
	Positive score	96.1%	98.7%	93.8%	94.4%	86.0%	95.1%
Trust Total Responses		3,396	3,751	4,366	5,824	7,446	7,499
Trust Positive score		93.0%	92.1%	92.4%	91.9%	90.0%	89.8%
<b>Overall Trust Positive score (Quarterly)</b>			<b>92.5%</b>			<b>90.4%</b>	

## Survey headlines



- Unscheduled care's positive scores have decreased from 90% in April to 73% in September. During the first Covid peak overall activity was down in unscheduled care, and there was a lot of support and understanding for NHS workers. Since the lockdown has been eased, overall activity has risen again, and feedback suggests patients are not so accepting of long waiting times, or lapses in infection control measures and social distancing. General patient perception is that staff are overwhelmed, leading patients to feel dismissed or that they should not be there. The new question will have had an impact as the new question encourages more feedback to be left.
- Overall inpatient positive scores have also decreased since the start of the year. While day case feedback specifically is generally in the high 90's (96.7% on average in Q2), inpatient specific scores are much lower (82.9% on average in Q2). While some negatives affecting the inpatient experience can be attributed back to their admittance via ED, there are also concerns around communication and not knowing what is going on with their care while in hospital, and also regarding the discharge process and follow-up care. It has also been noted that during this period with reduced visiting, communication with next of kin can play an important part in the overall experience.
- Outpatient positive scores have been relatively stable and equal to or higher than last year. Many outpatient services have been conducting phone consultations during the Q1&2. For many patients this is suitable, however for others it has caused problems. Generally patients are happy and feedback is positive, however sometimes feel let down by admin or clerical errors.
- In Maternity Q2 has been mixed, with the limitation on partners being able to attend appointments and the wards having an impact on the responses. Generally this is understood under the circumstances; however there have been comments about the need for additional support after having given birth – both mentally and physically, and feeling that staff are too busy to attend to them. While on average the birthing experience is rated highly, 91.9% positive feedback in Q2. The experience on ward after birth is lower – 88.1%.
- Teams are all being encouraged to use the FFT reports to identify themes and trends, and to inform their local improvement plans, triangulating this insight with other data. Medicine have asked for support to set up a Patient Experience Improvement group with matrons, and

maternity are looking at the FFT data alongside local and national surveys to inform their improvement plans.

## FFT Corporate Updates

### Inclusivity

- In October 2020, we have updated our public website to include an audio clip and video with British Sign Language (BSL) to explain what the FFT is and how we can use their feedback.
- We are also looking into how we can make the FFT more inclusive, including translation options to our top languages for non-English speaking patients.

### National Reporting

- National reporting was suspended in March and during the Covid outbreak. It is due to start back up under the new guidance and question for the first time in December 2020. Data will be submitted in early January 2021.

### Internal Reporting

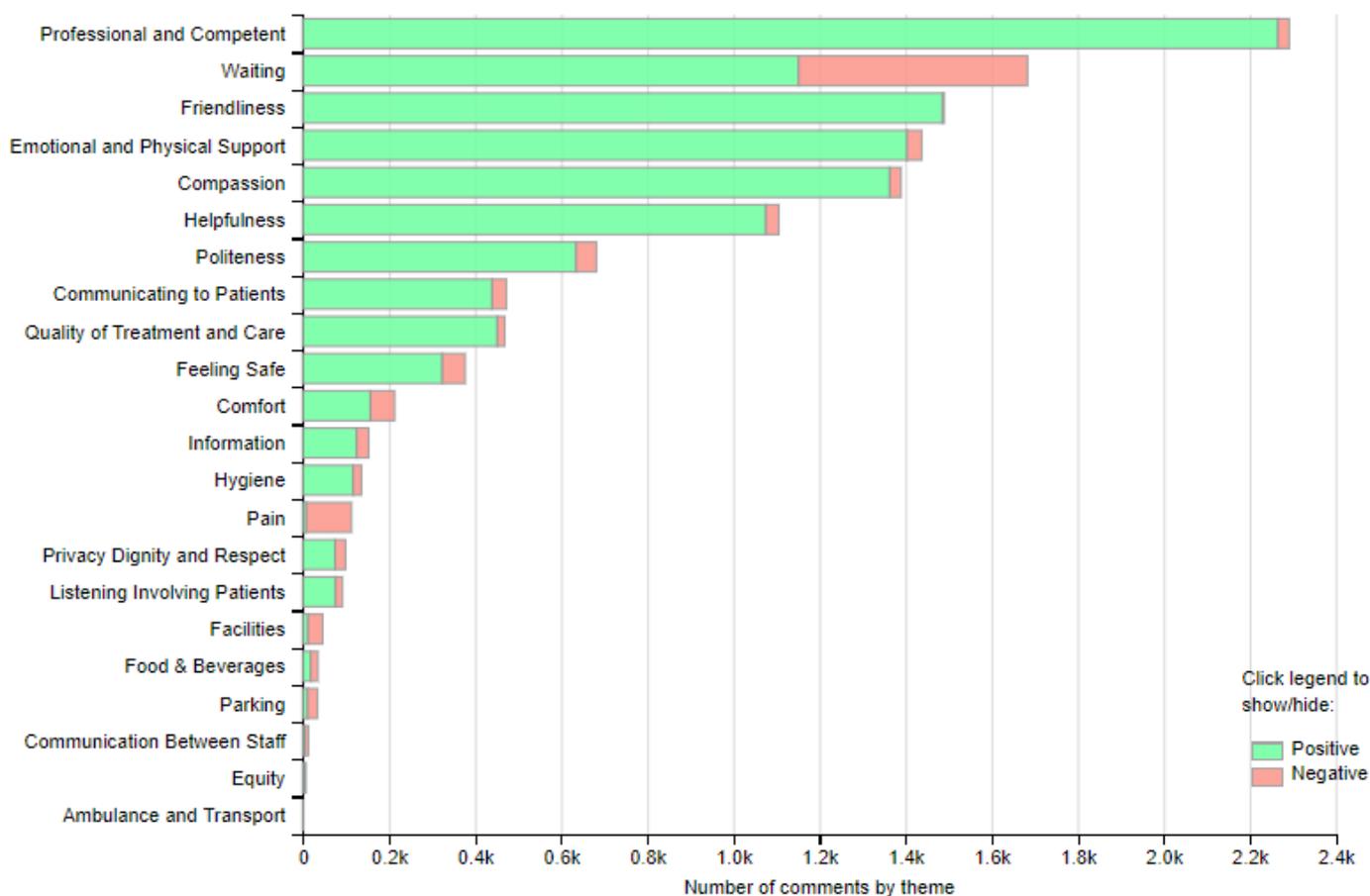
- In August 2020, working with Comms we were able to set up an internal webpage on the intranet to make each departments FFT data more available to staff.
- We are currently uploading approx. 113 reports each month, including the PALS monthly activity report. Page visits and report download activity will be monitored over the coming months.
- Making the FFT data more visible to staff is a key objective for the Patient Experience team, and is the first step towards increasing and encouraging improvement work based on and around patient experiences.

## FFT Q2 Comments

For the quarter, we received 11,429 comments, up from 4,250 comments in Q1.

The analysis below looks at individual sentences or parts of comments and categorises them under different themes. Each theme may contain both positive and negative comments.

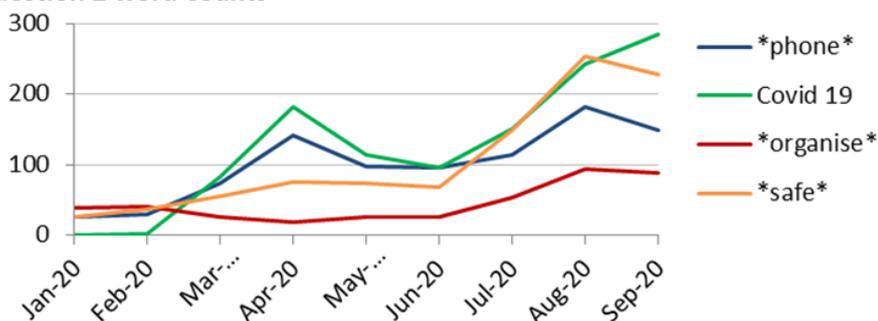
### All Used Categories Pos/Neg Count



- The top 3 categories were;
  1. Professional and competent (Category: Staff Attitude & Capability)
  2. Waiting (Category: Co-ordination)
  3. Friendliness (Category: Staff Attitude & Capability)

Waiting and pain were the two themes that showed the highest proportion of negatives responses overall. The chart to the right shows how many times certain words have been used in question 2 comments.

### Question 2 word counts



### National Surveys

The National Survey programme provides Gloucestershire Hospitals NHS Foundation Trust with the only comparison of patients reported experience against other NHS Trusts in England. As a Trust, we take part in five national survey programmes, namely:

- Adult Inpatient Survey
- Maternity Survey
- Children and Young People Survey
- Emergency Department Survey
- Cancer Survey

The table below shows the results from our most recent results for each survey. The 2020 Surveys have all been postponed due to Covid, and the table includes an update on the schedule for these surveys.

Survey	Headlines	Improved Areas	Areas for Improvement	Schedule for 2020 Survey
National Inpatient Survey 2019  (Published 2020)	<ul style="list-style-type: none"> <li>• <b>48%</b> response rate (above average for Acute Trusts)</li> <li>• Compared to average scores, we have 13 'worse' scores, 2 better, and 47 'about the same'</li> <li>• In last year's Picker League table, we were <b>62/77</b> Trusts; this year we are <b>43/74</b> Trusts, a significant overall improvement</li> </ul>	<ul style="list-style-type: none"> <li>• We have made huge improvements in patients responding to the <b>noise at night from staff</b> question—this was one of our 'worse' scores last year, and we are in line with national average (shift from 74% to 81%)</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback on quality of care remains an issue – increase from 5% to 7% (but still red against national average of 14%), and only 10% saying received information explaining how to complain (compared to 19% national average)</li> <li>• Discharge responses account for 6 of the 13 'worse' scores - and also the 2 'better scores'</li> </ul>	2020 Adult Inpatient Survey <ul style="list-style-type: none"> <li>• This will survey patients on inpatient wards during November</li> <li>• The sample is due to be drawn in December, ready for fieldwork in January</li> </ul>
Maternity Survey 2019  (Published 2020)	<ul style="list-style-type: none"> <li>• 43% response rate (up from 35% in previous survey)</li> <li>• Our Trust results were 'About the same' as other Trusts across 38 questions, with 14 scoring 'Better' and none scoring 'Worse'</li> <li>• We were 5th in the Picker League table</li> </ul>	<ul style="list-style-type: none"> <li>• We have made significant improvements in a number of areas, as shown by our 14 'Better' scores compared to 3 'Better' scores in the last survey</li> </ul>	<ul style="list-style-type: none"> <li>• Although we have no 'Worse' scores, the team are using the data to inform local improvement plans as part of our journey to Outstanding, to continue to increase our number of 'Better' scores</li> </ul>	2021 Maternity Survey <ul style="list-style-type: none"> <li>• This will aim to survey patients who give birth in February 2021</li> <li>• Samples will be drawn in March 21, and fieldwork due in April 2021</li> </ul> <p>The Trust took part in the voluntary New Mother's Experience of Care Survey in 2020, details below</p>
Urgent and Emergency Care Survey 2018	<ul style="list-style-type: none"> <li>• 33.78% response rate</li> <li>• Our Trust</li> </ul>	<ul style="list-style-type: none"> <li>• Although we are 'About the Same' across</li> </ul>	<ul style="list-style-type: none"> <li>• Comparing our results to our own scores in</li> </ul>	2020 Urgent and Emergency Care survey

Survey	Headlines	Improved Areas	Areas for Improvement	Schedule for 2020 Survey
(Published 2019)	results were 'About the same' as other Trusts across all 36 questions, with none scoring 'Better' or 'Worse'	our survey scores, we are within the range of our peer group Trust's rated 'Outstanding' by the CQC. The scores also reflect that where we have seen a significant decrease in two questions from our last survey, this is not an area of major concern as this is in line with national scoring, and we are rating higher than some of the 'Outstanding' organisations in these questions.	<p>the last survey (2016), we showed no significant improvements on our own results from the last report, but did have two questions which were significantly lower this year, both in the 'Waiting Times' section of the survey:</p> <ul style="list-style-type: none"> <li>▪ How long did you wait before you first spoke to a nurse or doctor? (6.2/10)</li> <li>▪ Overall, how long did your visit to A&amp;E last? (7.1/10)</li> </ul> <ul style="list-style-type: none"> <li>• Both these questions still scored 'About the same' as other organisations, showing a national shift in patient experience around waiting times for Urgent Care</li> </ul>	<ul style="list-style-type: none"> <li>• This will survey patients who attended Gloucester ED (type 1 setting) or Cheltenham MIU (type 3 setting) during August-September</li> <li>• The sample is currently being drawn, and fieldwork is due to start in November</li> </ul>
Children and Young People Survey 2018  (Published 2019)	<ul style="list-style-type: none"> <li>• 26% response rate (same as national average)</li> <li>• Our Trust results were 'About the same' as other Trusts across 57 questions, with 4 scoring 'Better' and 3 scoring 'Worse'</li> <li>• We were 43rd in the Picker League table</li> </ul>	<ul style="list-style-type: none"> <li>• Children felt the Wi-Fi was good (92% compared to 80% national average)</li> <li>• Staff did not give conflicting information showed a great improvement on our previous score and compared nationally</li> </ul>	<ul style="list-style-type: none"> <li>• 74% of children said the hospital was quiet enough to sleep (compared to 84% nationally)</li> <li>• Food and drink and general overnight facilities for parents scored low compared to our own previous scores and national average scores</li> </ul>	<p>2020 Children and Young People's survey</p> <ul style="list-style-type: none"> <li>• This will survey patients from November-December</li> <li>• The samples will be drawn in Jan 2021 ready for fieldwork in February</li> </ul>

Survey	Headlines	Improved Areas	Areas for Improvement	Schedule for 2020 Survey
		<ul style="list-style-type: none"> <li>Parents felt they were listened to and knew who to contact if they were worried</li> <li>Generally we were around the national average, so while the scores are 'good', there is still lots of scope to move towards 'Outstanding'</li> </ul>	<ul style="list-style-type: none"> <li>The team is working with GMS and the Patient Experience team to deliver improvements in these areas as part of a Silver Collaborative programme with GSQA</li> </ul>	2021
<p>Cancer Patient Experience Survey 2019</p> <p><i>(Published 2020)</i></p>	<ul style="list-style-type: none"> <li>The latest Cancer Patient Experience Survey 2019 scores were published in September 2020; the Trust scored 'about the same' or 'above' the national average in 39 out of 52 questions, which is best results the Trust has had since the survey began</li> <li>The overall score was 8.9/10, which is the best score we have ever achieved</li> </ul>	<p>The team have created a detailed action plan in response to the national survey, and incorporating learning from workshops delivered with patients in January 2020, including a focus on:</p> <ul style="list-style-type: none"> <li>More collaboration with Primary Care colleagues</li> <li>Consistency in the experience across each cancer site, particularly with direct access back into the service.</li> <li>The cross divisional journey throughout the different departments</li> <li>Our public facing information e.g content development on website</li> <li>Written communication to our patients from referral to discharge</li> <li>Continued patient/ carers engagement and experience workshops and recruitment</li> </ul>	<p>The 2020 National Cancer Patient Experience Survey has been cancelled.</p> <p>The Lead Cancer Nurse is working with the Patient Experience Improvement team to develop a local survey programme so we can continue to monitor patient experience against our national benchmark scores</p>	

### New Mothers' Experience of Care Survey

- The original National Maternity survey was due early this year (field work originally due to take place in April), however this was cancelled due to COVID. Our external provider – Picker – arranged to run the survey on a voluntary basis called now called the "New mothers' experience of care survey 2020"
- The questionnaire was sent out to patients who gave birth during February 2020. Our sample was drawn in June, and fieldwork was carried out in July-August

We ranked 3rd out of a total of 12 Trusts who took part in the survey, with a higher than average response rate of 32% (132 responses out of 408). Some of the headline results from the survey include:

- 100% found staff to introduce themselves
- 99% had a partner or companion involved
- 99% Treated with respect and dignity
- 99% Given the help needed by midwives (postnatal)
  
- 84% felt they were given appropriate advice and support at the start of labour – this was lower than the average of 86%, and also down by 6% compared to our 2019 score of 90%
- 78% said they were able to ask questions afterwards about labour and the birth – this was lower than the average score of 82%, and also down compared to our 2019 score of 85%

The Patient Experience team are currently arranging a workshop with Picker and the maternity team to explore the responses in more detail, and start to develop an improvement plan.

## **Real time Surveys**

Our Real-time survey programme was suspended during Covid, as the programme is delivered by volunteers going onto wards, and surveying patients using tablets. As part of the return of volunteers to the hospital, a number have decided not to return, and this has led us to review the real time survey programme. We are currently reviewing how we support teams to gather real-time feedback, with the changes to the FFT survey allowing us to ask these questions at any point in someone's journey. We are looking to pilot running local surveys in ward areas to gather real time feedback, and support teams where they identify areas of concern from existing feedback routes to get a greater understanding and insight (including local surveys, shadowing and further patient involvement opportunities).

## **Local Surveys**

A number of local surveys have been completed or are in progress during Q2:

### Completed

Full reports for each of these surveys have been shared with the relevant teams who commissioned the surveys.

- Volunteers survey – this survey provided an opportunity for volunteers to give feedback on their experiences during covid and how supported they felt.
- Paediatric attend anywhere
- Ambitions for Palliative and End of Life Care – This survey supported the End of Life workshops run in September to develop a system-wide strategy

### Active

- Rheumatology and Dermatology joint clinic survey
- Children's outpatients clinics
- Enhanced Specialist Care & Palliative care feedback
- Critical Care patient/relatives feedback
- NNU survey
- FRACTURE clinic Treatment

### Upcoming / in development

- RAPID urology

### Initial phases

- Trauma Triage

### Paused/on-hold surveys

- Ophthalmology refurb - delayed
- Anaesthetic peri-operative care and postoperative quality of life – due to be restart
- Maternity: Partners staying overnight - no review since covid
- Home Enteral Feeding (Adults & Children) - no review since covid
- Neurology Inpatients – Therapy - no review since covid

## Patient Advice and Liaison Service (PALS)

In Quarter Two of 2020/21, the number of concerns, enquiries and compliments raised via PALS increased by 46.6% compared to Q1 of 2020/21, as shown in the table below:

	Quarter One	Quarter Two	Difference
Concerns	361	624	+72.8%
Enquiries	227	290	+27.7%
Compliments	124	130	+4.8%

The number of concerns raised in Q2 shows an increase of 14.8% from the same period last year.

The table below shows a breakdown of concerns by division and theme:

	Medical	Surgical	W&C	D&S	GMS	Corporate	Total
Communications	86	51	11	23	1	2	176
Appointments	42	60	11	19	0	15	148
Trust procedures and processes	8	6	15	8	1	76	115
Clinical treatment	36	40	8	8	0	0	92
Patient Care (Nursing)	32	11	4	5	0	0	52
Lost property	21	5	0	2	1	1	31
Values and Behaviours (Staff)	9	9	3	6	1	1	30
Admission and discharges	15	6	2	3	0	1	27
Facilities	1	4	1	1	12	3	23
Access to treatment or drugs	6	4	0	5	0	4	20
Privacy, Dignity and Wellbeing	12	0	0	0	0	0	12
Prescribing	4	0	1	1	0	0	6
Waiting Times	2	1	0	0	0	0	3
End of life care	2	0	0	0	0	0	2
Integrated care	0	1	0	0	0	0	1
<b>Total</b>	<b>275</b> (37.31%)	<b>198</b> (26.87%)	<b>56</b> (7.6%)	<b>81</b> (10.99%)	<b>16</b> (2.17%)	<b>103</b> (13.98%)	<b>737</b> (100%)

Communication, and in particular, the difficulties in getting through to a ward or department by telephone was the main reason for concerns being raised. PALS advisors also find it difficult to contact wards as the **phone lays unanswered** for long periods of time. This was particularly an issue in AMU and ED, with relatives unable to get updates on their family members who had arrived at ED, contributing to poor relative and patient experience. To mitigate this, working with the Ward Clerk Manager and the Matron and Sister of AMU GRH, PALS have agreed to have calls from relatives to the ward diverted to them in periods of escalation so that we can triage the calls and chase up updates on patients which we can then relay back to the relatives.

Lost property was a concern during this period with 31 separate incidents raised. The total claims for compensation for this period is currently £16,080 and this is likely to rise once all claims for the period are received. A high number of claims are for lost dentures hearing aids; purple boxes have been given to every ward for the safe keeping of hearing aids although the success of this is dependent on wards actually offering them to patients. The PALS team are working with the communications team, to re-emphasise the availability and importance of these boxes

The high number of concerns (76) under Trust procedures was due to the number of letters that were sent in the first wave to patients who were on waiting lists to reassure them that they had not been forgotten and apologising for the delays. All 76 calls were logged in one day. A lot of patients misread this letter and thought that appointments that they already had were being cancelled. The PALS team

worked with the divisional leads to revise the letter before further batches were sent out to teams, which has reduced the number of calls PALS have received.

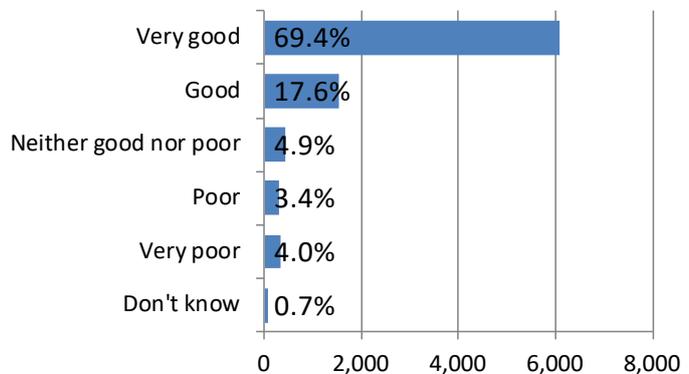
#### 4 Divisional breakdown – FFT surveys and PALS data

Medicine FFT (including unscheduled care, inpatients and day cases, and outpatients)

- Total responses for medicine in Q2 were 5,711, with a score of 87%
- The positive score has dropped compared to the previous 3 month period (from 91% overall to 87%)

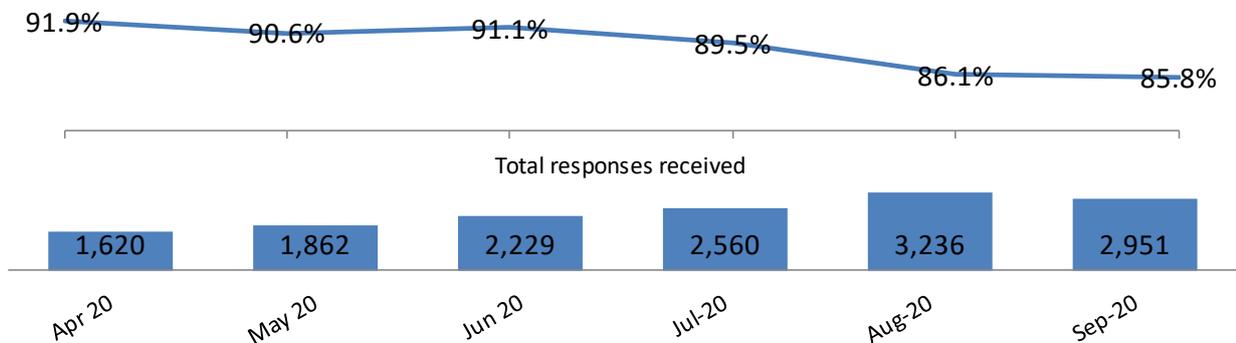
**Question 1:** Overall, how was your experience of our service?

Answers	Responses
Very good	6,072
Good	1,537
Neither good nor poor	432
Poor	296
Very poor	347
Don't know	63
<b>Total</b>	<b>8,747</b>



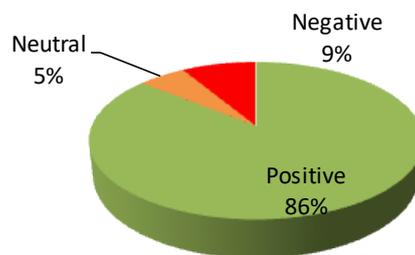
**Question 1: Positive score trend**

The below chart shows the the percentage of positive feedback (very good + good) responses received each month

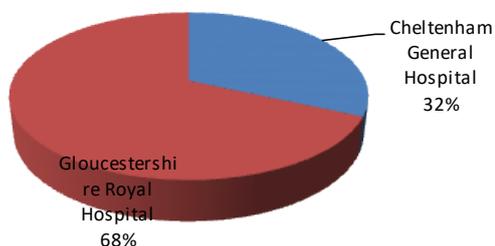


**Question 2:** Can you please tell us why you gave that response?

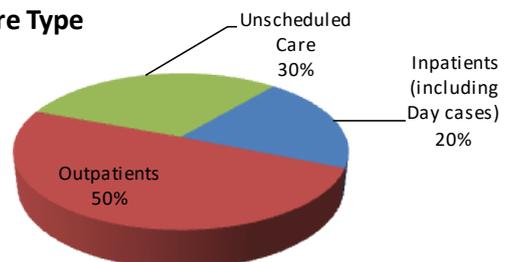
Comments received	Count
Positive	4,059
Neutral	260
Negative	408
<b>Total</b>	<b>4,727</b>



**Split by site**

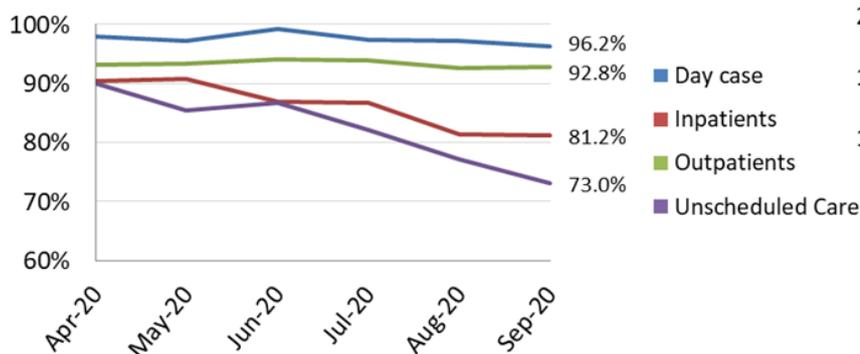


**Split by Care Type**

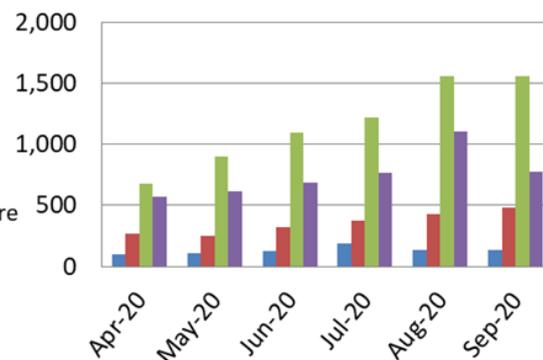


The chart below shows the monthly score progression for Medical care types since April 2020.

Positive score Trend



Number of responses



### Medicine – PALS data

The table below shows the number of concerns raised in the medical division in Q2, and the themes of these concerns. The total number of concerns raised in the medical division was 275, which accounted for 37.31% of all concerns raised.

	Medical
Communications	86
Appointments	42
Trust procedures and processes	8
Clinical treatment	36
Patient Care (Nursing)	32
Other/lost property	20
Values and Behaviours (Staff)	9
Admission and discharges	15
Facilities	1
Access to treatment or drugs	6
Privacy, Dignity and Wellbeing	12
Prescribing	4
Waiting Times	2
End of life care	2
Integrated care	0
<b>Total</b>	<b>275 (37.31%)</b>

The two main themes emerging in medicine were communications and appointments.

- 32 concerns related to communicating with patients and 41 with communication with relative or carer. The majority of these were concerning unanswered phone calls or failure to return calls. The PALS team are working with ward clerks and ward teams to support this.
- The main concern regarding appointments was the time to wait for an appointment. Some areas such as neurology have very long waiting lists following the cancellation of appointments earlier in the year which is contributing to this.

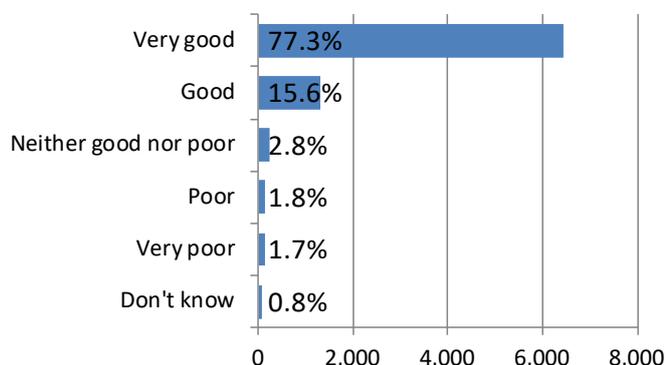
Appendix One shows the number of concerns raised by ward or specialty area

Surgery FFT (including inpatients, day cases, and outpatients)

- Total responses for surgery in Q2 were 8,348, with a score of 92.9%
- Responses numbers have started to increase again, the majority of responses have been for outpatients services
- The positive score is slightly down compared to the previous 3 month period

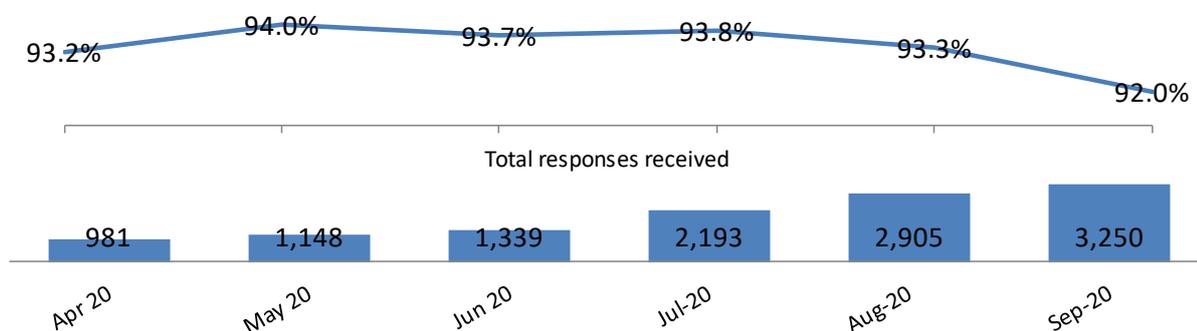
**Question 1: Overall, how was your experience of our service?**

Answers	Responses
Very good	6,453
Good	1,304
Neither good nor poor	236
Poor	147
Very poor	140
Don't know	68
<b>Total</b>	<b>8,348</b>



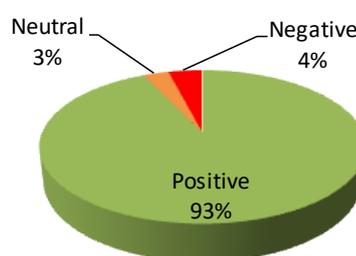
**Question 1: Positive score trend**

The below chart shows the the percentage of positive feedback (very good + good) responses received each month



**Question 2: Can you please tell us why you gave that response?**

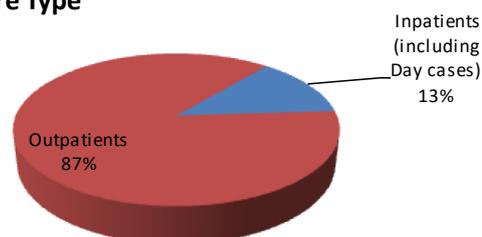
Comments received	Count
Positive	4,217
Neutral	136
Negative	183
<b>Total</b>	<b>4,536</b>



**Split by site**

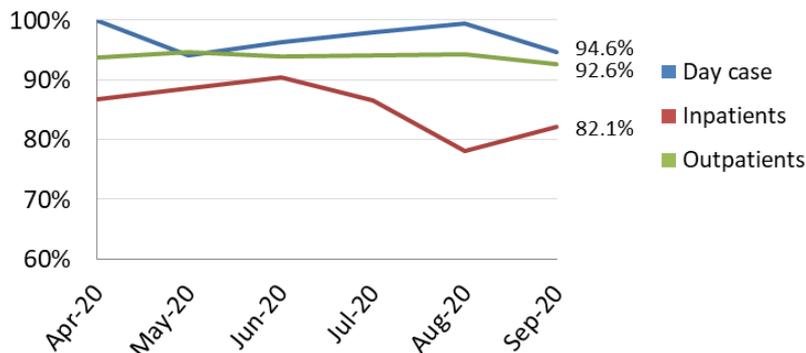


**Split by Care Type**

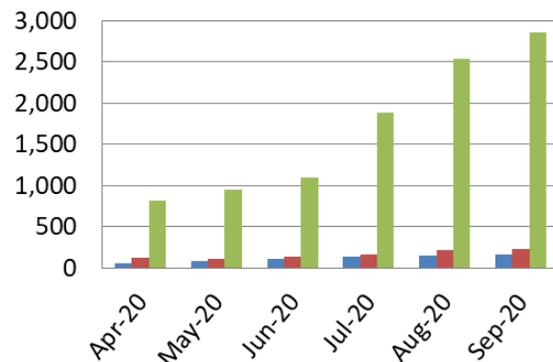


The chart shows the monthly positive score progression and total number of responses received for each care type since April 2020. The positive score has remained relatively stable for outpatients and day case throughout Covid; inpatient services have seen a decline in positive score, but this did increase again in September 2020 and will continue to be monitored.

**Positive score Trend**



**Number of responses**



Surgery – PALS data

The table below shows the number of concerns raised in the surgical division in Q2, and the themes of these concerns. The total number of concerns raised in the surgical division was 198, which accounted for 26.87% of all concerns raised.

	Surgical
Communications	51
Appointments	60
Trust procedures and processes	6
Clinical treatment	40
Patient Care (Nursing)	11
Lost property	5
Values and Behaviours (Staff)	9
Admission and discharges	6
Facilities	4
Access to treatment or drugs	4
Privacy, Dignity and Wellbeing	0
Prescribing	0
Waiting Times	1
End of life care	0
Integrated care	1
<b>Total</b>	<b>198 (26.87%)</b>

The availability of appointments and the time to wait for surgery/procedures was the main theme of concerns raised within the surgical division. In many cases, this was compounded by the lack of communication to patients as to when their re-arranged appointment was likely to be.

As well as availability of appointments, lack of communication between staff and relatives wanting updates continues to be a cause for concern.

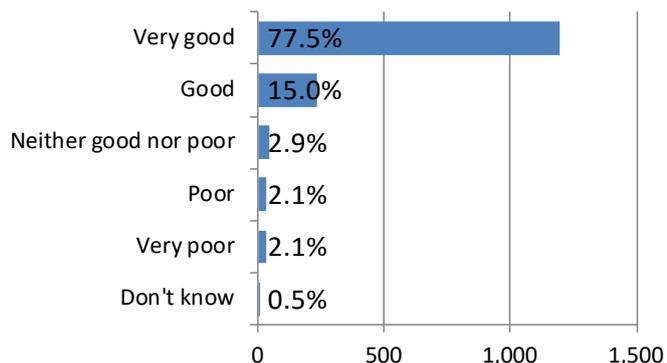
Appendix Two shows the number of concerns raised by ward or specialty area

Women and Children’s (including inpatients, day cases, and outpatients, excluding Maternity)

- Total responses for W&C in Q2 were 1,541, with a positive score of 92.5%
- Total response numbers have risen again post-covid

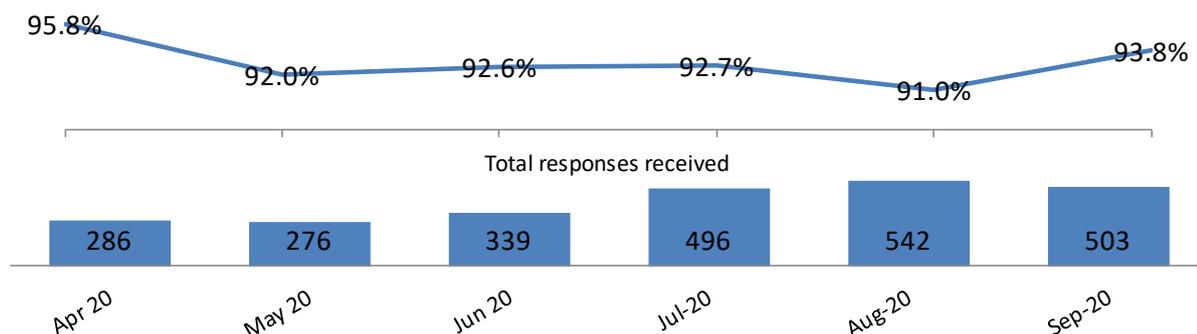
**Question 1: Overall, how was your experience of our service?**

Answers	Responses
Very good	1,194
Good	231
Neither good nor poor	44
Poor	33
Very poor	32
Don't know	7
<b>Total</b>	<b>1,541</b>



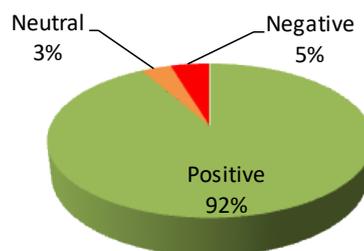
**Question 1: Positive score trend**

The below chart shows the the percentage of positive feedback (very good + good) responses received each month

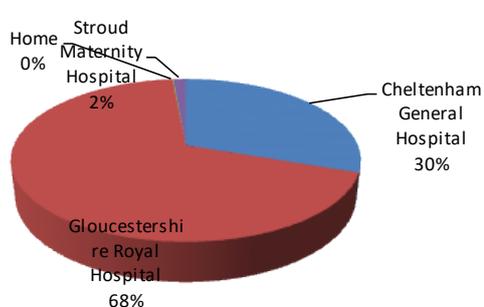


**Question 2: Can you please tell us why you gave that response?**

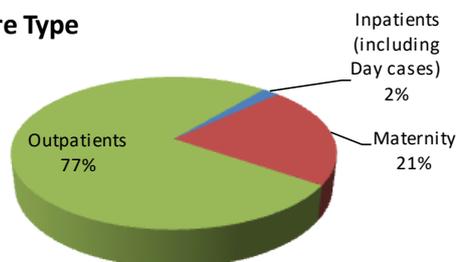
Comments received	Count
Positive	745
Neutral	29
Negative	38
<b>Total</b>	<b>812</b>



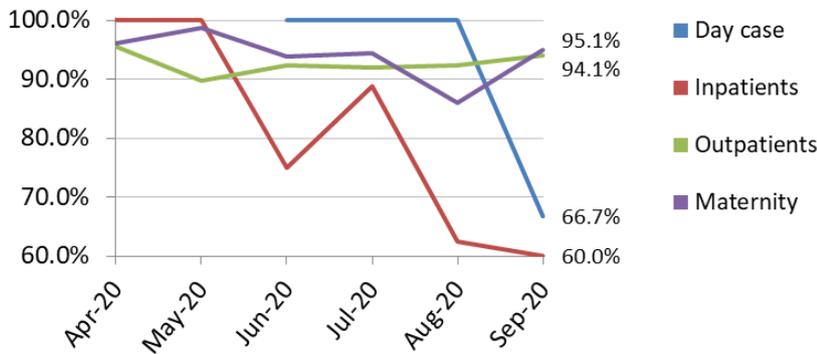
**Split by site**



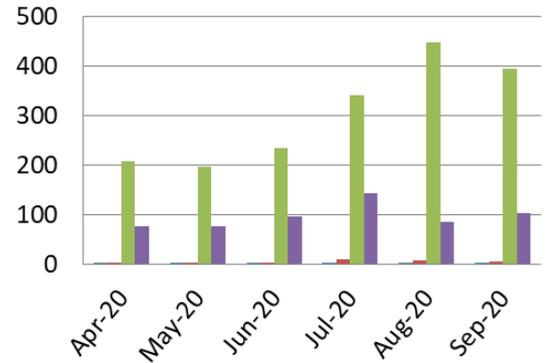
**Split by Care Type**



**Positive score Trend**



**Number of responses**



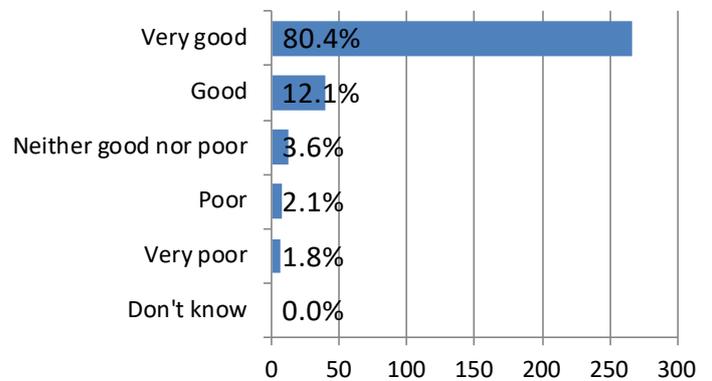
The chart above shows the monthly positive score progression and total number of responses received for each care type since April 2020. The inpatient and day case scores have shown a significant decline, but these are also very minimal numbers of responses which could be skewing this data.

Women and Children’s (Maternity)

- Total responses for Maternity (touchpoints 2 and 3) in Q2 were 331, with a positive score of 92.5%
- The positive score has fallen by over 3% on average compared to the previous 3 month period

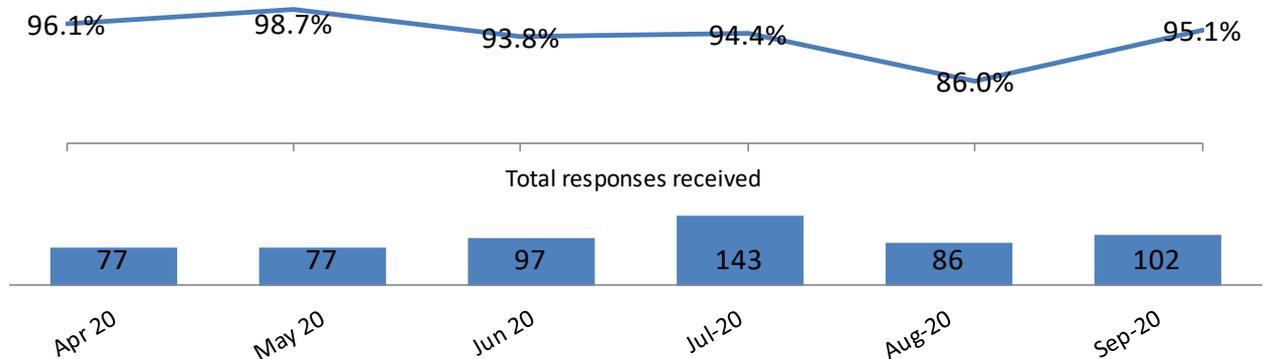
**Question 1: Overall, how was your experience of our service?**

Answers	Responses
Very good	266
Good	40
Neither good nor poor	12
Poor	7
Very poor	6
Don't know	0
<b>Total</b>	<b>331</b>



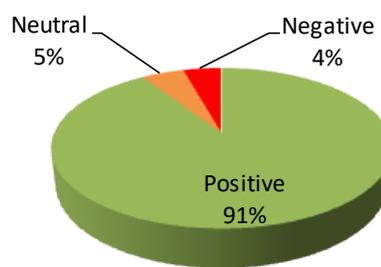
**Question 1: Positive score trend**

The below chart shows the the percentage of positive feedback (very good + good) responses received each month

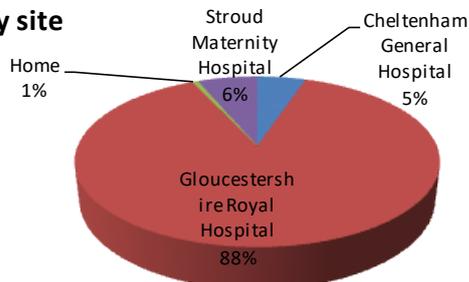


## Question 2: Can you please tell us why you gave that response?

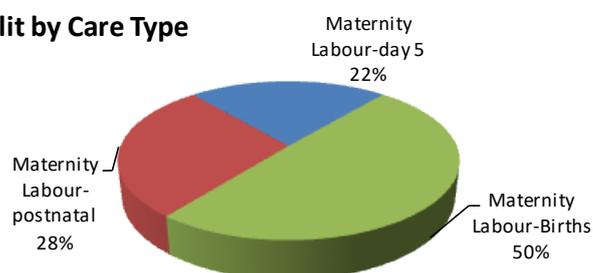
Comments received	
Positive	188
Neutral	10
Negative	9
<b>Total</b>	<b>207</b>



### Split by site

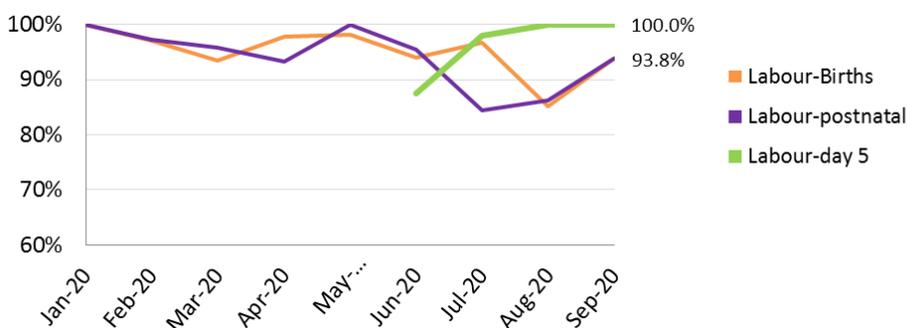


### Split by Care Type

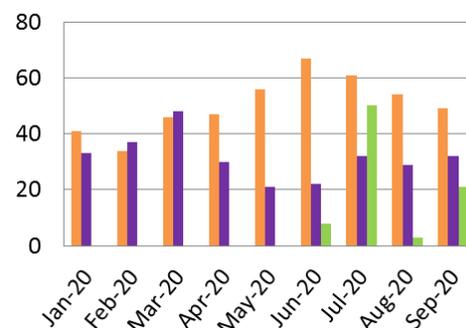


The chart below shows the monthly positive score progression and total number of responses received for each care type since April 2020.

### Positive score Trend



### Number of responses



## Women's and Children's – PALS data

The table below shows the number of concerns raised in the Women's and Children's division in Q2, and the themes of these concerns. The total number of concerns raised in the Women's and Children's division was 56, which accounted for 7.6% of all concerns raised.

Theme	W&C
Communications	11
Appointments	11
Trust procedures and processes	15
Clinical treatment	8
Patient Care (Nursing)	4
Lost property	0
Values and Behaviours (Staff)	3
Admission and discharges	2
Facilities	1
Access to treatment or drugs	0

Privacy, Dignity and Wellbeing	0
Prescribing	1
Waiting Times	0
End of life care	0
Integrated care	0
<b>Total</b>	<b>56 (7.6%)</b>

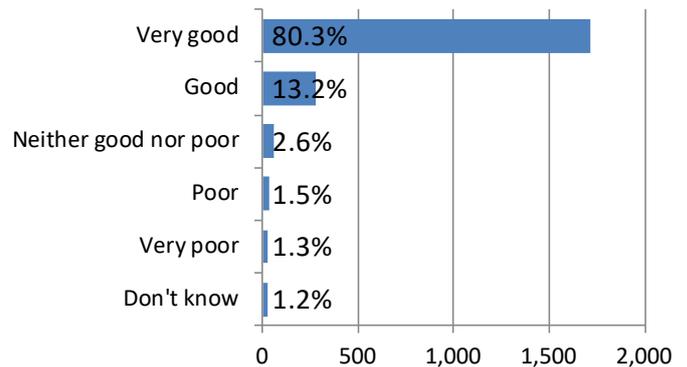
Nearly all concerns related to Trust procedures around restrictions in maternity wards for partners/family members during Covid.

Diagnostic and Specialities (including inpatients, day cases, and outpatients)

- Total responses for D&S in Q2 were 2,133, with a positive score of 92.8%
- Responses numbers have increased again in Q2
- The positive score has remained relatively stable but has shown a slight decline post-covid

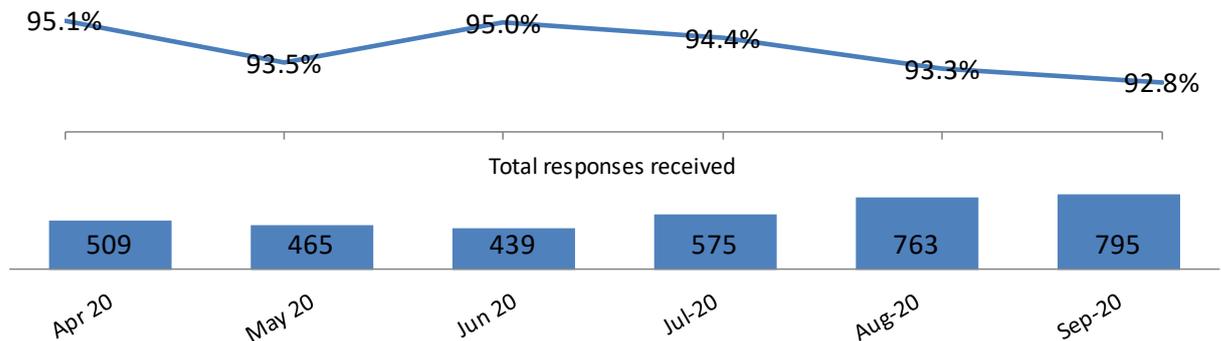
**Question 1:** Overall, how was your experience of our service?

Answers	Responses
Very good	1,712
Good	281
Neither good nor poor	55
Poor	32
Very poor	28
Don't know	25
<b>Total</b>	<b>2,133</b>



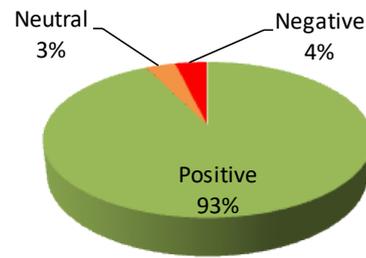
**Question 1: Positive score trend**

The below chart shows the the percentage of positive feedback (very good + good) responses received each month

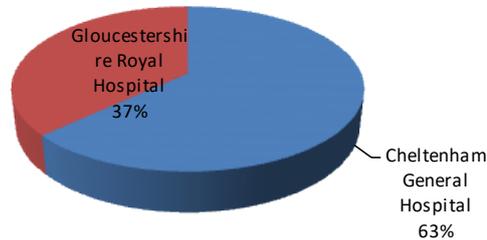


**Question 2:** Can you please tell us why you gave that response?

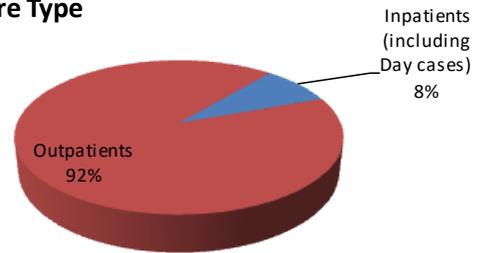
Comments received	
Positive	1,050
Neutral	40
Negative	43
<b>Total</b>	<b>1,133</b>



**Split by site**



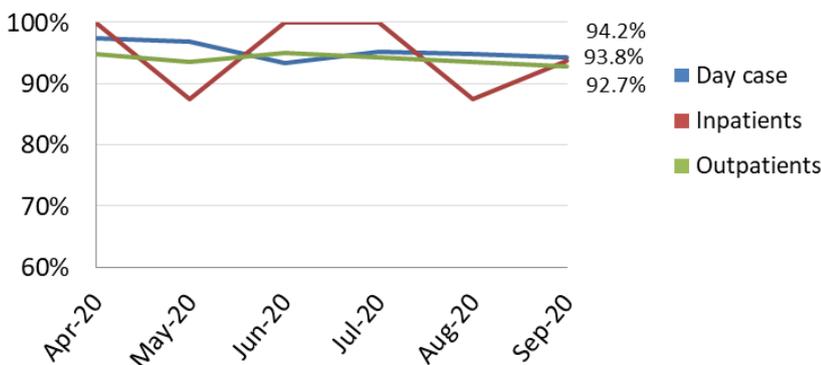
**Split by Care Type**



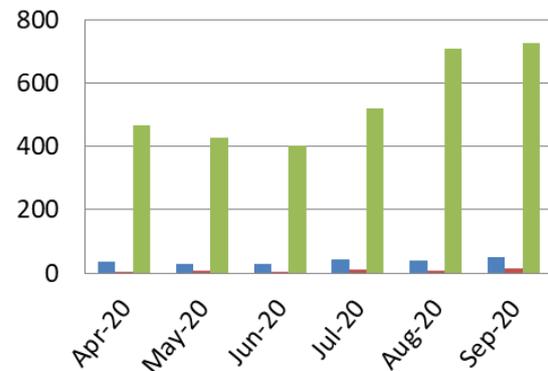
The chart shows the monthly positive score progression for each care type since April 2020.

Within D&S the vast majority of responses are for outpatients, with inpatient responses accounting for just 8%.

**Positive score Trend**



**Number of responses**



**Diagnostic and Specialities – PALS data**

The table below shows the number of concerns raised in the Diagnostic and Specialities division in Q2, and the themes of these concerns. The total number of concerns raised in the Diagnostic and Specialities division was 81, which accounted for 10.99% of all concerns raised.

	D&S
Communications	23
Appointments	19
Trust procedures and processes	8
Clinical treatment	8
Patient Care (Nursing)	5
Lost property	2
Values and Behaviours (Staff)	6
Admission and discharges	3

Facilities	1
Access to treatment or drugs	5
Privacy, Dignity and Wellbeing	0
Prescribing	1
Waiting Times	0
End of life care	0
Integrated care	0
<b>Total</b>	<b>81 (10.99%)</b>

Over 50% of concerns about communication were from patients unable to get through on the telephone to radiology. Appointment availability in Haematology accounted for the majority of calls regarding appointments.

### Patient Experience Improvement Plan updates

- Q2 saw the return of 102 volunteers back to our hospitals, with a focus on opening more volunteer desks. Volunteer support continues to grow in Oncology at CGH, following the redesign of the area to ensure social distancing. 24 volunteers have returned to support our wards, including piloting a volunteer role on ward 3B to manage visitors during restricted visiting times, which proved to be very successful to allow nursing staff to focus on care. Roles are once again being reviewed in line with new restrictions in place.
- The Engagement and Involvement Strategy is in the final stages of development and review, and will be published in November 2020. The principles of engaging and involving our patients and communities will inform our Patient Experience Improvement plans.
- We are involved in the Improvers Without Borders system project, which was funded through the Q Community. This project is focussed on how we can solve wicked problems within our system using Quality Improvement tools and approaches, and has an emphasis on patient involvement and co-design. We held three system-wide workshops in September 2020 to develop our End of Life Strategy, with the involving of patients and community organisations. A full improvement programme is being developed, and this work will be evaluated and reported to the Q Community.
- Patient stories have returned as part of our Board Stories, with the most recent story sharing experiences of accessing virtual outpatient appointments, and the benefits and challenges of this, and also the experiences of an individual whose father had covid and was an inpatient in wave one, and the challenges of not being able to visit and communicate effectively.
- We are involved in the work with the Leadership and OD team to launch the new Trust values and behaviours, embedding a compassionate culture in the organisation. A soft launch is planned for October 2020, with a number of webinars planned throughout November and December as part of the roll out and continued engagement with colleagues across all areas of the Trust.
- Six reasonable adjustments leaflets have been created to support colleagues, focussed on addressing six disabilities/long term health conditions. These are currently being tested with clinical teams and patients before being shared more widely.
- The Arts Coordinator funding bid to our Trust Charity was successful, funding agreed for 12 months, and the recruitment process is planned to commence in November. Working together across Directorates, with the Patient and Public Involvement Manager and the communications team this role will support the delivery of projects and events across our hospitals, improving the environment for both patients and staff, supporting the embedding of our compassionate culture through the artwork displayed, and to support our wider transformation work such as Strategic Site Development.

- The Patient Experience Improvement Manager (Disability Equality) is undertaking a Hearing Audit of all our wards and departments, to make recommendations about how we can better support patients with hearing loss. This will continue into Q3.

### Engagement activity

There was a large amount of engagement activity in Q2, with some examples included below:

- A Carers Focus Group was held in September, organised with Gloucestershire Carers Hub, and led by the Patient Experience Improvement Manager working in partnership with the Patient and Public Involvement Manager. Discussion topic was the experience of Carers in our hospitals currently and how we can work together to improve this. As part of this session Carers offered suggestions on what Trust staff need to be aware of when meeting Carers in our hospitals, in order for this to be fed into our induction programme. A follow up meeting is planned for November.
- The Engagement and Involvement Strategy, previously led by Helen England, is now led by James Brown our new Director of Engagement, Involvement and Communications. The strategy incorporates staff, patient and community engagement and involvement. The strategy is now going through approval processes and being shared with our community before being finalised and distilled down into an easy read document, to ensure accessibility. This will be published in November 2020.
- ‘Community conversations’ continued in quarter 2 with a focus on building relationships and partnership opportunities, and more Voluntary and Community Sector (VCSE) organisations agreed to join our GHFT Involvement Network, these included The Nelson Trust, Kingfisher Treasure Seekers, LGBT+ Partnership: Cheltenham & Gloucestershire, the Sight Loss Council and Gloucestershire Deaf Association. Further pieces of work are being developed in partnership with VCSE organisations, including the creation of digital tours of our hospitals in order to encourage vulnerable people to feel more confident attending appointments, further promotion of our British Sign Language services, and the development of an Accessibility Advisory Group for Strategic Site Development with the Sight Loss Council.
- In July, two design appraisal sessions were delivered, which focused on the Strategic Site Development programme for CGH and GRH. There was involvement from representatives of Healthwatch Gloucestershire and the Gloucestershire Carers Hub and a patient, to ensure their insights were heard to positively influence the outcomes from these workshops.
- As part of the Fit for the Future programme, two Neurology Appraisal workshops were run which included patients, which were very successful. Building on the success of these sessions, there are plans to involve patients more extensively in future workshops.
- In August, our first public online GHFT Youth Group was held, with fourteen young people taking part. This session included ‘A day in the life of a surgeon’ and also explained the role of our Youth Ambassadors and future projects we would be working on together. Following this successful session work was carried out with the Children Centre to prepare for the 1 October Youth Group, to generate Youth Ambassador involvement in the ‘Bright Ideas’ scheme and the planned rebranding of the Children’s Centre.
- Inclusion Gloucestershire were commissioned to produce an easy read version of our temporary measures information in order to ensure our messages are accessible to the wider community.

### **Conclusion**

- Overall, our patients report a mostly positive experience of our services. In Q2 we received 20,845 responses for FFT, up from 11,500 responses in Q1. The overall percentage of positive responses has decreased from 92.5% in Q1 to 90.4% in Q2, however the number of responses received per month has increased significantly by over 70%
- PALS issues are now exceeding pre-Covid levels of concerns being raised (showing a 14.8% increase on this time last year), with the majority focussed on communication issues and delays to appointments/waiting times There has been a 72.8% increase on concerns raised from Q1 (361) to Q2 (624)
- Our National Survey programmes have been put on hold but will be restarting again. We will continue to look at how we can improve our real time feedback through local surveys and changes to the FFT survey programme, to monitor our progress against National Surveys throughout the year.
- Engagement and Involvement Strategy is in development, which is expected to be published in November 2020
- There will be a soft launch of the new Trust values and behaviours in October 2020, supported by ongoing engagement with colleagues and patients to ensure these are embedded as part of our wider work on compassionate culture. This will support our person-centred care programme.
- There has been a broad range of engagement activity ongoing throughout Q2, to support patient experience improvement across departments as well as the Trust's strategic programmes

## **Recommendation**

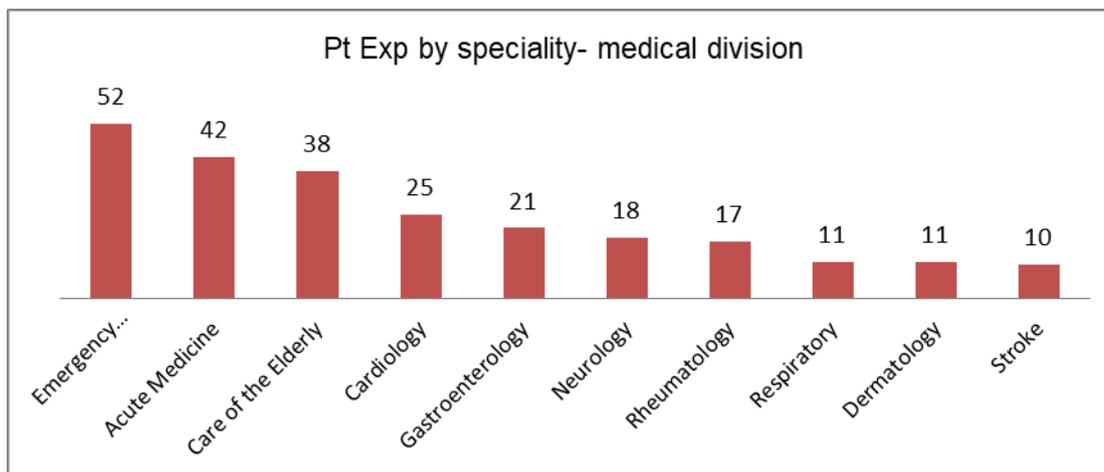
That the Committee notes this update for assurance.

**Author:** **Katie Parker-Roberts, Head of Quality, Freedom to Speak Up Guardian**

**Sponsor:** **Suzie Cro, Deputy Director of Quality, Programme Director**

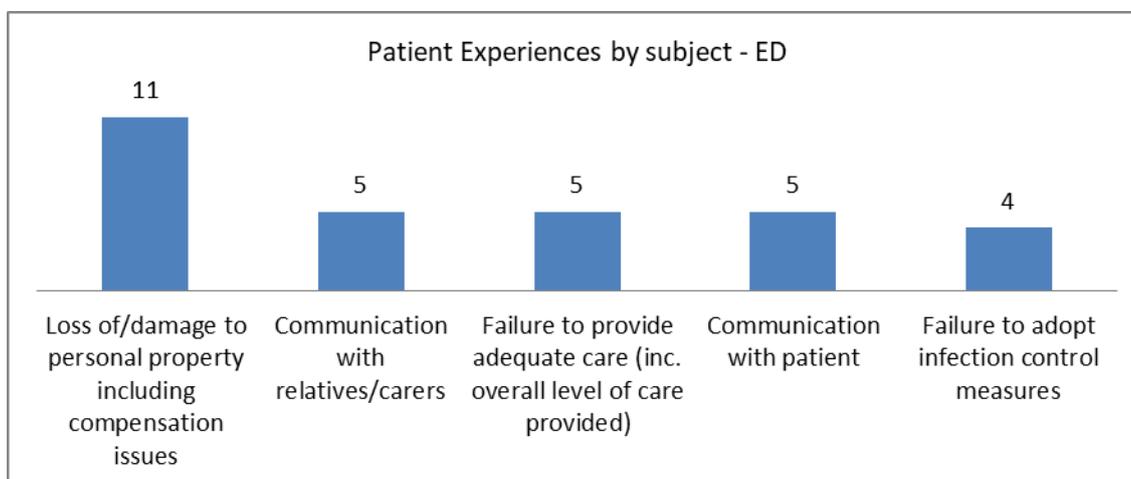
**Executive Lead:** **Prof. Steve Hams, Director of Quality and Chief Nurse**

Date November 2020

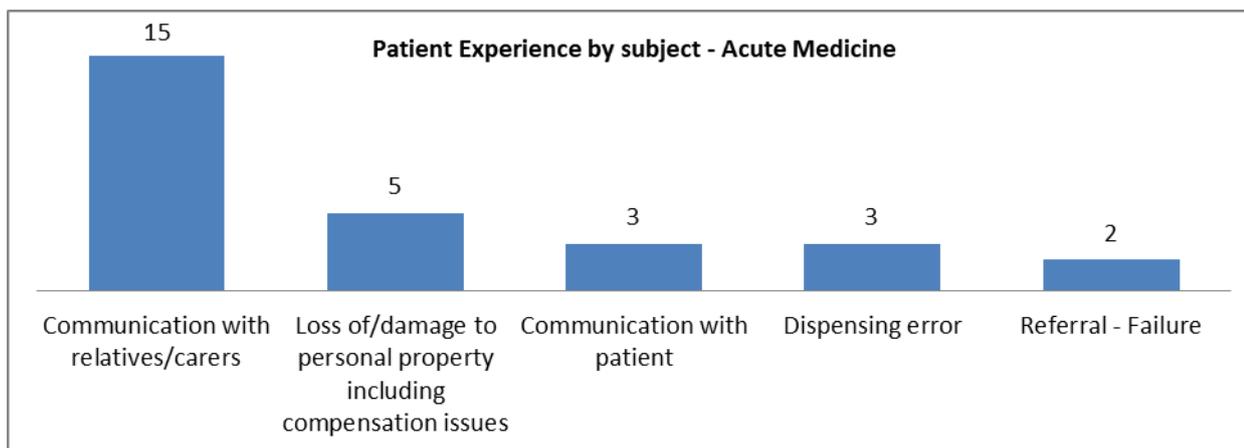


The Emergency department, Acute Medical Unit and Care of the Elderly ward accounts for 132 of the 275 concerns raised in the medical division. The charts below show more detail about the themes emerging in these three areas.

Emergency Department

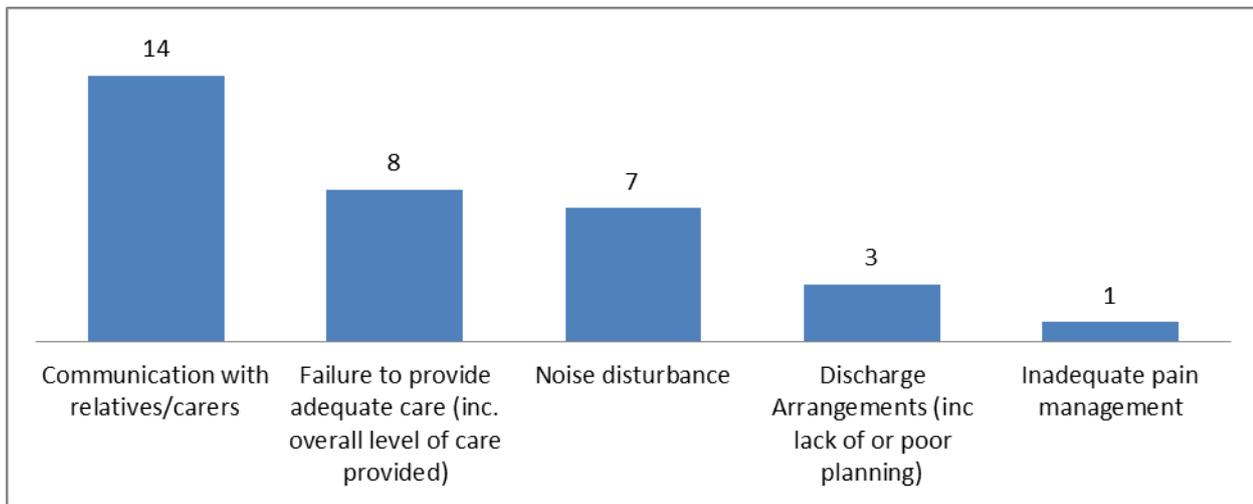


Acute Medicine



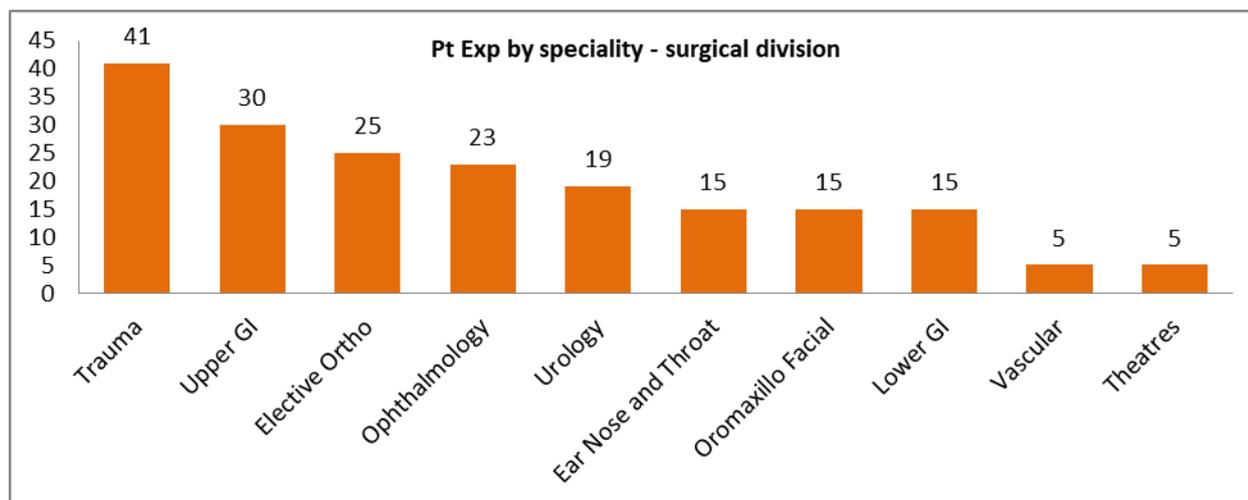
Within the communication theme for Acute Medicine, the main concern related to difficulty in speaking to a member of staff via phone. Some concerns related to conflicting advice from staff regarding covid visiting restrictions.

## Care of the Elderly



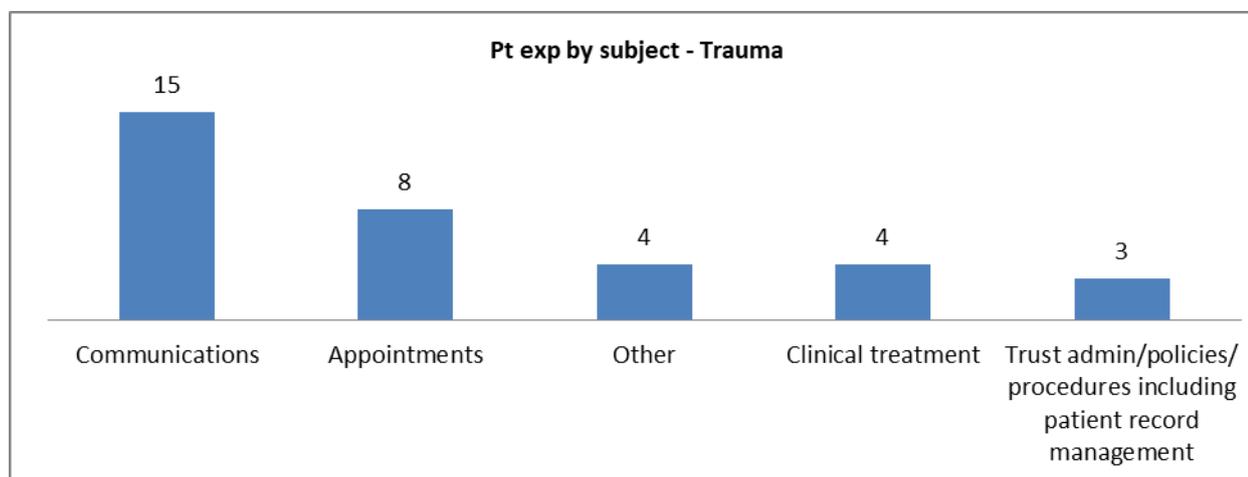
Over 65% of the communication issues for Care of the Elderly were from relatives who did not feel that they were kept informed about their relative with several concerns about relatives being moved without their knowledge.

Appendix Two – Surgery speciality PALS data



Trauma, Upper GI and Elective Orthopaedics accounts for 96 of the 198 concerns raised in the surgical division. The charts below show more detail about the themes emerging in these three areas.

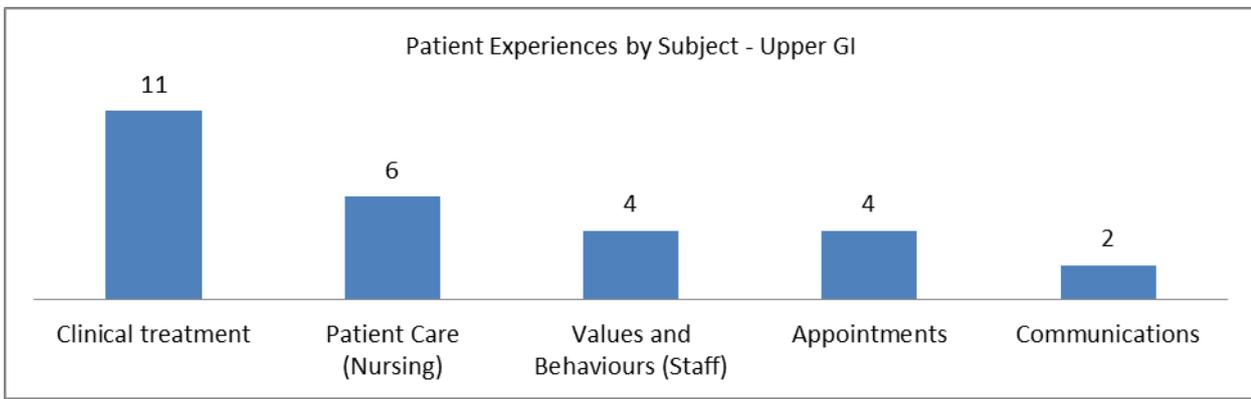
Trauma



The main theme for Trauma was around poor communication with patients and relatives as well as conflicting information given by staff. One example included below:

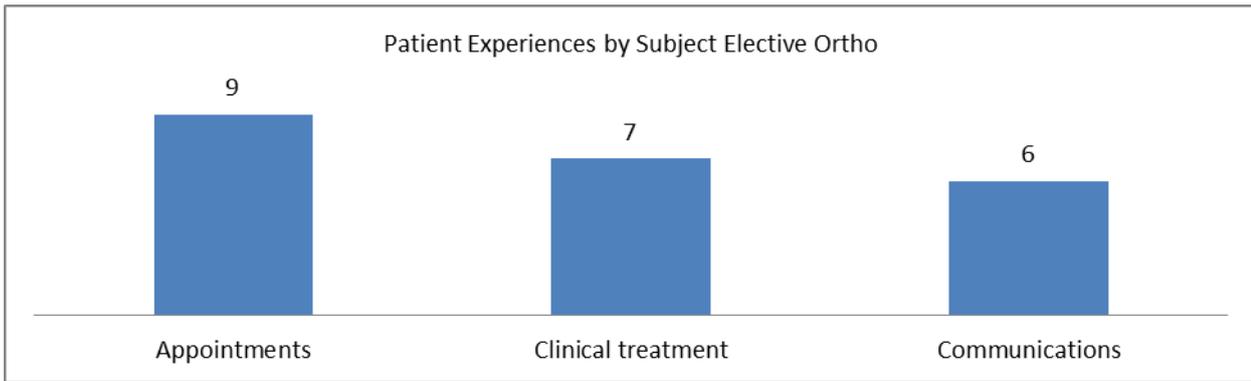
*'Patient fell and fractured her ankle, they wanted to operate at the time but were not able to, she was discharged and advised to return on Tuesday 30th June, she attended and was seen by Doctor who informed her to return to ward 3B on Friday 3rd July. When she arrived the ward had no knowledge of her and was informed that they were no able to operate'.*

Upper GI



The time to wait for a clinical procedure was the main area of concern. Lack of pain relief was also cited in some concerns

Elective Orthopaedics



The concerns about appointments relate to the time to get an appointment and the concerns under clinical treatment relate to the time waiting for a procedure or surgery.

**COUNCIL OF GOVERNORS – DECEMBER 2020**  
**Microsoft Teams commencing at 14:30**

<b>Report Title</b>
<b>Complaint Annual Report</b>
<b>Sponsor and Author(s)</b>
Author: Jo Mason-Higgins, Head of Complaints, Claims and Patient Safety Investigations Sponsor: Steve Hams, Director of Quality and Chief Nurse
<b>Executive Summary</b>
<p><u>Purpose</u></p> <p>To provide assurance of meeting the national (NHS Complaints Regulations 2009) and local standards for investigation and learning in respect of complaints brought against the Trust.</p> <p><u>Key Points to Note:</u></p> <ul style="list-style-type: none"> <li>• 781 complaints were received by the Trust during 2019/2020 giving an average of 75 complaints per month. This number compares to 898 during 2018/19; a decrease of 13.02%.</li> <li>• 96% of the time, acknowledgements were sent within the national target of 3 days. 100% was not achieved due to administrative pressures within the complaints team. A generic automatic email response is in place.</li> <li>• 68% of responses were sent within the 35 or 65 standard; this is an increase of 16% on the previous year (52%). The Complaints Department set a local target of 80% response rate by April 2020, following their amalgamation into the Patient Investigation and Learning Team in January 2019. This target was met within Q4 and has remained consistent through the first quarter of 2020/2021.</li> <li>• During 2019/2020 the Trust had 15 complaints referred to the Parliamentary and Health Service Ombudsman (13 in 2018/19). During 2019/20 a decision was received for 9 cases. Two cases were upheld, two cases partly upheld and five were not upheld.</li> <li>• The amalgamation of the Complaints Department with the Claims and Patient Safety Investigation Department has provided a solid foundation for developing a team of specialist investigators who are both empowered and supported in undertaking patient centred and objective investigations into clinical concerns and incidents reported to the Trust. This principle is one underpinning both the awaited National Patient Safety Strategy and the Complaints Standard Framework.</li> <li>• Divisions have signed up to ensuring that actions (one or more) are identified for every upheld and partially upheld complaint. The Complaints Department are recording each of those actions (and responsible lead) on the action module of Datix. The use of this module will enable Divisional Governance Teams to run reports providing oversight and the ability to monitor and assure those actions.</li> </ul> <p>This Annual Complaints report will be published on the Trust website as required to meet our quality reporting requirements for the Quality Account.</p>

## Conclusions

2019/2020 has seen a further decrease in the number of complaints received by the Trust. Re-organisation of the Complaint Department, the same name now forming part of the Patient Investigation and Learning Team together with increased resource (in January 2019) has enabled the team to improve response times, the quality of investigation and opportunities for action and learning.

## Implications and Future Action Required

Continued monitoring of progress.

## **Recommendations**

To note the report

## **Impact Upon Strategic Objectives**

Effective investigation and implementation of learning will impact on:

**Outstanding Care & Quality Improvement**  
**Quality Improvement**  
**Involved People**

## **Impact Upon Corporate Risks**

Dependent on the incident or concern

## **Regulatory and/or Legal Implications**

Investigations are carried out in parallel with other processes such as serious and moderate harm incidents, claims and Inquests

## **Equality & Patient Impact**

Access to care is considered in relevant cases including mental health\consent concerns. LD patient investigations link with the LD team and LeDeR reviews. Relevant experts provide advice as required.

## **Resource Implications**

Finance		Information Management & Technology	
Human Resources	X	Buildings	

## **Action/Decision Required**

For Decision		For Assurance	X	For Approval		For Information	
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## **Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)**

Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)
							QDG 13 <sup>th</sup> October 2020

## **Outcome of discussion when presented to previous Committees/TLT**

**QDG** – Report accepted – requested further information and analysis of reduction in complaints when compared with increase in PALs concerns.



**Gloucestershire Hospitals**  
NHS Foundation Trust

# **Annual Complaints Report 2019/2020**

**Author/Presenter:**  
**Jo Mason-Higgins,**  
**Head of Claims, Complaints & Patient Safety Investigations**

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## **Executive summary**

In accordance with the NHS Complaints Regulations (2009) this report sets out a detailed analysis of the number and nature of complaints received by Gloucestershire Hospitals NHS Foundation Trust during the 2019/2020 year.

In summary:

- 781 complaints were received by the Trust during 2019/2020 giving an average of 75 complaints per month. This number compares to 898 during 2018/19; a decrease of 13.02%.
- 96% of the time, acknowledgements were sent within the national target of 3 days. 100% was not achieved due to administrative pressures within the complaints team. A generic automatic email response is in place. .
- 68% of responses were sent within the 35 or 65 standard; this is an increase of 16% on the previous year (52%). The Complaints Department set a local target of 80% response rate by April 2020, following their amalgamation into the Patient Investigation and Learning Team in January 2019. This target was met within Q4 and has remained consistent through the first quarter of 2020/2021.
- During 2019/2020 the Trust had 15 complaints referred to the Parliamentary and Health Service Ombudsman (13 in 2018/19). During 2019/20 a decision was received for 9 cases. Two cases were upheld, two cases partly upheld and five were not upheld.
- The amalgamation of the Complaints Department with the Claims and Patient Safety Investigation Department has provided a solid foundation for developing a team of specialist investigators who are both empowered and supported in undertaking patient centred and objective investigations into clinical concerns and incidents reported to the Trust. This principle is one underpinning both the awaited National Patient Safety Strategy and the Complaints Standard Framework.
- Divisions have signed up to ensuring that actions (one or more) are identified for every upheld and partially upheld complaint. The Complaints Department are recording each of those actions (and responsible lead) on the action module of Datix. The use of this module will enable Divisional Governance Teams to run reports providing oversight and the ability to monitor and assure those actions.
- This Annual Complaints report will be published on the Trust website as required to meet our quality reporting requirements for the Quality Account.

## 1. Accountability for complaints management

The Board of Directors has corporate responsibility for the quality of care and the management and monitoring of complaints received by our Trust. The Chief Executive has delegated the responsibility for the management of complaints to the Director of Quality & Chief Nurse.

In January 2019, the Complaints Department amalgamated with the Claims and Patient Safety Investigation Team to form the Patient Investigation and Learning Team. This team is managed by the Head of Claims, Complaints and Patient Safety Investigations, reporting to the Quality Improvement and Safety Director.

The Head of Claims, Complaints and Patient Safety Investigations is responsible for ensuring that:

- All complaints are fully investigated appropriate to the complaint
- All complaints receive a comprehensive written response from the Chief Executive or their nominated deputy in their absence
- Complaints are responded to within local standard response times of 35 or 65 days
- Where the timescale cannot be met, an explanation is provided and an extension agreed
- When a complaint is referred to the PHSO, all enquiries are responded to promptly and openly

As at April 2019, the complaints team consisted of 3.8 WTE band 6 complaints managers; responsible for the coordination of staff investigating and the final response to the complainant, supported by 1WTE band 4 and 1WTE band 3 administrators. The administrative function is further supported by the Band 7, Family Liaison and Investigation Co-ordinator.

In April 2020, following the departure of a WTE Band 6 Complaint Manager, one of the remaining Band 6 Complaint Managers moved into a Band 7 Patient Safety Investigation Manager (Complaint) position. A Band 5 WTE Assistant Complaint Manager has been recently appointed.

The aim of this reconfiguration is to align the investigation of serious complaints with serious incidents. The development of specialist investigators is a key theme of the (awaited) National Patient Safety Strategy and the new Complaints Standard Framework. Further professional development will be possible once the Ombudsman releases a national training package for complaint managers.

The appointment of a B5 Assistant Complaint Manager provides for more appropriate allocation of administrative work. In addition, this appointment will enable the existing B6 Complaint Managers to develop their investigative skills and increase their capacity for direct and personal contact with service users who have had cause to complain.

## 2. Complaints reporting

In 2019/2020, the Quality Improvement and Safety Director reported the following information to the Quality and Performance Committee monthly:

- Number of written complaints received per 1000 episodes of care and broken down by division
- Number of PHSO cases received during the quarter and the resolution during that quarter of any existing cases

Divisional Quality Leads received a weekly report from the Patient Investigation and Learning Team comprising; new complaints, complaints overdue, new Letters of Claim, moderate and serious incidents.

The Annual Complaints Report will be received by the Quality and Performance Committee and this report will be published in the public domain via the Trust website.

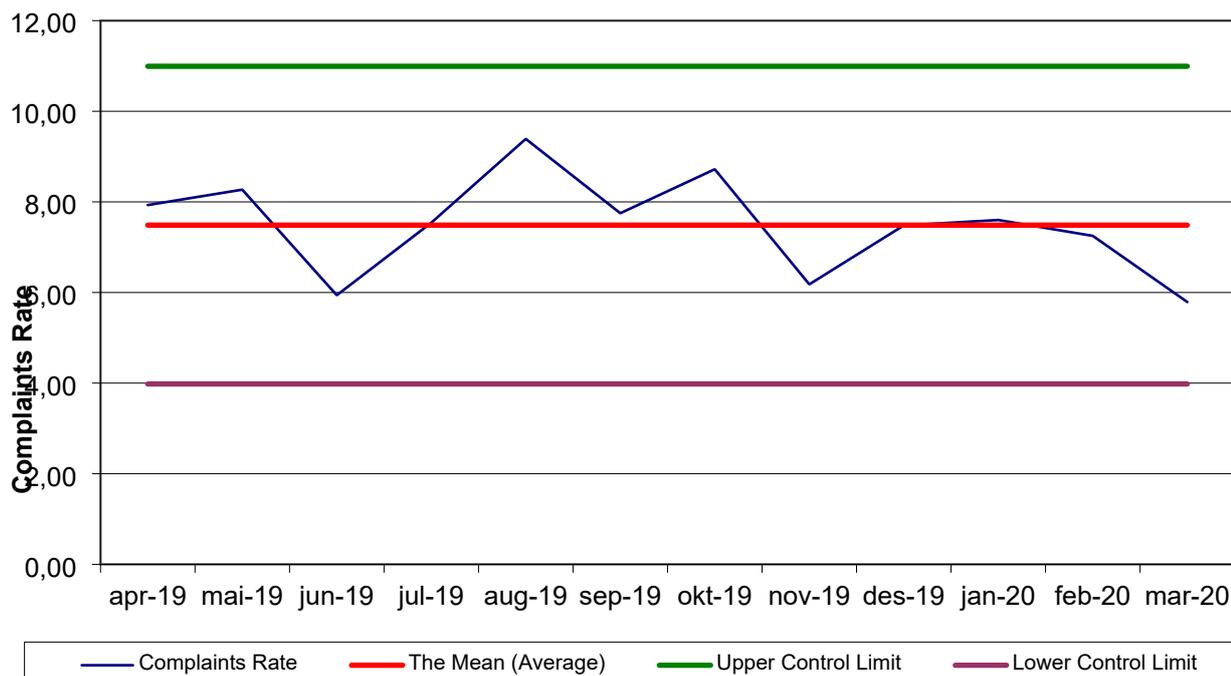
The Safety and Experience Review Group will continue to monitor action plans arising from serious complaints and those reported to the PHSO on a monthly basis. Action plans are developed with the Division\Specialty and form most of the change and learning required within the departments.

As part of the Quality Strategy programme key quality information is being standardised and provided including complaints data to every specialty governance meeting. This data provided includes both performance management information on the quality system and links to outcomes and learning. This enhances the specialties ability to visualise the full spectrum of quality rather than just specific system (complaints\incidents) learning and performance.

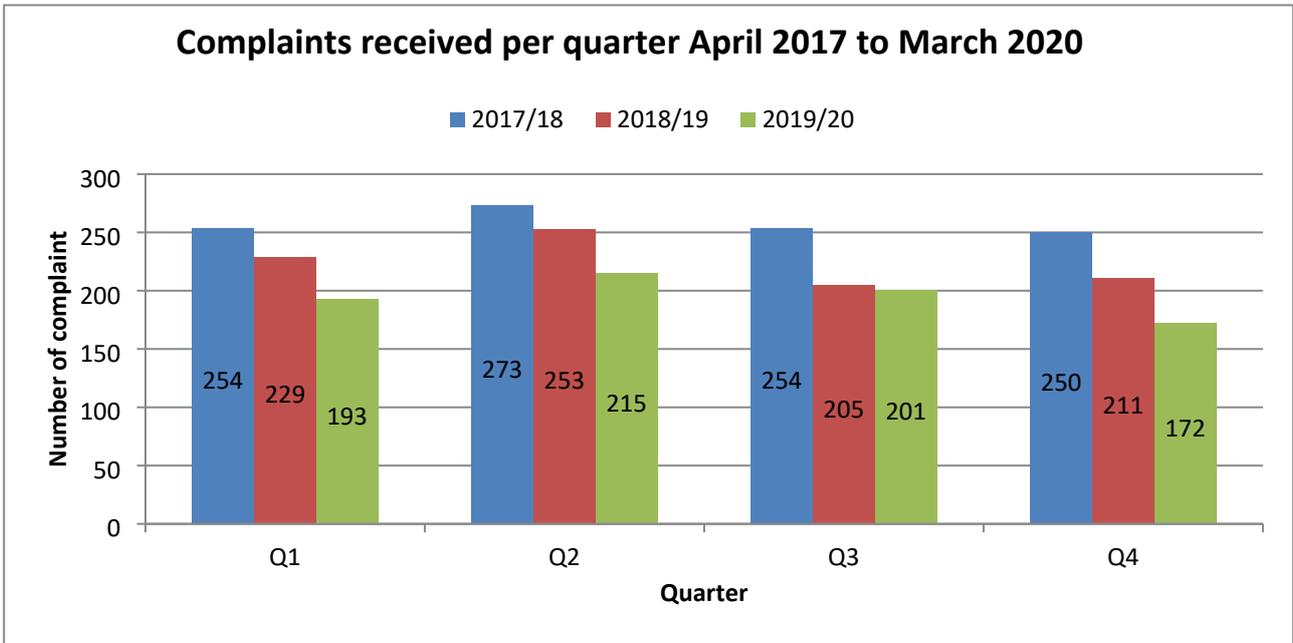
### 3. Total complaints received in 2019/20

During 2019/20 the Trust received a total number of 781 complaints which equates to an average of approximately 15 complaints received per week. This is a decrease of approximately 13.02% against the number of complaints received during 2018/2019 (891).

#### Trust Complaints Rate - Per 10000 contacts

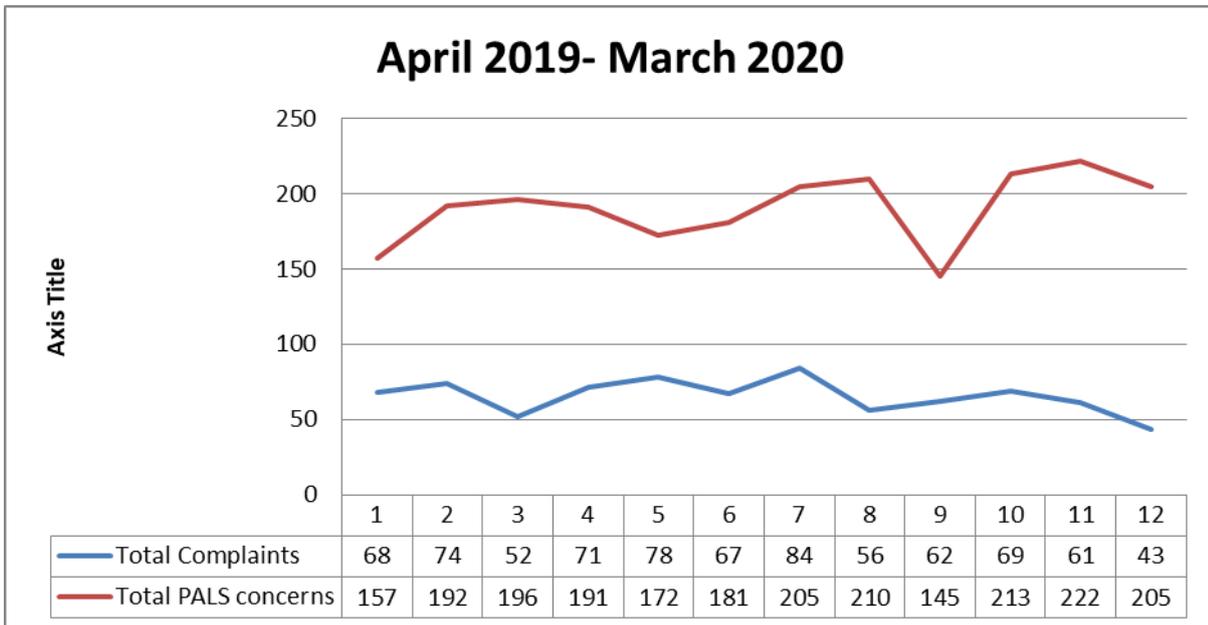


**Figure 1** demonstrates the number of complaints received in each quarter during 2019/20 compared to the previous two fiscal years.



**Figure 1**

The following graph compares the number of complaints with the number of contacts through the Patient Advice and Liaison Service. The relative increase in PALs contacts and reduction in Complaints received evidences that the Trust are resolving an increased number of concerns within 24 hours, without recourse to a formal complaint investigation.



### 3.1 Complaints by Division

Table 2 shows the number of complaints received by each of the Trust's divisions compared with the previous year. Directional arrows indicate change compared to the previous fiscal year.

Division	Complaints 2019/20	Complaints 2018/2019
Corporate	52 ↑	36
Diagnostics & Specialties	76 ↓	128
Estates & Facilities	9 ↓	19
Medicine	306 ↓	318
Surgery	249 ↓	299
Women & Children	89 ↓	98
<b>TOTAL</b>	<b>781</b>	<b>898</b>

**Table 1**

As the data demonstrates, with the exception of the corporate division there has been an overall decrease in complaints. The increase in complaints in the corporate division is primarily due to the central booking office having moved from the Diagnostics and Specialties Division to the Corporate Division.

In order to support the processes in place for medical staff and junior doctors our complaints are broken down by staff group. The three groups receiving the majority of complaints during 2019/20 are Medical (605), Nursing (523) and Clinical Support (261). These figures represent the number of issues, rather than number of complaints so totals are higher than total complaints received.

Complaints involving senior medical staff are recorded and doctors must submit this information for review and discussion at their appraisal. All complaints involving junior doctors are highlighted to the Deanery for further consideration with the doctor's educational supervisor.

### 4. Outcomes

Table 2 demonstrates the breakdown, by quarter, of complaint outcomes during 2019/2020.

Outcome	Q1	Q2	Q3	Q4	2019/2020 Total
Upheld	54	68	49	41	<b>212</b>
Partially	87	92	88	67	<b>334</b>
Not Upheld	52	55	64	54	<b>225</b>
Not Closed	0	0	0	10	<b>10</b>
Total	193	215	201	172	<b>781</b>

**Table 2**

The outcome is determined by the division and/or CEO indicating if the complaint is considered to be:

**Upheld:** If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as upheld.

**Not upheld:** Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as not upheld.

**Partially upheld:** Where a complaint is made about several issues, if one or more of these, (but not all), are upheld then the complaint should be recorded as partially upheld.

27% of closed complaints were upheld in 2019/2020. This represents a 3% decrease in the percentage number of upheld complaints in 2018/2019. 42% of complaints were considered to have been partially upheld in 2019/2020, representing a similar percentage of partially upheld complaints in 2018/2019. 28% of complaints were considered not upheld in 2019/2020. When compared with the percentage number of complaints not upheld in 2018/2019, an increase of 1% is noted.

## 5. Complaint Themes

The Trust follows the issue categories as stipulated by the Department of Health. Each complaint may involve more than one issue depending on the nature and complexity of the complaint. By coding our complaints it allows us to identify whether any trends are developing. Table 3 below identifies the themes and trends from our complaints; the top 5 themes are highlighted along with a directional arrow to denote the change on the previous year. Please note complaints can involve multiple themes, hence the disparity between issues and numbers of complaints.

Complaint Theme	Total complaints 2019/2020	Total complaints 2018/2019	Total complaints 2017/2018
Clinical Treatment (Medical)	↓314	530 ↑	523
Access to Treatment or drugs	↓17	20 ↓	33
Admissions, Discharge and Transfers	↑113	108 ↓	168
Appointments	↓115	265 ↑	247
Commissioning	0 ↔	0 ↓	1
Communications	↓390	458 ↑	453
Consent to treatment	↑10	6 ↓	8
End of Life care	↓3	15 ↓	21
Facilities	↓48	61 ↓	81
Integrated care	↓0	2 ↑	1
Patient Care (including nutrition and hydration)	↓181	230 ↓	287
Mortuary	0 ↔	0 ↓	3
Prescribing errors	↓25	43 ↓	51
Privacy, Dignity and Wellbeing	↓15	53 ↑	51
Restraint	↑2	1 ↑	0
Staffing Numbers	↓3	19 ↑	16
Transport	↓0	4 ↓	6
Trust Administration	↓38	53 ↓	69
Values and Behaviour	↓177	220 ↓	294
Waiting Times	↓26	46 ↓	77
Other	↓12	15 ↓	28

**Table 3**

## Top Five Themes

During 2019/2020, the top five themes remain consistent with the top five themes in 2018/2019:

- Appointments
- Clinical Treatment (medical)
- Communications
- Patient Care (including nutrition and hydration)
- Values and Behaviour

However, each of these top five themes saw a significant reduction in 2019/2020 when compared with 2018/2019:

- Appointments – 57% decrease
- Clinical Treatment (medical) – 41% decrease
- Communications – 14% decrease
- Patient Care (including nutrition and hydration) – 22% decrease
- Values and Behaviour – 20% decrease

The most significant decrease in the top five themes, relates to appointments. The appointment category relates predominantly to the administration of appointment letters, including not being sent/ received or not sent in a timely way. The Trust saw a significant increase in this category in 2017/2018 (24%) and slight increase (6.7%) in 2018/2019. These increases were due in part to the immense pressure seen within our booking office following the implementation of our new patient administration system; TrakCare. The Trust has undertaken and continues to undertake a significant amount of improvement work to both the usability of TrakCare and also the support within our booking office. Whilst demand continues to outweigh supply in many areas across the Trust, a significant improvement is evident.

Clinical treatment (medical) also saw a significant 41% decrease in numbers of complaints received. The clinical treatment category relates to service user concern with diagnosis, access to and timeliness of treatment and complications following surgery. This is a noteworthy decrease given that in 2017/2018, the Trust saw a 35% increase in this theme and in 2018/2019 a 3% increase.

Complaints relating to communication generally relate to communication between staff and patients or staff and relatives/ carers/ visitors. This can include a lack of communication, incorrect method of communication, and timeliness of communications. Our Trust launched increased visiting hours to help improve this in 2018/2019 and the 14% decrease in complaints can in part be attributed to this.

During 2019/20 our Trust saw a 22% decrease in the theme of Patient Care which also included any complaints relating to nutrition and hydration. This theme covers much of the general nursing care, including providing help to eat meals if needed, answering the call bell, responding to the needs of the patient, providing help with washing and personal hygiene. It is worthy of note that the Trust had also seen a 19% decrease in the theme of Patient Care in 2018/2019.

In 2017/2018, there was a reported 9% increase in complaints relating to values and behaviour. 2018/2019 demonstrated a 25% decrease in this category of complaint and this decrease has continued through to 2019/2020 with a reported 20% decrease.

## Other Themes

The decrease in 2018/19 on the previous year, in respect of access to treatment or drugs and waiting times of 40% has continued, with further reported decreases in 2019/2020. The Trust's continued focus on its Emergency Department performance and commitment to provide elective surgery during the very busy winter months continues to have a positive impact on the frequency of these themes in complaints. Waiting times in particular has seen a 55% decrease in frequency.

2019/2020 saw a significant (72%) reduction in complaints related to privacy, dignity and wellbeing. This significant reduction should be compared with a relative increase in this complaint category in 2018/2019. Similarly the reported increase in complaints relating to staffing numbers in 2018/2019 has seen a decrease of a considerable 85% in 2019/2020.

The decrease in complaints relating to commissioning, end of life care, facilities, mortuary, prescribing errors, transport and Trust administration in 2018/2019 has continued through 2019/2020.

There were increases in the number of complaints relating to restraint, consent to treatment and admissions, discharge and transfers.

Analysis of complaints relating to consent to treatment has identified a common theme in respect of end of life decision planning. The Trust have committed to adopting ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) at our hospitals from 10 October 2019. This national patient-held document, completed following an Advance Care Planning conversation between a patient and a healthcare professional, will be used across all care settings in Gloucestershire and will address many of the issues raised by service users within the complaint process.

The increase in the category of "Admissions, discharge and transport" relate to concerns over discharge from hospital. Patients/their relatives have raised concerns in respect of their inability to cope at home following discharge resulting in re-admission to hospital within a short period of time and delayed/lack of transport following discharge from hospital. A new programme of improvement looking at positive risk taking with discharge is being developed with some resource from the CCG. Part of this programme would be to change the expectation of families so that they prepare for early discharge as it is safer for the patient compared to the risks to health of a longer hospital stay. In addition the Deputy Divisional Director for Quality and Nursing (Medicine) has been investigating the impact of teams such as Onward Care and Bed Management on the discharge process

The increase in the category of restraint is a marginal increase from one complaint in 2018/2019 to two complaints, from the same patient, in 2019/2020.

## **6. Performance in responding to complaints**

In addition to monitoring the number of complaints received by our Trust we also monitor our performance against nationally and locally set timescales (3 working days for an acknowledgement – nationally set and 35 or 65 working days for a response – locally set).

Guidance from the Parliamentary and Health Service Ombudsman recommends that a Trust must investigate a complaint 'in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed'. Therefore when a response is not going to be completed in the set timeframe then an explanation must be given, by the Trust, to the complainant and a new timeframe agreed.

**Table 4** below shows the breakdown of response rate within 35 working days by division and demonstrated by quarter through the 2019/2020 year.

	Q1	Q2	Q3	Q4	YTD Rate
Corporate	75%	77%	83%	82%	79%
D&S	62%	83%	52%	100%	74%
E&F	100%	67%	50%	100%	78%
Medicine	49%	64%	55%	82%	62%
Surgery	71%	77%	76%	69%	73%
W&C	47%	53%	56%	93%	60%
<b>Total</b>	<b>60%</b>	<b>69%</b>	<b>63%</b>	<b>81%</b>	<b>68%</b>

**Table 4**

Upon amalgamating the Complaints Department with the Claims and Patient Safety Investigation Teams, to form the Patient Investigation and Learning Team, the Head of the Patient Investigation and Learning Team set a team objective of responding to 80% of complaints within agreed timescales by April 2020.

Table 4 above demonstrates that this target was met across the Trust through Q4. Analysis of response rate by Division confirms the 80% target to have been met in all Divisions in Q4, except Surgery. However Surgery's overall yearly response rate is improved at 73%.

Reasons for not meeting the target are explained by the categories in Table 5, below:

	Q1	Q2	Q3	Q4	YTD Rate
Annual Leave	0%	0%	0%	0%	0%
Complaints Department	1%	7%	2%	7%	4%
Clearing process	10%	4%	10%	18%	9%
Receipt of Consent	0%	0%	0%	0%	0%
Health Records availability	3%	1%	0%	0%	1%
Division	79%	83%	78%	75%	79%
Other Division	3%	3%	4%	0%	3%
Other Organisation	5%	1%	5%	0%	3%
Executive Team	0%	0%	0%	0%	0%
Legal Dept.	0%	0%	1%	0%	0%
Sick Leave	0%	0%	0%	0%	0%
No value	0%	0%	0%	0%	0%

**Table 5**

Following the Complaints Department joining the Patient Investigation and Learning Team, we implemented:

- Weekly Reports to the Director of Quality/Chief Nurse and Divisional Chief Nurses highlighting delays
- An improved escalation process for clearing with the Divisional Chief Nurses and thereafter after the Director of Quality/Chief Nurse and CEO

- Improved turnaround time for sign off from the Claims Department (as now one team)
- A maximum 65 day response rate for serious complaints (in conjunction with/ agreement with the patient/carer/NOK)

In order to further improve the Trust's overall response rate by April 2021, the following is being undertaken:

- The most commonly cited reason for staff delaying responses to complaints is the inability to access patient health records. The implementation of EPR will help long term with this. In the meantime, discussions continue with our Datix Lead and the Information Governance Department so as to design an IG compliant use of Datix for scanning and uploading patient records that can be accessed by staff. Datix is the system used by the Trust for recording concerns, compliments, complaints and incidents.
- The Head of Claims, Complaints and Patient Safety Investigations has agreed with the Medical Division an improved investigation and escalation process for complaints. This process provides specialty leads with greater responsibility in the investigation and sign off process and clearly defines the escalation process through the Divisional Quality Team and Chief Executive. This new process was implemented in August 2020 and is working well. It has been agreed that this new process will also be adopted by other Divisions, following a period of staff engagement, in November 2020.

## **7. Complainant satisfaction with complaint response**

Our Trust currently uses three measures to assess the satisfaction of the complainant with their final response, these are:

- Comebacks: where a complainant submits further questions or correspondence requiring further investigation and response. There were 82 comebacks received during the year (10% of all complaints received). This is a slight increase from 9% the previous year.
- Meetings: where a complainant requests to meet with staff to ask additional questions, or discuss the content of their response. There were 23 meetings held with complainants (2.94% of all complaints received). This is a slight increase on the previous year (20). The complaints team are offering meetings more proactively, particularly in complex complaints, as this can be very helpful for bereaved and distressed complainants. This increase is therefore not necessarily an indication that complainants are not satisfied with the initial written response.
- Parliamentary and Health Service Ombudsman (PHSO): where a complainant refers the matter to the PHSO for independent review. There were 15 cases referred by complainants to the PHSO during the year (1.9% of all complaints received). This is an increase on the previous year (13).

## **8. Parliamentary and Health Service Ombudsman (PHSO)**

15 cases were referred to the PHSO during 2019/20. A decision has been received during the year on 9 cases (decisions may relate to cases referred in the previous year). 2 were upheld, 2 were partially upheld and 5 were not upheld. The PHSO do not inform us of complaint referrals that do not meet their threshold and are, therefore, not formally investigated through the second stage resolution process.

All cases referred to the PHSO are monitored by the Safety and Experience Review Group (SERG). This group has responsibility for signing off actions plans for partially upheld and upheld cases before they are returned to the PHSO. All action plans are developed by the relevant division. SERG is used as a mechanism to cascade any learning to other areas.

The Head of Complaints, Claims and Patient Safety Investigations has reviewed the slight increase in comeback complaints, meetings and referral to the Parliamentary Health Service Ombudsman and is working with the Complaints Department to:

- Improve personal contact between the service user and complaint manager (telephone and meeting) in order to better understand the rationale for the complaint upon receipt of it
- Ensure that complex (serious) complaints are identified early on and agreement reached to undertake a 65 working day investigation. A complaint's complexity will not always relate to the perceived or alleged adverse effect on the patient. The complexity for example may be in the number of specialties involved in the patient's treatment pathway and may require multiple staff to investigate and respond to the patient's concerns.
- Provide Complaints Managers protected time to review complaints referred to the PHSO so as to ensure that the PHSO are informed, early on, of the Trust's position and findings within our local investigation.
- Encourage Complaints Managers to develop relationships with PHSO case handlers where complaints referred to them are complex and/or vexatious.

## 9. Learning from Complaints

The Patient Investigation and Learning Team continue to contribute to the Trust's Quality Strategy and Quality Framework, particularly in relation to learning from complaints, claims and Patient Safety Incidents (SI and Moderate Harm).

In terms of action currently taken;

1. An investigation report style (similar to that of moderate harm and Serious Incident reports) with recommendations for learning is completed for relevant serious complaints. A report is not used where a formal report structure may be unhelpful to the complainant. Where the issues are significant, the Complaint Investigation Report is referred to the Safety Experience and Review Group who review the recommendations/actions and decide whether the same require monitoring and assurance through SERG or can be passed back to the Division to be monitored/assured by their local governance structure.
2. Divisions have signed up to ensuring that actions (one or more) are identified for every upheld and partially upheld complaint.
3. The Complaints Department are recording each of those actions (and responsible lead) on the action module of Datix. The use of this module will enable Divisional Governance Teams to run reports providing oversight and the ability to monitor and assure those actions.
4. The Complaints Department are notifying Divisional Risk Managers and Quality Leads of themes/trends as they arise and therefore in real time. A Datix is being raised so that the theme can be reviewed and where possible, action taken to address it.

## 10. Looking Forward

Gloucestershire Hospitals NHS Foundation Trust continues to be proactive in its management of its complaints process despite challenging times. The Complaints Department have reviewed the conclusions and recommendations of Healthwatch in their "Shifting the Mindset" Publication of January 2020 and are preparing for the launch of the Complaints Standard Framework.

The amalgamation of the Complaints Department with the Claims and Patient Safety Investigation Department has provided a solid foundation for developing a team of specialist investigators who are both empowered and supported in undertaking patient centred and objective investigations into clinical concerns and incidents reported to the Trust. This principle is one underpinning both the awaited National Patient Safety Strategy and the Complaints Standard Framework.

It is proposed that the following will be considered/undertaken through 2020/2021:

- Update our complaints policy ensuring it reflects current guidance, the improved process for management of complaints within the Trust.

- To continue to contribute to the quality and frequency of reports (data/themes/trends) to Divisional Quality Teams, through the Quality Strategy.
- To continue with support and training in the use of Datix, thereby enabling specialty leads and general managers to easily access key information relating to complaints.
- Improve communication of our complaints processes to the public. Whilst improvements have been made in respect of accessing the Trust's Patient Advice and Liaison service, (as evidenced by the increase in concerns with the PALs service) review of Trustwide communication in respect of making a formal complaint is indicated. . Complaint leaflets and the complaints section of the public website, require updating. In the meantime, signposting to the Complaints Department via the Patient Advice and Liaison service, is both appropriate and effective. Review of communication in respect of the formal complaint process is a priority for the Complaints Department.
- Consider (through consultation with the Quality Improvement Academy and Divisional Quality Teams) the publication of upheld/partially upheld complaints on the Trust website. This could be achieved through anonymous case reports and/or a "you said, we did" page on the Trust website that sets out changes made recently and the Trust's overall approach to improvement.
- By 2024 to be rated as Outstanding by CQC ("**R.4:** People who use the service and others are involved in regular reviews of how the service manages and responds to complaints. The service can demonstrate where improvements have been made as a result of learning from reviews and that learning is shared with other services. Investigations are comprehensive and the service uses innovative ways of looking into concerns, including using external people and professionals to make sure there is an independent and objective")
- Make use of professional training for complaints managers when available via the Ombudsman as part of the Complaints Standard Framework.
- In line with the Complaints Standard Framework identify how all staff Trust wide can be trained to support patients who are unhappy with their care and may wish to raise a concern.

**REPORT TO PUBLIC COUNCIL OF GOVERNORS – DECEMBER 2020**

**From: The Finance and Digital Committee Chair – Rob Graves, Non-Executive Director**

This report describes the business conducted at the Finance and Digital Committee held on 26 November 2020, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
<b>Board Assurance Framework</b>	Refreshed document presented with all risks reviewed and updated by Lead Executives.	Are controls adequate for major transformational programmes? Is there a risk of loss of momentum once smaller schemes successfully deployed?	Acknowledgement of the challenge and risk particularly in light of the complexity but confident that system working is closer and more effective.	Need for continued monitoring of progress of system wide initiatives
<b>Financial Performance Report</b>	Report covered the month 1 – 6 result which was break even reflecting national income actions. Month 7 a deficit of £4.4 million v a plan of £5.4 million resulting change in 2nd half overall deficit to £14.5 million. Update on breaking news covering the agreement between the Welsh Assembly and NHSE/I and potential consequences.	Detailed question on the relationship between Agency cost and reported hours?  Is there clear understanding that penalties for missing activity level targets are not included in current estimates? What are the financial impacts of the Trust being a lead provider for mass vaccination?	Month to month variance reflects differing mix of Agency resource used. Overall grip of agency staffing is good Yes – NHSE/I is aware and the submission approach has been accepted  Funding arrangements and cost basis are under discussion but expected to involve tranches of reimbursement	Will be the subject of further analysis as plans evolve

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
<b>Capital Programme Report</b>	The Trust remains on track to spend its full in year allocation of capital - £40.9 million. At month 7 actual spend in £1 million behind the year to date plan. Resources deployed to monitor plan progress and minimise risk of underspend which would result in forfeiting allocated capital	With enabling works for Imaging project behind plan is there time to complete?  Is greater support required to address areas where operational issues are impeding capital project progress?	Procurement working on the project and funding considered secure.  Plan being prepared for review by the Infrastructure Delivery Group	Progress to be reviewed at next F & D Committee
<b>Cost Improvement Programme 2021/22</b>	Routine in year reporting stood down as the usual methodology not applicable the under the current financial regime. Project management office focus now on 21/22 - methodology and related action steps described.	When will the committee be advised on divisional submissions?	In depth reports to be reviewed in January and March	
<b>Budget Setting</b>	Report outlining the methodology for 21/22 budget setting		Committee assured that the budget setting process has commenced and is following a methodology agreed by the Trust Leadership Team	
<b>Finance Strategy</b>	Early draft of the strategy document presented for review and comment	Would streamlining the document be better by moving supporting material to appendices?	Yes – structure and flow under review.	Committee members to follow up with inputs for the next iteration
<b>Financial Risk Register</b>	Updated Risk register presented	Given the importance and wide-ranging impact of a new ledger system		Date for review to be proposed

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		when should the committee be briefed on the plans to replace the current system?		
<b>Digital Programme Report</b>	<p>Status report of all key projects reviewed. Notable are the successful embedding of the Order Communications module of the Electronic Patient Record system with c. 110.000 request during the first 2 full months of deployment.</p> <p>Trust has submitted a compliant data protection toolkit assessment.</p> <p>The IT service desk activity levels continue to rise</p>	<p>What is the status of the long running telephony project?</p> <p>When will Gloucestershire Health and Care Trust be re-involved with the Countywide Information Technology Service?</p>	<p>Experience of phlebotomy results being shared across wards reducing repetition and lost results.</p> <p>The project has been suspended for an extended period following identification of poor resilience and associated core network upgrades requirements. Resumption is expected shortly</p>	<p>Part of the wider issue of finding the right approach to IT systems across the ICS – this must be kept under review</p>
<b>Information and Coding</b>	<p>Report presented highlighting the progress made by the Business Intelligence Team. The team has been strengthened and achieved reduced reliance on contractors but recruitment remains a challenge. Data quality has improved.</p>		<p>Committee assured on the progress being made and the appropriateness of future plans.</p>	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
<b>Digital Risk Register</b>	31 risks on the register – 2 closed and no new risks		Committee assured on the process	

**Rob Graves**  
**Chair of Finance and Digital Committee**  
**3rd December 2020**

**REPORT TO PUBLIC COUNCIL OF GOVERNORS – DECEMBER 2020**

**From Estates and Facilities Committee Chair – Mike Napier, Non-Executive Director**

This report describes the business conducted at the Estates and Facilities Committee held 26 November 2020, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Matters Arising	The minutes of the last meeting stated that all actions arising from the Gleed's report on entry and egress repair works have been completed.	There are a number of claims on GMS outstanding from members of the public for injuries resulting from trips and falls in the Trust's car parks and premises. Are there are maintenance failures over and above the Gleed's findings that need to be addressed?	This requires further investigation by GMS.	Further assurance is required.
GMS Chair's Report	GMS currently have 23 apprentices covering a range of disciplines.	Are GMS staff eligible for Trust awards?	Yes they are.	
Contract Management Group Exception Report	Assurance was provided to the Estates and Facilities Committee that Gloucester Managed Services (GMS) have met all their contractual key performance measures for the	Are there any additional actions needed with cleaning to reduce the nosocomial infection rates that have been	The higher rates reported are largely as a result of higher rates of occupancy, more frequent moves within the Trust, etc., and not related to the standards and quality of cleaning.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	reporting period. Similarly, there are no performance issues with the PFI service contract.	reported into the Quality and Performance Committee?		
Security Services Update	GMS presented a paper on the implementation of the actions required to deliver on the Trust's Security Strategy for the physical security of the Trust's estate, including consultation with the porters for their expanded remit.	Are we on track to deliver? Are there any issues related to resources?	While the Security Manager had left GMS, we are drawing on resources from elsewhere in the ICS, demonstrating good cooperation. Also, while the Trust relinquished the local PCRO, there remains voluntary support and we are getting good support from GHC.  The implementation is being overseen by the Security Management Group.	
Updated Service Standards and KPIs	The Trust presented the new suite of key performance metrics and targets that have been proposed to, and accepted by, GMS. They generally represent a raising and tightening of standards. GMS performance against these is being shadow-reported for the next few months with the aim that they become the contractual performance targets from April 2021. Cleaning has been split by site, there are new KPIs for energy performance	Are these KPIs reportable and deliverable, as there are gaps at present?  This is very data-heavy. Do we feel that the focus is on the right things?	Further work is required to deliver the waste metrics and a new CAFM system is awaited to report the estate maintenance, but should all be in place for the new financial year.  The Trust has the ability to triangulate the performance with other feedback and data points, such as Trust reports at the Q&P Committee, etc. GMS are also working on developing feedback systems to help them to develop their services in line with Trust needs.	Committee to see the final set in time for the new reporting year.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Year 3 GMS Business Plan Update at Q2	<p>GMS presented the progress against their 2020/21 Business Plan, reporting that many initiatives are progressing but have been impacted or delayed by Covid-19.</p> <p>Revenue has been negatively impacted and there are further financial risks – GMS are therefore looking at other/new sources of income.</p>	<p>Is there still the intent to develop and train people?</p> <p>What other sources of revenue are being considered?</p> <p>Is GMS able to attract talent, as this was a key element of the original business case for GMS?</p>	<p>Yes, GMS remain committed to people development and recently provided an update to their own Board.</p> <p>There are plans to enhance the retail offerings. GMS are also looking at new business across and outside the integrated care system (ICS).</p> <p>This is also being tracked and will be reported at a later date.</p> <p>The financial performance of GMS is a risk logged on the Trust risk register and is being continuously monitored.</p>	
Strategic Site Development Programme	<p>Planning approval has now been received for the proposals at both sites.</p> <p>The Full Business Case (FBC) is now being worked and will be reviewed internally in December and the Deed of Variation for the PFI contract (for future operation of the new facilities) is nearing completion.</p>	<p>Have we factored in the possible impact of Covid restrictions on the project programme?</p> <p>The over scheme remains based on pre-Covid assumptions and parameters – will these be reviewed?</p>	<p>The phasing may need to be revised if restrictions continue. However, the key elements of the project will kick-off about July 2021, so there is plenty of time for the situation to improve. If it does not, then activities will be re-phased.</p> <p>The project team do plan revisit the overall scheme in terms of revisions to pathways.</p> <p>These risks are being monitored as part of the project's risk register.</p>	
Estates Strategy	The Estates Strategy is one of eight enabling strategies	Is the ICS involved in this work?	The Trust is the most active member of the ICS Estates Group and so other	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Phases 1 & 2	needed to deliver on the Trust's Strategic Objectives. The Strategy was reviewed in 2019, but focused on phase 1. Phase 2 is required and will focus on the broader scope of the two hospital sites. This will involve a Master Plan for each hospital site to identify strategic priorities, a refurbishment programme and addressing backlog maintenance. This paper presented the outline timeline and activities required to deliver Phase 2 Plans.	The Government recently announced an additional £1.7 billion for upgrades to 70+ hospitals and 40 new hospitals. Will we be in line for additional funding?	partners are involved, and the working together is improving in recent weeks.  The Trust is closely linked with the NHS region to ensure that our needs are recognised. The Trust will continue to be ready to bid for any available new capital funding.	
Trust Retained contracts	This paper addressed the major contracts that are retained by the Trust but managed by GMS: the PFI contract with GHP/Apleona, Parking with Saba, Energy with Vital and Staff Housing with Sovereign. The paper outlined the contractual arrangements, the key controls and current performance.	How does the Trust obtain assurance that GMS are doing an effective job of managing these contracts?	Trust managers also attend all key contract performance meetings and have access to the reports.	
Sustainability Update	Trust reported on progress on the sustainability agenda after declaring a "Climate Emergency" in December 2019 with the aim to be "net zero carbon" by 2050. More recently,	Progress has been low-key this year – are we moving quickly enough?	The Trust has appointed a Head of Sustainability, joined other similar-thinking Trusts to share best practice and learning and is using the NHS Sustainable Development Assessment Tool to define progress	It was agreed that the Board and all Committees should have a regular agenda item on sustainability.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	<p>the NHS have published their own NHS Net Zero Report with the aim to achieve net zero by 204, so the Trust will now need to revise its target and plans. The Trust's new 5-year Sustainability Strategy, the Green Plan, will be published ahead of the next financial year.</p>		<p>and next steps. The Trust's Climate Emergency Response Group" is also very active with lots of ideas and initiatives being developed. A new network of Green Champions will also be launched shortly across the Trust and GMS. A dashboard will also be developed to update on carbon emissions, energy usage, waste tonnage, etc.</p>	
Trust Board Assurance Framework	<p>The overall strategic risks that may prevent delivery of the Trust's Strategic Objective for "Effective Estate" were reviewed, together with existing controls and assurances, plus any residual gaps.</p>	<p>There are significant gaps in controls and assurances: effective estates maintenance plans, site master plans and a new Trust Sustainability Plan are all current gaps. This reflects the position we are in, not the lack of effort or focus. The Committee view was that the overall assurance rating should be red.</p>		<p>Estates Maintenance Plans Site Master Plans Trust Sustainability Plan</p>

**Mike Napier**  
**Chair of Estates and Facilities Committee**  
**4<sup>th</sup> December 2020**

**REPORT TO PUBLIC COUNCIL OF GOVERNORS – DECEMBER 2020**

**From the People & Organisation Development Committee Chair – Balvinder Kaur Heran, Non-Executive Director**

This report describes the business conducted at the People and Organisational Development Committee on 27 October 2020 indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

	<b>Report/Key Points</b>	<b>Challenges</b>	<b>Assurance</b>	<b>Residual Issues / gaps in controls or assurance</b>
<b>ICS Update</b>	New governance structures discussed highlighting a focus on task and finish groups to ensure delivery of programmes linked to the ICS and People Plan ambitions. Winter silver and bronze staffing cells are in place or planned for, and a system HR winter plan agreed. The risk of new Primary Care Network (PCN) roles creating competition within the ICS was discussed.	How can the ICS ensure that the principles of not competing for staff are maintained if the governance structure to moderate PCN plans has not met?	Governance needs to be restored and the matter is being raised at the Local Workforce Advisory Board (ICS) to discuss further.	
<b>HSE Update</b>	COVID secure update provided and an overview of a planned routine HSE visit to the microbiology labs outlined.	Is the Trust satisfied that the right health and safety resources are now in place?	All vacancies bar one have been recruited to offering greater resilience to the function	
<b>Performance Dashboard</b>	The Performance dashboard indicated good progression in the strategic and operational measures set under the People and OD strategy. All dials green with the exception of appraisal rates and indicated the Trust is in the top quartile for turnover, stability index and absence against model hospital peers and	How can the People and OD division be assured that all their programmes are achieving progress and know which are having the highest impact. Is there a need for an overall action plan?	There are numerous work strands in the People and OD function which all assist to drive key performance measures and whilst not in an overarching action plan the success of these is measured against the People and OD strategy. Success is measured in all papers	

	<p>University Hospital Trusts.</p> <p>A deep dive into the Medicine division was provided which remains an outlier to overall Trust figures.</p>	<p>How can the Board be sighted with the overall medicine division performance – people, safety quality, operational....?</p>	<p>coming to committee as linked to the assurance map and People and OD committee work plan</p>	<p>Executives to consider how best to bring this narrative to the fore in Board meetings</p>
<p><b>Freedom to speak up board audit</b></p>	<p>The Board self-assessment annual audit was presented and agreed by the committee</p> <p>The Board noted the National Guardian Office does not request Trusts review their freedom to speak up data by protected characteristic but that the Trust would do so.</p>	<p>How does the Trust measure the accessibility of the Board?</p> <p>When will data on protected characteristics of those who speak up be available?</p>	<p>The visibility and accessibility of the Board was evidenced through Trust communications, through leadership of activities such as those led by NEDs such as leading the Black History Month Book Club, and activities such as the Journey to Outstanding visits which are led by Executive and Non-Executive colleagues.</p> <p>Work is ongoing with Information Governance to agree the best approach to capturing the protected characteristic data for people who have spoken up.</p>	
<p><b>Risk Register</b></p>	<p>Robustness of the risk register and it's management was noted and the new risk relating to the PCN roles noted</p>			

<p><b>Employee Relations (ER) report</b></p>	<p>The first ER report was provided which outlined how the Trust complies with the Dido Harding report (2019) on Just learning cultures and appropriate decision making during ER investigations.</p> <p>Data was presented which indicated the breadth of ER cases, demographics of staff involved in cases and timeliness of closure.</p> <p>The committee were assured that an improvement plan to reduce the time cases take to resolve and consider how to embed just and learning cultures and approach any disproportionate impact of ER processes on BAME candidates was in place.</p>	<p>What do you worry about most in this area?</p>	<p>The wellbeing of our colleagues and the impact this has on both colleague and patient experience. The report highlights Trust priorities in reducing formal investigation timescales alongside supporting colleagues to resolve bullying and harassment concerns.</p>	<p>The Committee are scheduled to receive an update in February on progress in this area.</p>
<p><b>Engagement Strategy</b></p>	<p>Engagement strategy was welcomed by the committee and it was noted how it had improved and developed. The need to simplify language for external audiences to make it less 'NHS speak' was encouraged</p>	<p>The engagement of all staff groups to develop this strategy was queried as there was no reference to medical or AHP groups of staff. Could the strategy have milestones for the first few years with later ones produced in time?</p> <p>The desire to gain feedback from staff was also discussed as the strategy seemed to be about information giving.</p>	<p>There is an intention to have an implementation group which will involve all staff groups to ensure delivery engages as many colleagues as possible. An easy read version of the strategy would be produced and milestones written.</p> <p>There was an ambition to ensure staff feedback is gained in a real time means and to do this faster than the strategy outlined (yr 3)</p>	

<p><b>Equality Report 19/20</b></p>	<p>The Patient and Staff equality report was provided and approved by the committee for publication.</p> <p>The detail in the annexes provided more detail than in the cover paper and provided assurance on the progress made against the Trust equality objectives</p> <p>Ambitions to improve data collection of protected characteristic data for patients was described.</p> <p>The difficulty data mining NHS jobs, by protected characteristic and 'application' stage to provide more valuable information on the journey of candidates through the recruitment exercise was discussed.</p>	<p>How could the Trust ensure that it went beyond the statutory minimum in report writing and provide a more holistic view of our ambition and progress? Appendices data is not referenced in the main body of the report which missed the opportunity to highlight good practice.</p>	<p>The Trust report was presented in a format prescribed. The Trust ambition for Patient and Staff experiences were set out in the People and OD and Quality Strategy and sought to drive ambitions beyond statute.</p> <p>Future reports will be reviewed to include a more narrative and analytical approach to the equality work undertaken in the previous year, and areas of focus for following year.</p>	
<p><b>People plan and gaps</b></p>	<p>The People Plan requirements as linked to the People and OD strategy have been assessed and the outcome shared with the committee. Any gaps were minor and it was noted that the Trusts actions and strategic direction mirrored or exceeded the national plan and requirements</p>			

**Board note/matter for escalation:** None

**Balvinder Kaur Heran**

**Chair of People and OD Committee, 27 October 2020**

*People and Organisational Development Committee Chair's Report*

*December 2020*

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**REPORT TO PUBLIC COUNCIL OF GOVERNORS – DECEMBER 2020**

**From Quality and Performance Committee – Alison Moon, Non-Executive Director**

This report describes the business conducted at the Quality and Performance Committee held on 25 November 2020, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Quality and Performance	<p><b>Quality</b> Suite of metrics presented noting FFT and subsequent deep dive, falls, HSMR, nosocomial transmissions, increase in PALS activity and pressure to cope</p>	<p>Last meeting reported a scoping up of PALS service to cope with increased demand, what has changed this month? Understanding the context of PALS issues important, is it single issue?</p> <p>Did the QDG ask for more assurance with ligature action plans as noted in paper? How responsive is QDG able to be when a pressing issue? What is the difference in unclassified deep tissue injury and grade 4 pressure ulcers?</p>	<p>Plan in place but affected by operational issues so more work ongoing to review ability of the service to manage demand Confirmed similar issues to previous reporting of delayed appointments and waiting, more volume due to delays through COVID Confirmed and good evidence of QDG acting in assurance capacity Key issues dealt with in real time and through executive review process Focus of piece of work currently to ensure common definitions and reporting</p>	<p>Suggestion to make QDG assurance role more explicit in report to QPC</p>

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	<p><b>Cancer</b> Green rating and achievement of several standards, positive external benchmarking. Some impact on patients awaiting specialist care at centres outside of Glos due to COVID.</p> <p><b>Planned care</b> Continued improvement in RTT performance with over 52 week waits relatively static. Audiology performance improving month on month, clearance of backlog largely unchanged. MRI/CT at 100% of pre COVID levels in this</p>	<p>Stroke continues to be an area of concern and consistent red rating, what is our aim to improve? GP discharge information not improving and monitored at 24 hours, do we know if they ever get there?</p> <p>What are the harm reviews telling us?</p> <p>Is there any change in reaction from patients to the mass communications sent to those waiting?</p> <p>Is there a risk</p>	<p>Both stroke and GP discharge information areas of concern and ongoing work by the Medical Director</p> <p>Responsibility for completing GP discharge information being reviewed</p> <p>Assurance received on work in place to sustainably achieve standards. Detail of harm review process and outputs included as part of paper. One low harm incident noted in this reporting period.</p> <p>Increase in PALS contacts, a feature of second wave is that people are not cancelling their appointments to the same degree as in wave 1. Continued use of independent sector vital to supporting performance Same harm review</p>	<p>Agreement to return to committee in January with deep dive on stroke and plans to sustainably achieve standards.</p>

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	<p>reporting period. Note any impact of wave 2 COVID will be in subsequent reporting. Endoscopy remains a concern.</p> <p><b>Unscheduled care</b> Extremely challenged operational position noted, deterioration in 4 hour standard and increase in medically stable for discharge patients. Significant focus on trying to ensure patient safety within the pathway. Trust presentation to CQC on Patient FIRST included in report.</p>	<p>assessment attached to the delay in endoscopy, do we know the harm impact of slowdown?</p> <p>Are system partners capable of improving of patients flow from the hospital, to a level which makes it sustainable?</p> <p>Would be useful to see hourly breakdown of patients stay in ED over 4 hours.</p> <p>With the 5 top reported themes of incidents, what priority has there been to addressing them?</p>	<p>process in place, low harm profile to start with as 2week wait system in place for urgent referrals. British Society of Gastroenterologists provided updated guidance pre COVID for increased surveillance periods for specific patient groups.</p> <p>System has been able to pre-empt issues in the last few weeks, significant effort to get there, still feels a reliance on 'push' from the hospital rather than 'pull' externally, System wide focus continues on improving patient pathways which has traction and is encouraging but needs pace.</p> <p>There is a focus and doing all that is possible whilst supporting staff through the changes. It remains challenging and will take</p>	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	<p><b>Maternity performance</b> (focused on reducing harm leading to avoidable admissions into neonatal units for babies born at or after 37 weeks Performance noted to be within expected ranges</p> <p><b>ATAIN</b></p>	<p>How assured are you that focus on key priority areas continues with local leadership? Noting violence and aggression statistics, is there anything we can do with GMS and partners? How can we influence system funding for mental health support? Are we using a risk based approach for providing support within the Trust?</p>	<p>time to embed changes.</p> <p>Excellent and very positive working with GHC colleagues in emergency care setting. Joint proposal being worked up to continue the work.</p> <p>Confirmed a risk based approach in place Assurance received of significant work and effort to improve patient experience, outcomes and safety through the unscheduled care pathway in a very challenging environment.</p> <p>Assurance received. Agreement to have substantial maternity service item at January committee to include HSIB action plans, Key performance indicators and newly received maternity patient survey results.</p>	<p>For consideration in future reporting to committee.</p>

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Serious Incident Report	Nil Never Events within this reporting period. Three serious incidents noted, no action plans closed	How do we know that the actions which are noted to be implemented are embedded and sustained?  Would more volunteers on wards assist with reducing falls?	Need to consider how to evidence this, suggestion of using specific action plan recommendations through clinical audit programme in a themed way, to be considered outside committee. Assurance received of immediate actions taken at 72 hour review stage. Known that visiting reduces falls, staffing always considered, volunteers not viable at night. Role of the Admiral Nurse to assess those with cognitive impairment. Will review non clinical ward moves as part of falls review.	
Corporate Risk Register	Changes to the corporate risk register noted. Re fractured neck of femur, briefing report due as requested at previous committee meeting	Is there a correlation in time to theatre and mortality? Based on previous discussion, does the risk regarding stroke services need reviewing?	Medical Director will review both of these questions as part of respective briefings to committee	
Board Assurance Framework	Principle risks within the framework presented	Question regarding strategic objective 1.1 and reduced risk rating and deterioration in	Need to include narrative to support any movement for future iterations	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		rating from green to amber Are the objectives still valid with COVID?	Objectives agreed at Board, intention to undertake a formal review after COVID surge	
Getting it Right First Time (GIRFT)	Planned briefing deferred from last month due to committee timing. Reminder of GIRFT process and Trust wide activity with executive oversight and deep dive speciality reviews. Recommendation that GIRFT becomes explicit part of the Quality Improvement process. Links to strategic objectives clearly set out. National deep dive visits planned.	Following a J2O visit to pathology, do the reviews capture every aspect of the service which needs to be involved, is the structure right?  Is there an ability to learn in a more timely way from other organisations, benchmark and see how they are progressing without needing to go through national team?	GIRFT has a national dataset from which it works. In the case of pathology, a national dashboard being developed which can come to committee for assurance Current Trust review process includes presentation to executive tri. Will consider for next report how more 'horizontal' learning between organisations can be achieved.	
Quarterly Patient Experience Report	Comprehensive report outlining quarterly data. FFT performance noted and with lack of real time feedback through existing process, series of local surveys designed to understand experience better in real time		Good report highlighting detailed data and significant work in various areas.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Increased volunteer presence noted. Full hearing audit planned and report through to QPC			
COVID	Verbal update on current position, hospitals extremely busy, inpatient numbers exceeding wave 1. Different context as all other services trying to be maintained at the same time. Nosocomial infections rising.	<p>What have we learnt from wave 2 which may be useful if a wave 3 occurs?</p> <p>When will the twice weekly testing for staff start and was there any resistance from staff?</p>	<p>Nothing new internally, continued focus on same actions and delivery. A quick response from system partners will have more impact.</p> <p>External national recognition noted for innovative approaches e.g. yellow respiratory lanyards.</p> <p>Assurance received of executive leadership and detail of position, challenges and opportunities.</p> <p>Kits expected by the end of the week and no issues raised by staff at this point.</p>	

**Alison Moon**  
**Chair of Quality and Performance Committee**  
**30th November 2020**

**REPORT TO PUBLIC COUNCIL OF GOVERNORS – DECEMBER 2020**

**From Audit and Assurance Committee Chair – Claire Feehily, Non-Executive Director**

This report describes the business conducted at the Audit and Assurance Committee on 24 November 2020, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
<p><b>Emergency Preparedness, Resilience and Response (EPRR)</b></p>	<p>NHSE assessment. Trust has moved from partially to substantially compliant status. Comprehensive evidence provided of improvement. Action plan, divisional EPRR leads in place, and recruitment to lead officer role.</p> <p>Committee commended the Exec lead for approach taken, progress and levels of momentum and improvement that have been achieved.</p>	<p>Is there a plan to repeat the fire evacuation exercise?</p>	<p>Not at this stage but yes, post COVID surge 2.</p>	
<p><b>External Audit</b></p>	<p>The Committee welcomed the team from Deloitte's, the Trust's new external audit provider. The team introduced themselves and gave a first briefing about the planned approach.</p>	<p>Had the timing of the procurement and appointment led to any problems for timings of external audit plan etc.?</p> <p>Are there any areas of work outstanding from 2019/20</p>	<p>There are no concerns re meeting timetables and deadlines. Relevant transition work has been well scheduled.</p> <p>All work now completed (GMS Audit) or concluding</p>	

		<p>audit programme?</p> <p>Are there plans to review timings of Audit programme in terms of feasibility of running Trust and GMS Audits in parallel and staffing pressures in past?</p> <p>It would be valuable for Deloitte's to present to new CoG as soon as possible.</p>	<p>satisfactorily (Charity Audit).</p> <p>Additional staff have been recruited within Finance team and parallel Audits are judged to be the preferred approach to take.</p> <p>Agreed. In hand.</p>	
<b>Internal Audit</b>	<p>Regular progress report to Committee.</p> <p>Confirmed good progress against plan and some changes to sequencing of audits between years.</p> <p><u>Backlog Maintenance Final Report.</u> Range of findings about data sources concerning the Trust's estate and the unreliability of survey data upon which maintenance programmes are based. Limited assurance given.</p>	<p>Was there Exec oversight of slippage of audit of Mental Capacity Act to 2021/22 plan from current year?</p> <p>Can Internal Audit be satisfied of the continuing quality of their work, given COVID working arrangements in which projects are conducted?</p> <p>Discussions that confirmed Exec and GMS awareness of problems and associated risks and mitigations that are in place.</p> <p>Estates and Facilities Committee will continue to exercise closer oversight of progress of action plan</p>	<p>Yes.</p> <p>Yes. Internal quality assurance approach well described.</p> <p>GMS attended and confirmed intentions to improve infrastructure database in Dec 2020.</p>	

		arising from the report.		
<b>Other items</b>	<p>A series of reports were received that confirmed continued improvement and good Exec oversight of:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework (BAF)</li> <li>• Risk assurance methodology and incident reporting</li> <li>• Losses and compensation payments to patients</li> <li>• Single tender waivers processed within Trust's procurement arrangements</li> <li>• Annual debt report</li> </ul>	<p>In each of these cases the Committee commended the Exec leads for evidence of continued and systematic improvement and compliance levels. The quality of reporting of itself was a source of assurance with transparency of reasons etc. Areas for further focus were identified.</p> <p>The Committee will return to the BAF in light of its consideration at next cycle of Assurance Committees</p>		

**Claire Feehily**  
**Chair of Audit and Assurance Committee**  
**November 2020.**

**COUNCIL OF GOVERNORS – DECEMBER 2020**  
**Microsoft Teams commencing at 14:30**

<b>Report Title</b>
<b>Digital: Quality &amp; Benefits Update</b>
<b>Sponsor and Author(s)</b>
Author: Leah Parry, Digital Transformation Lead Sponsoring Director: Mark Hutchinson, Exec. CDIO
<b>Executive Summary</b>
<p><u>Purpose</u></p> <p>This paper provides an update on benefits realised following the implementation of Sunrise EPR.</p> <p><u>Key Updates to Note</u></p> <ul style="list-style-type: none"> <li>• In March 2019 the trust approved a £7m investment in Sunrise EPR over five years and we entered into a partnership with Allscripts in May. By November we had launched the system in our first adult inpatient wards.</li> <li>• Thanks to investments made in infrastructure between 2018 and 2020; alongside a rapid procurement of a product we knew already worked in digital exemplar NHS hospitals – we have been able to realise benefits early.</li> <li>• Sunrise EPR has already delivered benefits above and beyond what the business case stated, and that is only taking nursing documentation and e-observations functionality into consideration.</li> <li>• Benefits include releasing more time to care; reducing length of stay; non-staff savings (reducing print costs) and cost avoidance.</li> <li>• Following a significant programme of investment and improvement, we are now on our journey to a core level of digitisation, with infrastructure we can rely on; a successfully recovered PAS and a rapid first deployment of an electronic patient record to all adult inpatient wards.</li> </ul> <p><u>Conclusions</u></p> <p>Benefits realisation requires continued commitment and focus from finance and operational teams to review changes in service and benefit assumptions. EPR adherence is an important way of evaluating and analysing our documentation of care.</p> <p><u>Implications and Future Action Required</u></p> <p>The Council of Governors is asked to note the update and continue to support Sunrise EPR implementation.</p>
<b>Recommendations</b>
The Council is asked to NOTE the report
<b>Impact Upon Strategic Objectives</b>
<p>The progression of the digital agenda will allow the following strategic objectives to be delivered:</p> <ul style="list-style-type: none"> <li>- Outstanding Care</li> <li>- Quality Improvement</li> <li>- Care without boundaries</li> <li>- Involved people</li> </ul>

<ul style="list-style-type: none"> <li>- Centres of excellence</li> <li>- Financial balance</li> <li>- Digital future</li> <li>- Driving research</li> <li>-</li> </ul>			
<b>Impact Upon Corporate Risks</b>			
Progression of the digital agenda will allow us to significantly reduce a number of corporate risks			
<b>Regulatory and/or Legal Implications</b>			
Progression of the digital agenda will allow the trust to provide more robust and reliable data and information to provide assurance of our care and operational delivery			
<b>Equality &amp; Patient Impact</b>			
Progression of the Digital agenda will improve the safety and reliability of care in the most efficient and effective manner.			
<b>Resource Implications</b>			
Finance		Information Management & Technology	✓
Human Resources		Buildings	
<b>Action/Decision Required</b>			
For Decision		For Assurance	✓
		For Approval	
		For Information	✓



# Sunrise EPR

## Realising Financial & Quality Benefits

**Sunrise EPR**  
Our digital  
journey >>>

## **GHFT in 2018**

***“The lowest digital maturity for a trust of its size and demographic”***

# Digital distress

Gloucestershire Hospitals  
suspends RTT reporting after EPR  
deployment

News • Health • NHS

## Computer glitch cost Gloucestershire's hospitals £10m as Trust's deficit doubles in a year

The main drive behind the increase in shortfall was a new patients record system which damaged the trust's books by £10million

News • Health • NHS

## Cancer care 'not affected' by £10million computer glitch at Gloucestershire hospitals, trust now says

Official papers said cancer care was hit, but it's now claimed that's not the case

- 300,000 data quality issues
- £16m worth of lost money
- No patient waiting list data
- No 18 weeks RTT
- Disgruntled & disengaged clinicians
- National & local scrutiny
- Lost the trust of the Board

# Investing wisely

- Manchester University Trust £400million
- Cambridge University NHST £200million
- Royal Devon & Exeter £142million
- UCLH £70million
- Bristol £25million
- Sheffield Teaching Hospitals £35million
- **Gloucestershire Hospitals Trust £7million**

*When money is constrained, making wise investments in systems that can be deployed quickly and that deliver demonstrable benefit for patients is absolutely something that organisations should consider.*

# Investing wisely



TECHNOLOGY

## Nurse engagement 'huge factor' in trust's EPR success

03 FEBRUARY, 2020 | BY JEAN LUTHER



Nurse involvement in the rollout of electric patient records (EPR) at an

CLICK ON IMAGE BELOW TO VISIT THE SECTION >>



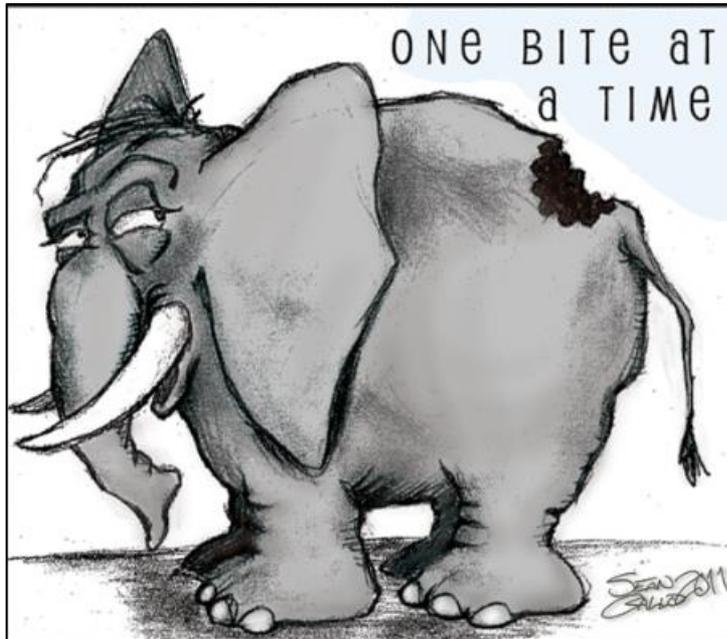
EDITOR'S PICKS >>

Novel coronavirus: key questions and answers on the outbreak

- Invest in a flexible system
- Learn from others
- Quick procurement
- Build the right team

- Focus on clinical engagement
- Championed by the Board
- Proven solution – tried and tested

# One bite at a time



- Broad brush strokes of digital functionality
- Improve safety and reliability of care
- Focus on where paper is being used

Functionality	Original Go Live Date	Delivered
Nursing Documentation	June 2020	November 2019
Electronic Observations	June 2020	February 2020
Order Communications	December 2020	<b>August 2020</b>



# Realising benefits

**Sunrise EPR**  
Our digital  
journey >>>

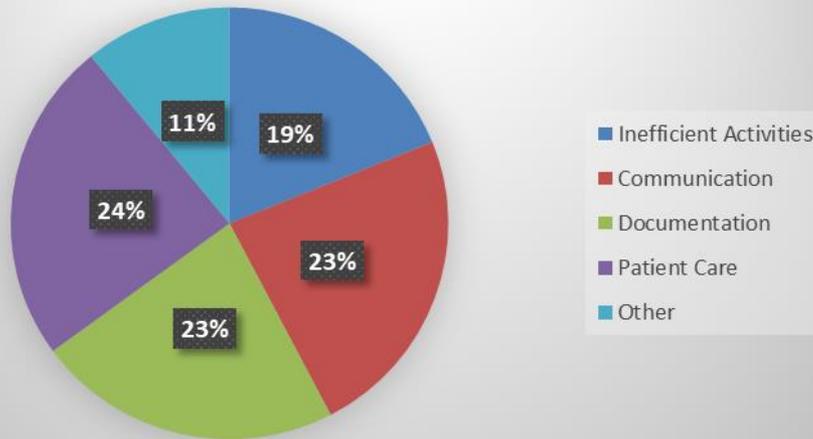
# Benefits so far



Gloucestershire Hospitals  
NHS Foundation Trust

Sunrise EPR Phase	Benefit Type	Benefit Assumption	Annual Benefit
Nursing Docs Go live beginning of December	Paper Savings- documents replaced in roll out 1	Replacement of paper forms previously purchased from colour connect	£45,000
Nursing Docs Go live beginning of December	Releasing Time to Care	20% release of nursing time based on GHFT study.	£1,052, 835
Nursing Docs Go live beginning of December	MUST Audit	Costing based on midpoint AFC Band 5 Audit time	£1300
Nursing Docs Go live beginning of December		Savings based on Evidence above-conservative estimate based on adult inpatient roll out	£4,000,000
Nursing Docs Go live beginning of December	Falls Assessment Audit	TBC with Falls nurse	TBC
E-Obs Go Live Mid Feb	Paper Savings NEWS2 charts	Cost of not ordering NEWS2/ Neuro obs charts to adult inpatient wards	£10,000
E- Obs Go Live Mid Feb	Audit	Currently being worked up with ACRT team	TBC
E-Obs	Remote viewing of E-Obs and supporting unwell patients	Evidence suggests electronic obs will improve time to respond for senior clinicians	No current financial value attached
Year 1 savings already significantly more than the £1.1 in the business case		Year 1 savings so far....	<b>£5,109,135</b>

### Pre Sunrise EPR- A Nurses Day

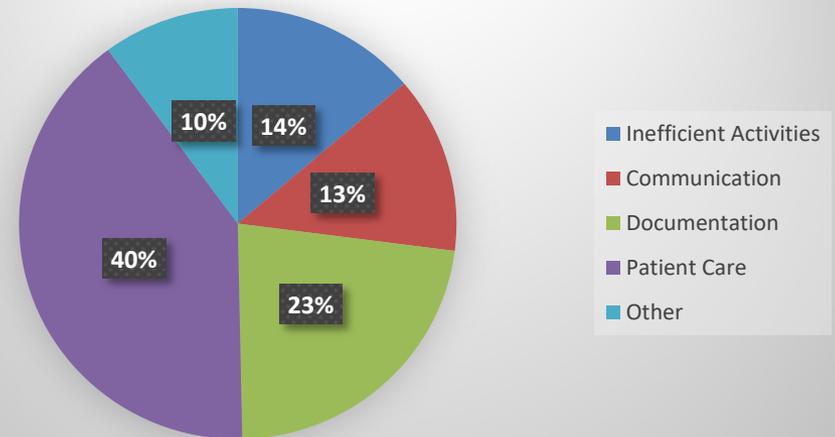


- Post EPR 2 hours a day per nurse has been released back into a nurses day

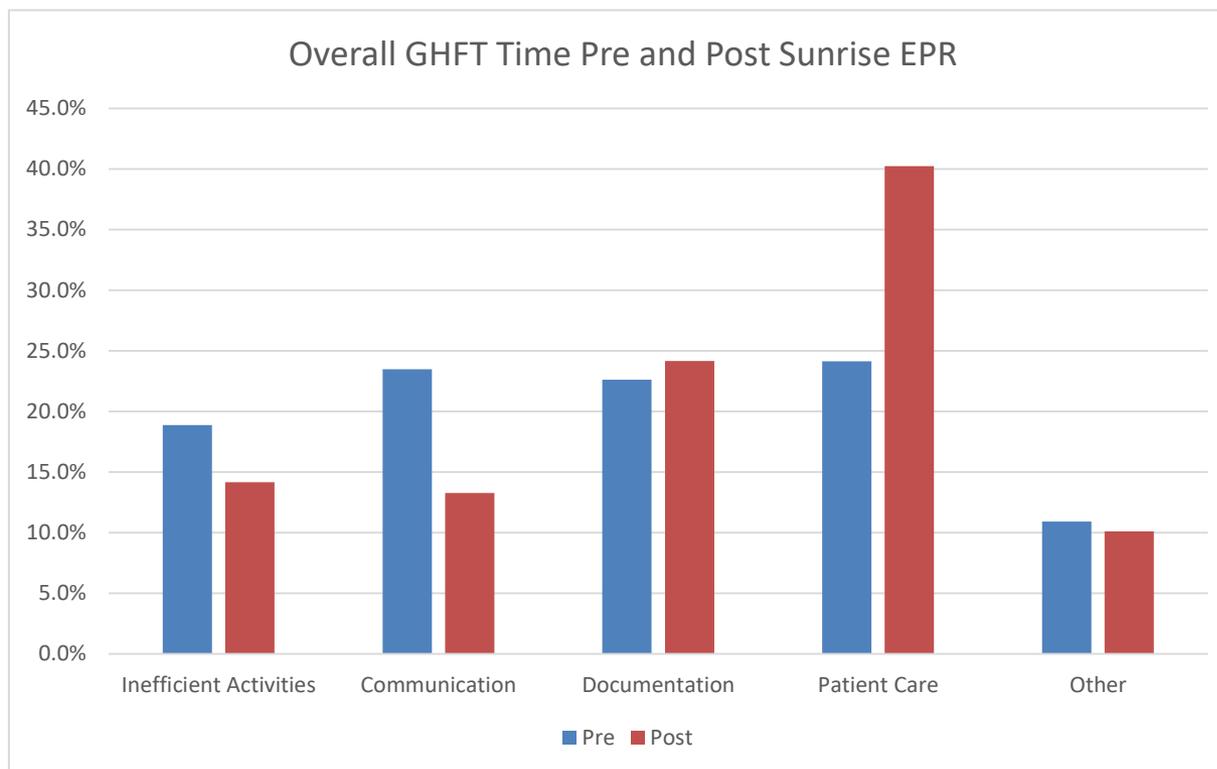
- 2 hours per nurse, per ward, every week for a year is the same as:
- 112,896 hours
- £1,052,835

We are choosing to invest this back into improved quality

### Post Sunrise EPR



# Releasing Time To Care



In line with the evidence an EPR:

- Increases time spent completing documentation
- Decreases time spent communicating

**INCREASES TIME SPENT DELIVERING PATIENT CARE**

# MUST Screening

## MUST- Malnutrition Universal Screening Tool

- 28% of patients admitted to hospital are malnourished (BAPE < 2008)
- LOS and cost of health care is increased by between 35 and 54% in malnourished patients (Curtis et al 2017)
- MUST should be done within 24 hours of admission to identify patients with malnutrition that need additional support
- Pre EPR estimated 73% of patients had a MUST completed within 24 hours
- Post EPR the average completion has been 95.4%

# LOS benefits

- 142,577 GHFT admissions a year (Sept 2019)
- 28% of patients admitted are malnourished
  - 39, 922 admissions per year
- Lack of timely assessment increases LOS up to 54%
- If only 75% are screened then 9,981 of malnourished patients are at risk of both increased LOS and increased costs

## Annual Benefit

Average LOS 4.5 days, if we model based on an assumed 30% increased in LOS ( 24% less than the evidence) that is an additional 1.35 days per patient

$$1.35 \times 9,981 = 13, 474 \text{ potential bed days}$$

Conservative bed day cost of £400 =

**£5,389,740**

(if we achieve 100%)

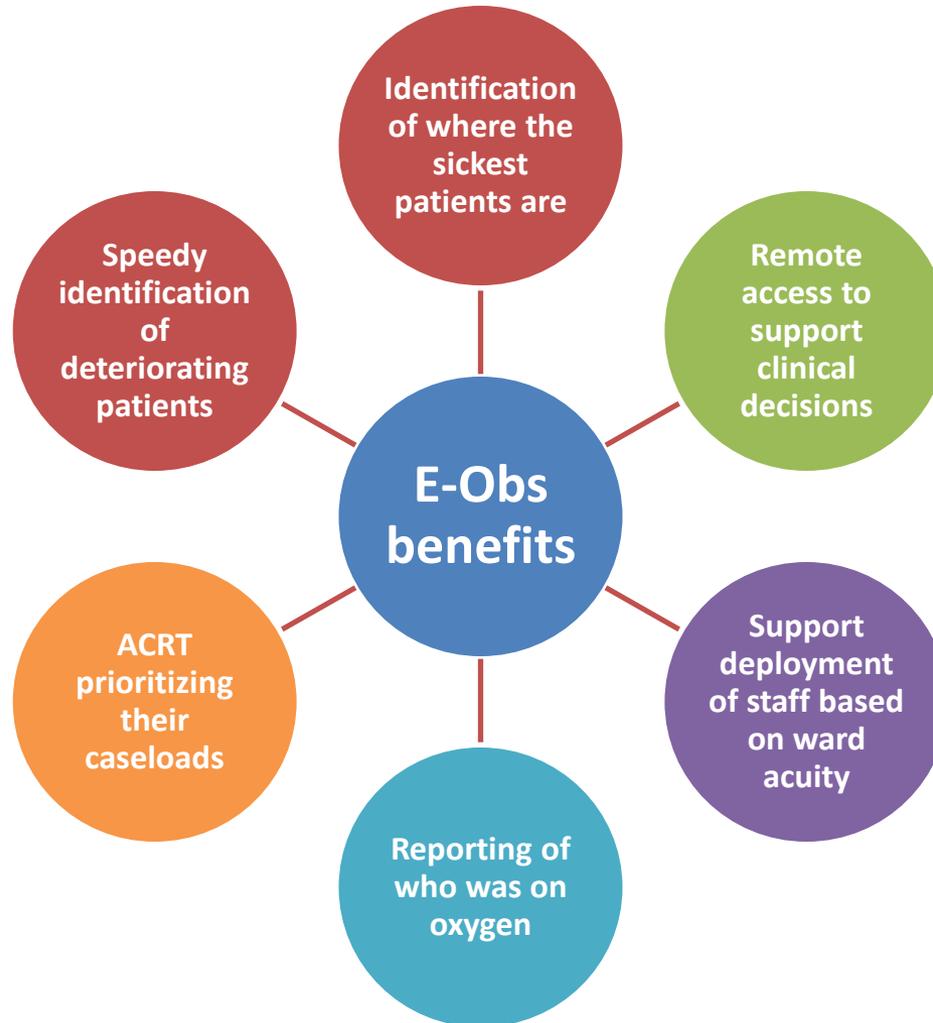
**£5,120,253**

(if compliance stays at 95%)

# E-observations & COVID-19

“I was able to identify a deteriorating patient remotely and check with ward staff”

“ By reviewing E-Obs I have been able to see exactly which wards need what staff based on patient care needs”



“When I was the Med Reg on call at GRH, I was able to support the ward with a poorly patient at CGH. By viewing charts I spotted that they were deteriorating drastically and needed escalation. This patient was found to have COVID”

# Requests & results

- More than 150,000 pathology & radiology requests have been made through EPR between September & November 2020
- In the next few months we'll begin collecting the benefits we've seen
- Doctors are now using EPR bringing additional benefits

*“Phlebotomy results transferred across wards with patients, reducing repetition and lost results”*

*“Never have to ask for weight when I prescribe – I used to have to call the nurse and send someone to weigh the patient. Now I just check on EPR”*

*“Blood pressure for falls – I can see it immediately and do a check to see if there's a link”*



# What next?

**Sunrise EPR**  
Our digital  
journey >>>

# EPR PHASED APPROACH

- Broad brush strokes of digital functionality
- Improve safety and reliability of care
- Focus on where paper is being used

Functionality	Estimated Go-live	Delivered
Nursing Documentation (adult inpatients)	June 2020	November 2019
E-observations (adult inpatients)	June 2020	February 2020
Order Communications (adult inpatients)	December 2020	August 2020
Order Communications (all other clinical areas, theatres, W&C, outpatients)	February 2021	
Emergency Department (all functionality)	March 2021 (Cheltenham) Summer 2021 (Gloucester)	
Paper-lite outpatients	Summer 2021	
Electronic Prescribing (known as EPMA)	Autumn 2021	

# Our digital future

- COVID-19 pandemic has accelerated progress and increased demand for digital services
- We only support projects that bring the best results, for the lowest cost, directly impacting patient outcomes
- We are ambitious and committed to the journey to outstanding - this year we've won two awards, one for EPR and one for the best use of data
- We aim to reach a digital maturity level of HIMSS 6 to 7 in five years



# Questions & discussion

**Sunrise EPR**  
Our digital  
journey >>>

**COUNCIL OF GOVERNORS' – DECEMBER 2020**  
**Microsoft Teams Commencing at 14:30**

<b>Report Title</b>			
Governors' Log Report			
<b>Sponsor and Author(s)</b>			
Author:	Natashia Judge, Corporate Governance Manager		
Sponsor:	Sim Foreman, Trust Secretary		
<b>Executive Summary</b>			
<u>Purpose</u> To update the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 21 October 2020.			
<u>Key issues to note</u> The Governor's Log is now available to view within the Governor Resource Centre on Admin Control.			
Submissions related to a number of themes have raised throughout the recent period:			
<ul style="list-style-type: none"> <li>- Fit For the Future</li> <li>- Mental Health Strategy</li> <li>- COVID-19 Inpatients at Cheltenham General</li> <li>- Executive Leads</li> <li>- Mental Health First Aid Training</li> <li>- Treatment of Patients With Mental Health Conditions</li> </ul>			
There are 2 questions currently open and due to be responded to by 18 and 23 December 2020.			
<u>Conclusion</u> Despite COVID-19: the Governors' Log continues to be a well-used and helpful mechanism.			
<b>Recommendations</b>			
That the Council receive the report for information.			
<b>Impact Upon Strategic Objectives</b>			
The Governors' Log supports the Involved People strategic objective.			
<b>Impact Upon Corporate Risks</b>			
There are no related Corporate Risks.			
<b>Regulatory and/or Legal Implications</b>			
There are no related legal implications.			
<b>Equality &amp; Patient Impact</b>			
Engaged and involved governors better represent the views of members (public and staff) ensuring better patient and staff experience.			
<b>Resource Implications</b>			
Finance		Information Management & Technology	
Human Resources		Buildings	

Action/Decision Required							
For Decision		For Assurance		For Approval		For Information	X

Date the paper was presented to previous Committees and/or Trust Leadership Team (TLT)							
Audit & Assurance Committee	Finance & Digital Committee	Estates & Facilities Committee	People & OD Committee	Quality & Performance Committee	Remuneration Committee	Trust Leadership Team	Other (specify)

Outcome of discussion when presented to previous Committees/TLT

<b>REF</b>	30/20	<b>STATUS</b>	Closed		
<b>SUBMITTED</b>	15/10/20	<b>DEADLINE</b>	29/10/20	<b>RESPONDED</b>	06/11/20
<b>GOVERNOR</b>	Julia Preston				
<b>LEAD</b>	Simon Lanceley				
<b>THEME</b>	Fit For the Future				
<b>QUESTION</b>					
<ol style="list-style-type: none"> <li>1. From that comment I wonder how you plan to lockdown a 67 bed unit. Are individual areas able to lockdown?</li> <li>2. Dementia patients already wander around and get confused. The size of this unit and the noise it will generate is likely to add to their distress and confusion. Can an area be assigned for them that is protected from the noise and business of a ward that size?</li> <li>3. There is a staff room with lockers a kitchen and two shower/toilet cubicles. This is a vast improvement on the current facilities. However the 2 shower/toilet cubicles are within the same, rather small area provide to eat in. There is only one other toilet cubicle on the plans which may or may not be for staff.</li> <li>4. On a 67 bed ward will be a minimum of 25 nurses and HCAs, 2 ward clerks, 4-6 cleaners 2 porters , 4 PT/OT. 4 doctors and a varying number of students and trainees at any one time. Then there will be all the various speciality medical teams, physios , OTs etc all using two toilets while others try to eat.</li> </ol>					
<b>ANSWER</b>					
<ol style="list-style-type: none"> <li>1. Lockdown process will be updated in the AMU operational policy. The same lockdown procedures will apply as now, but we will need to include the new bed spaces we are creating.</li> <li>2. Good point and Anna Rarity is working with a range of patient groups on how different designs and colour palates can be used to provide a more calming environment. We saw this when we visited Wexham Park ED and intend to replicate.</li> <li>3. There are 4 other WC's on unit that have not yet been specified for patients or staff. All side rooms &amp; bays will have en-suite facilities once the work is completed so we could allocate 2 of 4 WCs for staff only? Good point, thank you. We will see if we can change the access route to the toilets and showers via the lobby rather than the staff room.</li> <li>4. As point 3 above, but we can revisit this as part of the post COVID design review in February, to see what clinical space could be reduced to provide an increased staff base/ area. This could be at the expense of the MDT office. Always a difficult trade off this.</li> </ol>					

<b>REF</b>	31/20	<b>STATUS</b>	CLOSED		
<b>SUBMITTED</b>	30/10/20	<b>DEADLINE</b>	13/11/20	<b>RESPONDED</b>	09/12/20
<b>GOVERNOR</b>	Alan Thomas				
<b>LEAD</b>	Steve Hams				
<b>THEME</b>	Mental Health Strategy				
<b>QUESTION</b>					
Does the Trust have a specific Mental Health Strategy separate from other strategies?					
<b>ANSWER</b>					
<p>The specific answer is 'no', we do not have a separate mental health strategy. However, approximately 18 months ago we outlined our approach to mental health as part of our work on 'enhanced care', we have developed a series of actions, such as introducing the Australasian Mental Health Triage Tool in our Emergency Departments , improved mental health clinical assessment space within our Emergency Departments and developed the 'enhanced care' bundle which is a series of measures to support our patients with either mental health, cognitive impairment or additional physical needs.</p> <p>We approached many acute Trusts looking to "steal with pride" other's strategies but could not find a Trust that had one. We have therefore agreed to lead the way and are currently in discussion with a third party, to secure capacity and expertise to develop our own strategy.</p>					

<b>REF</b>	32/20	<b>STATUS</b>	Closed		
<b>SUBMITTED</b>	03/11/20	<b>DEADLINE</b>	17/11/20	<b>RESPONDED</b>	05/11/20
<b>GOVERNOR</b>	Anne Davies / Alan Thomas				
<b>LEAD</b>	Deborah Lee				
<b>THEME</b>	COVID-19 Inpatients at Cheltenham General				
<b>QUESTION</b>					
It is very disappointing to see that we have a COVID inpatient in CGH which the trust has been keeping as the 'green' hospital. Please could you inform governors as to how this has occurred?					
<b>ANSWER</b>					
<p>Firstly, to explain changes to reporting in the global yesterday, this was in response a request from NHSE yesterday (ahead of the change to the national alert level) to not publish data that might reach the public domain and prompt media speculation and potentially adverse media in respect of the pandemic. I personally took a view that the hospital breakdown of figures, in what is essentially a public communication, fell under this banner not least because of your own interest and line of enquiry – entirely legitimate but something the media may misrepresent. The split of information is provided to all operation teams on a twice daily basis and will continue to be reported to Confidential Board, Committees and Confidential CoG. I appreciate this means that you will not have the daily flow of information and I'm deeply sorry that this has been interpreted as the Trust moving away from the open and transparent ways of working but I do think it is hard to justify that the Governor's role requires daily operational information but, as ever, I am happy to discuss what information would be useful to you and how we provide it.</p> <p>With respect to the question itself, we still have a direct admission pathway into CGH for patients whose primary reason for admission relates to their oncology treatment. These patients are admitted following a telephone triage which determines that their over-riding care needs mean they require care by the oncology team and cannot therefore be managed through an admission to GRH. These patients are subject to the usual on-admission COVID-19 screening and on the rare occasions they test positive they are admitted to a suitable side room in CGH – typically Knightsbridge Ward – this means they are not on an oncology ward which is considered too high risk given the nature of the patient population but close by (in an isolation facility) where oncology teams can provide regular input until they are discharged or can be transferred to GRH if / when that becomes appropriate.</p> <p>It is also possible that an elective patient e.g. hip replacement pathway, who tested negative prior to admission, becomes positive during their stay. In this instance the patient is isolated at CGH until they are discharged home or transferred to GRH.</p>					

<b>REF</b>	33/20	<b>STATUS</b>	Closed		
<b>SUBMITTED</b>	17/11/20	<b>DEADLINE</b>	01/12/20	<b>RESPONDED</b>	25/11/20
<b>GOVERNOR</b>	Carolyn Claydon				
<b>LEAD</b>	Deborah Lee				
<b>THEME</b>	Executive Lead				
<b>QUESTION</b>					
<ol style="list-style-type: none"> <li>1. Is there an Executive Lead for Other &amp; Non-Clinical staff? If so, who are they?</li> <li>2. If not, should there be?</li> <li>3. And if the answer to the second question is 'no', then who in the Trust would be best placed to send out messages of support and encouragement to non-clinical staff, such as the one sent out by Prof Pietroni to all medical staff this afternoon? Attached for reference.</li> </ol>					
<b>ANSWER</b>					
<p>Rachael De Caux as Chief Operating Officer is the Executive Lead for admin, clerical and general management staff in the same way that Steve Hams leads for nurses, midwives and AHPS and Dr Mark Pietroni for doctors and healthcare scientists.</p>					

<b>REF</b>	34/20	<b>STATUS</b>	OPEN		
<b>SUBMITTED</b>	04/12/20	<b>DEADLINE</b>	18/12/20	<b>RESPONDED</b>	
<b>GOVERNOR</b>	Fiona Marfleet				
<b>LEAD</b>	Abby Hopewell				
<b>THEME</b>	Mental Health First Aid Training				
<b>QUESTION</b>					
How many of our staff have received Mental Health First Aid training and how this is spread across the wards/departments (in particular what we have in terms of mental health first aiders in the ED?)					
<b>ANSWER</b>					

<b>REF</b>	35/20	<b>STATUS</b>	OPEN		
<b>SUBMITTED</b>	09/12/20	<b>DEADLINE</b>	23/12/20	<b>RESPONDED</b>	
<b>GOVERNOR</b>	Anne Davies				
<b>LEAD</b>					
<b>THEME</b>	Treatment of Patients With Mental Health Conditions				
<b>QUESTION</b>					
Have all staff been trained to ensure that if a patient, of whatever age, enters the trust and declares any mental health issue as a 'hidden disability', this disability is recognised and the patient is accorded the same level of consideration, care, respect and understanding as patients presenting with any other disability?					
<b>ANSWER</b>					