

Council of Governors

Thu 09 February 2023, 14:00 - 17:30

Wheatstone Hall, Gloucester Museum

Agenda

14:00 - 14:00 **Agenda**

0 min

 00_Agenda CoG - Public_February 2023.pdf (1 pages)

14:00 - 14:00 **1. Welcome and Apologies**

0 min

14:00 - 14:00 **2. Declarations of interest**

0 min

14:00 - 14:00 **3. Minutes of meeting held on 16 November 2022**

0 min

 03_November 2022 - COG Public Minutes.pdf (4 pages)

14:00 - 14:00 **4. Matters Arising**

0 min

14:00 - 14:00 **5. Chair's Update**

0 min

14:00 - 14:00 **6. Chief Executive's Briefing**

0 min

 06_CEO CoG Report February 2023.pdf (3 pages)

14:00 - 14:00 **7. Governance and Nominations Committee**

0 min

7.1. ANED Recruitment

 07_ANED Recruitment Report_Coversheet.pdf (1 pages)

 07_ANED Recruitment Report.pdf (2 pages)

7.2. Lead Governor Update

 Lead Governor Nomination Form 2022.docx AH Jan 2023.pdf (2 pages)

14:00 - 14:00 **8. Key Issues and Assurance Reports:**

0 min


8.1. Audit and Assurance Committee

 08a_Audit and Assurance Committee KIAR 24.01.2023.pdf (2 pages)


8.2. Finance and Resources Committee

 08b_Finance and Digital Committee KIAR.pdf (2 pages)

8.3. People and OD Committee

 08c_People and Organisational Development Committee KIAR 25.10.2022.pdf (1 pages)

8.4. Quality and Performance Committee

 08d_Quality and Performance Committee KIAR 25.01.2023.pdf (2 pages)

14:00 - 14:00 **9. Young Influencers Update**
0 min

14:00 - 14:00 **10. Update on the Cheltenham and Gloucester Hospitals Charity**
0 min

 10_Charity Plan and Budget 2023 2024.pdf (34 pages)

14:00 - 14:00 **11. Governor's Log**
0 min


 11_Governor's Log - Cover.pdf (1 pages)

 11_Governors log 2023.pdf (4 pages)

14:00 - 14:00 **12. Any other business**
0 min

GOVERNOR DEVELOPMENT SESSION

14:00 - 14:00 ***Quality Update - 62-day performance***
0 min

 1. Governor Development Session - Cancer Services Presentation_v2.pdf (18 pages)

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Council of Governors Public Meeting

14.00, Thursday 9 February 2023

Wheatstone Hall, Gloucester Museum

AGENDA

Ref	Item	Purpose	Paper	Time
1	Welcome and Apologies <i>Deborah Evans, Chair</i>			14.00
2	Declarations of interest			14.05
3	Minutes of meeting held on 16 November 2022	Approval	Yes	14.10
4	Matters arising	Information	Yes	
5	Chair's Update	Discussion	Yes	14.15
6	Chief Executive's Briefing <i>Deborah Lee, Chief Executive Officer</i>	Assurance	Verbal	14.25
7	Governance and Nominations Committee <i>Deborah Evans, Chair</i> <ul style="list-style-type: none"> • ANED Recruitment • Lead Governor Election Update 	Approval	Verbal	14.40
Break (10 minutes)				14.50
8	Key Issues and Assurance Reports: <ul style="list-style-type: none"> • Audit and Assurance Committee <i>Claire Feehily, Non-Executive Director</i> • Finance and Resources Committee <i>Jaki Meekings Davis, Non-Executive Director</i> • People and OD Committee, <i>Balvinder Heran, Non-Executive Director</i> • Quality and Performance Committee, <i>Claire Feehilly, Non-Executive Director</i> 	Assurance	Yes	15.00
9	Young Influencers Update	Information	Verbal	15.40
10	Update on the Cheltenham and Gloucester Hospitals Charity , <i>Richard Hastilow-Smith, Associate Director of the Charity</i>	Information	Yes	15.50
11	Governor's Log <i>Lisa Evans, Assistant Trust Secretary</i>	Assurance	Yes	16.10
12	Any other business			16.15
Close at 16.20				
Date of next meeting: Thursday 13 April 2023 (17.00 – 20.00)				

GOVERNOR DEVELOPMENT SESSION

16.30, Thursday 9 February 2023

Wheatstone Hall, Gloucester Museum

AGENDA

		Purpose	Paper	Time
1	Quality Update, 62-day performance , <i>Qadar Zada, Chief Operating Officer</i> <ul style="list-style-type: none"> • Cancer Performance • Urology 	Information	Yes	16.30
Close at 17.30				

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
14.30, Wednesday 16 November 2022
Redwood Education Centre, Gloucester

Present	Deborah Evans	DE	Trust Chair (Chair)
	Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
	Caroline Claydon	CC	Staff Governor, Non-Clinical Staff
	Anne Davies	AD	Public Governor, Cotswold District
	Bill Evans	BE	Public Governor, Forest of Dean
	Mike Ellis	ME	Public Governor, Cheltenham
	Fiona Hodder	FH	Public Governor, Gloucester
	Andrea Holder	AH	Public Governor, Tewkesbury
	Pat LeRolland	PLR	Appointed Governor, Gloucestershire Age UK
	Rachel Lowings	RL	Staff Governor, Nursing and Midwifery
	Peter Mitchener	PM	Public Governor, Cheltenham
	Jeremy Marchant	JM	Public Governor, Stroud
	Sarah Mather	SM	Staff Governor, Nursing and Midwifery
	Russel Peek	RPe	Staff Governor, Medical and Dental
	Maggie Powell	MPO	Appointed Governor, Healthwatch
Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals	
Merleen Watson	MW	Public Governor, Out of County	
Attending	Bryony Armstrong	BA	Young Influencer
	Pat Blackwood	PB	Corporate Governance Officer
	James Brown	JB	Director of Engagement, Involvement of Communications
	Kat Cleverley	KC	Trust Secretary
	Lisa Evans	LE	Assistant Trust Secretary
	Rob Graves	RG	Non-Executive Director
	Ian Howse	IH	Partner, Deloitte
	Katherine Holland	KH	Patient Experience Manager
	Deborah Lee	DL	Chief Executive
	Ellie Martin	EM	Apprenticeships and Careers Engagement Officer
	Alison Moon	AM	Non-Executive Director
	Rebecca Pritchard	RP	Associate Non-Executive Director
Ref	Item		
1	Welcome and Apologies Apologies were noted from Liz Berragan, Pat Eagle, Jeremy Marchant, Sally Morley, Balvinder Heran, Sally Moyle, Mike Napier		
2	Declarations of Interest At item 7 it was noted that RP had an interest in the NED Recruitment item and left the room during the discussion.		
3	Minutes of meeting held on 21 September 2022 The minutes were agreed as an accurate record.		
4	Matters arising The Governors noted the updates.		

<p>5</p>	<p>Audit Overview 2021-22 Report</p> <p>IH set out the financial performance of the Trust for 2021/22. He reported that there had been excellent engagement with the Finance team and assured governors that work included identification and testing of the key risk areas, such as the:</p> <ul style="list-style-type: none"> • Performance of sample testing and analytical review. • Testing of the auditable sections of the Remuneration Report. • Review of the work of relevant regulatory bodies in relation to the Use of Resources opinion. • Review of the Annual Report for consistency with the content of the Financial Statements. • Review of the Annual Governance Statement. <p>The key findings were noted; Deloitte had provided unmodified opinions; however significant weaknesses were reported in the VFM opinion. These reflected the findings detailed in the Care Quality Commission’s (CQC) inspection report issued in October 2022. The report had an overall rating of “Requires Improvement” and this was the rating given to safe, responsive and well-led domains of the quality rating. IH noted that the CQC reports had been received after the 21/22 financial year and the Trust had not had an opportunity to make the required improvements when this report was finalised. CF thanked Deloitte and the Finance team for their work and noted the very successful audit.</p> <p>RESOLVED: The Council of Governors received and noted the Audit Overview 2021-22 Report</p>
<p>6</p>	<p>Chairs Update</p> <p>DE reported that the Trust’s Governance processes were commented on by the CQC. They noted the volume of meetings and asked if there was clear visibility. The Trust was challenged to relook at processes and the Board would discuss Governance next month. Changes from January would include a move from monthly to bi-monthly Board meetings, there would be NED and CoG meetings held in the alternate months. The Finance and Digital Committee would become the Finance and Resources Committee and would incorporate the work previously covered by the Estates and Facilities Committee. There would also be a refresh of Governor Observers in the new year.</p> <p>The next CoG meeting was scheduled to take place in February, however DE assured Governors that should an additional meeting be required, this would be arranged on Teams in January.</p>
<p>7</p>	<p>Report of the Chief Executive</p> <p>DL welcomed new Governors to the Council and advised that the Council was highly valued by the Board. DL reported that there was a more positive feeling around the Trust, however, discussions were taking place about how the Trust managed while colleagues were encouraged to speak out.</p> <p>Urgent and emergency care were coping well with recent changes. These had ensured that just one patient had waited more than 4 hours to be offloaded from an ambulance in the last two weeks and 70% of ambulances had been handed over within 60 minutes on average, in the last seven days. DL reported that while the quality of care was not what the Trust would want to provide, it was better than no care. Work continued to ensure that medically optimised for discharge patients were discharged as quickly as possible. This included the commissioning of the new Discharge Lounge which would accommodate up to 29 patients awaiting transfer. JS agreed that this facility would be a huge asset.</p> <p>Action plans had been submitted earlier in the month to the CQC in respect of the reports on Surgery, Maternity and Well Led. Feedback was now awaited. Last week the CQC were back on-site to undertake an announced inspection of radiotherapy and brachytherapy services. Feedback on the day was positive, one</p>

	<p>improvement notice was received for Radiotherapy, where although practice was correct there had been an administrative error.</p> <p>The first phase of roll-out of the Trust’s electronic prescribing system had begun. Governors confirmed that early signs were positive.</p>
8	<p>Governance and Nominations Committee</p> <ul style="list-style-type: none"> • NED Recruitment Update <p><i>RP left the room during the discussion.</i></p> <p>DE reported that the Trust was currently recruiting three Non-Executive Directors (NEDs). Interviews had taken place for the Chairs of the Audit and Assurance Committee (AAC) and of the Finance and Resources Committee (FRC). For these positions importance was placed on the need for the candidates to hold chartered accountant status. G&N had met directly before this meeting and had agreed the appointment of the Chair of the FRC, however no appointment had been made for the Chair of AAC. Therefore, it had been agreed that CF would extend her tenure for a further six months. Interviews for a NED with HR/Cultural experience would take place in early December.</p> <p>RESOLVED: The Council APPROVED the appointment of Jaki Meekings Davis as Non-Executive Director and Chair of the Finance and Resources Committee. The extension of the CF’s tenure as a Non-Executive Director and Chair of the Audit and Assurance Committee for a further six months was AGREED.</p>
9	<p>Lead Governor Election Update</p> <p>DE updated the Governors on the recruitment of a Lead Governor. The Governors noted that historically the Lead Governor had been a public governor of at least one year’s standing. DE reported that AH was interested in the role but needed some time to get over a period of ill health. It was agreed that DE would continue to discuss the role with Governors to try to find a willing candidate.</p> <p>During the break ME and AH agreed to share the role on an interim basis.</p> <p>RESOLVED: The Council AGREED to appoint Mike Ellis and Andrea Holder as Joint Lead Governors on an Interim basis.</p>
10	<p>Patient Experience Report</p> <p>KH presented a quarterly report which provided assurance that the Trust reviewed patient experience risks, patient experience data and insights. An update on patient experience improvement activity across the Trust in 2022/23 was noted.</p> <p>Governors noted that patients were reporting a mostly positive experience of Trust services, with 89.2% of patients recommending the services through the Friends and Family Test (FFT). This was slight increase on the previous quarter. However, through the Friends and Family Test (FFT) and PALS, patients were reporting concerns about communication, provision of appointments and clinical care including receiving enough help to eat and drink. KH reported that the PALS team were receiving an increased number of concerns and the complexity of these had increased.</p> <p>A number of priority areas of focus were noted, including support for Maternity services and development of Patient Safety partners. PLACE assessments would begin again this year but would be a ‘light’ version. KH</p>

	<p>agreed to contact the Governors with opportunities they may be interested in being involved with, and AD reminded colleagues to link with the Young Influencers. ACTION</p> <p>AM noted that not enough women were feeding back on their experience of maternity services. KH assured the Governors that women were using various points of contact to feedback and results of the maternity survey were positive.</p>
11	<p>Key Information and Assurance Reports (KIAR)</p> <p>Governors received and commented on the following reports:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee • Finance and Digital Committee • Quality & Performance Committee <p>RESOLVED: The reports above were NOTED. It was agreed that the Estates and Facilities Committee and People & Organisational Development Committee updates would DEFERRED to the next meeting to allow the Chairs to present.</p>
12	<p>Young Influencers Update</p> <p>JB introduced the work being undertaken in relation to young people. BA reported that progress was being made with the Training programme for the Young Influencers. An annual schedule of activity was being developed and recruitment of Young Influencers was continuing. JB reminded Governors to promote the work of the Young Influencers where they could.</p>
13	<p>Governor's Log</p> <p>The themes raised via the Governors' Log since the last full Council meeting were noted.</p>
14	<p>Any other Business</p> <p>The Council noted the resignation of Keith Lewis, DE also reported that she was in conversation with another Governor about their attendance.</p> <p>CC reported that the Hospital Mortality Group was looking for a lay member and asked if any Governors were interested. CC agreed to email the Council with some additional information on the role. ACTION</p> <p>MB reported that some Cheltenham residents still believed that Cheltenham General Hospital was closed for Minor Injuries. DL advised that people should be encouraged to use 111, who would direct callers appropriately. JB confirmed that work was being undertaken with system partners and a campaign would be launched the following week to highlight the 111 single gateway, this would emphasise the options available.</p>
15	<p>Date of next meeting: 9 February 2023</p>
Close 16.30	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
10	KH to contact the Governors (and Young Influencers) on opportunities they may be interested in being involved with.	KH	February	
14	CC to send additional information on the lay member role on the Hospital Mortality Group.	CC	February	Complete.

CHIEF EXECUTIVE OFFICER'S REPORT TO THE COUNCIL OF GOVERNORS
FEBRUARY 2023

1 Operational Context

1.1 The operational position remains challenging across the NHS although positively some of the deterioration in performance experienced in late December and early January has improved considerably resulting in a return to prior improvements seen in ambulance handover delays, community ambulance response times and the number of patients care for in escalation areas. The Trust has maintained its strong performance on elective recovery with the strongest position in the south west with respect to patients waiting for surgery and outpatient care with 333 patients waiting more than 65 weeks for their care compared with a regional average of 2,348. The number of patients waiting more than 62 weeks for their cancer treatment, from the point of referral remains the greatest area of performance concerns and focussed work is underway to develop robust, credible recovery plans in the two areas driving the Trust's aggregate performance – urology and colorectal which account for c80% of the breaches. However, despite these challenges, and at odds with many systems, the Trust has not cancelled any cancer patient due to operational pressures in the last month. Huge credit is due to the operational teams that have enabled us to hold this position, along with the leadership from Qadar Zada, Chief Operating Officer. In light of concerns expressed by the Care Quality Commission, significant scrutiny continues on the use of theatre recovery and, to date, no elective patient has been cared for in theatre recovery overnight.

2 Key Highlights

2.1 During the national Royal College of Nursing (RCN) strikes of 15th and 20th December, 527 Trust employees took part in industrial action over the two days. We were pleased to be able to support staff to exercise their right to strike, whilst keeping our hospitals safe. We worked closely with RCN colleagues and teams across the Trust whilst also responding to some additional challenges including heavy snowfall and the burst water pipes affecting Gloucestershire. Helpfully, the Trust RCM members working for the Trust did not take part in the second industrial action, however, plans are in place to respond to industrial action planned for the 6th and 7th February.

2.2 Our services, particularly our Emergency Departments, were also significantly impacted by strike action from paramedics who are members of GMB and Unison. Our planning ensured that teams worked hard across divisions and with South West Ambulance Trust (SWAST) colleagues to facilitate additional cohorting of patients at ED and ensure that all Category 1 calls were responded to in a timely way. Joint working between SWAST and the Trust is to be commended.

2.3 Further industrial action is currently set to take place over the coming weeks involving additional staff groups including physiotherapists and junior doctors; planning is active including reviewing and responding to the insights from previous strikes.

2.4 January saw the opening of two new services, which were a central part of our Winter Plan. We opened our first dedicated winter pressures ward, on Prescott ward at Cheltenham

General. This ward is intended to “flex” to provide additional and much needed capacity during winter and to be utilised in quieter periods as a “decant” ward to enable decoration and refurbishment of wards that would otherwise result in loss of beds.

2.5 On Tuesday 3rd January we opened the long-awaited Discharge Lounge at Gloucestershire Royal. This modular build, which was enabled following the Trust’s successful bid against national capital for initiatives aimed at reducing ambulance handover delays, can accommodate 29 patients awaiting discharge from GRH, including patients in beds and trolleys. The evidence is compelling with respect to the impact on flow and ED congestion, if a patient’s planned discharge from the ward can be affected even a few hours sooner. All wards are being asked to identify patients suitable for early transfer to the lounge, the night before.

2.6 I am pleased to report that the Care Quality Commission (CQC) Improvement Notice issued in November following their inspection of radiotherapy services has been removed. Overall, the inspection was very positive but nevertheless it is good to have achieved compliance with all requirements, so quickly after the initial inspection.

2.7 Very positively, the results of the CQC maternity services patient experience survey were published last month. Gloucestershire’s maternity services were heralded amongst the best in the country having moved from 13/64 last year to 3rd this year. This has provided a huge boost to colleagues working in our services who having been working in very challenging circumstances for some time.

2.8 On the 23rd December 2022, NHS England published the 2023/24 priorities and operational planning guidance. The guidance lays out “three key tasks” for the NHS and describes the immediate priority to be, to recover core services and productivity; secondly, as we recover, to make progress in delivering the key ambitions set out in the *NHS Long Term Plan*; and thirdly, to continue to transform the NHS for the future.

2.9 Within these broad headings are some clear measures by which success will be judged; the following are the key metrics against which acute trust performance will be judged:

- Improving ambulance response times to an average of 30 minutes for Category 2 calls, with an expectation of achieving pre-pandemic response times and/or the existing national standard of 18 minutes. Gloucestershire’s performance for December was 122 minutes, a deterioration on performance in November of 42 minutes.
- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 – the current standard is 95%. The Trusts performance for December was 54%.
- Eliminate waits of over 65 weeks for elective care by March 2024 – currently the Trust has 356 patients waiting more than 65 weeks against a SW region system average of 2,859 and within a range of 356 to 8,510
- Increase the percentage of patients that receive a diagnostic test within 6 weeks – the Trust currently achieves this standard
- Meet the cancer *Faster Diagnosis Standard* by March 2024 so that 75% of patients referred with suspected cancer are diagnosed or have cancer ruled out within 28 days of referral - the Trust currently meets this standard

- Increase fill rates against funded establishments in midwifery services whilst continuing to make progress towards the national ambition to reduce stillbirth, neonatal and maternal mortality, and serious intrapartum brain injury

2.10 In addition to these sector specific measures, all organisations are expected to contribute to the delivery of a net system financial position for 2023/24 in the context of 2% pay inflation (additional funding is expected, if awards agreed as part of the Pay Review Body settlements, are in excess of net 2%) and 5.5% non-pay inflation. Inherent in this is an expectation that efficiency of 2.2% will be demonstrated alongside increased productivity, including a reduction in agency spend to no more than 3.7% of the total pay bill.

Deborah Lee
Chief Executive Officer
2nd February 2023

Report to Council of Governors			
Date	9 February 2023		
Title	Associate Non-Executive Directors Recruitment		
Author /Sponsoring Director/Presenter	Deborah Evans, Chair		
Purpose of Report	Tick all that apply ✓		
To provide assurance	<input type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input checked="" type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Link to Council of Governors Duties			
Hold to account	<input type="checkbox"/>	Appointment/remuneration	<input checked="" type="checkbox"/>
Represent interests of members and public	<input type="checkbox"/>	Contribute to strategy	<input type="checkbox"/>
Approve increase in non-NHS income	<input type="checkbox"/>	Approve significant transactions	<input type="checkbox"/>
Approve merger/acquisition etc.	<input type="checkbox"/>	Approve constitution changes	<input type="checkbox"/>
Summary of Report			
<p>The report asks for support from the Council of Governors to delay the recruitment of further Associate Non-Executive Directors during 2023, and to review the position for 2024 and beyond.</p>			
Recommendation			
<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Support the proposal that the ANED post to support the academic hospital (currently filled by Sally Moyle) is confirmed as being for two years initially with a possible extension of a further year • note that the GMS chair ANED position is for a period of three years • support the proposal that further developmental ANED posts are not initiated within the next twelve months, but that a review paper is brought to Governors towards the end of that period for discussion 			
Enclosures			
<ul style="list-style-type: none"> • ANED Recruitment Report 			

Associate Non-Executive Director Recruitment Report

Purpose

The purpose of this report is to seek support from the Council of Governors to delay the recruitment of further Associate Non-Executive Directors during 2023 and to review the position for 2024 and beyond.

Context

In common with many NHS Trusts and Foundation Trusts, Gloucestershire Hospitals FT has a practice of appointing to associate, as well as full, non-executive director roles.

Associate non-executive directors are typically seen as development roles for people who are not yet ready to be full non-executive directors. They have been used as a route to increase diversity on NHS Boards, particularly since ethnic diversity has been particularly lacking across the NHS.

Associate non-executive directors typically have less of a time commitment than full non-executive directors and they are not voting Board members and therefore are in attendance at Committee / Board meetings rather than contributing to the formal Committee or Board quorum. Associate NEDs may rotate across Committees to gain experience or, in dialogue with the Trust Chair, may be asked to contribute in particular ways.

Although Foundation Trust governors are expected to hold non-executive directors to account as a formal part of their role, this tends to be a less formal expectation with Associate NEDs as they are in themselves a developmental role. Governors may be asked to contribute to annual appraisals of Associate NEDs.

The current position at Gloucestershire Hospitals Foundation Trust

GHFT had an agreement with the Council of Governors to have two developmental Associate Non-Executive Director positions. One of these is vacant as the postholder was appointed as a full Non-Executive Director to University Hospitals Bristol. The other, currently held by Rebecca Pritchard, has been extended but comes to an end in April 2023.

In 2022, the Trust agreed to two new Associate non-executive director roles each with a specific, rather than a developmental, brief. The first was an ANED with a specific brief to assist the Trust in developing its academic potential with a view to the Trust being designated a Teaching Trust. Sally Moyle was appointed into this role and has recently transferred from the University of the West of England to being a Pro Vice Chancellor at the University of Worcester, which is in itself a very useful connection for us. Sally has been working specifically with a Trust group led by Mark Pietroni, our Medical Director, which exists to develop our research capabilities.

The second ANED position, which was agreed with the Council of Governors, was the appointment of the incoming Gloucestershire Managed Services (GMS) Chair to the Trust's Board of Directors. This is part of a suite of actions to strengthen the relationship between the Trust and GMS in which the latter retains its independent status but works more effectively with the Trust. This post is in the process of being recruited to and Governors are involved with shortlisting the stakeholder panel and interviews in the usual way.

Neither of these ANED roles fits into the expected period of office of a developmental ANED role. The ANED role to support the academic development of the Trust should be initially for a two-year term

with the option to review for a further year as the postholder is unlikely to be able to contribute significantly to the research and development brief within a twelve-month period.

The GMS chair ANED position is for a period of three years.

Both of these roles will require input to take them successful, from the Trust Chair, from Executive Directors and from Committee Chairs. It is suggested that it would not be feasible to appoint further Associate Non-Executive Directors to fulfil developmental roles over the next twelve months.

Recommendations

The Council of Governors is asked to:

- Support the proposal that the ANED post to support the academic hospital (currently filled by Sally Moyle) is confirmed as being for two years initially with a possible extension of a further year
- Note that the GMS chair ANED position is for a period of three years
- Support the proposal that further developmental ANED posts are not initiated within the next twelve months, but that a review paper is brought to Governors towards the end of that period for discussion.

Name	Andrea Holder
Position	Lead Governor – Gloucestershire Hospitals NHS Foundation Trust
Nomination Statement	
<p>In collaboration with my Governor colleague, I have been fulfilling the role of Interim Lead Governor since October 2022, following the departure of both the previous Lead and deputy Lead Governor.</p> <p>Due to some health issues, I was unable to fully commit to apply for this position when it initially became available. However, the interim arrangement has allowed me to explore and completely understand the remit of the role and as my health continues to improve; I now feel I have the energy, understanding and drive to fully commit to the position. The role of Lead Governor requires an individual (or joint individuals) who demonstrate commitment and are actively visible both to the Governing body and as a critical friend to the Trust. As new structures emerge, the role of governors with the ICS is also an area that should be explored as governors may have a role to play: the Lead Governor(s) should be involved (where allowed) and contribute in whichever way is possible for the health & care benefit of the Trust, its constituent members and the wider public.</p> <p>Over the last few months, working as a Joint Lead has had many benefits for the Trust and for the Governing Body and I would be happy to either continue with this arrangement or equally to revert to single Lead Governor. In the latter instance, I believe it would be important to clearly define and expand the role of Deputy Lead to continue to offer greater benefits for everyone.</p> <p>Change is always present within the health and care sector and following the pandemic, and with ongoing emerging new structures and ways of working, it is vital that Governors fully understand and support the Trust. To this end an understanding of the constitution and all factors affecting how the Trust defines, reviews and delivers services, and how this is influenced by national, regional and local factors is key. As a Governor, particularly with lead responsibilities, I am proactive and committed to work in the best interests of patients, the Trust and local communities in accordance with the documented Code of Conduct for Governors. I have been a public Governor for the Tewkesbury Borough since September 2021, having moved to Gloucestershire 6 years ago (when I became a member/friend of the Trust) but with there being no governor vacancy for this borough until 2021.</p> <p>Since my election, I have been active attendee at the Board, Council of Governors and the Audit & Assurance Committee. Along with my Joint Lead colleague, I have been instrumental in resuming 1:1 meetings with the Chair and CEO of the Trust, and Governor induction events, whilst also working with Trust colleagues to re-design development sessions and Council of Governor meetings and to re- introduce governor walkabouts following the pandemic. We are also in early discussions to improve how, as governors we engage more meaningfully with members of the community and the public generally. I have recently been involved in the selection, interview and appointment process for non-executive roles.</p> <p>I have a background in the NHS – with 40 years of experience clinically, managerially and strategically. I have also held national roles within regulation and have had brief experience of working at the Department of Health. I have chaired a small Charity and held senior governor positions in education. I have a Masters in Industrial Relations and Human Resource Management and am a graduate of the INSEAD Business School (France) where I participated and successfully completed the European Healthcare Leadership Programme</p> <p>I fully commit to any activity, position or function with which I am involved. I always act with integrity, being objective and accountable – in this role to both the Governors, Trust Directors and</p>	

constituent members of the public. I have held several Leadership positions throughout my career and have been told that I am both open, fair and approachable, but not afraid to make key decisions when or should the need arise. I look forward to continuing in my role as a Public Governor and welcome the opportunity to continue as Lead Governor following this election. Thank you for considering my application.

Lead Governor Election

KEY ISSUES AND ASSURANCE REPORT

Audit and Assurance Committee, 24 January 2023

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
Risk Assurance Report	A significant number of red rated risks were highlighted; the Committee raised concern about the ability of the Trust to achieve its key performance indicators against some of the risks if they continued to be red-rated.	A full review of risk, including KPIs and alignment to quality governance processes, would be produced for March.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Internal Audit Progress Report	<p>The outpatient clinic management review was making progress; however, delays had occurred when requesting information from the business intelligence team.</p> <p>The Committee was advised that the Head of Internal Audit Opinion would seek assurance from engagement in reviews and follow ups, and improvement in recommendation completions would be required.</p> <p>Follow up Report</p> <p>The Committee received a summary of completed and overdue recommendations. Fifteen recommendations had been made from 2022-23 audit reports; one recommendation related to risk maturity had been completed, with one due and one in progress. Twelve remaining recommendations were not yet due.</p> <p>Charitable Funds Review</p> <p>The review rated Design Opinion and Design Effectiveness as Moderate. Two medium priority recommendations had been made related to regular fund activity review to ensure that inactive funds were identified and appropriately managed, and assignment of funds to a delegated budget holder and fund advisors. One low priority recommendation had been made related to the need to update all policies and procedures in line with the charity's restructure and rebrand. The Charitable Funds handbook should also be updated as part of this.</p> <p>Draft Internal Audit Plan 2023-24</p> <p>The draft audit plan was received for information.</p>	<p>The Trust would consider its approach to cost improvement and efficiency as part of the HFMA self-assessment, and how sustainable processes would be embedded.</p> <p>Audit plans would be reviewed in line with strategic BAF risks.</p>
HFMA Financial Sustainability Audit	An action plan identified from the self-assessment was received, with progress noted. Future iterations of the report would consider a review of action completion dates and RAG-rating.	The Committee acknowledged the progress made. Regular reporting would be scheduled twice yearly for oversight.
Counter Fraud Report	<p>The Committee considered the oversight of GMS single tender waivers and requested a report for the next meeting.</p> <p>A covid-19 spend review had highlighted a favourable position for the Trust, when benchmarked against other organisations.</p>	The FDC for GMS would produce a report on GMS single tender waivers in March.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
External Audit Progress Report	The plan for 2023-24 would focus on revenue recognition, property valuation, capital expenditure, and accruals. A mandated review of management override of controls would be included, along with Value for Money. Early work into VFM would begin in March.	None.

Assurance Key

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

	Lessons Learned Report	
	There had been a much-improved position last year, however there were still improvement opportunities to make the year-end process more efficient. These would be adapted into the process for this year.	
Losses and Compensations Report	The Committee noted 11 ex-gratia payments totalling £3,393 and approved the write-off of 86 invoices with a total credit value of £26,739.	Assurance was requested on the progress and impact of the Patient Property Policy.
Single Tender Actions Report	Six waivers had been processed within the reporting period, with a value of over £25,000.	None.
GMS Report	The Committee received the report, particularly noting that GMS was working with the Trust and auditors on interim audit. Planned audits for 23-24 included Data Quality, Materials Management, and Staff Engagement. Fifteen insurance claims were currently in process.	None.
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
Executives had reviewed the risks on 12 December and agreed a set of new risks that reflected the Trust's current position. Each risk was being developed by executives for discussion and review at January and February committee meetings. A new BAF was due for presentation at March's Board.		

KEY ISSUES AND ASSURANCE REPORT

Finance and Resources Committee, 26 January 2023

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
Financial Performance Report	Key points were noted as follows: <ul style="list-style-type: none"> The financial position at M9 continued to highlight a significant challenge; the actions proposed by divisions as part of their forecasts were not generating a significant reduction in spend. The M9 financial position was a deficit of £7.9m which was £6.4m adverse to plan (£6.6m after adjusting for donated assets). The in-month position was £3m surplus which was £3m favourable to plan. 	The Committee was concerned about the Trust's spend and how it would be brought under control. Some assurance was provided that there was added rigour to divisional processes. Corporate areas were releasing underspend, however medicine remained challenged and needed to be addressed.
Contract Management Group Exception Report	Areas of concern including the recent Business Continuity Incidents involving floods at GRH and an electrical outage at CGH were noted. The Committee expressed concern about a recent unsuccessful Fire Evacuation practice.	A review of the Business Continuity Incidents had taken place and would be considered in contract management discussions. The Fire Evacuation was a concern and required senior ownership.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Financial Sustainability Report	The Financial Sustainability Programme (FSP) gap, before addition of recovery actions, was £3.7m; this was projected to reduce to £2.4m, with additional forecasted recovery actions. The gap to the full year target of £13.2m had reduced by £0.5m.	Work continued to drive forward and stretch the identified divisional and cross-cutting workstreams and to generate new schemes to ensure a successful Financial Sustainability Plan. Weekly meetings continued to take place, within the Medical and Surgical Divisional Tri, to provide additional rigour around Financial Recovery.
Capital Programme Report	Key points were noted as follows: <ul style="list-style-type: none"> The Trust had submitted a gross capital expenditure plan for the 22-23 financial year totalling £67.1m. There had been £13.3m of additional capital approved and a reduction in expected in-year donations of £0.5m, bringing this up to £64.5m. At the end of December (M9), excluding IFRS 16 capital, the Trust had goods delivered, works done or services received to the value of £32.4m, leaving £32m of non-IFRS 16 capital to deliver in the remaining 3 months of the financial year. 	A balanced draft capital plan for 23/24 and had been issued, with a full draft plan submitted to the Committee in February before submission to NHSE. Positive conversations were taking place with GMS colleagues and itemised work plans were being sought from some areas.
Operational Planning	A summary of the 2023/24 Operational Planning Guidance, issued by NHS England on 23 December, was received. The Committee noted the governance process, roles and responsibilities and timeline, and was supportive of the general approach. There were some challenges to achieving the objectives which required further planning.	A task and finish group would be established to ensure that any gaps in performance in the most challenging areas were mitigated using expertise from a range of disciplines. Authority would be delegated to FRC to approve the plan.
Costing Strategy	The draft Five-Year costing strategy was received, with particular attention paid to weaknesses and threats to the achievement of the strategy.	The Trust was slightly ahead of many other Trusts. Engagement and collaborative working continued at pace.
Five-Year Medium-Term Plan	The medium-term financial plan (MTFP) presented to the committee in November highlighted that the Trust had an underlying recurrent sustainability challenge of c£69m. The	Discussions were ongoing with operational teams to validate the level of resource requested, and to understand options to

Assurance Key

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	Trust had a target of c6.4% (or £31.7m) of sustainability requirements and even if this was delivered the Trust would still deliver a material deficit in 2023/24. There were significant financial pressures and intolerable risks this year.	manage or mitigate the pressures. Budget sign off continued to be progressed with budget holders and the Programme Management Office continued to work with operational and corporate colleagues to identify and implement sustainability schemes for 2023/24.	
GMS Managing Director's Report	The Committee noted that the domestic service had been unable to recruit and retain the required number of employees to deliver the current National Cleaning Standards recovery action plan. Operationally, turnover was greater than recruitment, despite some early success.	A new recovery plan would be developed and discussed to ensure a realistic target.	
Items Rated Green			
Item	Rationale for rating	Actions/Outcome	
None.			
Items not Rated			
Commercial and Innovation Review Group Update	Estates Risk Report		
Investments			
Case	Comments	Approval	Actions
None			
Impact on Board Assurance Framework (BAF)			
Executives had fully reviewed the BAF on 12 December. The Finance risk had been updated; particular consideration would be paid as to whether capital programme spend needed to be a separate risk or strengthened under Estates or Finance.			

KEY ISSUES AND ASSURANCE REPORT

People and Organisational Development Committee, 25 October 2022

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
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None.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Performance Dashboard	<p>The report was in development, but reflected the Trust’s performance against a range of metrics related to the People and Organisational Development Strategy. The Strategy was reflective of the NHS People Plan, which focused on supporting transformation across the following areas: Looking after our People; Belonging in the NHS; New ways of working; Growing for the future.</p> <p>The Committee noted the SPORT analysis within the report which detailed Successes, Priorities, Opportunities, and Risks/Threats to the organisation over the last two months.</p> <p>The Committee noted particularly that mandatory training and appraisal completion rates were below target, and was advised that there was a continued focus on improving Information Governance compliance across the Trust, and plans in place to simplify appraisal paperwork which would be available on the intranet. An appraisal improvement plan was also in place across Maternity Services, which had been highlighted by the recent CQC report.</p>	<p>The Committee welcomed the new format of the report, noting the modern, accessible, clear approach. The Committee was assured by the initiatives being explored to improve mandatory training and appraisal completion rates.</p>
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Human Resources Change Programme	<p>An initial approach to developing the HR department was described to the Committee; a departmental improvement plan would be implemented, along with the utilisation of a case assessment tool and review of records of decisions and rationale to identify further process improvements.</p> <p>There were three key priorities: the introduction of the Selenity platform; ensuring the investigation process was fit or purpose, including terms of reference, the establishment of a pool of investigators, and mentoring and support in place; the development of a Mutual Respect, Grievance and Disciplinary Policy.</p>	<p>The Committee was assured by the plans in place.</p>
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Workforce Sustainability Programme	<p>The Committee was apprised of progress made on the Transactional Recruitment workstream. Three key areas for process review included: Vacancy Control Panel approval to job offer; Onboarding; Use of digital platforms. Continued delivery of the improvement plan included divisional communications and engagement, a refresh of the TRAC recruitment platform, review of onboarding and IT processes, and increased focus on the ‘customer’ to implement any new and more efficient ways of working.</p>	<p>The Committee noted the good progress made.</p>
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Items Rated Green

Item	Rationale for rating	Actions/Outcome
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ICS Update	<p>A recruitment event at Cheltenham Racecourse had been held in partnership with Indeed. Over 200 people were offered jobs on the day, with 125 still on track to join the Trust. This was a very positive example of system working, and an additional three areas were being worked through with system partners: International recruitment; agency reduction; health and wellbeing.</p>	<p>The Committee noted the good work happening across the system, and was keen to ensure ownership of agency spend by all partners.</p>
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Items not Rated

Risk Register	CPD Funding
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Impact on Board Assurance Framework (BAF)

The BAF continued to be reviewed on a regular basis; culture would be considered as a separate risk.

Assurance Key	
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Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
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KEY ISSUES AND ASSURANCE REPORT

Quality and Performance Committee, 25 January 2023

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

Items rated Red

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	<p>Cancer performance</p> <p>The Trust's cancer performance remained challenging, particularly in haematology, urology and lower GI. The number of patients was increasing, along with an increase in the backlog of patients on the 62-week wait pathway. The Trust had held a number of meetings with NHSEI to determine if there was anything more the Trust could do to improve the position. The number of patients on the 62-week wait pathway was decreasing, but there was further work to do to improve this.</p> <p>The Trust could potentially be moved into Tier 1 if significant improvement was not demonstrated, which would result in greater support and regular meetings with NHSEI.</p>	<p>The Committee received some assurance on the level of confidence to make significant improvements, however the position remained challenged. Pathway redesign was underway for urology and GI.</p>

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	<p>Key points were highlighted as follows:</p> <ul style="list-style-type: none"> • The Trust was currently achieving 2/10 of the safety actions for the Year 4 Maternity Incentive Scheme submission. • Women continued to receive good 1-1 support during labour. • There were challenges related to simple discharges and total numbers of patients which were impacting on overall performance. • Delayed transfers of care were a key area of concern. • An increase in mixed sex accommodation breaches had been reported, which was anticipated at times of pressure. • The emergency department had seen a very challenging December, with a decline in performance and the highest number of ambulance waits reported. The Committee noted signs of recovery in January. • In planned care, the Trust was performing well against the Referral to Treatment trajectory. • Falls data would be reviewed as it was not felt to be accurate. • Incidences of pressure ulcers had increased. 	<p>An extraordinary Board meeting had been arranged to sign off the Maternity Incentive Scheme submission, which was required by 2 February.</p> <p>Safety huddles were having a positive impact on staff during this challenging time.</p>
Winter Plan Implementation	<p>An overview on the strategy and scenario modelling was provided. A complex challenge was presented, with a number of objectives identified to achieve the overall plan.</p>	<p>An overview of the Trust's individual initiatives, and delivery as a system would be developed for discussion at Board.</p>
Regulatory Update	<p>The Committee noted the Inadequate rating following the inspection of the B-Braun subcontracted renal dialysis service, which had resulted in a section 29a warning notice related to deterioration of the estate.</p>	<p>A review of how CQC well-led actions were reported to committees would take place.</p>
Serious Incidents Report	<p>One Never Event had been reported, related to the misplacement of a nasogastric tube. Two serious incidents were reported. There had been no further Healthcare Safety Investigation Branch (HSIB) incidents.</p>	<p>All serious incidents and Never Events were subject to serious incident investigation processes.</p>
Trust Risk Register	<p>One new risk had been added to the register, and one downgraded. The register reflected a pressured system, with an increase in emergency department incidents continuing to highlight congestion</p>	<p>The Committee noted the reflection of a pressured system from the risks raised.</p>

	and system safety. A final investigation report into the pseudomonas incident was due in mid-February.	Assurance was received that boarded patients received regular fire risk assessments, with all procedures updated and mitigated as much as possible.
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Items Rated Green

Item	Rationale for rating	Actions/Outcome
Learning from Deaths Quarter 2 Report	All deaths were subject to a high-level review by the Bereavement team and Trust medical examiners. Families had the opportunity to feed back any comments on the quality of care received, which was collated as learning for the wards and end of life teams. Positive feedback rates had improved and was consistently at 85%.	The Committee was assured by the governance processes in place for reviewing deaths, and noted compliance with national guidance.

Items not Rated

System feedback

Impact on Board Assurance Framework (BAF)

Executives had fully reviewed BAF risks on 12 December; new risks would fully reflect the current situation of the Trust and would be presented to the Committee during January and February.

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Helping your local NHS hospitals do even more

Draft Charity Plan 2023/24

Introduction

Donations, fundraising and gifts in wills already make a huge impact for local cancer patients and NHS Staff:

- **Our Focus fund** directly funds specialist equipment, staff roles and extra care in the Gloucestershire Oncology Centre.
- **Over 35,000 people a year benefit from imaging technology** funded by our Scanner Appeal.
- **Staff support initiatives** include almost £500K of support including staff room refurbishments, clinical psychologists and other wellbeing support.

In 2023/24 we aim to make an even greater impact, this presentation summarises our key aims.

Introducing our work to date: CT Scanner Appeal

G News • Health • NHS

You've done it! Life-changing equipment installed at Gloucestershire's hospitals after massive £2.4m appeal hits target in just seven months

Two CT scanners are in place at Gloucestershire Royal Hospital and a third is planned for Cheltenham General

NEWS By [Melissa Jones](#) Senior Digital Reporter

12:02, 20 JUN 2019

Enter your **postcode** for local news and info

Enter your postcode

Go

In    **YourArea**



Introducing our work: COVID-19 Response Appeal



£359,623

raised
by 3,932 supporters

Give Now

Share



Cheltenham and Gloucester Hospitals Charity

Supporting local NHS staff

Your support makes a difference to our amazing NHS staff in Gloucestershire, both now and in future, as they continue their work to provide the best possible care for local patients.

Charity Registration No. 1051606

Be a fundraiser

Create your own fundraising page and help support this cause.

Start fundraising

Glos Charity of the Year 2022

GloucestershireLive

Business

AWARDS 2022

WINNER

Proud to be

Charity of the Year

Helping your local NHS hospitals
do even more

☰ GloucestershireLive

NEWS CHELTENHAMLIVE HEREFORDSHIRELIVE IN YOUR AREA

'Cheltenham and Gloucester Hospitals Charity likely to touch every life in Gloucestershire'

Headline sponsor of the GloucestershireLive Business Awards 2022, Randall & Payne, discusses the Charity of the Year winner

SHARE

BY RACHEL RUTHERFORD
10:15, 9 JAN 2023



Cheltenham and Gloucester Hospitals Charity, winner

Support from local community & press

News • Cheltenham News • Gloucestershire

Anonymous donor stuns organisers by gifting £400,000 to Gloucestershire charity appeal

News • Cheltenham News • NHS

Anonymous £200,000 donation to this charity will help save lives in Gloucestershire

Updated: September 30, 2022

£100,000 raised to buy mobile digital X-ray for Gloucestershire's hospitals

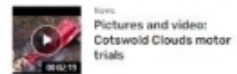
By Ashley Lovelidge • October 2, 2022



Latest News



News | Stroud Times Reporter - February 6, 2023
Two businesses in Stroud burgled on the same night
Police are appealing for information after two businesses in Stroud were burgled on the same night last week.



Sport
Following in my father's footsteps: Swindon Town loanee Bell on song for Shortwood



Stroud News and J...



Hospital staff 'humbled' by £200,000 donation left in will |...

Visit

Strategic priorities for 2023/24

- The Big Space Cancer Appeal
- Strategic Grantmaking
- Increasing charity visibility
- Diversifying our income stream
- Establishing strategic alliances

Process for forming our 2023/24 Charity plan:

**Strategic
review and
restructure**
(approved
by Trustee
Oct 22)

**Team
strategy
session**
(Nov 22)

**Team
develop
KPIs and
Objectives**
(Dec 22)

**Draft plan
and budget
to CFC for
feedback**
(Jan 22)

**Further
developme
nt** (Feb 22)

**CFC
updated on
final plan,
Trustee
approval of
plan and
budget**
(March 22)



Helping your local NHS hospitals do even more

The Big Space Cancer Appeal



THE BIG SPACE CANCER APPEAL

Help us transform cancer care
in Gloucestershire

We are the regional hospitals charity for Gloucestershire, and our capital appeal to create new cancer facilities follows a model adopted by other NHS Charities across the UK - our fundraising plan is based on this successful template.



RUH Bath £10M Dyson Cancer Centre
Appeal



Leeds Cares £10M Sir Robert Ogden
Centre Appeal



% of target	Giving Band	Gifts	Strong approaches	Subtotal	Cumulative Total
20.00%	£2-2.5M	1	3	£2,540,000	£2,540,000
10.00%	£1-2M	1	3	£1,270,000	£3,810,000
5.00%	£500,000 to £1M	2	6	£1,270,000	£5,080,000
2.50%	£300,000 to £500,000	2	6	£635,000	£5,715,000
2.00%	£200,000 to £300,000	3	9	£762,000	£6,477,000
1.50%	£150,000 to £200,000	10	30	£1,905,000	£8,382,000
1.00%	£100,000 to £150,000	12	36	£1,524,000	£9,906,000
0.50%	£50,000 to £100,000	15	45	£952,500	£10,858,500
0.25%	£25,000 to £50,000	20	60	£635,000	£11,493,500
0.15%	£15,000 to £25,000	30	90	£571,500	£12,065,000
0.10%	£10,000 to £15,000	40	120	£508,000	£12,573,000
0.05%	£1 to £10,000	50	150	£317,500	£12,890,500
	Totals	186	558	£12,890,500	



Helping your local NHS
hospitals do even more

Strategic Grantmaking

Strategic Grantmaking

“Charities exist for their beneficiaries. Measuring impact, first and foremost, should be about understanding how these people benefit. Clear, simple, and fundamental to the voluntary sector.” **The Guardian**

Strategic Grantmaking



Supported over
5,000
cancer patients in our
Focus Support Centre



Scanned nearly
30,000
patients using charity
funded CT Scanners



Helping your local NHS hospitals do even more

Increasing visibility

Visibility



The image shows a screenshot of a news article on the GloucestershireLive website. The article title is "'Cheltenham and Gloucester Hospitals Charity likely to touch every life in Gloucestershire'". The text below the title states: "The judges of the GloucestershireLive Business Awards 2022 agreed that both the scale of the projects achieved and the diversity of people benefitting across Gloucestershire made Cheltenham and Gloucester Hospitals Charity the stand out winner of the inaugural Charity of the Year Award."

GloucestershireLive

NEWS CHELTENHAMLIVE HEREFORDSHIRELIVE IN YOUR AREA

'Cheltenham and Gloucester Hospitals Charity likely to touch every life in Gloucestershire'

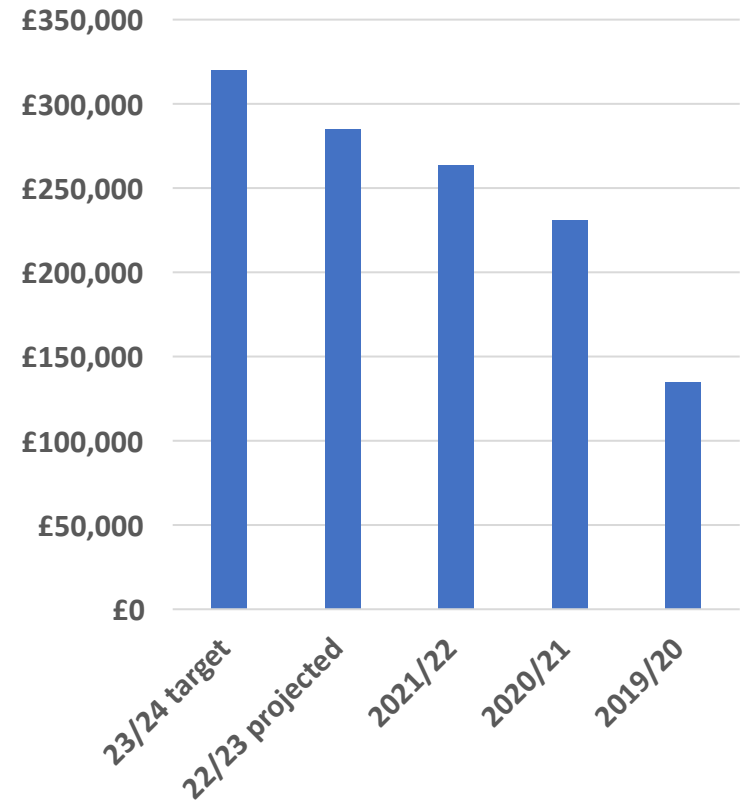
The judges of the GloucestershireLive Business Awards 2022 agreed that both the scale of the projects achieved and the diversity of people benefitting across Gloucestershire made Cheltenham and Gloucester Hospitals Charity the stand out winner of the inaugural Charity of the Year Award.

Diversifying income generation

Income diversification

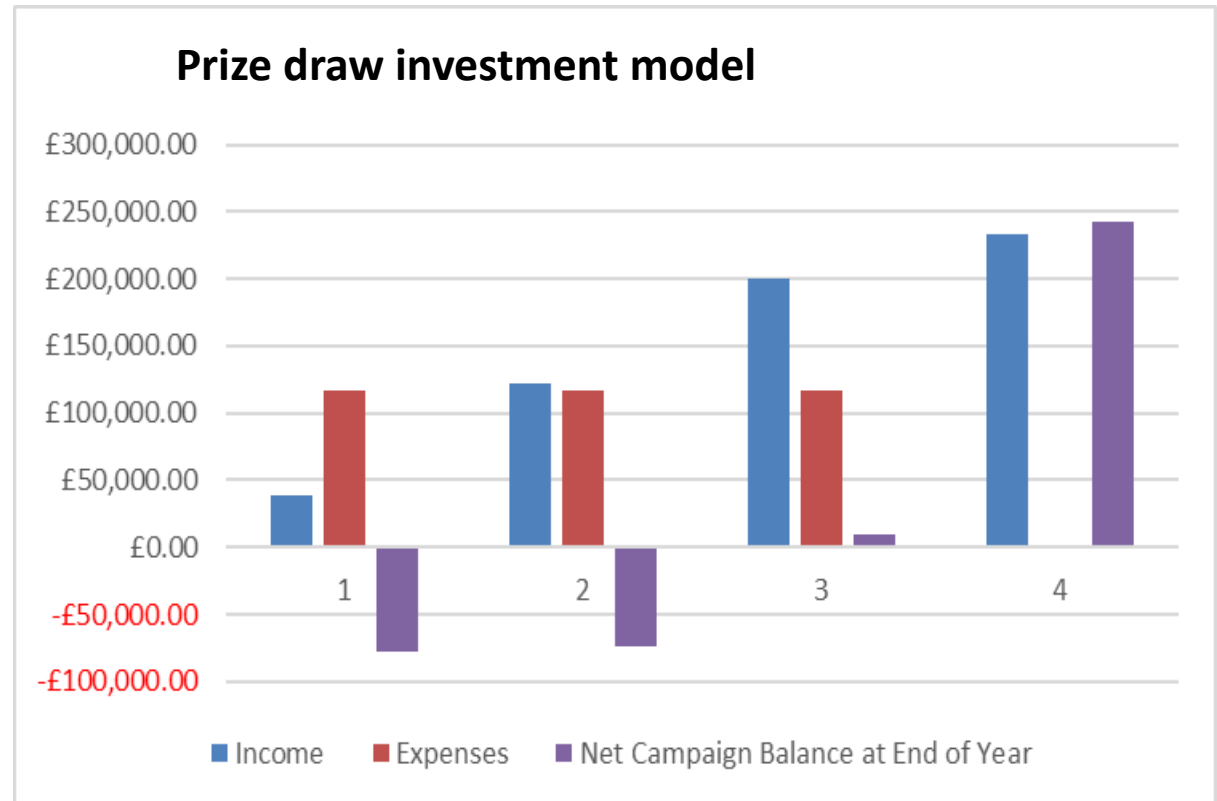


Growth of events, community and corporate fundraising



Investing in the future:

- Prize draws
- Regular giving
- Legacy income
- Commercial trading options

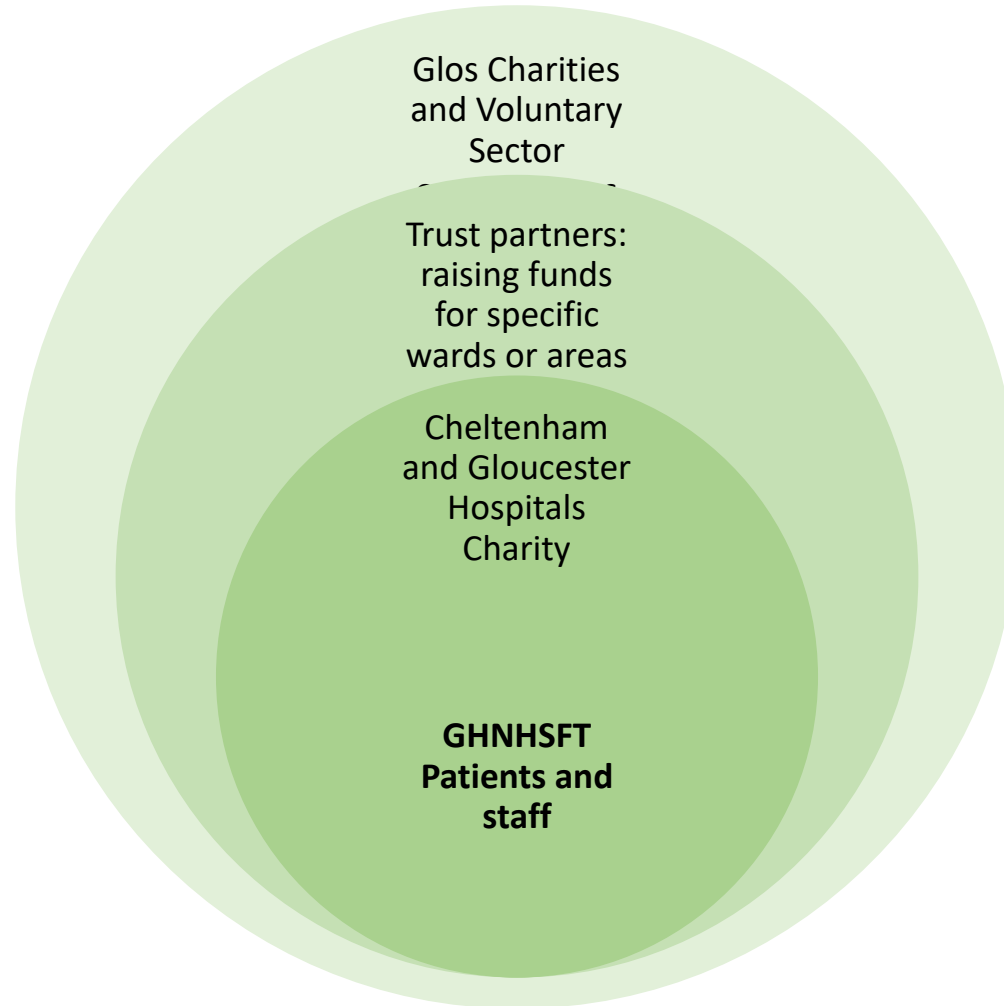




Helping your local NHS hospitals do even more

Strategic Alliances

Strategic Alliances



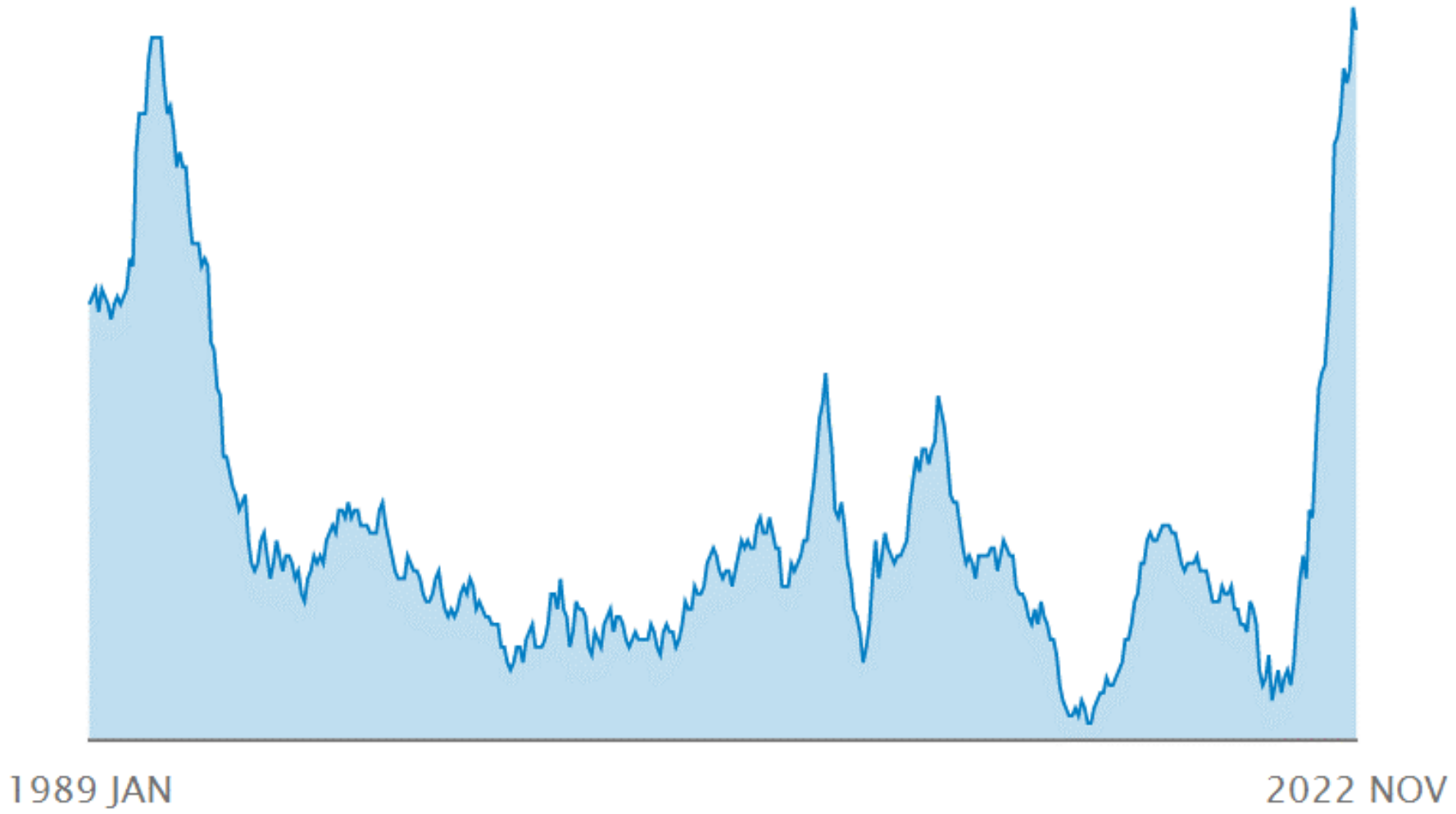
Partnership work in the community:





Helping your local NHS hospitals do even more

Landscape and trends





1 in 4

More than a quarter (27%) of people had friends or family members who were struggling to pay their bills.



1 in 8

One in eight (13%) are considering cutting back on donations to charity due to help them manage their bills.

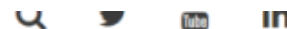


1 in 25

In April, one in 25 people (4%) reported that they had already cancelled a regular donation to charity.



PRO BONO ECONOMICS



DONATE

About us

Charity services

Research & policy

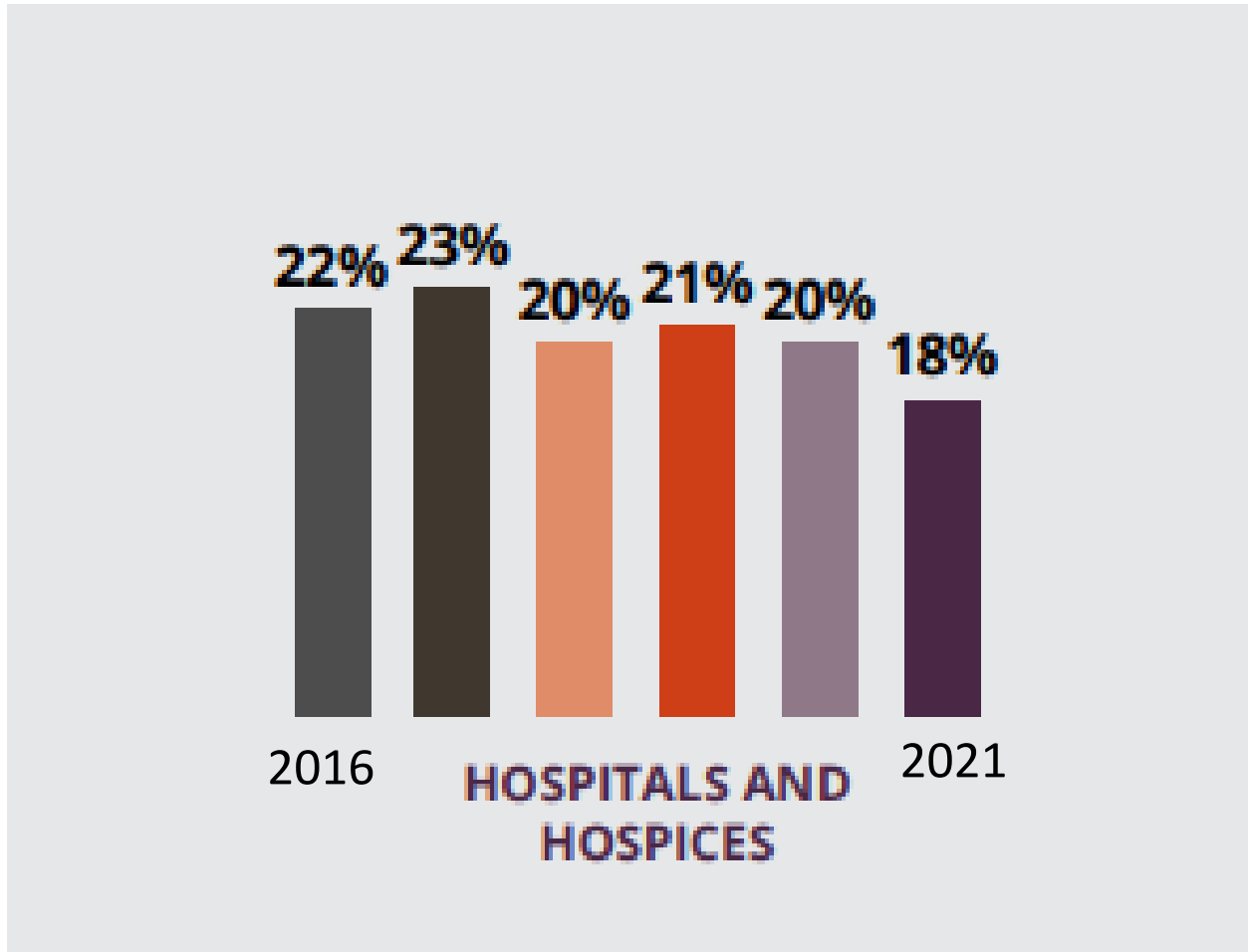
Media

Volunteer

Events

Average charity donation of £20 a month will be 'worth less than £15 by 2024', study finds

- £20 direct debit set up in 2017 projected to be worth £14.90 in two years
- Donations of £5.7bn in 2022 to drop in value by 8.5% by end of year
- Charities' income impacted by inflation, as demand for support soars



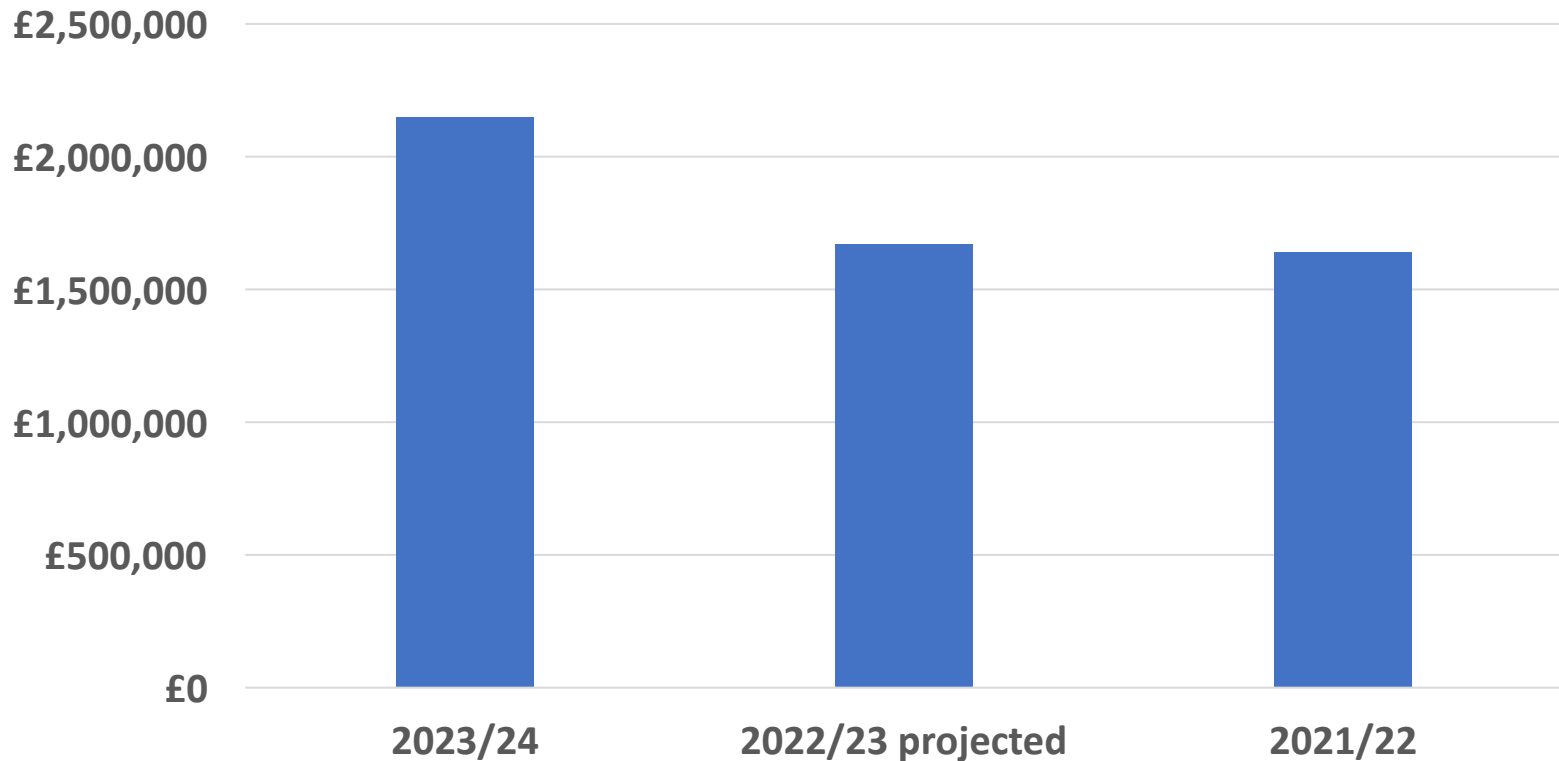


Helping your local NHS
hospitals do even more

Summary



Income projections





Helping your local NHS hospitals do even more

Getting involved!





Join us for Cheltenham Running Festival

**Sunday 11th June 2023
at Cheltenham Racecourse
5km | 10km | Half Marathon | Kids Race**

Sign up for one of our free charity places and pledge to raise funds to help support your local hospitals do even more.

Visit www.gloshospitals.nhs.uk/charity or sign up using the QR code

Scan here to Sign Up



Support us @CGHospCharity

Charity number 1051696

Cheltenham & Gloucester Hospitals Charity is the working name of Gloucestershire Hospitals NHS Foundation Trust General Charitable Fund which is registered in England and Wales charity no. 1001010. Charitable Fund Office, Cheltenham General Hospital, Cheltenham, GL52 7AN.

**Cheltenham
and Gloucester
Hospitals Charity**



at the heart of our community

Report to Council of Governors			
Date	9 February 2023		
Title	Governor's Log		
Author /Sponsoring Director/Presenter	Lisa Evans, Asstant Trust Secretary Kat Cleverly, Trust Secretary		
Purpose of Report			Tick all that apply ✓
To provide assurance	<input checked="" type="checkbox"/>	To obtain approval	<input type="checkbox"/>
Regulatory requirement	<input type="checkbox"/>	To highlight an emerging risk or issue	<input type="checkbox"/>
To canvas opinion	<input type="checkbox"/>	For information	<input checked="" type="checkbox"/>
To provide advice	<input type="checkbox"/>	To highlight patient or staff experience	<input type="checkbox"/>
Summary of Report			
<p><u>Purpose</u></p> <p>This report updates the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting November 2022.</p> <p><u>Key issues to note</u></p> <p>The Governor's Log is available to view at any time within the Governor Resource Centre on Admin Control.</p>			
Recommendation			
That the report be noted.			
Enclosures			
Governors Log			

REF	19/22	STATUS	CLOSED
SUBMITTED	16/12/22	ACKNOWLEDGED	19/12/22
DEADLINE	03/01/23	RESPONDED	21/12/2022
GOVERNOR	Maggie Powell		
LEAD	Mark Hutchinson		
THEME	Digital Transformation		
QUESTION			
<p>1) The continuing rollout of new digital systems is impressive and appears to be well-received by clinical staff. But is there sufficient hardware (computers and tablets) of appropriate quality in order to make best use of these new systems? Stories abound of malfunctioning, outdated equipment and/or queues for those that work.</p> <p>2) An associated issue being raised with Healthwatch Glos is the lack of interoperability between systems (e.g. GPs accessing hospital test results). Whilst the solution is not in the hands of GlosNHSFT, is a plan in place to address this?</p>			
ANSWER			
<p>1) I am delighted that you are hearing the reports of how well received ongoing digital transformation programme is, how this is progressing, and the improvements that it is delivering for our patients. The issue of the availability of sufficient ward-based IT kit is a complex picture. Our technical and manual audits repeatedly show that much of the equipment is underutilised for the <u>vast majority</u> of the day. We are aware of “pinch points” between 8am and 11am when surgical and medical ward rounds coincide with key nursing activities. We have worked hard with teams to provide extra PCs in each bay to cover that eventuality – but ward staff often prefer the mobile carts that we provide. Unfortunately providing more of the mobile carts loses floor space on the wards – so it is a tricky balance that we are constantly trying to get right.</p> <p>With regards to broken kit – we are working hard with ward managers and ward clerks to ensure that they each have a robust way of informing us when things break; so that we can affect a quick repair. The evidence shows that when things are raised, they are remedied very quickly. Currently broken kit is often unreported and we send engineers round on a cyclical basis to cover for that eventuality and take advantage of the floor walkers we use during deployments, to explore these issues with staff. However, we are confident that ward staff are slowly taking over responsibility for their kit and reporting concerns in a more timely way.</p> <p>2) The current shared care record across Gloucestershire is called JUYI (Joining up your information). While this is fairly immature it does try to connect a sub section of primary care, secondary care and community records. JUYI development has been slow and some way behind similar projects across the country. The replacement for JUYI is currently being procured for the ICS by the ICB. The implementation and ambition of this replacement project will determine how much of the gap we can close with other shared care records across the country. While this project will be led by the ICB we will be ready to provide support and keen to encourage partners to approach the project with ambition for our patients.</p>			

REF	20/22	STATUS	CLOSED
SUBMITTED	27/12/22	ACKNOWLEDGED	30/12/22
DEADLINE	13/01/23	RESPONDED	12/01/23
GOVERNOR	Patricia Le Rolland		
LEAD	Matt Holdaway		
THEME	RMN costs		
QUESTION			
<p>The large amount of money spent on employing agency RMN nurses has been in reports received many times at Finance and Digital committee. Approximately a year ago (autumn 2021) there was discussion about a plan to recruit the Trust's own RMNs as way to meet patient need and reduce costs. In the spring of 2022 in response to a question, it was said that the Trust was not going to try and recruit but to take on board other ways of meeting patient needs tested out in other Trusts. In the autumn/winter 2022 committee meetings the Trust is still commenting on the large costs of recruiting RMN agency nurses but nothing appears to have been done?</p> <p>Please clarify why these large and significant costs of RMN appear not to be addressed? And if action has been taken, why the costs have not reduced?</p>			
ANSWER			
<p>There continues to be an increased demand for specialist mental health nursing care for patients presenting with concurrent acute physical health needs in both adult and paediatric settings. It is not uncommon for the paediatric ward to require the support of 4 RMNs and sometimes more to help manage patients with acute mental health problems, especially eating disorders. Recognising that the need for RMNs can change quickly and is unpredictable the Trust have carried out recruitment to our in-house Nurse Bank. We currently have 7 RMNs registered with us, in the past month (Dec 2022) they have covered 13 shifts with 25 covered by agency staff. We have secured funding for specialised mental health training that will be targeted at our nursing support workers so that we can offer alternative support to patients in mental health crises as well as continuing to recruit staff on to our bank to reduce the reliance on agency staff.</p> <p>In addition to this there is work underway with GHC to introduce 2 important new roles to GHFT. These colleagues will work as part of the mental health liaison team. The first of these is a mental health patient flow coordinator. This role will assist clinical staff in managing the appropriate flow of patients with mental health needs through our hospitals to an appropriate onward destination appropriate for their mental health needs when they are ready for discharge. The second is a senior registered mental health nurse whose role it is to assess the mental health needs of patients across the hospitals and ensure they have the right specialist mental health staff caring for them-this may be an RMN, or an appropriate health care assistant. They will also work to ensure the mental health care plan patients have is appropriate, adhered to and reviewed appropriately.</p> <p>These roles are being recruited to currently, and will initially be used as a 'proof of concept' with a view to informing both trusts what the needs of these patients are to ensure an appropriate workforce for the future.</p>			

It is expected these roles will primarily increase the quality of care that patients with mental health needs receive whilst requiring to be in our physical health hospitals, whilst ensuring their length of stay is appropriate, and that the specialist care they receive offers good value for money.

REF	01/23	STATUS	CLOSED
SUBMITTED	23/01/23	ACKNOWLEDGED	23/01/23
DEADLINE	06/02/23	RESPONDED	09/02/23
GOVERNOR	Russell Peek		
LEAD	Claire Radley		
THEME	Discriminatory Behaviour in the Trust		
QUESTION			
<p>I am deeply concerned to hear further reports of discriminatory behaviour within the trust, including at senior levels of leadership. Can you provide me with an update on progress to eradicate racism and tolerance of discrimination within the organisation? I have been contacted directly by medical staff who have been subject to, or witnessed, unacceptable behaviour in recent months. What confidence do you have that managers and leaders are effective role models for equality and valuing diversity? How many people have received warnings or sanctions for discriminatory behaviour in the last year?</p>			
ANSWER			
<p>It is extremely concerning that staff continue to experience discriminatory behaviour in the Trust, and it is never acceptable that staff are exposed to this. The significant cultural work that we're starting addresses the broad behavioural issues we know to exist, but we also know that this will not go far enough to address the specific issues of discrimination. There is a significant EDI action plan, and progress against this is monitored at the EDI Steering Group and reported via People and OD Committee. Actions include: reciprocal mentoring for the exec team starting in March; cultural intelligence training; changes to recruitment practices; the introduction of the Restorative Just and Learning Programme to address the disproportionate number of ethnic minority staff going through the disciplinary process; and many more activities. Claire Radley is taking over as the Chair of this group from the next meeting to ensure exec oversight of the activity and progress.</p> <p>To avoid any misunderstanding that we think all the above is enough, we know that it isn't and that our approach to EDI might be described as 'under-powered'. Over the next few months, we are looking at how we can generate a whole executive team response, which will draw in all portfolios. We will also ensure that each Division has an EDI action plan. As part of the People and OD Dept transformation, we will also be bolstering the EDI team in the next 6 months to support the activity.</p> <p>In relation to the data requested, we have recently undertaken work to ensure effective use of an HR case management system which means that we can report on cases much more easily in the future. However, at this time the data requested is not available (although we will continue to work on ensuring that it is).</p>			

Cancer: Review of Cancer Waiting Times

Qadar Zada
Chief Operating Officer

November Submitted Performance

Latest final submitted position. December data available 10th February 2023. Local data reflects GHFT internal reports with daily validation occurring



Gloucestershire Hospitals
NHS Foundation Trust

SUBMITTED PERFORMANCE					
CWT standard	Target	GHFT - Submitted Nov 22	Local data	Variation	DEC 22 - Awaiting National Validation
2ww standard	93.0%	88.3%	92.1%	3.8%	92.2%
2ww standard (breast symptomatic)	93.0%	96.3%	84.8%	-11.5%	87.4%
28-day Faster Diagnosis Standard	75.0%	76.0%	78.1%	2.1%	79.1%
31-day new treatment	96.0%	94.0%	96.1%	2.1%	94.8%
62-day GP referral treatments	85.0%	63.7%	72.2%	8.5%	64.9%
62-day Upgrades	94.0%	56.0%	78.1%	22.1%	80.4%
62-day Screening	90.0%	89.3%	91.5%	2.2%	85.9%
31-day subs - Surgery	94.0%	85.4%	95.2%	9.8%	94.4%
31-day subs - chemotherapy	98.0%	100.0%	100.0%	0.0%	100.0%
31-day subs - Radiotherapy	94.0%	87.3%	98.8%	11.5%	100.0%
No. of standards met target		3/10	6/10		4/10

2ww: Performance challenged by long waits LGI OPA (ongoing), Haem unintended capacity reduction (now resolved), Urology capacity (ongoing). Actions: LGI review of 2ww proforma & Glanso, Urology – C&D & additional capacity

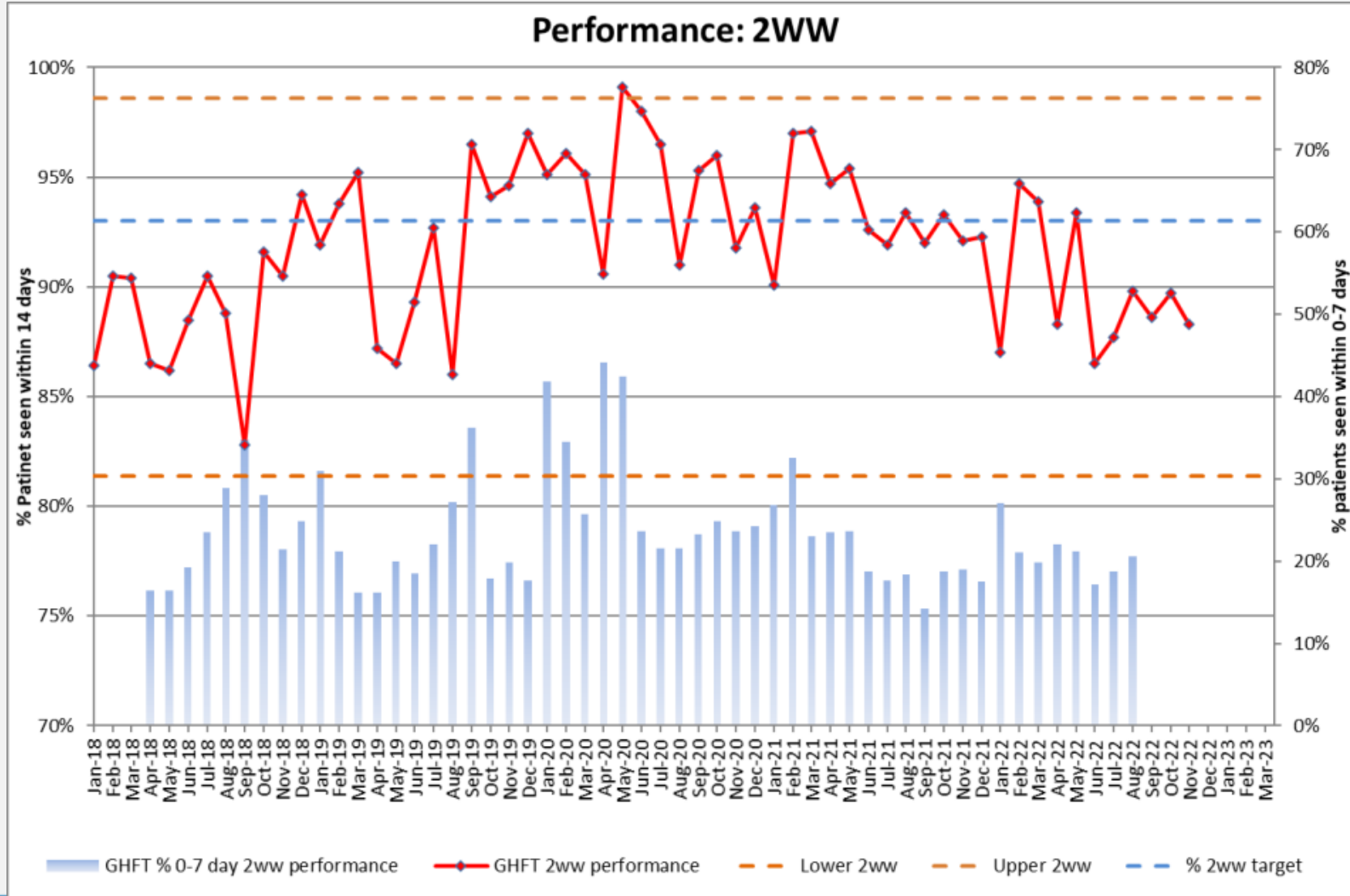
62 day: national data puts GHFT at 130% of 19/20 delivered 31 day treatments. Performance is impacted the greatest by challenges in Urology and LGI. Actions: A targeted 62 day recovery plan is in place in both specialities, with exec level support, weekly meetings with challenged specialities

31 day: challenges with theatre and radiotherapy capacity ongoing.

2ww Performance



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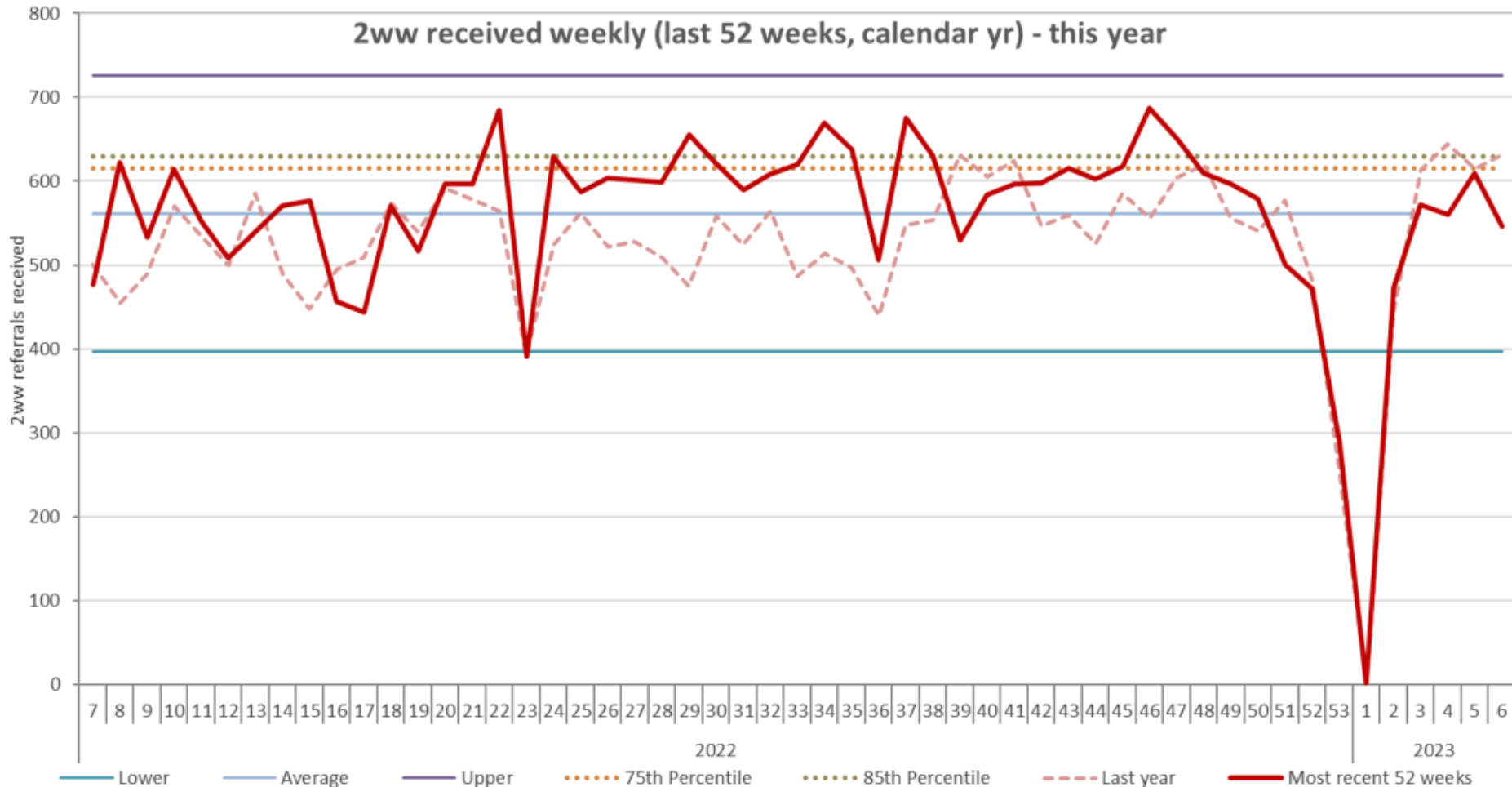
2ww Demand

22/23 = 13% increase on 21/22 demand

(solid line – last 52 weeks, dashed line – equivalent week last year)



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2ww Demand

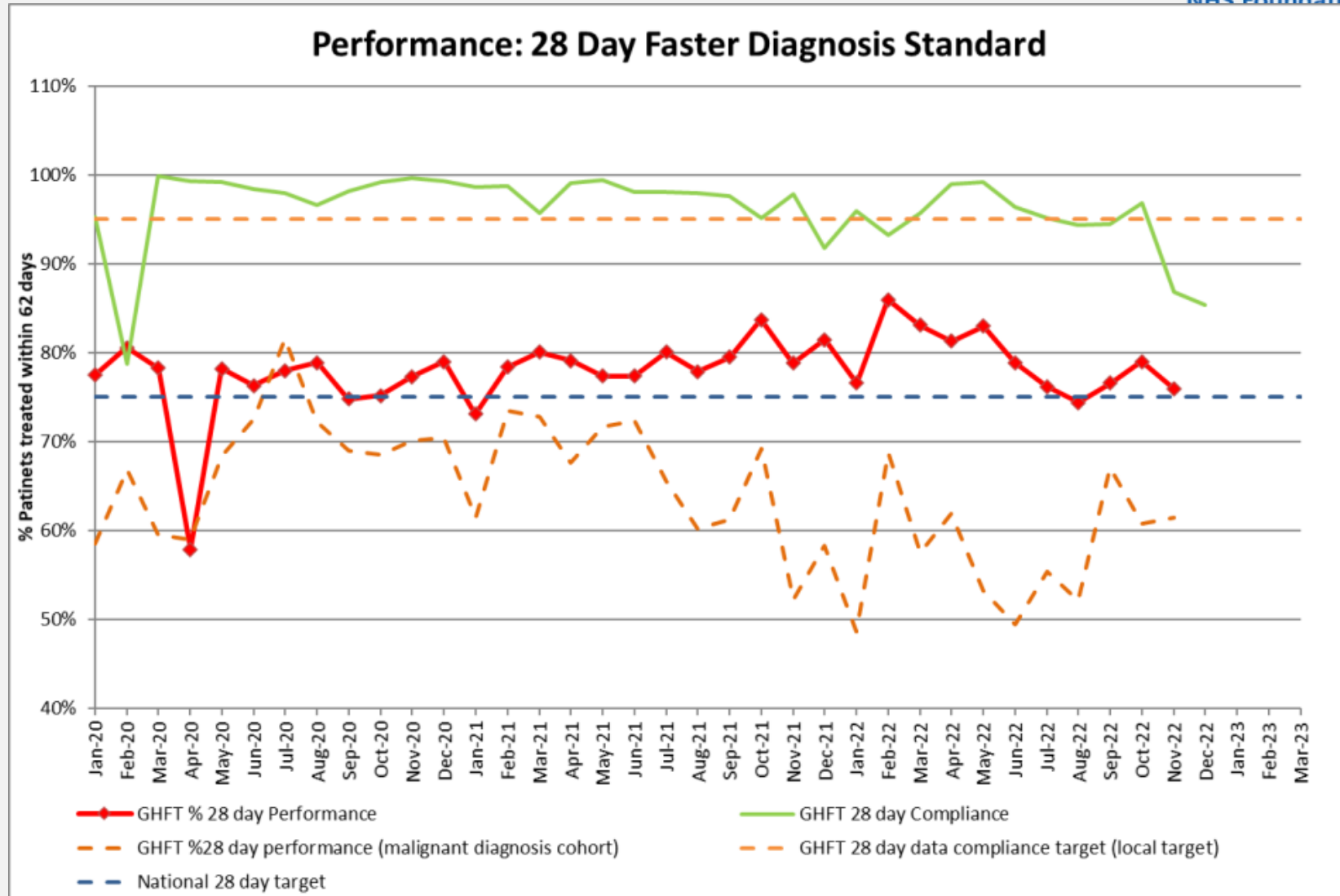
Data as at Feb 7 2023		2018/19	2019/20	2020/21	2021/22	2022/23
Total	Total Seen	23406	24871	22029	26577	24596
	2WW Breach	2324	1849	1163	1908	2788
	% Achieved	90.1%	92.6%	94.7%	92.8%	88.7%

- Steady increase in 2ww referrals across the years
- Notable drop 20/21 due to the pandemic, recovered in 21/22
- 23/23: not a complete cohort of data, a projected additional 4000 referrals to be received before the end of the financial year at a rate of approximately 2500 per month

28 Day Faster Diagnosis Standard



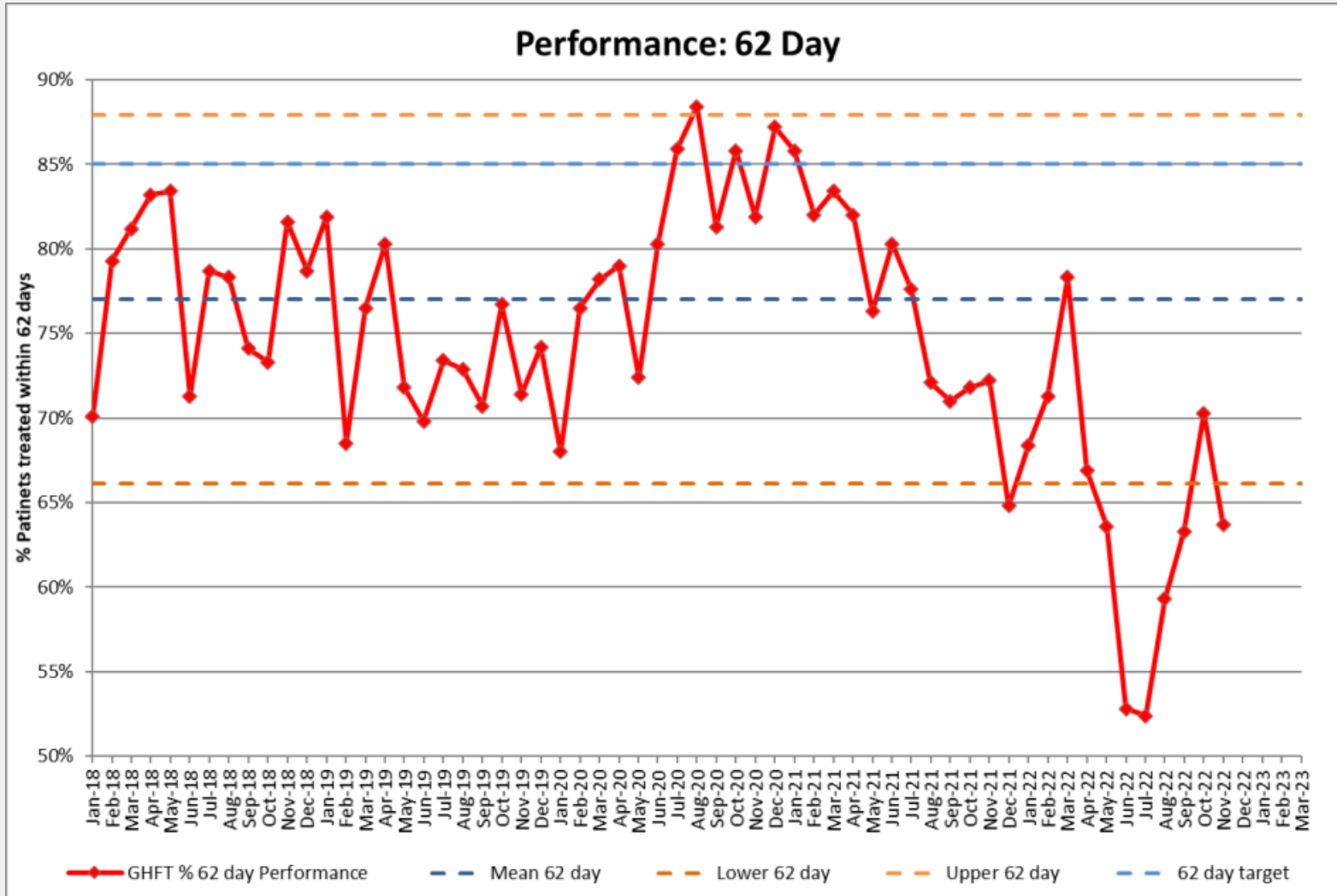
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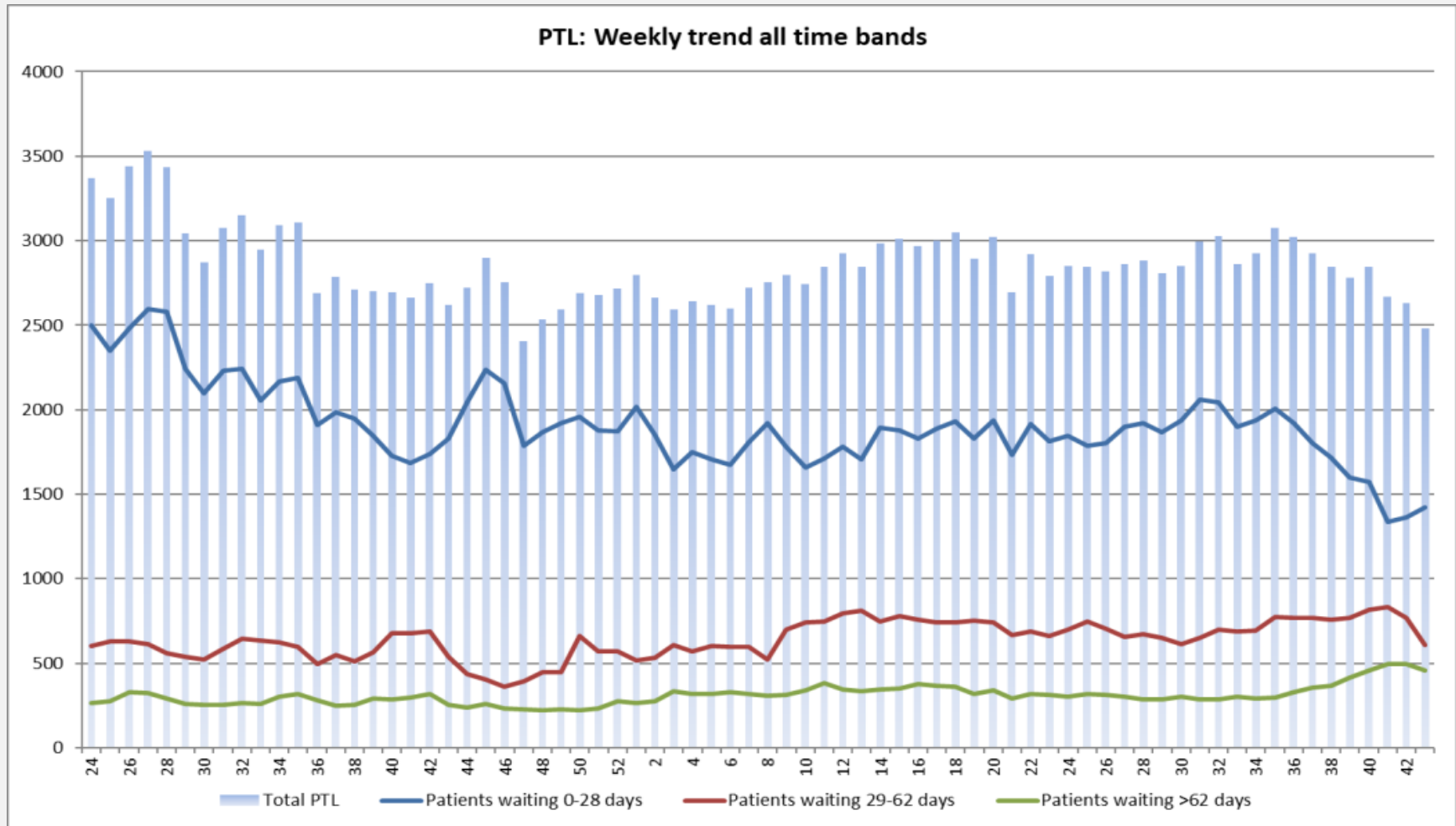
62 Day Performance



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62 day PTL size

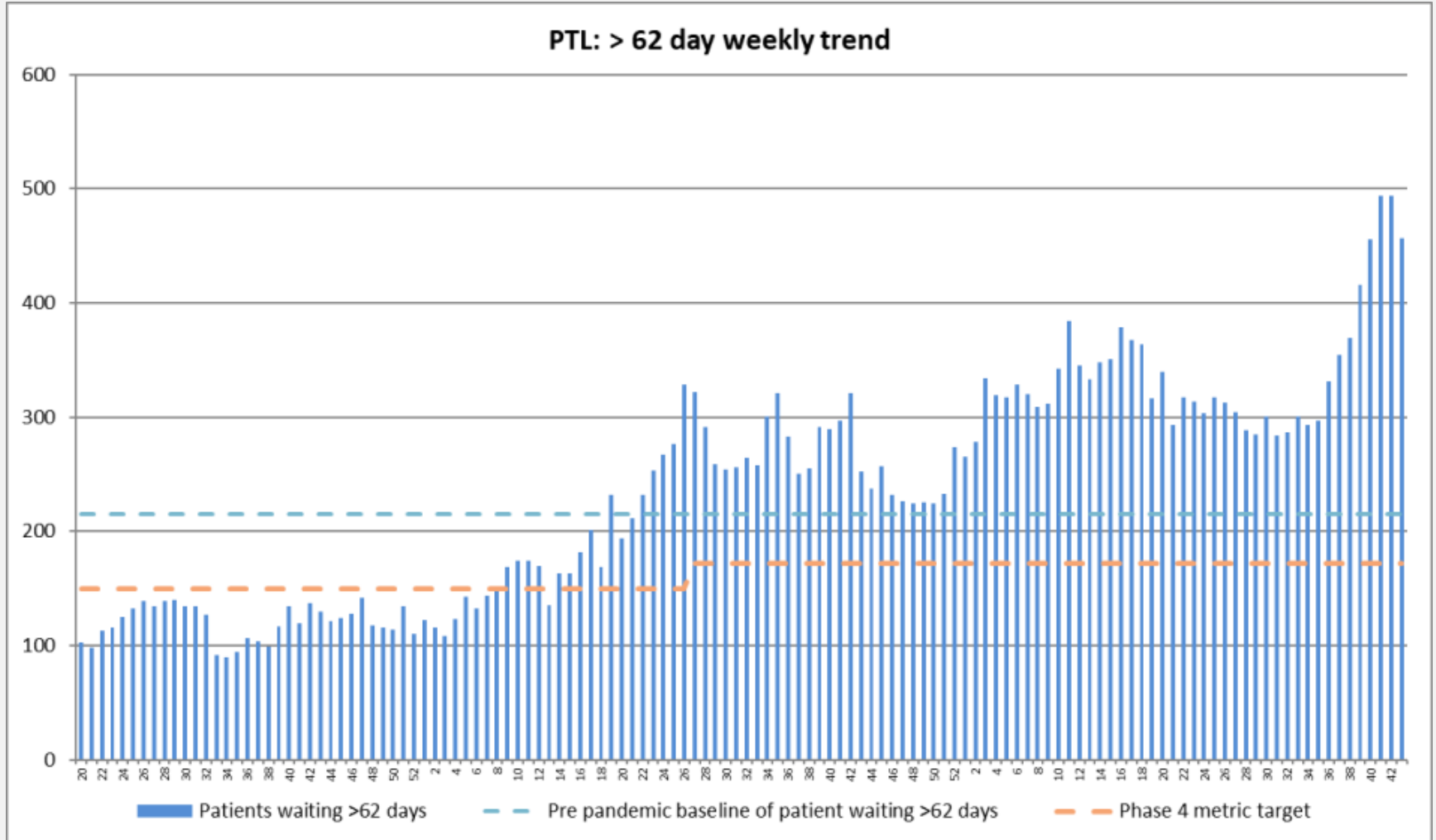


- A speciality wide focus on reducing PTL size

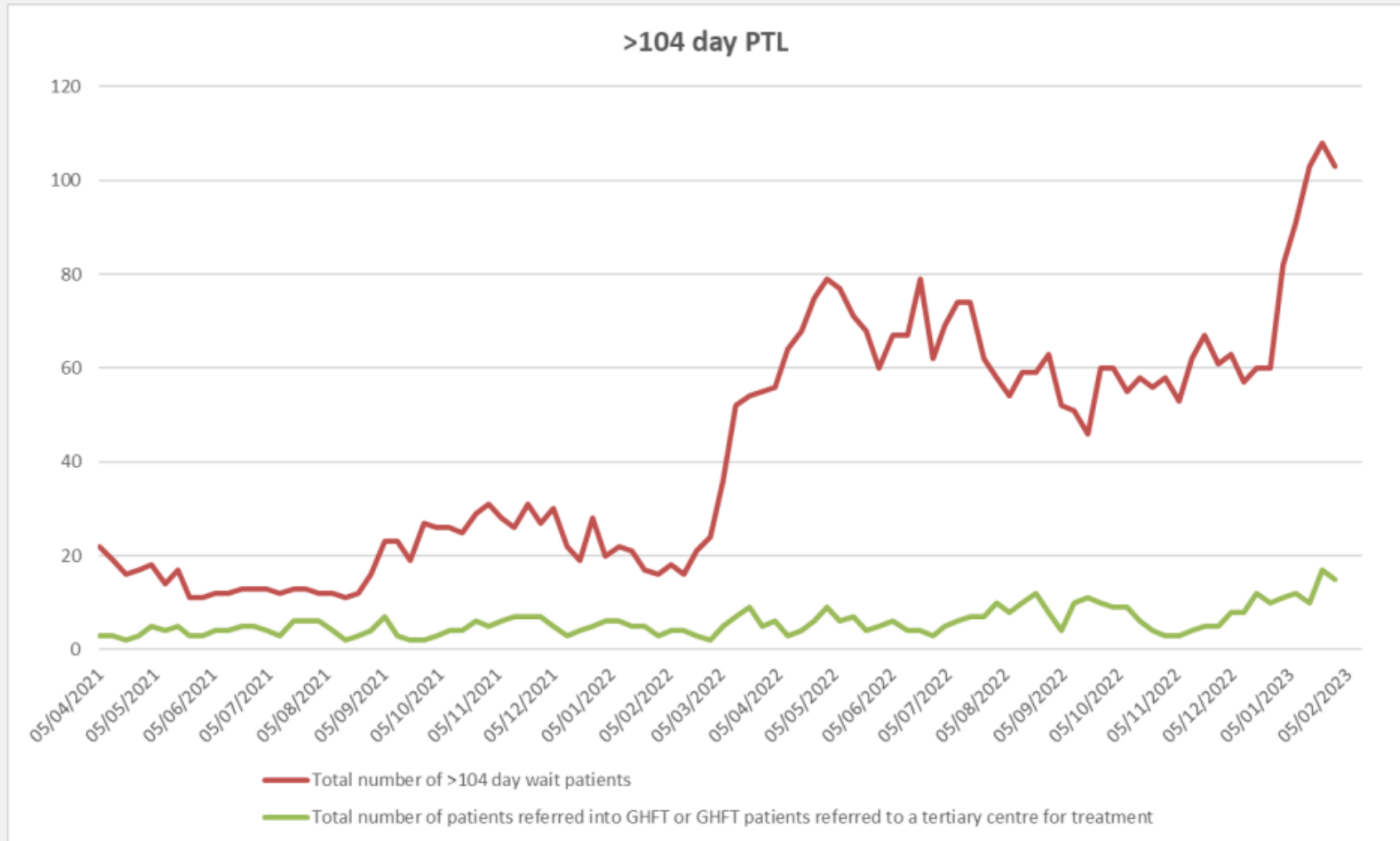
Backlog >62 days – All referrals



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>104 day position



62 day performance for specialities of greatest concern



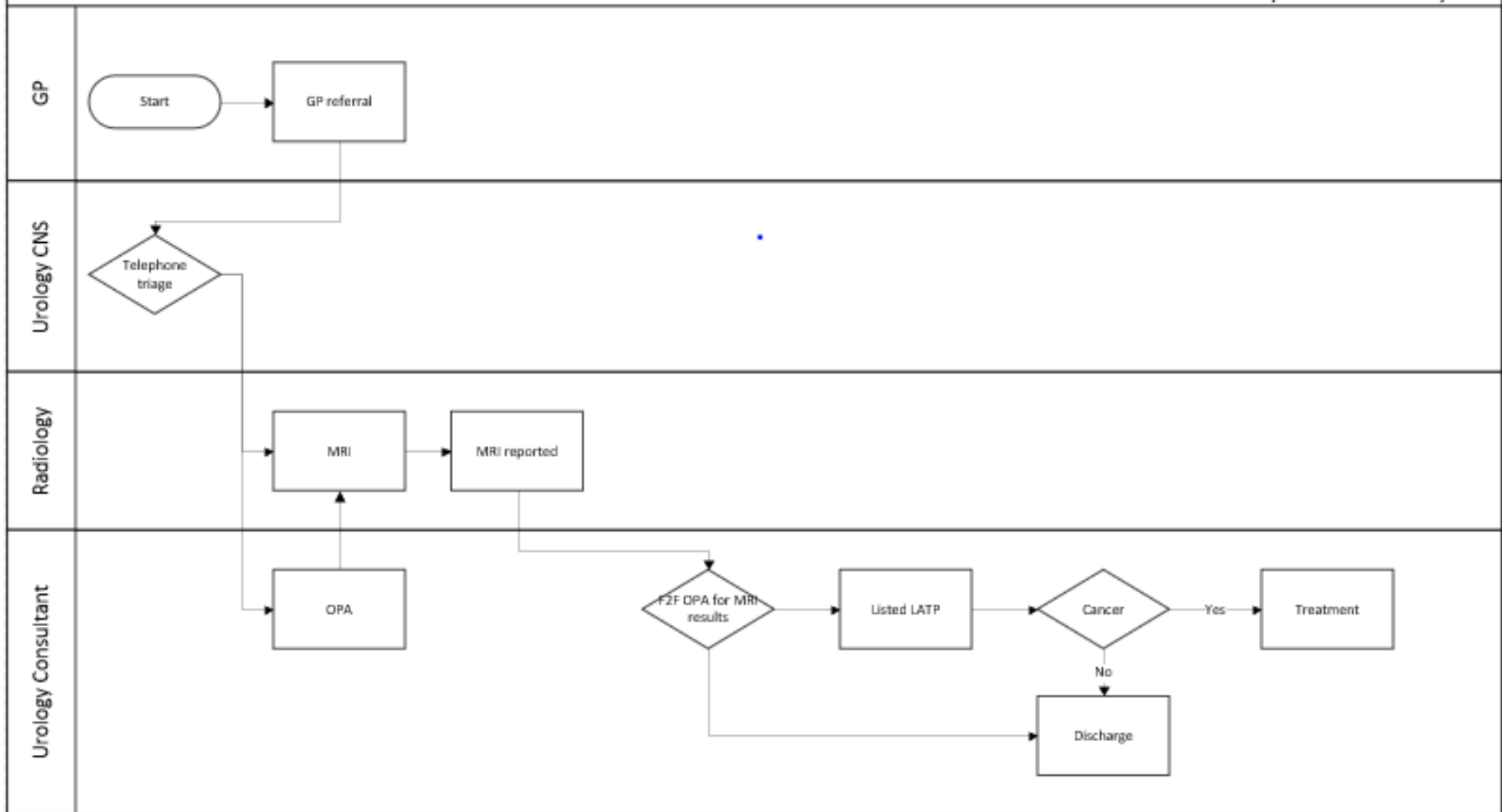
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Data as at 02/02/2023 05:13:53		Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Total	Total accountable	604.0	751.0	706.5	155.5
	62DW Breach	216.0	270.5	205.0	78.5
	% Achieved	64.2%	64.0%	71.0%	49.5%
Lower GI	Number accountable	68.0	90.5	81.0	23.0
	62DW Breach	38.5	51.5	43.0	15.0
	% Achieved	43.4%	43.1%	46.9%	34.8%
Urological	Number accountable	146.5	182.5	135.5	40.0
	62DW Breach	94.5	117.5	80.0	33.0
	% Achieved	35.5%	35.6%	41.0%	17.5%

- Pathology and Radiology working with the specialities to support flow along pathways

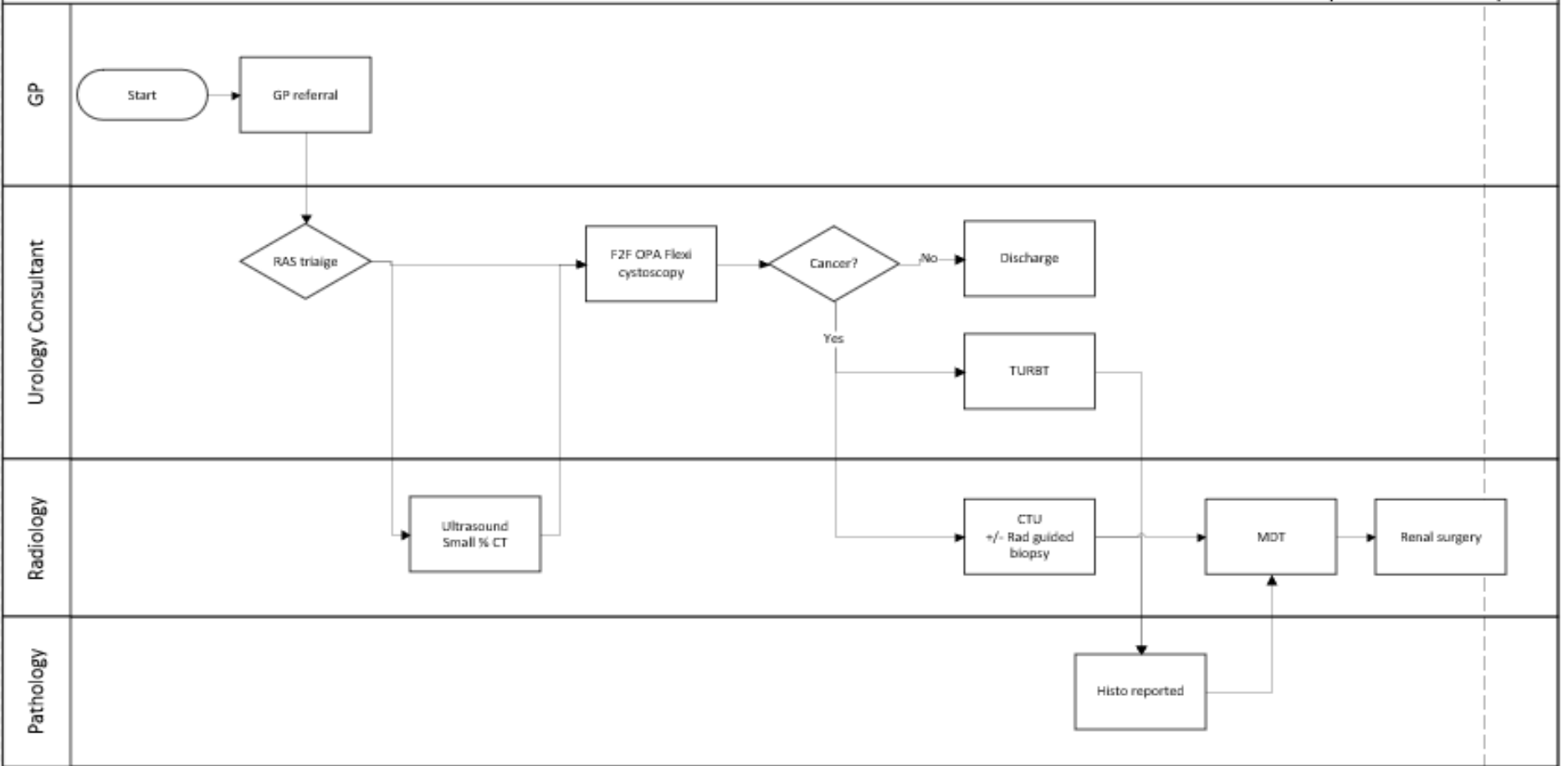
Urology RAPID Prostate Pathway

V1 Lucy Osborne February 2023

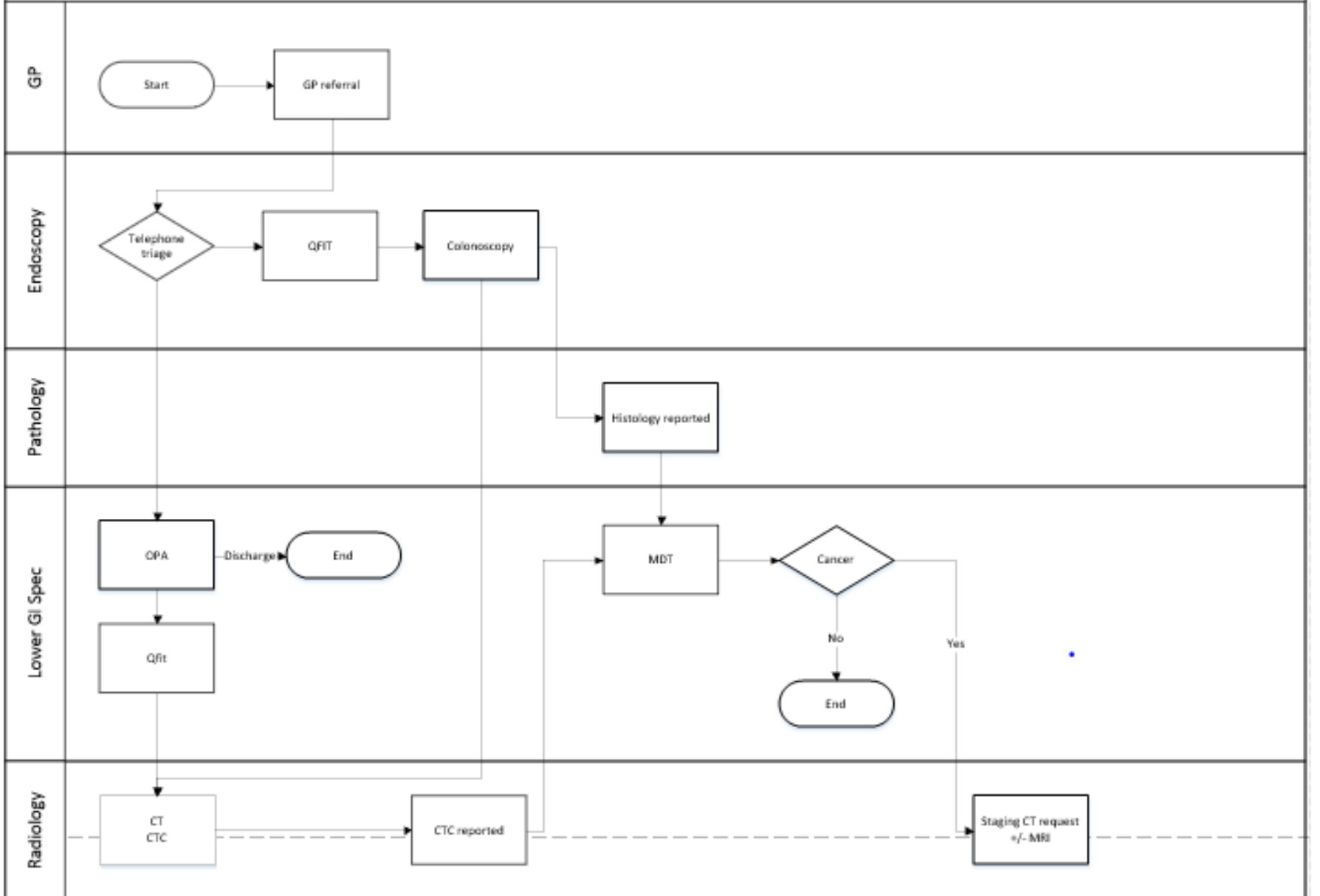


Urology Bladder & Renal Pathway

V1 Lucy Osborne February 2023



- Pathway Overview:
 - Day 0-28: Expectation - Patient to be informed of a cancer no cancer diagnosis by day 28
 - Challenges and actions undertaken
 - Delays to MRI report production – working closely with radiology to prioritise RAPID MRI reports
 - Long waiting times for Prostate biopsies (LATP) – additional 135 LATP slots created in January/February 2023, with additional pathology support to process the additional biopsies. Resulting in a 50% reduction in the backlog waiting
 - Delays to communication of results – Template letter generation for patients with negative results in addition of a systematic review of all patients on the PTL to clear any outstanding negative results in a twice weekly huddle
 - Day 0-62: Expectation – Patient with a positive cancer diagnosis to be treated within 62 days
 - Challenges and actions undertaken: (Inc notes as above Day 0-14, 0-28)
 - MDT clinic capacity not sufficient to cope with increased demand – Additional ‘breaking bad news’ clinic slots added to consultant timetable in February and March
 - Delays to theatre slot identification – early shadow booking introduced for theatre utilisation meetings
 - General
 - Letters typing backlog – Using bank staff, backlog reduced from 1400 pre Christmas to 800, expectation of clearing by end march 23.
 - Recruitment of a patient navigator to support close speciality management of the PTL
 - Weekly Huddles and PTL reviews to ensure all patients have an expedited next steps
 - Recruiting to vacant admin roles and increasing WTE to increase resource within the admin teams
 - A service level review of the 2 pathways to ensure the clinical resource is deployed at the right stage; CNS review and ‘all service’ review



- Pathway Overview:
 - Day 0-14: Expectation – Patient to be seen for the first appointment, either in a face to face OPA, for a Endoscopy or for a telephone OPA by day 14
 - Challenges and actions undertaken:
 - Face to Face OPA capacity not sufficient to cope with demand – additional clinic 4th February (52 slots), additional clinic 25th February (24, 48 or 60 slots, as needed), registrar support added to standard clinics
 - Endoscopy scoping capacity not sufficient to cope with demand – 18 weeks short term additional support for routine work freeing up in house capacity for 2ww slots, Glasno for 2ww capacity
 - Day 0-28: Expectation - Patient to be informed of a cancer no cancer diagnosis by day 28
 - Challenges and actions undertaken: (Inc notes as above Day 0-14)
 - Delays to communication of results – a review of the pathway is underway to identify a long term, sustainable solution to negative results communication in addition of a systematic review of all patients on the PTL to clear any outstanding negative results
 - Day 0-62: Expectation – Patient with a positive cancer diagnosis to be treated within 62 days
 - Challenges and actions undertaken: (Inc notes as above Day 0-14, 0-28)
 - Increased referral numbers leading to a need for increased theatre capacity – for either diagnostic or therapeutic need – Short term additional theatre slots added to clinician timetable
 - General
 - Recruitment of a patient navigator to support close speciality management of the PTL
 - Weekly Huddles and PTL reviews to ensure all patients have an expedited next steps

62 day performance

for specialities of some concern



Data as at 02/02/2023 05:13:53		Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23
Total	Total accountable	604.0	751.0	706.5	155.5
	62DW Breach	216.0	270.5	205.0	78.5
	% Achieved	64.2%	64.0%	71.0%	49.5%
Gynaecological	Number accountable	40.0	30.5	33.5	6.0
	62DW Breach	20.0	14.0	8.5	3.5
	% Achieved	50.0%	54.1%	74.6%	41.7%
Haematological	Number accountable	22.0	31.5	38.0	3.0
	62DW Breach	13.0	16.0	14.0	2.0
	% Achieved	40.9%	49.2%	63.2%	33.3%
Head & neck	Number accountable	18.0	34.0	33.5	17.5
	62DW Breach	10.0	13.0	9.5	8.5
	% Achieved	44.4%	61.8%	71.6%	51.4%
Lung	Number accountable	34.0	40.0	37.5	15.0
	62DW Breach	9.0	6.0	8.5	7.0
	% Achieved	73.5%	85.0%	77.3%	53.3%
Upper GI	Number accountable	31.0	45.0	44.5	9.5
	62DW Breach	6.0	12.0	11.0	5.5
	% Achieved	80.6%	73.3%	75.3%	42.1%

- Specialities with small accountable numbers, any breaches significantly affect the speciality position. Recovery plans in place and close monitoring of patients on the PTL

Overall Actions as a Trust

- Individual speciality actions plans in place and closely monitored via the Cancer Delivery Group chaired by COO; including a focus on flow and how we can deliver cancer pathways in a smarter more efficient way
- Additional capacity added to support specialities in need in the short term, with medium to long term additional capacity plans developed by each speciality as required
- Retraining of PTL management and oversight and a focus on pathway redesign
- Daily/Weekly escalation meetings held reviewing the patients line by line with specialities and support services (radiology & pathology)