

Council of Governors


Thu 14 December 2023, 13:30 - 15:30

Main Hall Gloucester Guildhall

Agenda

13:30 - 13:30 **AGENDA**

0 min

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

13:30 - 13:30 **1. Apologies**

0 min

Deborah Evans

13:30 - 13:30 **2. Declarations of Interest**

0 min

13:30 - 13:30 **3. Minutes of Meeting 12 October**

0 min

 03_COG Public Minutes - October.pdf (6 pages)

13:30 - 13:30 **4. Matters Arising**

0 min

13:30 - 13:30 **5. Chair's Update**

0 min

Deborah Evans

 05_Chair's Report.pdf (2 pages)

13:30 - 13:30 **6. Chief Executive's Briefing**

0 min

Deborah Lee

 06_COG CEO Report_December 2023.pdf (4 pages)

13:30 - 13:30 **7. NED Re-appointments**

0 min

Simeon Andrew Foreman

 07_NED Reappointment DRAFT.pdf (3 pages)

13:30 - 13:30 **8. Patient Portal**

0 min

Helen Ainsbury

 08_Patient Portal.pdf (8 pages)

13:30 - 13:30 9. Boarding Report

0 min

Matt Holdaway

 09_Boarding presentation November 23.pdf (12 pages)

13:30 - 13:30 10. Key Issues and Assurance Reports

0 min

10.1. Audit and Assurance Committee

 10.1_AAC KIAR_September.pdf (3 pages)

10.2. Finance and Resources Committee

 10.2a_FRC KIAR_September.pdf (3 pages)

 10.2b_FRC KIAR_October.pdf (3 pages)

10.3. People and OD Committee

 10.3_PODC KIAR_October.pdf (2 pages)

10.4. Quality & Performance Committee

 10.4_QPC KIAR_September.pdf (3 pages)

13:30 - 13:30 11. Governor Election Update

0 min

Simeon Andrew Foreman

 11_Governor Elections Update.pdf (1 pages)

13:30 - 13:30 12. Any Other Business

0 min

13:30 - 13:30 13. Governors Log

0 min

Lisa Evans

 13_Governor's Log.pdf (2 pages)

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
13.30, Thursday 14 December 2023
Gloucester Guildhall, 23 Eastgate St, Gloucester GL1 1NS
AGENDA

Ref	Item	Purpose	Paper	Time
1	Apologies <i>Deborah Evans, Chair</i>			13.30
2	Declarations of interest			
3	Minutes of meeting held on 12 October 2023	Approval	Yes	
4	Matters arising	Information	Yes	
5	Chair's update <i>Deborah Evans, Chair</i>	Information	Yes	13.35
6	Chief Executive's Briefing <i>Deborah Lee, Chief Executive</i>	Information	Yes	13.45
7	NED Re-appointments <i>Sim Foreman, Trust Secretary</i>	Approval	Yes	14.00
8	Patient Portal <i>Helen Ainsbury, Interim Chief Digital Information Officer</i>	Assurance	Yes	14.05
9	Boarding Report <i>Matt Holdaway, Chief Nurse & Director of Quality</i>	Assurance	Yes	14.20
10	Key Issues and Assurance Reports: <ul style="list-style-type: none"> • <i>Audit and Assurance Committee John Cappock, Non-Executive Director</i> • <i>Finance & Resources Committee Jaki Meekings Davis, Non-Executive Director</i> • <i>People & OD Committee Balvinder Heran, Non-Executive Director</i> • <i>Quality & Performance Committee, Vareta Bryan</i> 	Assurance	Yes	14.35
11	Governor Election Update <i>Sim Foreman, Trust Secretary</i>	Assurance	Yes	15.20
12	Any other business			15.25
INFORMATION ITEMS				
13	Governors Log	Information	Yes	

Close by 15.30

Date of next meeting: Thursday 8 February @ 2pm
(Redwood Education Centre)

Unconfirmed

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST Minutes of the Council of Governors Public Meeting 12 October 2023, 17:00 Lecture Hall, Sandford Education Centre, Cheltenham General Hospital			
Present	Deborah Evans	DE	Trust Chair (Chair)
	Bryony Armstrong	BA	Public Governor, Cotswold
	Matt Babbage	MB	Appointed Governor, Gloucestershire City Council
	Helen Bown	HB	Appointed Governor, Age UK
	Mike Ellis	ME	Public Governor, Cheltenham
	Fiona Hodder	FH	Public Governor, Gloucester
	Andrea Holder	AH	Public Governor, Tewksbury
	Rachel Lowings	RL	Staff Governor, Nursing and Midwifery
	Jeremy Marchant	JM	Public Governor, Stroud
	Peter Mitchener	PM	Public Governor, Cheltenham
	Maggie Powell	MP	Appointed Governor, Healthwatch
	Juliette Sherrington	JS	Staff Governor, Allied Health Professionals
Merleen Watson	MW	Public Governor, Out of County	
Attending	James Brown	JB	Director of Engagement, Involvement & Communication
	Vareta Bryan	VB	Non-Executive Director
	John Cappock	JC	Non-Executive Director
	Sim Foreman	SF	Trust Secretary
	Marie Annick-Gournet	MAG	Non-Executive Director (Items 1 -11)
	Balvinder Heran	BH	Non-Executive Director (Items 1 -11)
	Matt Holdway	MH	Director of Safety and Chief Nurse (Items 1 -10)
	Katherine Holland	KH	Head Patient of Experience (Item 10)
	Louisa Hopkins	LH	Freedom To Speak Up Guardian (Item 11)
	Michelle Hopton	MHop	External Auditor, Deloitte LLP (Item 9)
	Karen Johnson	KJ	Director of Finance (Items 1 -11)
	Deborah Lee	DL	Chief Executive Officer
	Jaki Meekings Davis	JMD	Non-Executive Director (Items 1 -11)
	Alison Moon	AM	Non-Executive Director
	Steve Perkins	SP	Director of Operational Finance (Items 7- 8)
	Claire Radley	CR	Director for People and Organisational Development (Items 1 -11)
Apologies	Matt Bishop	MB	Public Governor, Forest of Dean
	Pat Eagle	PE	Public Governor, Stroud
	Fiona Hodder	FH	Public Governor, Gloucester
	Bilgy Pellissery	BP	Staff Governor, Nursing and Midwifery
	Russell Peek	RP	Staff Governor, Medical and Dental
	Kaye Law Fox	KLF	Associate Non-Executive Director
	Sally Moyle	SM	Associate Non-Executive Director
REF	ITEM		
1	APOLOGIES Apologies were NOTED as above. Two other governors were expected but had not sent apologies, which meant that as two thirds of all governors in post were not present, the meeting was inquorate and unable to take decisions. It was AGREED to continue the meeting		

Unconfirmed

	and record support of those present on business items, and follow up to seek, but additional written approvals from absent governors.
2	DECLARATIONS OF INTEREST There were no declarations of interest.
3	MINUTES OF PREVIOUS MEETING RESOLVED: The minutes of the meeting held on 12 September 2023 were APPROVED subject to a correction to record JC was present.
4	MATTERS ARISING RESOLVED: The Council NOTED the updates and all matters were closed.
5	CHAIR'S UPDATE The Chair reminded that a written report had been presented to the last meeting and there were not significant matters to update on in relation to their recent meetings and activities RESOLVED: The Council NOTED the Chair's update.
6	CHIEF EXECUTIVE'S BRIEFING DL reported that the organisation continued to face challenges in urgent and emergency care, specifically in handover delays, compounded by two recent spells of industrial action. However, the Trust continued to deliver strong elective performance, in particular moving from RED to AMBER on cancer following good progress. Highlights from the report included: <ul style="list-style-type: none"> • Annual Member Meeting (AMM) held in person, but with a low turnout from staff and public. This would hopefully be addressed in future through use of hybrid technology being installed on both sites. • Planned moves in the Emergency Department had been postponed until the following week • Positive report of improved outcomes for stroke patients following centralisation of the service at Cheltenham General Hospital (CGH). • The Trust had become a strategic partner of the Three Counties Medical school and agreed to support 100 students. Governors raised questions on the following matters: <ul style="list-style-type: none"> • Whether discharge was an insuperable problem? It was confirmed that it wasn't as others were performing better than the Trust. Ian Sturgess, a national expert, was helping to maximise opportunities in this area. • On a related follow up on whether the "early meds campaign" had helped, it was confirmed it had but the work was wider than this alone; more planning further ahead was required to support earlier ward rounds (which were supported by the early meds) as well as patients supported by primary care in the community. • Whether the improvements in stroke care had impacted (positively) on the ability to recruit? It was confirmed that there was a full complement of nursing staff following an initial mass exodus, but the consultant appointments continued to be on locum basis, but they worked as a steady team and it as hoped some would covert to substantive employees. RESOLVED: The Council NOTED the CEO's briefing.
7	EXTENSION OF EXTERNAL AUDITORS' CONTRACT SP reported that the external audit contract with Deloitte LLP was in its third and final year and the Audit and Assurance Committee (AAC) had considered three options: Tender, direct contract award or contract extension. As part of this work, the AAC had also considered opportunities to work across the Integrated Care System (ICS) but this was not possible for another two years. It was also reported that research by the Healthcare Finance

Unconfirmed

	<p>Management Association (HFMA) had shown increased regulatory pressures from the Financial Reporting Council on audit firms to deliver higher quality audits and to demonstrate much greater professional scepticism had led to a decrease in market capacity as audit firms moved away this work with increased fees from those who remained. Taking all of the above into account, the AAC recommended an extension to the Deloitte LLP for two years.</p> <p>RESOLVED: All Governors present SUPPORTED the recommendation to appoint the incumbent auditors, Deloitte LLP, for two more years and the Trust Secretary would canvas other governors to secure sufficient written approvals to achieve a quorate decision.</p> <p>ACTION: SF.</p>
<p>8</p>	<p>MEDIUM TERM FINANCIAL PLAN (MTFP)</p> <p>SP provided an update on Medium-Term Financial Plan (MTFP) requirements following the 2023/24 planning process and confirmed the overall ICS position was seeking to achieve a breakeven position by Year 5, although a gap still remained due to non-recurrent measures. NHS England had not yet confirmed the level of capital funding so assumptions has been made in the version of the plan that had been submitted.</p> <p>In response to a governor question on whether the ICS make up any shortfall, SP confirmed the ICS held about 0.5% (£5m) of budget in reserve in addition to any one-off funds that may be received, but the ICS was facing budget pressures particularly on prescribing. KJ updated from a Regional Directors of Finance call the previous day that although there were pressures about achieving balance, the focus was on reducing the outturn in year to achieve balance in 2024/25.</p> <p>RESOLVED: The Council NOTED the update on the MTFP.</p>
<p>9</p>	<p>YEAR END POSITION UPDATE</p> <p>MHop provided an update on the external audit for 2022/23 which included confirmation Deloitte had been satisfied with the level of materiality, Value for Money (VFM) opinion and overall positive assurance on the Trust's controls.</p> <p>In response to a governor question, it was explained that the VFM opinion looked at and considered how the Trust spent resources and the quality of services as determined by the Care Quality Commission (CQC). There had been significant weakness related to CQC in the prior year, but MHop confirmed there were none this time. Deloitte had provided a positive view and awaited CQC to view for formal closure. MHop also explained this work also looked governance controls and processes.</p> <p>RESOLVED: The Council NOTED the update from the External Auditor on the year end position.</p>
<p>10</p>	<p>PATIENT EXPERIENCE ANNUAL REPORT</p> <p>KH presented highlights from the report which included:</p> <ul style="list-style-type: none"> • Involvement of patients/carers in the care / ask questions • Personalised care was on the ICB agenda focusing on “what matters to me” • Support to carers • 261 volunteers covering 13 different roles across a range of areas from Emergency Department to the garden • Work with Inclusion Gloucestershire • PALs and Friends and family Test (FFT) – Both were required but sometimes data was contradictory • Improved discharge processes and lots more work underway <p>In response to governor feedback that people did not like the leaflets, it was explained these were in a prescribed format for accessibility requirements.</p> <p>KH was asked year on year increase in PALS concerns could be attributed to them and if they team was coping. Governors were informed that the team were amazing and worked</p>

Unconfirmed

hard to hear all concerns and manage expectations of their “customers”. A strong team spirit and good morale was huge asset but additional wellbeing support had been proved to them. The increase in PALS queries was in line with the increase in complaints and although the complexity of these was increasing, there was no clear rationale or answer to explain this. National data on views of the NHS shows a less positive position, partly attributed to waiting times and appointment availability. MH echoed the comments on quality of the team, and advised there was a real opportunity to disseminate PALS info across the Trust to help embed learning in divisions using an example that had been successful about information gathered by PALs on pain relief that saw almost immediate improvements. It was also noted that PALS and FFT data was starting to align and a dashboard for People and OD Committee was in development to provide assurance on this area. JB added that the Trust was able to correlate social media topics shared by the Trust with the number of people contacting PALS as a result.
RESOLVED: The Council **NOTED** the patient experience report.

11 FREEDOM TO SPEAK UP (FTSU) UPDATE

CR introduced LH as the Trust’s first full time FTSU Guardian, LH had been a FTSU Guardian for five years and shared her findings and reflections since arriving in April 2023;

- Tremendous effort and energy had been out into creating a safe space for staff to speak up
- Staff survey results had prompted deep reflection leading to more resources in the FTSU team
- Number of cases had doubled with 110 so far this year (98 in 2022) showing more trust in the service.
- No barriers to date met by the team.
- Anonymous reporting had been quite high at 34% but fallen to 10% and expected to fall further, but this option would always be available to staff who chose to use it.
- Cases of detriment (as a result of speaking up) had fallen from 16% and there was one case being supported at present.

The Chair flagged the number of concerns from colleagues shown by the data highlighted the importance of staff governors being able to signpost to the FTSU team. It was agreed that staff governors would meet with LH and this would also support greater confidence in the service. **ACTION:LH**

Governor questions related to the following:

- Concerns about anonymous reporting and asked how these were logged. It was explained that the Trust used a service called “Speak Up in Confidence” which was completely anonymous and staff were being encouraged not to report via Datix (which had happened in the past).
- Given the nature of anonymous reporting, whether LH and the team were able to get into different areas of the Trust and understand the detail or if they picked up the bulk of their findings in one area. It was explained that the team were able receive and follow up on details as staff were willing to share information.
- Whether the Trust and Board were responding to and acting on the FTSU data and findings? LH confirmed it was easier at a senior level, but more proactive work was required with line managers in the service to improve things.
- Themes coming out of staff survey would be of interest to governors.
- How was the bigger picture learning being taken forward? Via quarterly reporting to show the number of cases on staff speaking up to help bring openness and linking to the wider

Unconfirmed

	<p>cultural work being led by CR. Recruitment of a part time FTSU Deputy would free up LH's time to support this.</p> <p>CR advised that LH was very good at holding to account for follow up and always closed the loop, thus ensuring the Trust was in line with the National Guardian's Office (NGO) expectations. This approach had prompted some people to come back following reflections on previous speaking up concerns demonstrating their confidence in LH.</p> <p>JS commend LH and her team and stated that if staff would be empowered if they could see how this. Discussion took place about using more than email to support this (as staff get overwhelmed by this) and if there were obstacles in the current team brief cascade approach. RL and JB agreed to discuss this. ACTION: JB/RL.</p> <p>RESOLVED: The Council NOTED the FTSU update.</p>
12	<p>BOARDING REPORT</p> <p>Item deferred to next meeting.</p>
13	<p>MEMBERSHIP STRATEGY</p> <p>JB provided an update on the Membership strategy explaining this was a two-year strategy to ensure the key foundations were embedded. The strategy was co-designed with governors, opened to Members and some public engagement via community activities, which had shaped four strategy objectives:</p> <ul style="list-style-type: none"> • Develop a membership that is representative of our diverse communities; • Support the Council of Governors to be reflective and representative of our diverse communities; • To improve the quality of engagement and communication with members; • To keep accurate and informative databases of members and tools to engage with people. <p>Governors were extremely positive about the work on the strategy and recorded thanks to JB and his team.</p> <p>RESOLVED: The Governors present SUPPORTED the Membership strategy and the Trust Secretary would canvas other governors to secure sufficient written approvals to achieve a quorate decision. ACTION: SF.</p>
14	<p>ENGAGEMENT AND INVOLVEMENT ANNUAL REVIEW</p> <p>JB presented the third formal report on the Trust's engagement and involvement activity, reinforcing why engagement and involvement were important to the Trust and explaining how the Trust had worked with local people, community groups and partners over the last year. Governors noted that over the last year the Trust had been an active part of 58 groups and community events, reaching over 8,700 people, which brought valuable insight into how access to services could be improved. The review also set out the challenges of health inequalities across the county.</p> <p>RESOLVED: The Council NOTED the engagement and involvement annual review.</p>
15	<p>YOUNG INFLUENCERS UPDATE</p> <p>BA updated that a number of Young Influencers had stepped down due to a change in their circumstances i.e. going to university/college or gaining full time employment which meant that recruitment was underway for more volunteers. The Young Influencers had been meeting offsite in a neutral venue and it was reported that this had felt more relaxed and led to better discussions.</p> <p>RESOLVED: The Council NOTED the young influencers update.</p>
16	<p>RESULTS OF THE GOVERNOR ELECTIONS</p> <p>Nominations for the 2023 elections closed at the end of July and four governors were elected unopposed; Bryony Armstrong, Asad Hussain, Russell Peek and Matt Bishop. Two staff constituencies were contested with Oliver Warner elected as Staff Governor, Other/Non-</p>

Unconfirmed

	<p>Clinical, and Bilgy Laurence Pellisery elected as Staff Governor for Nursing/Midwifery. Three governor vacancies remained, with one pending following JS leaving at the end of October. RESOLVED: The Council NOTED the governor election results and AGREED the Governance and Nominations Committee would consider the vacancies and make recommendations about these at the next meeting.</p>
17	<p>GOVERNANCE AND NOMINATIONS COMMITTEE MEMBERSHIP Following the recent call on 2 October 2023 for expressions of interest from governors to join the Governance and Nominations Committee (GNC), there were three volunteers for the three vacancies so an election was not required. PE, ME and OW would join DE, AM and AH on the GNC until the 2024 Annual Members' Meeting. RESOLVED: The Council NOTED the appointment of Peter Mitchener, Mike Ellis and Oliver Warner to the Governance and Nominations Committee for 2023/24</p>
18	<p>ANY OTHER BUSINESS There were no items of any other business.</p>
Close 19:05	

ACTIONS/DECISIONS			
ITEM	ACTION	LEAD/ DUE DATE	UPDATE
07	<p>Extension of External Auditors' Contract The Trust Secretary to canvas other governors to secure sufficient written approvals to achieve a quorate decision.</p>	Sim Foreman	
11	<p>Freedom to Speak Up (FTSU) Update Staff governors to meet with LH and this would also support greater confidence in the service</p> <p>RL and JB to discuss using more than email to support staff to feel empowered and if there were obstacles in the current team brief cascade approach.</p>	<p>Louisa Hopkins</p> <p>Rachel Lowings & James Brown</p>	
13	<p>Membership Strategy The Trust Secretary to canvas other governors to secure sufficient written approvals to achieve a quorate decision.</p>	Sim Foreman	

CHAIRS REPORT – DECEMBER 2023

1. This is the last Council of Governors meeting which Deborah Lee will attend as our Chief Executive. In the 7 years during which she has served the Trust, Deb has always prioritised the relationship with Governors as bringing valuable local, stakeholder and colleague perspectives.

Deborah leaves the Trust in a far stronger position than she found it and has worked tirelessly in the interests of patients, colleagues and the people of Gloucestershire.

As a Board of Directors, we are very grateful to her for her leadership and commitment and I'm sure that the Council of Governors will wish to add their thanks and join with us in wishing Deborah every success for the future.

2. Visits

Since my last written report in September my visits have included:

- Visit to Linen services and the GMS warehouse, with Kaye Law-Fox, Chair of GMS.. Both of these services play a vital role in ensuring that neither hospital runs out of essential supplies, the latter service provides our hospitals with the top 100 most frequently used supplies (think syringes, cannulas etc) and ensures a resilient supply of essential equipment and saves money. GMS also provide a repair and storage service and are busy extending their offer to Division and departments by purchasing goods for the trust and saving VAT.
- Allied Health Professionals showcase – which was a half day celebration and knowledge exchange of all our AHP disciplines. It included a very impressive array of posters of research and service improvement. The AHPs are so health conscious they don't sit down.
- Restart a Heart Day – where I learned Continuous Pulmonary Resuscitation (CPR) and how to use a defibrillator in the company of Claire Radley our Director for People.
- Chairs visit to End of Life Care services. This was a whole day programme which included end of life care at Charlton Lane Hospital, Tewkesbury Integrated Care Team and specialist palliative care and Gloucestershire Royal Hospital. The intention of these Chairs visits is to allow the chairs of the ICB; GHC and GHFT to visit and understand the different organisation's contribution to the same pathway. We had a discussion over lunch about how GHFT and GHC collaborate on End-of-Life Care.

3. Selection processes

I spend a significant amount of my time participating in selection processes, both for our organisation and those of our partners. Since our last meeting I have been involved in the following;

- Interview panel member for Integrated Care Board Non-Executive Director to Chair their People Committee
- GHFT Director of Governance – end to end involvement and chair of the interview panel
- Gloucestershire Health and Care Chair – a consultee on the person specification and search process. Longlisting has happened and focus groups / interviews are in February 2024
- GMS Managing Director – focus group member
- Consultant interviews – all non-executive directors participate in Consultant appointment interviews. I'm grateful to my colleagues for their commitment to serving on these panels
- Non-Executive Director for GHFT Quality and Performance Committee – this process has been approved by the Governors Governance and Nominations Committee and we will interview for Alison Moon's successor in the New Year.

4. Ambassadorial commitments

- International nurses welcome – these induction days have a very positive ambience and it's a pleasure to welcome the new cohort of colleagues
- Health Overview and Scrutiny Committee – our Chief Executive always attends these and is questioned closely on quality, performance, access and responsiveness of our services. My attendance at the Committee is mainly to demonstrate the Board's commitment to being accountable to locally elected members and to listen to their concerns.

5. Personal development for the benefit of the Trust

I'm committed to my own personal development so that I can do a better job as Chair and to maximise benefits to the Trust. Recent activities include:

- One to ones with other Trust chairs who currently face similar challenges – including RUH Bath, University Hospitals Dorset Trust, Nottingham University Hospitals and The Christie in Manchester.
- National meetings of chairs with the NHSE Executive.
- Reciprocal mentoring locally in which I'm working with a colleague on neuro diversity.
- One to one coaching on Structural Dynamics, an approach which seeks to improve communication and effectiveness by stripping out judgemental perspectives. Our Executive Team are using this approach to team development.

Deborah Evans
Chair

28 November 2023

CHIEF EXECUTIVE OFFICER'S REPORT TO THE BOARD OF DIRECTORS DECEMBER 2023

1 Operational Context

- 1.1 Following a period of sustained improvements in operational performance we are currently facing a number of challenges, most notably in urgent and emergency care where we are once again experiencing significant ambulance handover delays with the consequent impact of ambulance community response times; this picture has been replicated across the South West and driven by a number of factors including an increase in the acuity of patients and a reduction in acute beds secondary to building works. However, the current position has attracted national oversight, however, positively there are signs of improvement in the last couple of weeks with a 50% reduction in hours lost to ambulance handover delays and an improvement of Cat 2 response times from an average of 80 minutes at the beginning of October, to 42 minutes currently.
- 1.2 Inevitably, recent industrial action by medical colleagues has introduced a number of additional operational challenges but our teams and leaders have worked incredibly effectively to maintain safe care. Regrettably, due to high numbers of staff on leave and many staff, most notably consultant colleagues, experiencing significant fatigue we were unable to maintain the same levels of routine planned care as previously. Since industrial action by the British Medical Association (BMA) began in mid-March we have cancelled 1,520 operations and 5,350 outpatient appointments. For the first time, this included the cancellation and re-scheduling of a number of cancer patients; whilst this was considered clinically acceptable for them to wait, we do not underestimate the impact this has on them and their families. Given this context, I am pleased that the BMA has agreed to put forward the latest pay offer from Government to its consultant members and that further industrial action is paused pending the outcome of the ballot. However, it remains possible that further strike action from junior doctors will further impact services.
- 1.3 Despite this backdrop, the Trust continues to perform well in respect of elective waiting times compared to the regional and national position. However, the numbers of patients waiting more than 65 weeks has increased from 80 at the start of the year to 694 at the end of October. The biggest impact has been felt in the 52+ cohort where the number of patients waiting more than 52 weeks has risen from 1265 at the start of industrial action (both BMA and RCN) to 3007 currently which is broadly comparable to the number waiting at the end of March 2021 when backlogs peaked, post pandemic.
- 1.4 In respect of diagnostic performance for CT / MRI / Ultrasound we are the top performing system nationally out of the 42 ICSs. Delays remain for patients accessing endoscopy, angiography and echocardiography; oversight of their recovery plans remains through the Elective Recovery Board chaired by the Chief Executive.
- 1.5 Despite very significant focus on cancer, as a consequence of industrial action, we have seen an increase in the number of patients waiting more than 62 days for their treatment although we have recommitted to achieving the end of March trajectory of no more than 150 patients waiting more than 62 days. The number of patients waiting more than 62 days for treatment following GP referral was 223 at the end of October, compared to 403

at the outset of the year however an increase on September's position (178). This represents 8.4% of the total cancer waiting list, an improvement from 14% against a target of 6%. Trust continues to meet the 2 week-wait and 28-day Faster Diagnosis Standard.

- 1.6** As a Trust overall, at the end of November 61% of patients were treated within 62 days of referral against a standard of 85%; nationally the average stands at 59%.

2 Key Highlights

- 2.1** This month we have launched our staff survey and our teams have been working hard to ensure staff understand the value in them completing the survey. Last year half of our staff completed the survey and this year we set ourselves the target of 60% but are on track to achieve 67%; this puts us in the top 10% of Trusts nationally and hopefully is a reflection of the growing engagement of staff throughout the organisation. Response rates were variable across Divisions and staff groups ranging from 33.9% to 79.8%. Special thanks to Josh Penston, Culture and Patient Experience Project Coordinator for his fantastic efforts in leading this year's staff survey work.
- 2.2** Last month we hosted our Annual Staff Awards over two evenings at Hatherley Manor. As always it was a fabulous event made extra special for me through my nomination for this year's Lifetime Achievement Award. More than 700 staff were nominated, with 49 shortlisted teams and individuals and 14 winners announced on the night. As always, the Patients Choice Award was a very popular category with this year's award going to Asma Pandor, Admiral nurse – not a dry eye in the house as we heard testimony from families caring for a loved one with dementia and the difference Asma had made to them. As always teams really got in to the spirit of the evening, with colleagues from GMS on night one and maternity services on night two, raising the roof on more than one occasion.
- 2.3** Last month, I was delighted to join members of the Staff Experience Task Force who, in response to feedback from staff, are distributing free meals as part of a pilot to evaluate the success. This was a key theme that came from the follow up to last year's staff survey in response to asking staff the one thing that would make them more likely to recommend the Trust as a place to work or receive care. We visited eight different areas including maternity, paediatrics, Tower wards, switchboard, sterile services, porters and the site team. The reception we received was phenomenal. The food was prepared by GMS colleagues and the quality, the presentation and the varied menu was remarked upon by everyone. In return for a free meal, staff were asked to complete an evaluation which will be used to inform whether the pilot continues. If successful the meals would be available to staff at an expected cost of £2.25; as part of the survey staff were asked to confirm whether they would be willing to pay this amount.
- 2.4** The NHS has always benefited from overseas recruitment and there's a long history of people coming from other countries to support the service and live and work in England. Our own Internationally Educated (IENs) and International Medical Graduates (IMGs) are becoming an increasingly valuable resource as we continue to wrestle with high vacancy rates but more than that they bring a welcome diversity to our workforce and the evidence is clear, then more we embrace and work with diversity, the more successful we will be. At an individual level, for every one of these colleagues, this represents a giant leap and this is frequently for their families too, either those who accompany them here or for

others who have to get used to life without them at home. It's an incredibly brave move to take a step into the unknown where you are not only embracing a very different workplace but also an entirely different culture. It's so important that we recognise how much we can learn from others and we truly value the way that our Gloucestershire Hospitals family is enriched by colleagues from across the world. One of the challenges facing these colleagues is passing their Objective Structured Clinical Examination (OSCE_ and I am delighted that following a move away from classroom-based learning to a simulated ward environment, the Trust's pass rate has gone from just 14% passing first time to an amazing 69% against a backdrop of a national pass rate of 35.2%. Huge thanks to our practice educators and the wider Learning & Development Team and in particular to midwife and International Recruitment Practice Educator Dagmara Galecka who was invited to attend the 75th birthday reception for His Majesty, King Charles at Buckingham Palace.

- 2.5 We continue with our programme of ward moves with the latest moves also incorporating the expansion of the trauma bed base and the return of the third ward lost during the pandemic; this additional specialist ward is a key part of the fracture neck femur recovery plan which Q&P Committee members heard much about at their November meeting. Later this month, we see the culmination of building works which will see our new expanded Emergency Department at Gloucestershire coming back together as a single department. Schemes such as these, where we need to continue to run services whilst doing major building works, are some of the most challenging and we are all looking forward to seeing the benefits of a single, expanded department. We will be arranging visits to the new department over the coming months and would welcome the opportunity to show Governors around the new department.
- 2.6 As part of our commitments under our strategy *Fit For The Future*, we committed to track the benefits associated with service centralisation and establishment of our two *Centre of Excellence*. This month I was delighted to see an early evaluation of stroke services following their centralisation at Cheltenham General. Despite many staffing challenges – both medical, nursing and therapy, the service has transformed itself and its outcomes for patients. Crucial to good outcomes is a service that enables safe and rapid imaging to enable access to life transforming treatments and specialist staff. Since the centralisation of stroke services at Cheltenham General Hospital the team has improved access to imaging within an hour (gold standard care) from 54% to 74% (52 minutes median time to 11 minutes) and 71% of patients were admitted to a specialist stroke unit within four hours of a stroke being confirmed compared to just 32% previously (383 minutes median to 15 minutes). We know from the evidence that achieving these care goals significantly reduces both mortality and morbidity from stroke; hospital mortality has been consistently less than expected for the last 12 months with 27 fewer deaths than expected. We are now rated 'B' overall in the Sentinel Stroke National Audit Programme from a previous rating of 'E'. There is still more to do, particularly in respect to access to therapy services, but this is truly transformational.
- 2.7 Last month the Three Counties Medical School (TCMS) (hosted by the University of Worcestershire) has achieved a significant milestone following the announcement that they have secured nationally funded training places for 50 post-graduate medical-students which, alongside 22 self-funded international students, will lead to the first cohort of 72 students commencing in September 2024. A proportion of these students

will be on placement with the Trust. TCMS is also seeking our support to bid for a further 104 funded places for the 2025 intake. The Trust has currently committed to support a cohort of 100 students and will be working with TCMS to explore the implications and opportunities associated with a larger cohort.

- 2.8 Plans for my transition are now confirmed which will see Kevin McNamara join the Trust on the 2nd January and, after a period of handover, take up the reins as Chief Executive on the 11th January making this my final Council of Governors meeting. I would like to acknowledge my gratitude for the opportunity to lead such a fantastic organisation and for the support I have always received from Governors and most notably the two lead governors Alan Thomas and Andrea Holder.

Deborah Lee
Chief Executive Officer

4th December 2023

REPORT TO COUNCIL OF GOVERNORS			
Date	14 December 2023		
Title	NON-EXECUTIVE DIRECTOR (NED) RE-APPOINTMENTS		
Author /Sponsoring Director/Presenter	Sim Foreman, Interim Trust Secretary Deborah Evans, Chair		
PURPOSE OF REPORT		Tick all that apply ✓	
To provide assurance	<input type="checkbox"/>	To obtain approval	<input checked="" 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 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 Governance and Nominations Committee (GNC) meeting in October 2023 considered a number of matters related to NED nominations and appointments and this paper sets out the recommendations for the Council of Governors to approve.</p> <p>The GNC supported the reappointment of MARIE-ANNICK GOURNET for a second three-year term until 30 November 2026 and approved a short-term extension of her first term to 14 December 2023 to avoid an offline approval process.</p> <p>The GNC also supported a one-year term extension for MIKE NAPIER to 9 May 2025 to mitigate against the loss of corporate and NED knowledge at a time of change with the arrival of a new CEO in January 2024. A term extension would also support NED development and succession planning whilst providing an opportunity to align future NED recruitment in 2025.</p> <p>The GNC was content that succession planning to refresh the Board was in place and supported both of the above proposals alongside the approval of the recruitment process and timeline to seek a new NED to chair the Quality and Performance Committee in advance of ALISON MOON leaving on 31 March 2024.</p>			
RECOMMENDATION			
<p>The Council of Governors is asked to APPROVE:</p> <ul style="list-style-type: none"> • Re-appointment of MARIE-ANNICK GOURNET for a second three-year term until 30 November 2026. • One-year term extension for MIKE NAPIER until 9 May 2025. 			

NON-EXECUTIVE DIRECTOR (NED) RE-APPOINTMENTS

1. INTRODUCTION

The Governance and Nominations Committee (GNC) has a duty to make recommendations to the Council of Governors as to potential appointments of Non-Executive Directors (NED) and to advise the Board of Directors of those recommendations. The GNC met in October 2023 to consider a number of related matters and this paper outlines their recommendations to the Council.

2. RE-APPOINTMENT OF MARIE-ANNICK GOURNET

The GNC was informed that Marie-Annick Gournet's most recent annual appraisal with the Trust Chair had been positive and identified strong overall performance and that objectives for the year had been fully met. The appraisal had included discussion on continued development of the role and Trust work streams and meetings supported by Marie-Annick. The GNC also heard that Marie-Annick was happy to continue as a NED for second term, subject to Council of Governors' approval.

The GNC SUPPORTED the reappointment of Marie-Annick Gournet for a second three-year term of office as a NED to 30 November 2026 and RECOMMEND this for approval by the Council of Governors at the meeting held on 14 December 2023.

The GNC APPROVED a term extension until 14 December 2023 to avoid a requirement for an offline approval given the proximity of the meeting taking place. This would be included in the second three-year term if approved by Council.

The GNC noted the implications of not making re-appointment would be a loss of corporate memory (particularly Marie-Annick had served as an Associate NED prior to her NED appointment) and a need to commence an additional recruitment and selection process as soon as possible.

3. TERM EXTENSION FOR MIKE NAPIER

Mike Napier was appointed as NED on 10 May 2019 and re-appointed by the Council of Governors on 21 April 2021 for a further three-year term until 9 May 2024.

The GNC was reminded on the NED changes on the Trust Board over the previous 18 months which included the appointment of a new Chair in 2022 and three new NEDs in 2023. The GNC also noted the current term expiry dates meant MIKE NAPIER and ALISON MOON were both due to retire from the Board six weeks apart in early 2024 leaving only Balvinder Heran (term ends 2025) and Marie-Annick Gournet (subject to her re-appointment) as NEDs on the Board prior to 2022.

In order to mitigate against the loss of corporate and NED knowledge at a time of change with the arrival of a new CEO, the GNC supported a one-year term extension for MIKE NAPIER until 9 May 2025. This had an additional benefit of aligning his term expiry date with that of BALVINDER HERAN providing an opportunity to recruit

two new NEDs at the same time, minimising duplication of resources related to recruitment and selection.

The GNC noted the implications of not making awarding an extension would be having only two NEDs with corporate knowledge prior to 2022 and a need to commence an additional recruitment and selection process as soon as possible.

4. RECOMMENDATIONS

The Council of Governors is asked to:

- **APPROVE** the reappointment of Marie-Annick Gournet for a second three-year term of office as a NED to 30 November 2026 and RATIFY this includes the short-term extension period 1 December to 14 December 2023 approved by GNC.
- **APPROVE** a one-year term extension for Mike Napier to continue as a NED until 9 May 2025.

Sim Foreman
Interim Trust Secretary

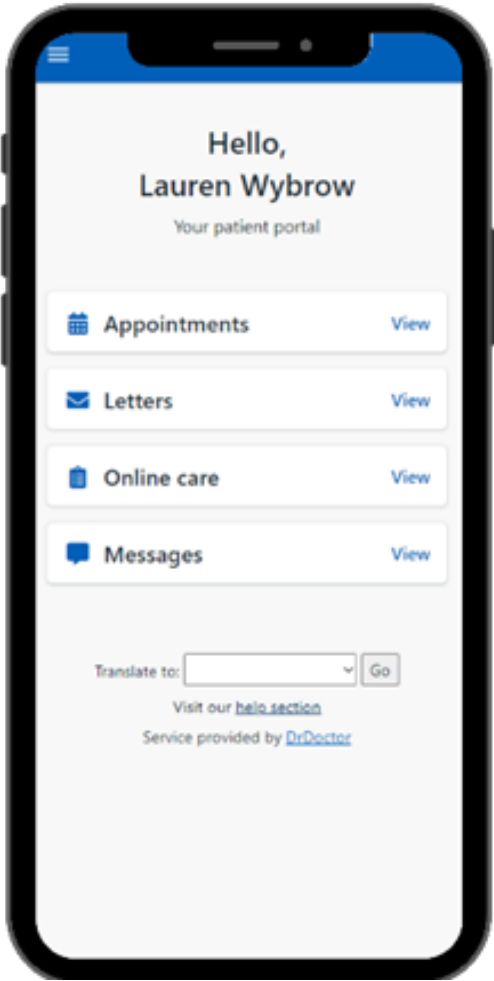
Patient Engagement Portal Council of Governors 14th December 2023

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What is a Patient Engagement Portal (PEP)

Access to patient appointments, letters and communications via DrDoctor and the NHS app encouraging uptake by patients through a familiar platform



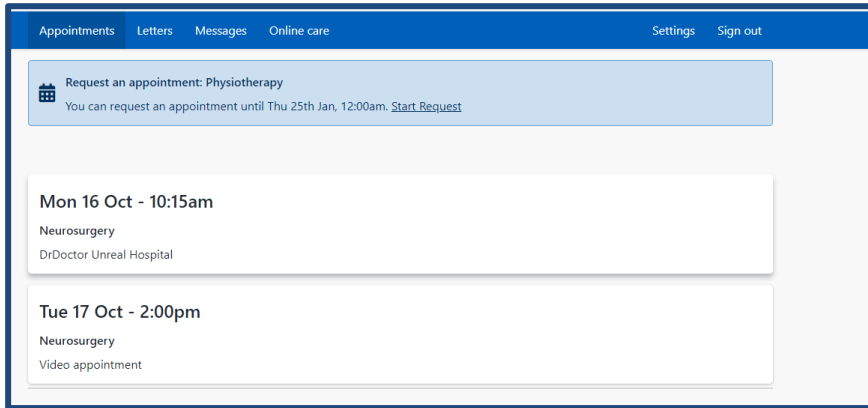
Patients are able to

- View their appointment dates and times
- Read appointment and clinic letters
- Send a cancellation
- Request and accept a reschedule
- Where offered, message care providers with updates on their condition
- Obtain diagnostic results where this is clinically appropriate
- Receive notifications

Views of the available functionality

Gloucestershire Hospitals
NHS Foundation Trust

Multiple appointments



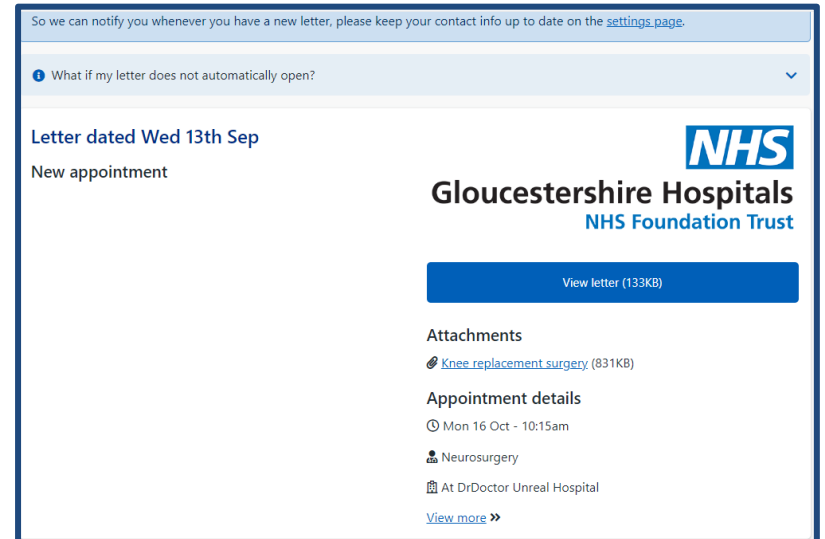
Appointments Letters Messages Online care Settings Sign out

Request an appointment: Physiotherapy
You can request an appointment until Thu 25th Jan, 12:00am. [Start Request](#)

Mon 16 Oct - 10:15am
Neurosurgery
DrDoctor Unreal Hospital

Tue 17 Oct - 2:00pm
Neurosurgery
Video appointment


View letters



So we can notify you whenever you have a new letter, please keep your contact info up to date on the [settings page](#).

What if my letter does not automatically open?

Letter dated Wed 13th Sep
New appointment

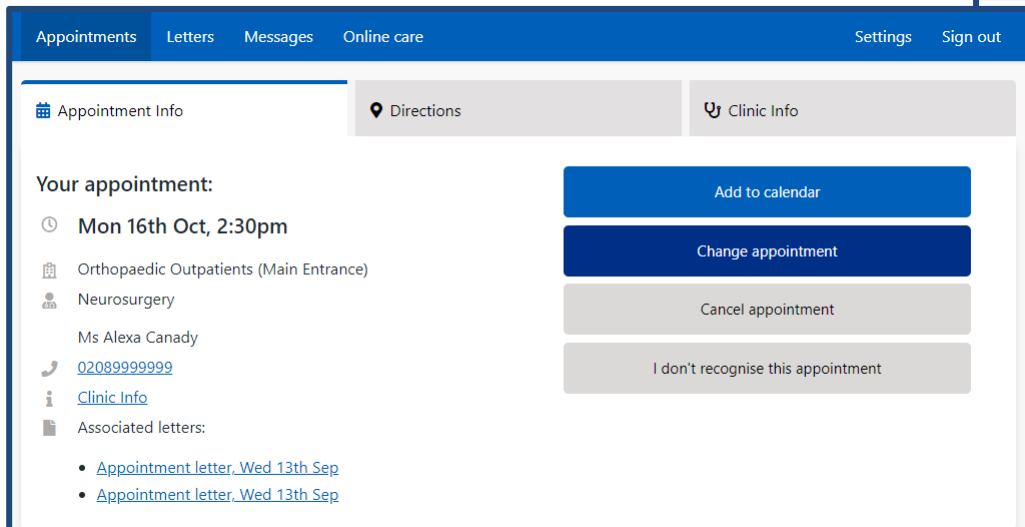

Gloucestershire Hospitals
NHS Foundation Trust

[View letter \(133KB\)](#)

Attachments
[Knee replacement surgery \(831KB\)](#)

Appointment details
Mon 16 Oct - 10:15am
Neurosurgery
At DrDoctor Unreal Hospital
[View more >>](#)

Appointment details



Appointments Letters Messages Online care Settings Sign out

Appointment Info Directions Clinic Info

Your appointment:
Mon 16th Oct, 2:30pm

Orthopaedic Outpatients (Main Entrance)
Neurosurgery
Ms Alexa Canady
02089999999
[Clinic Info](#)

Associated letters:
[Appointment letter_Wed 13th Sep](#)
[Appointment letter_Wed 13th Sep](#)

[Add to calendar](#)
[Change appointment](#)
[Cancel appointment](#)
[I don't recognise this appointment](#)

Food test results

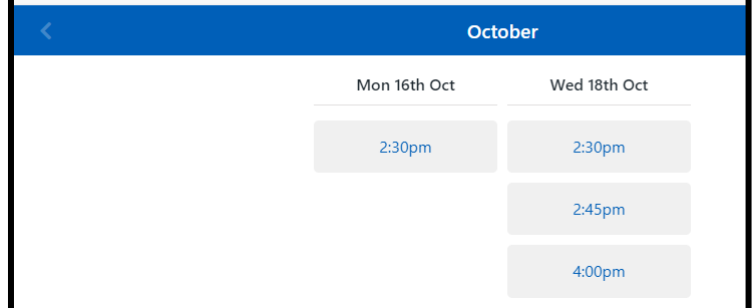


dated Wed 13th Sep
Food test results


Gloucestershire Hospitals
NHS Foundation Trust

Reschedule appointment

Choose an available appointment time you would like to book.



October

Mon 16th Oct	Wed 18th Oct
2:30pm	2:30pm
	2:45pm
	4:00pm

Supporting appt information

PEP shows the same information as what would normally accompany a paper letter

Directions, car parking rates, Preparations including what to bring to the appointment

The screenshot shows the PEP interface with the following content:

- Appointment Info:** Orthopaedic Outpatients (Main Entrance)
- Address:** Gloucestershire Royal Hospital, Great Western Road, Gloucester, Gloucestershire, GL1 3NN
- Transport:**
 - It is a good idea to plan ahead for your appointment and to give yourself plenty of time to get here.
 - Transport is only provided to patients with specific clinical needs, as identified by a GP. Read more about [non-emergency patient transport](#). You may be entitled to a [parking exemption or help with your parking costs](#).
- Car Parks:**
 - There are four car parks on site. Car parking charges are as follows:
 - Up to 1 hour: £2.60
 - Up to 2 hours: £5.00
 - Up to 3 hours: £7.00
 - Up to 4 hours: £8.40
 - Up to 6 hours: £10.30
 - Up to 24 hours: £14.00
 - Please note:** lost tickets will be charged at the full daily rate of £14.00
- Public transport:**
 - To find out how to get here using public transport, please visit the [Gloucestershire Public Transport Information](#) website or call Traveline on 0871 200 22 22

The screenshot shows the PEP interface with the following content:

- Appointment Info:** Clinic Information
- What to bring:**
 - Please make sure you bring the following to your appointment:
 - Your appointment letter
 - Any medication you are currently taking (or a list of it)
 - You may also need:
 - Money to pay for prescriptions and/or travel
- Please visit [Knee replacement - NHS \(www.nhs.uk\)](#) for more information to manage symptoms until your appointment.
- Please do not eat or drink after 2am on the day of your surgery.**

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Clinical assessments

Appointments Letters Messages Online care Settings Sign out

Please select which area(s) you are currently experiencing pain. Select as many as applicable or, NA if you are not experiencing pain anywhere on the FRONT of your body. *

A B C D E F G H I J K L
 Not Applicable - No pain

Have you had/ started your treatment for this problem? *

Yes
 No

Are your symptoms: *

Much worse
 Worse
 Same
 Somewhat better
 Much better

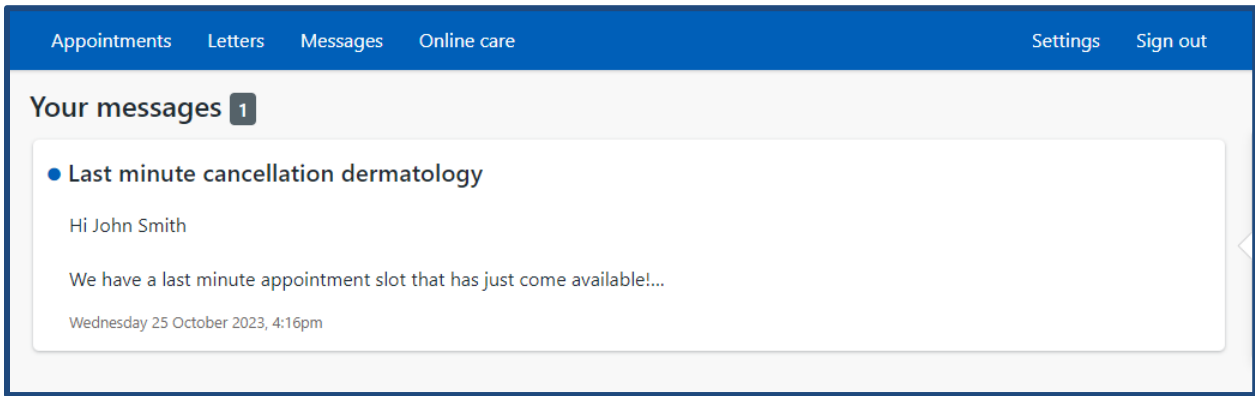
Would you have this treatment again, if you had the same problem again? *

Progress

- Ability to use a range of questionnaire options for gathering patient information which can be returned electronically to the Trust
- Non digital patients will continue to receive paper based questionnaires but have the option of scanning QR codes in the letter to complete online should they choose.
- Opportunity here to carry out waitlist validation, Patient Initiated Follow Ups etc through the portal

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Two Way Messaging

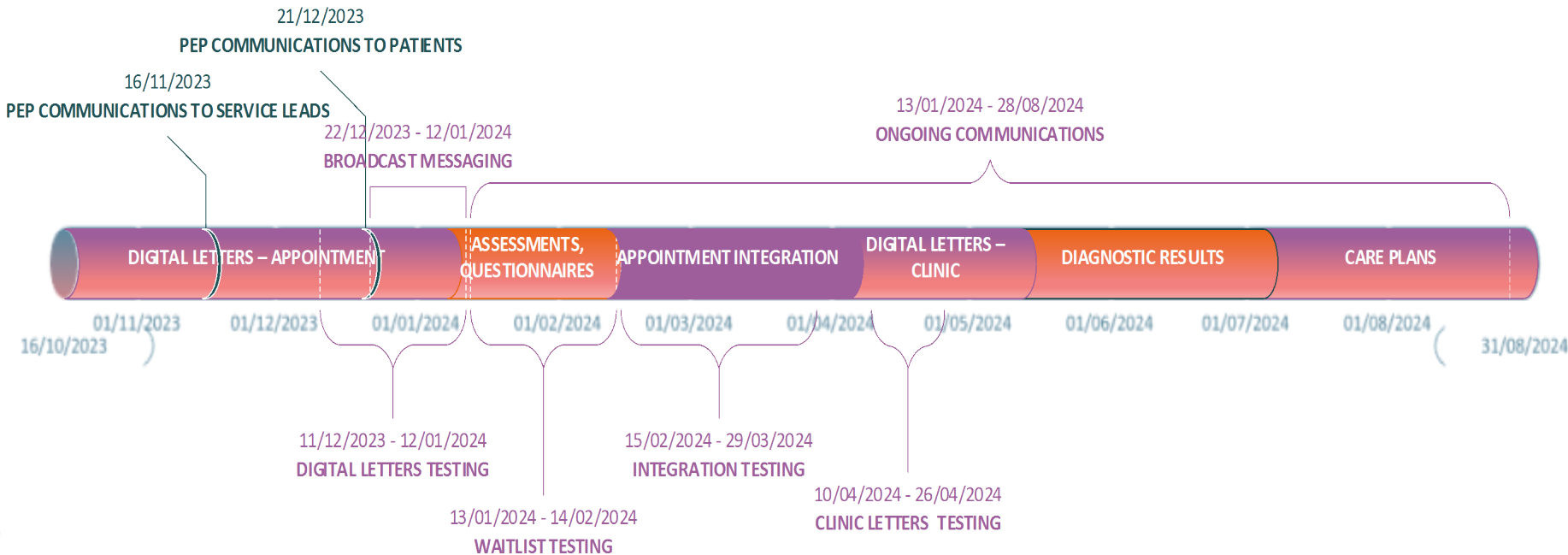


- Messaging between our clinical and administrative teams directly with patients opens up a whole world of opportunities and means of communications that we've never had available to us before.

Project benefits

- Patient Benefits –
 - Core to our project is improving our communications methods to our patients – adding to our current offering of letters and SMS
 - Empowering patients to respond to appointment offers and select dates/times that best suit
 - Offering, where appropriate, consultation methods not limited to Face 2 face.
- Organisational benefits
 - Efficiencies in our Outpatients processes
 - Opportunities for our clinicians to update their ways of working
 - Opportunities to redeploy our resources to higher added value tasks
- Priority deliverables – our benefits case
 - Digital appt letters – reduces our costs
 - Waitlist Validation – releases us of a contract we hold with current supplier
 - SMS reminders – reducing DNA rates improving our efficiency
 - Integration – sharing appointments with DrD

Project delivery



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A decorative graphic in the top-left corner consisting of a vertical line of blue dots with a blue arrowhead pointing downwards.

Analysis of the effect of boarding patients in hospital corridors

Matt Holdaway, Director of Quality and Chief Nurse

Background

- In October 2022, the Trust implemented boarding to reduce ambulance handover delays
- Trialled at North Bristol NHS Trust in August 2022
 - Involved moving patients from ED to hospital ward corridors irrespective of bed availability
 - NHS England encouraged Trusts to implement this model
- Trial correlated with a reduction in average ambulance handover times.
- It is not confirmed whether this model contributed to this reduction, no analysis published.
- The trial had no appropriate controls, was completed during summer and had no peer review associated with published evidence
- In May 2023, Bristol stopped this model and instead “pre-empted” patients to definite discharges

Case for Boarding

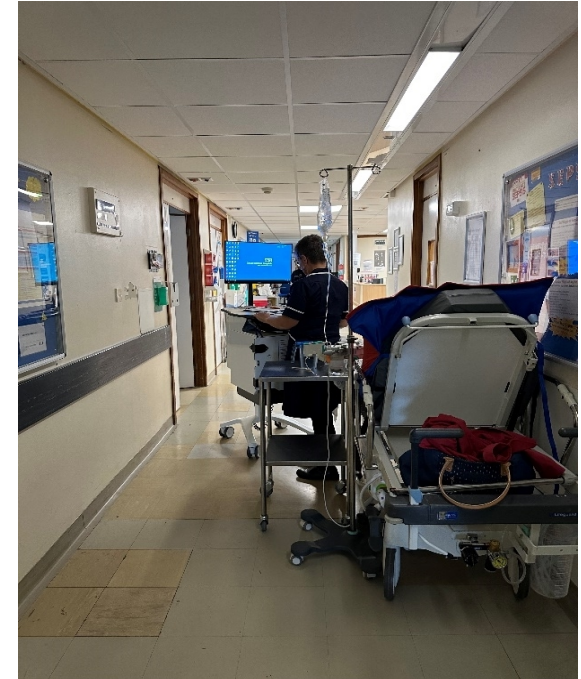
- Not a new concept
- Does lack a significant evidence base for its effectiveness
- Two US studies available
- Study 1 showed no difference in observed mortality rates amongst boarded patients
- Study 2 found that patients who were boarded had a reduced length of stay and were less likely to transfer to critical care
- Royal College of Emergency Medicine recommended boarding as a response to a full ED.
- Study 1 and the RCEM document had no evidence as to safety, effectiveness or to support claims that it reduces risk






1-<https://www.sciencedirect.com/science/article/abs/pii/S0196064409002388>
2-<https://www.sciencedirect.com/science/article/abs/pii/S0735675719302943>
3-https://rcem.ac.uk/wp-content/uploads/2021/10/ED_Crowding_Overview_and_Toolkit_Dec2015.pdf

Implementation

- A TLT approved policy was implemented in October 2022
- The policy included:
 - A risk-assessed clinical criteria
 - A process to escalate concerns
 - A risk assessment of the corridor spaces patients might occupy
- The benefits of boarding have not been realised at the Trust
- The policy has resulted in:
 - Very long waits in hospital corridors
 - Increase in patient safety risk across the organisation
 - Increase in ambulance handover delays and ED congestion.



Long waits in corridors

	Date	Avg LOS (hours)	Maximum LOS (days)
Boarding implemented 	Oct-22	13.2	2
	Nov-22	13.2	3
	Dec-22	19.5	5
	Jan-23	23.0	4
	Feb-23	17.7	3
	Mar-23	17.7	2
Boarding stopped and 'pre-empting' only 	Apr-23	19.8	3
	May-23	5.2	1
	Jun-23	6.0	1
	Jul-23	6.5	2
	Aug-23	5.9	1
	Boarding returned 	Sep-23	13.2

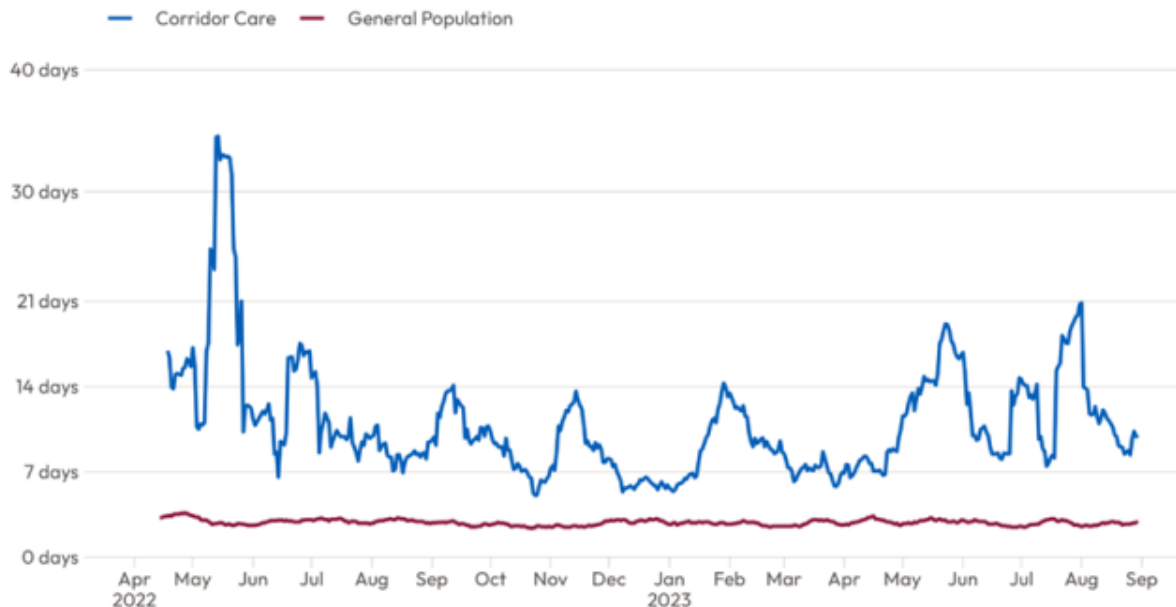
Operating outside of Trust policy

- Policy breaches are frequent and consistent
- 969 Datix recorded incidents since October 2022
- Patients placed in corridors have included:
 - those with hip fractures who were unable to get out of their bed to use toilet facilities
 - those receiving oxygen therapy, despite no piped oxygen being available in a corridor
 - a woman suffering pregnancy loss, as recently as September 2023
 - learning disabled and autistic patients
- Patients are being reverse-boarded outside of our current policy.
 - This means patients are taken out of a bedspace and placed into a corridor.
 - This is never risk-assessed as acceptable.

Increased length of stay

Patients treated on a corridor have significantly longer lengths of stay

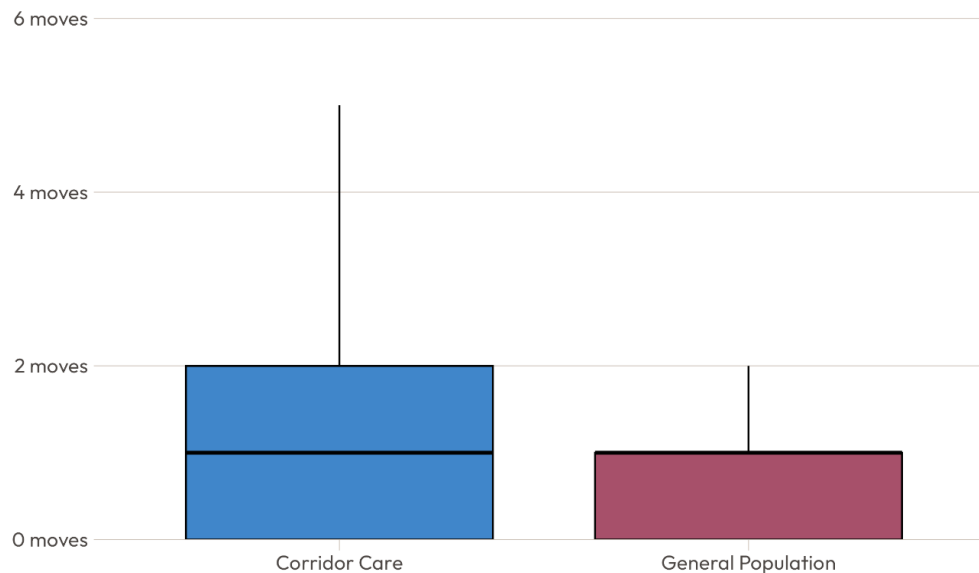
Trend represents two-week moving average



Increased ward moves

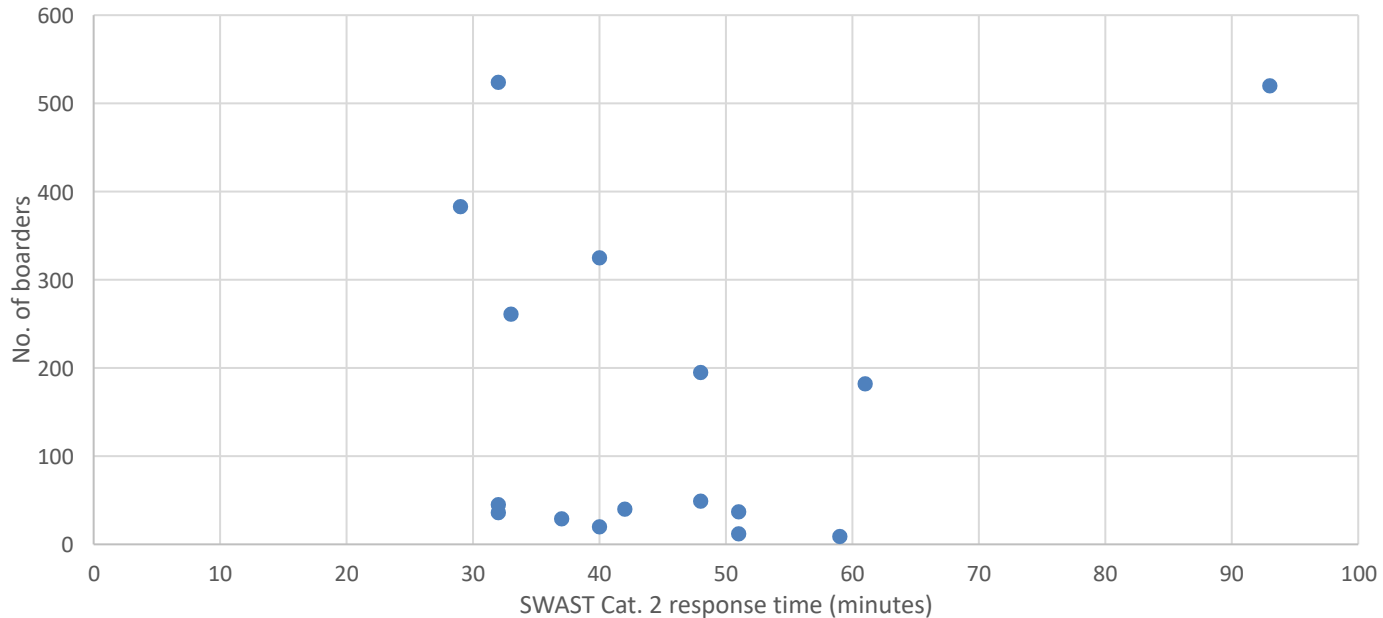
Patients treated on a corridor have significantly more ward moves

Distribution of ward moves



No impact on category 2 response times

No relationship between Category 2 response times and boarding at GHFT



Adverse impact on ambulance handover delays



Red line- implementation of boarding policy. Move to pre-empting only April 2023

Regulatory risks

- The Care Quality Commission states “we have made it clear in our guidance to trusts that the use of inappropriate spaces is not acceptable”
- Other regulations potentially being breached by boarding
 - Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:
 - Regulation 9: Person-centred care.
 - Regulation 10: dignity and respect.
 - Regulation 12: safe care and treatment
 - Regulation 13: safeguarding service users from abuse and improper treatment
 - Health and Safety at Work Act 1974, s. 3 and s. 4.
 - Equality Act 2010, s. 17

Conclusion and Next Steps

- Data shows that boarding has not had the impact on flow it was assumed that it would although there are occasions when it has positively impacted on the risk profile of ED and/or the community when in extremis
- This is probably due to the impact it has on the ability to 'pre-empt'. Effectively filling our hospitals and reducing, rather than increasing flow
- There are occasions when the organisation works outside of policy which increases the risk of regulatory enforcements
- There may be a place for boarding in our escalation process, but the current triggers are not appropriate, this will be rectified as current escalations and triggers are reviewed.

KEY ISSUES AND ASSURANCE REPORT Audit and Assurance Committee, 26 September 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
There were NO items rated as RED.		
Items rated Amber		
Item	Rationale for rating	Actions/Outcome
Matters arising	Three important actions remain open from previous meeting which will hopefully be closed by next meeting: <ul style="list-style-type: none"> • External audit lessons learned review on 6 October 2023 • More Committee time to be spent on audit plan in future • Audit improvement plan being progressed. 	Noted progress and plan to close in November 2023.
Internal Audit	<p>Progress report Received and noted.</p> <p>Key findings from two audits were noted:</p> <p>Workforce Planning audit report</p> <ul style="list-style-type: none"> • Workforce planning had previously been financially driven and scope exists to further improve the collaboration across finance, operations and workforce • Opportunities for Divisions and business partners to have greater involvement d in workforce planning to improve efficacy of plans., • Ineffective engagement and ownership of workforce planning from managers • No formal check and challenge process in place to monitor performance against workforce plans across the year. <p>Appraisals and Revalidation audit report</p> <ul style="list-style-type: none"> • Draft policy not finalised, requiring update and approval. • Complaints reports not always available for the appraisal due to Complaints team capacity, even with three weeks' notice. <p>Follow Up Report Update on progress made since the last meeting with a number of actions being closed, although disappointment at amount of effort required to do this. Long overdue risks from older audits would be reviewed to determine their value and relevance to ensure appropriate effort on follow up.</p>	<p>Updates on action plans to progress recommendations from both audits will be reported to future meetings.</p> <p>New process to be implemented to progress follow-up actions with Trust Secretary supporting BDO on this.</p>

Risk Assurance Report	<p>Key issues were noted:</p> <ul style="list-style-type: none"> No new risks; one downgrade and one closure. 30 risks on Trust Risk Register (TRR) and moved to a single score approach as part of new Risk Management Strategy Datix Cloud “go live” on 3 October 2023 will show risk patterns; incident reporting to follow at end of October 2023. Over 100 risks to be reviewed with 30-40% expected to close and 30% specialty risks. 	Twice weekly training sessions were happening in readiness for Datix Cloud launch, but some technical system difficulties alongside the absence of a “sandbox” training environment had impacted on these. “Go/No Go” decision would sit with Risk Management Group.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
External audit progress report	Verbal update from Deloitte the audit manager confirmed the Trust’s audit certificate for FY23 had been issued and that both the charity and GMS certificate and accounts would be approved and finalised by the end of September, concluding the Group audit as fully complete.	Noted lessons learned review meeting scheduled to discuss and identify improvements for future audits.
Counter Fraud Report	<p>Key points were noted:</p> <ul style="list-style-type: none"> Revised Counter Fraud, Bribery and Corruption Policy reviewed Report on two new cases since last meeting alongside five closed cases with details of sanctions imposed. Work underway to show “savings” from cases being addressed. 	AAC RATIFIED the revised Counter Fraud, Bribery and Corruption Policy subject to minor update to differentiate between types of cautions.
GMS report	<p>Key points were noted:</p> <ul style="list-style-type: none"> Accounts to be finalised 29 September 2023 Staff engagement audit report sent to BDO No counter fraud issues Insurance claims reduction (15 to 12 over year) Workforce and recruitment inflation identified as a risk. Increase in retention and training compliance. Interim leadership arrangement continued but two new NEDs appointed. 	<p>Discussed impact of new GMS committees on follow-up actions and how the Trust could best support.</p> <p>Staff engagement audit to be reviewed at next meeting</p>
Losses and Compensations Report	The Committee noted three ex-gratia payments totalling £1,072.00 and approved the write off of 56 invoices.	None.
Single Tender Actions Report	Two waivers were processed during the reporting period, with a value of £262,955. No retrospective waivers.	None.
HFMA self-assessment	<p>Key points were noted:</p> <ul style="list-style-type: none"> Ownership of and progress on actions identified from initial self-assessment and BDO internal audit Eight of 17 actions completed to date with nine in progress. 	Five of these would close post-launch of budget holder e-learning launches at the

	<ul style="list-style-type: none"> System wide approach to financial controls to share learning and practice. 	end of month (subject to resolution of technical issues).
Items not Rated		
None.		
Impact on Board Assurance Framework (BAF)		
No significant changes noted.		

KEY ISSUES AND ASSURANCE REPORT

Finance and Resources Committee, 29 September 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 Recovery Overview	An accountability framework had been developed. Areas showing a reduction in run rate were noted, recovery plans for each division were available. All investments and corporate vacancies had been reviewed. Medicine had been put into enhanced oversight but there had been limited outputs so far. Actions in place were noted.	

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Medium Term Financial Plan	NHSE had set out a requirement for systems to produce a MTFP covering three years (with the first year being 2023/24). The updated plan was required to show how recurrent balance would be delivered. It was agreed that the Trust's run rate in 23/24 would improve by £1.5m recurrently. In addition, the FSP target would increase to 3% which would give a c£4m improvement. A target around productivity of £3m was included as the implied opportunity was suggesting £114m. These improvements would bring the Trust's external saving target to £27.9m which was £900k higher than the internal target.	The Committee received the report as a source of assurance that the financial position was understood and SUPPORTED the inclusion of the position presented in the ICS submission on the 29 September.
Financial Performance Report	The Committee noted that at M5 and reported that the system continued to predict break even. The Trust was reporting a deficit of £10,869k which was £2,437k adverse to plan. The drivers of this position were noted, including industrial action. These were being offset by underspends within corporate areas and the release of reserves. Agency spend for this year was lower than the previous year.	The agency spend for this year and the previous year would be shared with the Committee. The Committee received the contents of the report as a source of assurance that the financial position was understood.
Financial Sustainability Report	The committee noted the position at M4. HB reported that year to date performance was better than planned by £0.1m, driven primarily by timing of delivery. There continued to be pressure on the overall programme to the value of £10.8m. Actions were in place to mitigate this risk, including seeking specialist external support for a short-term piece of programme scoping which would include identification of potential	KJ agreed to share the improvement actions agreed at a recent ICB meeting.

Assurance Key

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

	<p>savings. Divisions had started identifying areas for improvement including 600 agency shifts being replaced by bank.</p> <p>The overall position had improved by £0.5M on the previous month. The Committee noted that the Efficiency Board continued to push the £14.2M programme and new governance process were being put into place for the £12.4m programme.</p>	
Capital Programme Report	<p>At the end of August (M5), additional NHSE funding of £2.2m had been approved to support ERCP and CT Scanner projects. Expected in-year donations of £0.5m included in the Plan were yet to be secured, resulting in a current funded programme of £58m.</p> <p>Year to date, excluding IFRS 16 capital, the Trust had goods delivered, works done or services received to the value of £15.5m, against a planned spend of £23m; a variance of £7.5m. This left £42.5m of non-IFRS 16 capital to deliver in the remainder of 23-24.</p> <p>Costs were awaited from the contractors for the statutory fire works required in Kemerton.</p>	<p>The Committee noted the M5 capital position detailed within the report.</p> <p>Costs for the statutory fire works in Kemerton would be included in the programme when available.</p>
Digital Transformation Report	<p>The overview of the digital programme for the current financial year, delivered as part of the five-year digital strategy 2019-24 was noted. Updates were provided on projects, reported under the five programmes:</p> <ul style="list-style-type: none"> • Sunrise EPR • Clinical Systems Optimisation • Business Intelligence • Infrastructure • Cyber Security and Information Governance: 	The Committee noted the update.
Digital Strategy and progress against predicted targets	<p>The Trust had been awarded HIMMS Level 5. Level 6 was not quite reached due to complex issues around prescribing. There were some gaps, which were being worked through and funding was in place for next year. The new Strategy would focus on benefits of work undertaken so far, and embed and ensure stability.</p>	The Committee noted the report and agreed that it was a significant achievement to be awarded Level 5.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
None		
Items not Rated		
Digital Risk Register		

Business Cases and Investments			
Case	Comments	Approval	Actions
Award of M&E Measured Terms Contract and uplift of the Building MTC limit	The Committee APPROVED the three-year limit for the MTC Building works, which were awarded in March 2023 be uplifted from £1,000,000 to £3,000,000 over the three-year period.	APPROVED	
Procurement of 2Nr. IR Lab Equipment	The Committee gave APPROVAL for an order to be placed with Siemens Healthineers for the purchase of the medical equipment required to install into 2Nr. Interventional Radiology rooms as part of the IGIS project.	APPROVED	
Impact on Board Assurance Framework (BAF)			

KEY ISSUES AND ASSURANCE REPORT
Finance and Resources Committee, 26 October 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
None		

Items rated Amber

Item	Rationale for rating	Actions/Outcome
GMS Key Issues and Assurance Report	A verbal update from the last GMS Board was provided. A red risk around recruitment was noted, difficulties in providing HR resource to GMS were noted and colleagues were looking at what more could be done to improve processes. Benchmarking of hard to fill roles was taking place and the Committee noted that some salaries were considerably behind those paid by agencies or the private sector. Another red risk around the year end position was also noted.	The KIAR was noted.
Financial Performance Report	At M6, the Trust was reporting a deficit of £13,043k; £3,839k adverse to plan; the drivers were noted. The Financial Sustainability Plan (FSP) target for the Trust was £34.7m. and year-to-date (YTD) the programme had delivered £13.3m of savings (£9.9m recurrent; £3.5m non-recurrent). The programme was slightly ahead of plan by £0.5m.	The Committee noted the seriousness of the position and received the contents of the report as a source of assurance that the financial position was understood. Reducing the £9.7m red-rated schemes would be the focus of work over the coming months
Financial Sustainability Report	At M6, year to date performance was better than plan by £0.6m driven primarily by timing of delivery. £13.3m of efficiencies had been delivered at M6, of which £3.5m was non-recurrent. The Committee noted that Patient Portal was on track but there was more work to do on cash release.	Divisions were working on mitigations to assure delivery against plan. It was agreed that the Business Case would be provided at the next meeting of this Committee. A productivity dashboard was being developed and this would come bi-monthly to FRC. In intervening months, a deep dive would take place into individual areas.
Capital Programme Report	At M6, additional NHSE funding of £2.2m had been approved and additional System contingency of £0.3m had been allocated to the Trust. This brought the forecast programme funding (including IFRS16) to £59.8m. Year to date, excluding IFRS 16 capital, the Trust had goods delivered,	CM and SP agreed to discuss the renal contract and consider if additional expertise could be utilised to review options. The student accommodation lease contract would be brought back to the

Assurance Key

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

	<p>works done or services received to the value of £24.3m, against a planned spend of £28.1m; a variance of £3.8m. In month, the Trust delivered a £7.6m gross capital spend against a forecast of £6.0m.</p> <p>The £4.2m Renal Dialysis MES contract was being reviewed; it was believed that some equipment did not qualify as IFR16 and would move to system capital.</p> <p>It was reported that the current student accommodation lease being considered was not affordable.</p>	<p>next meeting.</p>
Procurement Bi-Annual Reports	<p>The Committee received the Procurement Bi-annual forward look report and Procurement Bi-Annual Performance and Assurance Report. Key risks including challenging market conditions and the mitigations in place were noted.</p> <p>The Committee discussed recruitment and retention issues affecting the service and the number of people moving around the ICS system to higher grade positions.</p>	<p>ET agreed to discuss the key risks with colleagues in the region and update the Committee.</p> <p>The Committee agreed to look at how evidence of the movement of staff across the ICS could be captured. This would be used to demonstrate how a system shared service approach might reduce service disruption.</p>
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Premises Assurance Model (PAM)	The 2023 PAM document was submitted in September and reflected the current status of the estate and associated services.	Going forward an action plan would be taken to GMS Board quarterly. It was agreed that the document must come to FRC before submission next time.
GMS Workforce Action Plan	The workforce action plan commenced in August 2022; progress against the actions was noted. Retention had improved, and enhanced rates for weekend and overtime work had made some positive impact. The biggest concern was now the time it took for onboarding of new starters.	The Committee welcomed the improved position and agreed that a more --- responsive and appropriate recruitment process was needed for GMS staff.
Move to Electrical Vehicles and Charging	The Committee received an update on the requirements and provisions for EV Charging on Trust estates, and looked at next steps to deliver this requirement if deemed appropriate. The NHS had committed to a 90% use of electric vehicles by 2028; the Trust and GMS currently had no fully electric vehicles and only a small number of hybrid vehicles	<p>IQ agreed to look at working across the system to share vehicles and charging points.</p> <p>The Committee noted the report and agreed to provide feedback to IQ.</p>

	within its fleet. There was no provision for EV charging within the Trust estate.		
Items not Rated			
	Project Completion Report Process	Contract Management Group Overview Report	
Business Cases and Investments			
Case	Comments	Approval	Actions
Gloucestershire Cancer Institute, OBC	The OBC sought approval for a charity funded £15 million development at CGH. This followed approval of the Strategic Outline Business Case by the Trust Board in November 2019. The scheme had been developed to reduce unwarranted variation in clinical quality and efficiency, and to improve cancer care.	APPROVED	Additional information on risks would be included when the report went forward to Board. The Committee APPROVED the development of a full business case (subject to the further information requested). DL and IQ to discuss a way forward to the FBC
Linac Business Case	The business case was approved by the capital equipment group and the capital delivery group on 17th October. FRC approval was needed due to the value of the funds required. The total request for funding was £2,131k from the 24/25 capital programme and the Committee noted that sufficient funds were included in the latest capital plan for 24/25.	APPROVED	The Committee APPROVED the case for a replacement linear accelerator. The Committee APPROVED the award of the contract to Varian Medical Systems UK Limited.
Impact on Board Assurance Framework (BAF)			
The Finance BAF was noted. The Estates BAF had been reviewed and updated.			

KEY ISSUES AND ASSURANCE REPORT
People and Organisational Development Committee, 9 October 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
Retention Update	<p>Reporting focused on Admin and Clerical staff group as known retention issues, large number of vacancies and increase in lever over past five years;</p> <ul style="list-style-type: none"> NHS pay rates uncompetitive compared to Amazon and hospitality. Evidence that leavers going to GHC for promotion; Top reasons for leaving included retirement, work life balance and promotion, with no surprises when considering ethnicity and age data. No national pathway for career or progression support for admin and clerical staff. Encourage staff to return after retirement. Work life balance also needed review. 	<p>Need to understand areas/services most impacted by Admin vacancies.</p> <p>Deep dive to be undertaken.</p> <p>Review exit data capture</p> <p>‘Retire and return’ policy myth busting needed alongside work/life balance review.</p>

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Agency Controls	<p>Workforce sustainability programme launched to review various workstreams including grip and control of agency reduction in medical and nursing teams.</p> <p>Significant effort going into the reduction of costs along with pressure from the system to reduce costs. The programme was structured and comprehensive</p>	<p>Process commended but feedback sought on impact within Medicine.</p> <p>Requested assurance that the plan was mapped out and key milestones were understood</p>
EDI Attrition Data Update	<p>Further review of data in relation to EDI, showed that there was no evidence to prove that a high number of ethnic minorities were adversely impacted in the recruitment process in comparison to white applicants.</p> <p>Data showed clustering between Bands 3 and 6.</p>	<p>Line managers do not have access ethnicity information until interview.</p> <p>Workforce feel this is not the case and further detail sought on percentages/bandings.</p>
Staff Survey and NQPS update	<p>Staff survey commenced 2 September 2023 with interesting feedback to date and not all staff aware of £5 reward voucher. Uptake, as at PODC, was 14% (>double 2022)</p>	<p>National Quarterly Pulse Survey also undertaken and results appeared to be improving (overall response and per division).</p>

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

	<p>Team working with GMS to run a survey in parallel. Survey was in a positive place, but a lot more work was needed.</p> <p>Place to work and standard of care scores improving, but less favourable if “neutral” responses removed!”.</p>	
WRES/WDES	<p>Race Equality Standard findings showed some improvement on last year, but overall continued to show that the experience for minority staff experiences’ worse that white colleagues. Key metrics improved in all areas, but not to level that Trust wanted.</p> <p>Disability Equality Standard data challenging, due to staff not declaring their disability status.</p>	“So what’ action via EDI workforce group.
Health & Safety:	<p>Report for information:</p> <ul style="list-style-type: none"> • Water safety risk action plan has 116 actions of which (28 signed off, 35 awaiting sign off and 53 outstanding). • Planned HSE (Health & Safety Executive) inspection to look at two themes relating to violence and aggression. • GMS had competent persons in fire safety and was expected to ensure compliance with the First Safety Order and relevant HTM for fire safety in next 12 months. • No responsible person to advise within GMS on asbestos. • Entonox sampling continued with issues still within the birthing unit • 33 obsolete hoists being removed from the Trust. <p>Risk H&S team working with divisions to ensure compliance with the health surveillance legal requirements and Trust policy.</p>	<p>Reviewed at Risk Management Group meeting. CQC position not known at present. Civil claim being managed by DAC Beachcroft LLP.</p> <p>New workstream for asbestos being developed. Work in progress</p> <p>Audit programme to mitigate the impact was underway. .</p>
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Equality annual report	Provided for information and comment and also going to QPC. Need for consistent language and terminology flagged.	Communications team to monitor and enforce correct terms and language.
Items not Rated		
Risk Register, FTSU update and People Performance Dashboard – DEFFERED to next meeting ICS update		
Impact on Board Assurance Framework (BAF)		
SR3: Discussion on scoring in relation to ongoing confirmed that the score needed to be high due to ongoing pressures, but agreed to maintain score at 20. SR4: Staff Experience Taskforce work commended.		

KEY ISSUES AND ASSURANCE REPORT

Quality and Performance Committee, 27 September 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
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There were no RED items.

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Regulatory Report	<ul style="list-style-type: none"> Human Tissue Authority inspection 'red' actions progressed and escalated, but plan remained incomplete. DBS checks and rechecks for mortuary staff (particularly GMS staff) escalated to the Deputy Director for People. CQC - Final reports for surgery and maternity awaited. Inspection of children's services had been requested due to children in care with nowhere to go. 	<ul style="list-style-type: none"> Organisation wide policy, with a particular focus on GMS staff to be implemented. <p>A report was awaited.</p>
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Maternity Exception Report	<ul style="list-style-type: none"> The maternity dashboard associated with perinatal quality and safety showed improvement. Two incidents in July eligible for HSIB, following a period of no HSIB investigations. 14% vacancy rate challenged Areas of training and overdue incidents improving. GIRFT neonatal update given and staffing figures noted with issues of skill mix. 	<ul style="list-style-type: none"> Team undertaking a cluster review in response to the governance deep dive. Verbal update on workforce plan given.
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Quality Delivery Group Exception Report	<ul style="list-style-type: none"> Picture Archiving and Communication System (PACS) implementation continued to be challenged. W&C division had reported that mental health amongst children was increasing significantly, in particular eating disorders. Frequency of Business Continue Incidents (BCI) in the Trust – becoming part of daily life. 	<ul style="list-style-type: none"> Mental health issues on daily escalation calls, which were attended by ICB colleagues. Review of BCI needed and Newton work would link to this.
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Cancer Care Delivery Group Exception Report	<ul style="list-style-type: none"> Five of 10 standards had been met in July along with 2WW and 28-day standards. Lower GI was the only service not achieving the 2WW standard at 92.2%. Report on gynae oncology cancer service and action plan for improvement. Emerging risk to the breast service due to workforce sickness which was negatively impacting on 2WW delivery. 	<p>Requested that clinical harm review reporting included figures.</p> <p>Deep dive requested for October Committee To include updated report and mitigations at next committee.</p>
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Planned Care Delivery Group Exception Report	<ul style="list-style-type: none"> Assurance received on systems in place to understand and monitor Trust position. RTT performance for July was 66.9%, with 2855 two week waits; August had 3052. Zero 78-week breaches at the end of July and two for August. Long waiters had reduced. 	Weekly review of 78-week patients underway due to increase; low and medium risk patients well managed, but higher risk patients increasing in numbers. Committee requested continued visibility on elective priorities and impact to patients. Committee requested update on previously noted ophthalmology issues, to come via regular elective care reporting.
Emergency Care Delivery Group Exception Report	<ul style="list-style-type: none"> Patterns of late evening congestion in ED noted. Further evidence of boarding seen, control of boarding required due to the profound effect on quality, Early discharge and discharge planning challenges continue. Business Continuity Incidents very challenging with significant impact to workflow. 	Newton work was ongoing, but sporadic. ICB agreed to fund an external review and progress update would come back to Committee.
Annual Complaints report	<ul style="list-style-type: none"> 2022/23 989 complaints were received with an average of 82 a month; an average increase of 10 per month, main themes known of communication and waiting times. Examples of learning within the report. 	Response rates raised as a concern and asked how clinicians responding to complaints as a priority was maintained.
Serious Incidents Report	<ul style="list-style-type: none"> No Never Events reported since last report. 12 new SIs had been reported since the last report to Committee, as detailed in reporting; eight SIs were declared in July, with five new to Committee. Four referrals in August related to concerns with radiology reporting and three referrals were HSIB investigations. Five actions plans had been closed. Complaints totalled 102 in July and 101 in August. Monthly average of 89 higher than previous years (82 in 2022/2023 and 72 in 2021/2022). Evidence of harm and investigation delays under review. 	<ul style="list-style-type: none"> Challenges within complaint team being mitigated with recruitment and a plan for additional investigation time. Upcoming quality summit focused on radiology and pathology issues with update from this to Committee. Reintroduction of 72hr immediate action reports also requested.

Assurance Key	
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Patient Safety report	<ul style="list-style-type: none"> Progress with implementation of national safety strategy noted, challenges with resourcing capacity continue. Incorrect version of water safety plan included 	<ul style="list-style-type: none"> Executive oversight clear Committee to receive correct version, reassurance given of progress.
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Cancer services annual report	Noted for INFORMATION.	Report was commended.
Quality and Performance Report	Noted for INFORMATION.	
Safeguarding Adults & Children annual report	<ul style="list-style-type: none"> Reassurance given that sufficient safeguarding arrangements in place in the organisation to meet regulatory responsibilities across all five safeguarding pathways. External recognition of work on homelessness. 	Assurance required for committee of potential gaps in services identified in 22/23 report and progress in 23/24. More focus on organisational learning encouraged for future reports.
Items not Rated		
System feedback		
Impact on Board Assurance Framework (BAF)		
All risks had been updated since last reporting, although progress for each of these were at different stages and further scoring reviews would take place.		

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.

REPORT TO COUNCIL OF GOVERNORS			
Date	14 December 2023		
Title	GOVERNOR ELECTION UPDATE		
Author /Sponsoring Director/Presenter	Sim Foreman, Interim Trust Secretary Deborah Evans, Chair		
PURPOSE OF REPORT			Tick all that apply ✓
To provide assurance		To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	✓
To canvas opinion	✓	For information	
To provide advice		To highlight patient or staff experience	
LINK TO COUNCIL OF GOVERNORS DUTIES			
Hold to account	✓	Appointment/remuneration	
Represent interests of members and public	✓	Contribute to strategy	✓
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	
SUMMARY OF REPORT			
<p>The Governance and Nominations Committee (GNC) received a paper in October 2023 which outlined the current position with regard to vacancies on the Council of Governors and outlined the different options for filling these as provided for in the Constitution.</p> <p>There are currently vacancies for public governors in the Tewkesbury, Cotswold and Gloucester constituencies as well as a vacancy for a staff governor for Allied Health Professionals. On considering the options, the GNC SUPPORTED convening elections for all vacancies in early 2024.</p> <p>The original proposal proposed election terms until Annual Member Meeting (AMM) 2026 however this would have required further elections later in the year for the three seats that would be due to be contested in 2024. This would be a duplication of costs and resources and to avoid this, planning for the elections will be on the basis of offering terms to AMM 2027 with those elected potentially serving up to 42 months depending on timings of future AMMs. Those governors with terms expiring in 2024 and eligible for re-election have been contacted and engagement will continue as the formal timeline and plans are agreed.</p> <p>The final timeline and election plan will be presented for approval by the Council of Governors at the February 2024 meeting, although governors can expect to receive updates on this in January as plans take shape. Governors will have an important role in promoting the elections both in terms of encouraging candidates and members to vote.</p>			
Recommendation			
<p>The Council of Governors is asked to NOTE the plans to convene public and staff governor vacancies in 2024 with the arrangements being presented for formal approval in February 2024.</p>			

Report to Council of Governors			
Date	14 December 2023		
Title	Governor's Log		
Author /Sponsoring Director/Presenter	Lisa Evans, Deputy Trust Secretary		
Purpose of Report			Tick all that apply ✓
To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	
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 meeting of the Council of Governors.</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	12/23	STATUS	CLOSED
SUBMITTED	13/11/23	ACKNOWLEDGED	14/11/23
DEADLINE	27/11/23	RESPONDED	23/11/23
GOVERNOR	Bilgy Pellissery		
LEAD	Mark Pietroni		
THEME	Robotic surgery		
QUESTION			
<p>Why are female patients with cancer only eligible for robotic surgery- whereas patients suffering from other gynaecological problems only have the option of open surgery/ laparoscopic surgery? These may lead to long stays, slow recovery and more risk of other organ injuries.</p>			
ANSWER			
<p>Reasons for not using the Robot for benign gynaecology surgery:</p> <ul style="list-style-type: none"> ● Procedures undertaken using the robot are undeniably longer (reducing theatre capacity), more expensive and a greater anaesthetic burden compared to conventional laparoscopy. ● There is no evidence of any benefit to performing robotic procedures for benign gynaecology conditions over traditional laparoscopic surgery, this is true as well for cancer patients. ● Robotic surgery is used for complex cancer cases and very obese patients and it has extended what is possible for morbidly obese women, providing they can cope with the extra strain on their heart. ● Laparoscopic surgery has the same recovery time as robotic surgery for benign conditions. ● Limited availability and access to the robot and equipment. 			