Gloucestershire Hospitals
NHS Foundation Trust

PUBLIC AGENDA

Meeting: Council of Governors - Public

Date/Time: Wednesday 17 February 2021 at 14:30

Location: Virtual meeting via Microsoft Teams

	Agenda Item	Lead	Purpose	Time	Paper
	Welcome and Apologies	Chair		14:30	
1.	Declarations of Interest	Chair		14:31	
	ITEMS FOR DISCUSSION				
2.	Minutes from the Previous Meeting	Chair	Approval	14:32	YES
3.	Matters Arising	Chair		14:35	YES
4.	Chair's Update	Peter Lachecki	Information	14:40	
5.	Report of the Chief Executive	Deborah Lee	Information	14:45	YES
	REPORTS FROM BOARD COMMITTEES				
6.	Quality Account Priorities	Katie Parker-Roberts	Discussion	14:55	PRES
7.	Chairs' Reports from: - Finance and Digital Committee - Estates and Facilities Committee - People and Organisational Development Committee - Quality and Performance Committee - Audit and Assurance Committee	 Rob Graves Mike Napier Balvinder Heran Alison Moon Claire Feehily	Assurance	15:10	YES
	ITEMS FOR INFORMATION				
8.	Governor's Log	Sim Foreman	Information	16:00	YES
9.	Any Other Business	Chair			
CLOSE				16:05	

Date of the next meeting: Wednesday 21 April 2021, Virtual Meeting via Microsoft Teams

Gloucestershire Hospitals
NHS Foundation Trust

DRAFT MINUTES OF THE COUNCIL OF GOVERNORS HELD VIA MICROSOFT TEAMS ON WEDNESDAY 16 DECEMBER 2020 AT 14:30

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

PRESENT:		
Alan Thomas	AT	Public Governor, Cheltenham (Lead)
Kate Atkinson	KA	Public Governor, Cotswold
Matt Babbage	MB	Appointed Governor, Gloucestershire County Council *(from 035/20)*
Hilary Bowen	HB	Public Governor, Forest of Dean
Tim Callaghan	TC	Public Governor, Cheltenham
Geoff Cave	GCa	Public Governor, Tewkesbury
Carolyne Claydon	CC	Staff Governor, Other and Non-Clinical
Graham Coughlin	GCo	Public Governor, Gloucester
Anne Davies	AD	Public Governor, Cotswold *(from 035/20)*
Colin Greaves	CG	Appointed Governor, Clinical Commissioning Group (CCG)
Pat Le Rolland	PLR	Appointed Governor, Age UK Gloucestershire
Fiona Marfleet	FM	Staff Governor, Allied Health Professional
Sarah Mather	SM	Staff Governor, Nursing and Midwifery
Russell Peek	RP	Staff Governor, Medical and Dental
Maggie Powell	MPo	Appointed Governor, Healthwatch
Julia Preston	JP	Staff Governor, Nursing and Midwifery
Nick Price	NP	Public Governor, Out of County
IN ATTENDANCE:		
Peter Lachecki	PL	Trust Chair
Deborah Lee	DL	Chief Executive Officer
Claire Feehily	CF	Non-Executive Director
Sim Foreman	SF	Trust Secretary
Rob Graves	RG	Non-Executive Director
Marie-Annick Gournet	MAG	Associate Non-Executive Director *(to 037/20)*
Balvinder Heran	BH	Non-Executive Director *(to 038/20)*
Mark Hutchinson	MH	Chief Digital and Information Officer
Natashia Judge	NJ	Corporate Governance Manager (Minutes)
Jo Mason-Higgins	JMH	Head of Complaints, Claims and Patient Safety
Alison Moon	AM	Non-Executive Director
Mike Napier	MN	Non-Executive Director
Katie Parker-Roberts	KPR	Head of Quality
Andrew Seaton	AS	Quality Improvement & Safety Director
Elaine Warwicker	EWa	Non-Executive Director
MEMBERS OF THE PUBLIC/PRESS/STAFF		
There were two members of the public present.		
APOLOGIES:		
Liz Berragan	LB	Public Governor, Gloucester
Debbie Cleaveley	DC	Public Governor, Stroud
Pat Eagle	PE	Public Governor, Stroud
Kedge Martin	KM	Public Governor, Tewkesbury

ACTION

030/20 DECLARATIONS OF INTEREST

ACTION

There were none.

031/20 MINUTES FROM THE PREVIOUS MEETING

JP reminded the Council that a question she asked at the last meeting had been excluded from the minutes. This related to whether the Trust investigated cases where staff moved department because they were unhappy. DL said she had responded at the time but was happy to confirm that turnover was monitored so that areas of high change could be investigated in order to establish any route causes, which included internal movements. A number of "deep dives" had taken place into wards or departments that had higher than expected turnover.

RESOLVED: Minutes APPROVED as an accurate record subject to a minor typographical amendment. **NJ**

032/20 MATTERS ARISING

Further update was provided on the following matters arising:

- **Matter Arising 016/20** DL reminded the Council that the patient experience survey had demonstrated that 15% of cancer patients were offered entry into trials and that she had committed to compare this to the Trust's data. DL explained that following investigation she had learnt that cancer registrations and subsequent entry into trials were recorded; however those who were ineligible or declined were not, therefore the Trust's figure was even lower than that stated in the patient experience survey. However, DL reassured that she was confident that the Trust was incredibly proactive in offering trials where they were available and that the cancer strategy and research strategy both signalled an intention to increase the number of cancer studies opened in the Trust. This matter arising was agreed closed.

- **Matter Arising 024/20** was noted to be closed however AT shared that governors had not yet been invited. NJ would pursue. **NJ**

RESOLVED: The Committee APPROVED the open and closed items.

033/20 CHAIR'S UPDATE

[This item was taken out of agenda order at the end of the meeting]

The Chair congratulated MAG on her appointment as a Non-Executive Director, and noted that Rebecca Pritchard and Roy Shubhabrata would be joining the Trust as Associated Non-Executive Directors in February 2021.

The Chair confirmed that virtual meetings would continue until at least the end of March, reflecting that this had not held the Trust back and that all participants had embraced the digital opportunities over the last few months with more participants than had been achieved when meetings had been face to face.

The Chair also reminded governors that they could suggest agenda items for the Council via him, the Lead Governor, or the Corporate Governance Team.

Post meeting note: Also to be noted that MPo has been appointed for a further three year term (until Annual Member Meeting 2023).

RESOLVED: The Council NOTED the update.

034/20 REPORT OF THE CHIEF EXECUTIVE OFFICER

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

- COVID-19: current inpatient levels and how the Trust was managing the increased number of positive patients alongside maintaining elective care and staff health and wellbeing.
- COVID-19 community cases and the rise in the previous few days, particularly in certain areas of the county such as the Forest of Dean.
- The ongoing planning for a potential third surge in mid to late January, following the relaxation of social distancing measures over the Christmas period.
- The successful implementation of the Trust's COVID-19 vaccination programme
- The upcoming Admin and Clerical Staff celebration day on 21 February 2020.

GC queried the transfer of COVID-19 infection within the Trust and the plans in place to combat. DL answered that the Trust had noted high levels of nosocomial transmission during the first wave which had dropped dramatically following a change in the configuration of ward beds to ensure social distancing between patients. Following the reduction in COVID cases and increased demand the Trust's bed base had almost returned to pre-COVID-19 levels, with screens placed between beds. However, this had proven to be less effective than distancing therefore the Trust would be reintroducing socially distanced beds. Improvements due to the introduction of lateral flow testing were also noted. Cases in November were reflective of the national picture but positively, were considerably lower in December so far.

MPo asked what the feeling was like within the Trust considering the large number of inpatients and lesser community support in comparison to the first wave. DL answered that it felt very challenging for staff within the Trust and that *'Wobble Rooms'* and the *'Ready to Leave Checklist'* had been reintroduced to support colleagues as these had been found to be the most effective measures in the first wave. In terms of infection prevention control, goody bags and food on wards had been found to be unhelpful to nosocomial transmission, however free drinks and 50% subsidy for all meals was still available to colleagues throughout the Trust.

SM reminded the Council that psychological support had been available to staff during the first wave through psychology link workers. DL answered that while psychological link workers were reduced, a number of TRIM (Trauma Risk Management) practitioners had been introduced to provide additional dedicated support for staff. DL would include a note on TRIM practitioners within the Trust's global communications re **DL**

remind everyone what was available.

RESOLVED: The Council NOTED the CEO's report.

035/20 PATIENT EXPERIENCE REPORT

KPR presented the Q2 (quarter 2) Patient Experience Report to the Council, highlighting in particular the difference in activity between Q1 and Q2, the increase in the responses to the Friends and Family test, and the increase in concerns raised via the PALS (Patient Advice and Liaison Service) team (returning to pre-COVID-19 levels) with themes around communication and delays to appointments.

MPo noted the implementation of psychological support for the PALS team due to the increase in distressing calls. She sought clarification as to whether this was due to distressing stories or verbally abusive patients. KP answered that the PALS team had upgraded their offer to provide a seven day support service and the emotional state of patients and their families had been more distressing. This was largely the reason for the additional psychological support, and while there had been an increase in abusive calls, the team were noted to be very adept and professional in handling.

GCa asked whether any clinical repetitive themes were emerging. KPR referenced appendix 2 of the report, and explained the overwhelming theme related to communication including families unable to get hold of wards for an update on their relative. The team were noted to be working closely with ward clerks in order to support communication channels. GCa asked further whether concerns regarding delays and misdiagnosis had arisen. KPR answered that there were rarely any regarding misdiagnosis however a substantial amount related to delays in appointments across all specialties, sadly inevitable due to the impact of COVID-19. DL confirmed that a potential misdiagnosis would be investigated under the Trust's incident policy and handled via the complaints process, rather than PALS.

AT noted that the Director of Quality and Chief Nurse had previously said that staffing issues within the PALS team had been rectified and asked whether there was now enough resource. KPR answered that additional resources had been provided but they had struggled to fill with temporary staff but were now working on longer term contracts which she hoped would resolve the issue. She confirmed that she was working closely with the Steve Hams, Director of Quality and Chief Nurse

The Chair thanked KPR for presenting the report, and reminded the Committee that this was received at the Quality and Performance Committee on a quarterly basis and circulated to Governors.

RESOLVED: The Council NOTED the report for INFORMATION.

036/20 ANNUAL COMPLAINTS REPORT

JMH and AS presented the Annual Complaints Report to the Council,

highlighting the successful changes to the patient investigation and learning team, the decrease in the number of complaints, and the teams approach to ensuring timely responses.

RP noted the small number of cases escalated to the Parliamentary and Health Service Ombudsman (PHSO) and asked whether there were any themes within these cases. JMH answered that there were a variety of reasons why cases were escalated to the PHSO, with no specific themes, and that sometimes cases were escalated simply because the views of the Trust and the patients differed. DL reminded the Council of the incredibly small number of PHSO cases, in comparison to the number of patients treated, and that the numbers of complaints upheld by them was very low. She also reflected on the impact of grief in many of the cases. Finally, DL praised the exceptional work of the team and of note the reduced burden on families associated with multiple independent investigations.

RESOLVED: The Council NOTED the report for INFORMATION.

037/20 CHAIRS' REPORTS

PL encouraged Committee observers to contribute to the Chair's reports should they wish, and reminded the Council that comprehensive reports on each area were available within the Trust's public Board papers.

Finance and Digital Committee
RG presented the Chair's report from the November 2020 meeting. The finance section of the meeting was noted to have focused on analysis of the Trust's current financial position, the Integrated Care System's (ICS) financial deficit (and the Trust's portion of this) the current cash position, the ability to spend capital allocations and 2021 Cost Improvement Schemes (CIP). The digital section of the Committee was noted to have focused on the deployment of a new electronic patient record (EPR), digital team resource and the progress of other projects via a Red Amber Green (RAG) status report.

Estates and Facilities Committee
MN presented the Chair's report from the November 2020 meeting. Key topics highlighted at the Committee included the implementation of actions highlighted in the Gleed Report, Gloucestershire Managed Services (GMS) performance against key performance measures (KPIs), changes to the Trust's security measures, updates on the GMS business plan, the progress of the Trust's strategic site development (SSD) programme, parking and Private Finance Initiative (PFI) contracts and finally an update on the Trust's sustainability ambitions.

People and Organisational Development Committee
BH presented the Chair's report from the October 2020 meeting. Key topics highlighted at the Committee included the importance of embedding the principles of partnership working, health and safety resources and the results of the Freedom to Speak Up (FTSU) report, Employee Relations Report and Equality Report.

Quality and Performance Committee

ACTION

AM presented the Chair's report from the November 2020 meeting. Key topics highlighted at the Committee included the current challenges within the organisation, concerns regarding some metrics in the Medial Division scorecard and red indicators on the Trust's Quality and Performance Report and issues within the Stroke service. It was noted that the COVID-19 Infection Prevention Control Board Assurance Framework (BAF) would be reviewed at the upcoming meeting with Maternity Services a substantive item at the January Meeting.

AT noted that governors heard relatively little regarding Stroud's Maternity Services. DL answered that beneath the aggregate data presented in the dashboard, Stroud was reviewed at a more granular level, with activity noted to be reducing as patients chose home births as opposed to midwifery led births. The team at Stroud were noted to rotate between either Cheltenham or Gloucester, to ensure that they were not only practicing at unit with low levels of birth. PL noted than much of Stroud's activity related to postnatal care.

Audit and Assurance Committee

CF presented the Chair's report from the November 2020. Key topics highlighted at the Committee included the review of emergency preparedness, the Trust's core financial controls, the introduction of the Trust's new external auditors, Deloitte, and the progress of the Internal Audit Plan, with a particularly challenging report on estates and backlog maintenance.

PLR praised the Committee meeting and raised the slippage of audit of the Mental Capacity Act to 2021/22 plan. CF explained that this had been due to higher priority audits taking precedence, and AM noted that she had raised at the Quality and Performance Committee and had received assurance from the Quality and Delivery Group that there had been an increase in compliance with the mental capacity act.

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

038/20 SUNRISE EPR PRESENTATION

MH gave a presentation to governors on the progress of implementation of Sunrise EPR (electronic patient record) covering the:

- Trust's digital history and low digital maturity
- Reinvestment of money earmarked for Trakcare implementation into Sunrise EPR
- Implementation of change (in manageable portions)
- Removal of paper based systems
- Benefits to patients and the Trust following the change in nursing documentation, electronic observations and order communications
- Upcoming phases in project implementation

AT thanked MH for the presentation and commented that it was rare to see such direct linkage between project business cases and concrete benefits. He praised the impact on patients and noted how the EPR would combat medicine prescription errors.

RP said that he was excited for the EPR to be implemented in the Women's and Children's division but asked how the team would support areas with limited numbers of computers. MH answered that as part of implementation, teams would be provided with computers on wheels, laptops and tracking boards and that all was in hand.

GCa commented that it would be interesting to see whether implementation improved tracking of patients from the emergency department to wards, supporting enquiries from patient families. MH explained the previous transfer system and how this was time intensive and not always completed, noting that moving forward this would be done in a much more timely way.

FM asked how the EPR would interface with Allied Health Professional activities in outpatients. MH explained that the EPR would impact ordering of tests and review of results.

NP asked how MH would approach smaller specialties with independent patient management systems, for example Medisoft in Ophthalmology. MH explained that there were more than 200 legacy clinical systems across the organisation which would be not be possible (or necessary) to replace, therefore the focus was ensuring these other systems were integrated into the EPR so that results were available outside of those individual areas, for example.

The Chair asked what would enable the Trust to achieve a higher HIMMS (Healthcare Information and Management Systems Society) rating without having to go through all the evolved stages. MH answered that the Trust was taking advantage of the experiences and learning of other organisations. Governors sought to better understand the HIMMS digital maturity rating system. PL asked that the HIMMS digital maturity definitions chart be shared with governors. **MH**

GC asked whether there was potential for an integrated system between the Trust and primary care. MH explained the county's Joining Up Your Information (JUYI) initiative which provided a summary of patient care records from all organisations to each other. He also reflected the complexity of a system which integrated both primary and acute care, noting that there were exciting opportunities across the Integrated Care System to rationalise IT systems but he doubted the same system would be used across health and social care.

JP asked whether the EPR would be linked with point of care testing such as blood pressure machines. MH answered that the Trust was investigate integrating a whole range of medical devices in the future to reduce clinical time spent uploading results manually.

RESOLVED: The Council NOTED the report for INFORMATION.

039/20 GOVERNOR'S LOG

The Governors' Log and the process behind it were noted, with further guidance and standard operating procedure noted to be available within

the Governor Handbook.

RESOLVED: The Council NOTED the Governor's Log.

040/20 ANY OTHER BUSINESS

There were no items of any other business.

DATE AND TIME OF THE NEXT MEETING

The next meeting of the Council of Governors will take place at 14:30 on Wednesday 17 February 2021.

Signed as a true and accurate record:

Chair
17 February 2021

Gloucestershire Hospitals
NHS Foundation Trust

Council of Governors (Public) – Matters Arising – February 2021

Minute	Action	Owner	Target Date	Update	Status
16 December 2020					
034/20	**REPORT OF THE CHIEF EXECUTIVE** DL would include a note on TRiM practitioners within the Trust's global communications re remind everyone what was available	DL	February 2020	Included within global emails.	CLOSED
038/20	**SUNRISE EPR PRESENTATION** Governors sought to better understand the HIMMS digital maturity rating system. PL asked that the HIMMS digital maturity definitions chart be shared with governors.	MH	February 2020	Healthcare Information and Management System Society rating system included as an appendix.	CLOSED
19 August 2020					
024/20	**REPORT OF THE CHIEF EXECUTIVE** AT requested governors be involved in the Trust's Widening Participation Review. DL agreed and would request the Director of People and Organisational Development to discuss with the external partner how best to involve governors.	DL	December 2020	Session held on 29 January 2021	CLOSED

APPENDIX 1

Digitally Enabled Best Care for Everyone

As an exemplar Digital Hospital, signified by achieving HIMSS level 6, our Trust will deliver consistently safe, reliable, high quality care in an environment that is loved by staff and reassuring to patients.

Patients treated in hospitals that make use of digital technologies to provide care will consistently have better outcomes than those treated in hospitals with a low digital maturity.

Our Trust currently has one of the lowest digital maturity levels for a trust of its size and demographic and is heavily reliant on the movement of paper to facilitate the provision of care.

HIMSS (Healthcare Information and Management Systems Society) is a non-profit international organisation whose goal is to promote the best use of IT and management systems in the healthcare industry. HIMSS have created the EMRAM (Electronic Medical Record Adoption Model) digital maturity model to enable providers of care to measure IT adoption and maturity within their organisations. Hospitals that have achieved a high HIMSS level consistently report significant reductions in medical errors, have improved readmission rates, higher operating margins, lower staffing costs, greater staff satisfaction, reductions in duplicate orders and in general have improved patient safety and the overall quality of clinical care.

As of September 2019, the Trust has a score of 0.02 out of 7. The HIMSS road map provides us with a clear strategic direction that allows the focused prioritisation of investment to ensure the optimal delivery of solutions that will enable safe, consistent, high quality care.

By providing our staff digital solutions not only will we improve the safety and reliability of care that we provide but we also improve the experience of our colleagues. At a time when we have workforce challenges, evidence supports the idea that staff have a better experience and are more inclined to move to work in hospitals that have improved digital maturity. By working digitally, supporting our colleagues with the skills to confidently embrace technology and by harnessing the rich data outputs from our solutions, we will become a leading example of a trust that provides outstanding digital care in the NHS.

STAGE	HIMSS Analytics EMRAM EMR Adoption Model Cumulative Capabilities
7	Complete EMR; External HIE; Data Analytics, Governance, Disaster Recovery, Privacy and Security
6	Technology Enabled Medication, Blood Products, and Human Milk Administration; Risk Reporting; Full CDS
5	Physician documentation using structured templates; Intrusion/Device Protection
4	CPOE with CDS; Nursing and Allied Health Documentation; Basic Business Continuity
3	Nursing and Allied Health Documentation; eMAR; Role-Based Security
2	CDR; Internal Interoperability; Basic Security
1	Ancillaries - Laboratory, Pharmacy, and Radiology/Cardiology information systems; PACS; Digital non-DICOM image management
0	All three ancillaries not installed

What does HIMSS Level 6 look like for our organisation?

Currently our Trust does not meet the requirements to tick the level one box.

HIMSS methodology means that you must complete all of the of the previous level before you can achieve the next.

This strategy will see us achieving HIMSS Level 6 in the next five years.

We will choose how we navigate through these levels according to our need, priority and investment, which may mean that our progress is not linear, however, with the right direction and strategic funding we will reach level 6 by the end of the strategy.

HIMSS 1

Trust wide, we will have:

Laboratory, Pharmacy, Radiology and Cardiology Information systems

Picture Archiving and Communication system (PACS) e.g. X-Rays, MRIs

The ability to store and manage non-Dicom images such as photographs electronically e.g. photographs of skin lesions in dermatology

HIMSS 2

Trust wide, we will have:

A single place to access all clinical information (CDR) e.g. Sunrise EPR

Systems used that demonstrate internal operability to enable all clinical information go be accessed in one place e.g. accessing infoflex, chemocare through Sunrise EPR

HIMSS 3

Trust wide, we will have:

50% of Nursing & AHP documentation captured and stored within Sunrise EPR e.g. risk assessments, progress notes, E-Observations

Medication Administration recorded electronically

Role- based access, i.e. Staff accessing Sunrise EPR will have different access rights depending on their role e.g. an HCA will not be able to prescribe medication on the system

HIMSS 4

Trust wide, we will have:

The ability for clinicians to place orders and requests electronically e.g. ordering a blood test

The order system will have support built into it to making it safer e.g. prompt a specific test if specific symptoms are recognised or query a test if a recent one is on the system

90% of Nursing & AHP documents captured and stored within Sunrise EPR

Basic business Continuity Plans in place for an EPR, e.g. including back-up data provision

HIMSS 5

Trust wide, we will have:

Doctors documentation captured electronically, using structure templates e.g. First Assessment, Ward round, Outpatients, Referral notes

Security Systems should be in place to prevent and detect intrusion or risks to the EPR

HIMSS 6

Trust wide, we will have:

Medication and products ordered and verified electronically, using barcodes and scanners e.g. medication, blood products and human milk

Barcodes used for specimen collection

Clinical decision support functionality throughout the EPR e.g. on the entering of a diagnosis a treatment regime is prompted including tests, medication and referrals needed (order sets/ treatment bundles)

EPR Security Risk Assessments in place and regularly reviewed

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS – FEBRUARY 2021

CHIEF EXECUTIVE OFFICER'S REPORT

1 Operational Context

1.1 Whilst the operational context for the Trust remains challenging, there are signs that the ongoing lockdown has impacted positively on community transmission and, more recently, on admissions to hospital. The number of COVID positive patients in our hospitals peaked at 236 in the week ending Friday 8 January 2021, we finished the month with 155 patients in our care and at the time of writing, for the first time in many months the number of inpatients has fallen below 100. In line with the well documented time lags between phases, the pressure on Critical Care and the Respiratory High Care Unit has increased in recent weeks and colleagues from throughout our two hospitals are providing much appreciated additional staffing support to these areas, including large numbers of our consultant surgeons undertaking shifts as Health Care Assistants.

1.2 One of the very positive aspects of the Trust's response to the pandemic has been the way we have continued to develop our electronic patient record (EPR) to enable clinicians to see information in real time and reducing reliance on paper, thereby improving timely access to clinical information, accuracy of record keeping and reduced clinical time on administrative duties all of which contribute to safer, higher quality and reliable care. Developments include;

- Automatic flagging of COVID patients with an infection alert on the clinical record
- Flagging to ward staff when COVID re-swabs are due
- COVID exposure alerts – exposure to COVID is now tracked on EPR through a date icon. The Infection Prevention and Control team, alongside site management, use this information to manage patient flow and keep staff and patients safe. Previously IPC manually tracked this, typically spending hours pulling together lists of patients who have been exposed and where and when. This has released infection control staff back to the wards and improved patient safety.

1.3 In respect of community transmission, as described above, the picture is an improving one with week on week reductions seen in the last three weeks. The current rate is 195.3 positive COVID cases per 100,000 population compared to 302.6 at the beginning of January. It is vital to recognise however, that this is the "supressed" rate of transmission i.e. with the impact of lockdown and therefore the decision to ease restrictions will be based upon a number of factors, including the roll out of the vaccination programme, and not solely the rate of community transmission.

1.4 Very positively, the vaccination programme in Gloucestershire remains a huge success with the County featuring top of the national leader board with relation to those over 80 who have received their first vaccine; this currently stands at a whopping 95% with the additional achievement of all care home residents (excluding those mid-outbreak) having also been vaccinated. Vaccine supply has improved recently and we are confident, if this is maintained, that we will achieve the 15 February milestone and be well placed to commence vaccinating the next priority groups.

1.5 Positively, following decisive action to remove beds from our bed base (despite the operational impact) there has been a significant and continued reduction in the rate of nosocomial infections i.e. the transmission of COVID within our hospitals and the risk

rating has been reduced accordingly. This, coupled with our continued efforts to screen asymptomatic front line colleagues, places the Trust in the lower range for this important measure of infection prevention and control (IPC) and our approach to the continued social distancing of beds, the envy of many an IPC leader. Regular meetings between Craig Bradley, the recently appointed Acting Director of Infection Prevention and Control (DIPC) and myself, have been established to ensure oversight and focus on this hugely important issue.

1.6 Subsequent to last month's update, the Care Quality Commission (CQC) deferred its planned targeted inspection of our Infection Prevention and Control practices. A new date for the inspection has now being confirmed for w/c 15 February 2021 and we look forward to welcoming the team.

1.7 System partners in the County have continued to work collaboratively to reduce the numbers of patients whose discharge from hospital is delayed and from a peak of 176 in early January numbers have now plateaued at between 110 and 120. Despite huge efforts, and additional commissioned capacity in pathways such as *Home First,* this continues to place significant operational pressure on the Trust and wider system, as well as impacting considerably on those patients and families waiting to progress to the next step in their recovery. Having previously pursued an alternative model to the nationally recommended approach, Gloucestershire County Council has now commissioned a designated care home (14 beds) for patients with confirmed or suspected COVID. These patients currently remain in the Trust or are transferred to a community hospital setting and so this is a welcome development.

1.8 Although it remains unclear when the current surge of COVID patients will recede, thoughts nationally, regionally and locally have turned to the next phase of the pandemic and what is being framed as a period of "recovery and restoration". For some, this reflects the need to restore services paused or reduced during the pandemic and to recover from the huge backlogs of patients now waiting for assessment, treatment and follow up. However, for many more it reflects the need to consider how best to rest, recover and restore staff who have been through the most challenging period of their careers. NHS Providers' CEO, Chris Hopson has been at the forefront of this debate in positioning the inherent tension between these competing priorities. Guidance on how NHSE/I intend to respond to these challenges is awaited but it is clear that they are listening to, and considering how best to respond to these potentially competing priorities given our collective mandate to serve both colleagues and patients to the best of our ability. Of utmost importance in my mind is how we frame these competing demands in a public conversation whereby we are open and honest about the scale of challenge, about future waiting times for assessment and treatment and thus manage the expectations of the thousands of people whose non-COVID care has been impacted by the COVID pandemic and will continue to be so for many months to come.

2 Key Highlights

2.1 As well as the success described above, led by Professor Steve Hams as Senior Responsible Officer (SRO) of the **Gloucestershire vaccination programme** working in an excellent partnership with colleagues in primary care, the Trust's digital team has also made a huge contribution to the programme. As well as leading the work on the hospital hub, the team has also supported the Primary Care Networks (PCN) and Gloucestershire Health and Care Trust with the digital components of the programme. Our decision to pursue the Hospital Hub and PCN model left local (and regional) teams needing to develop much of the digital infrastructure for themselves. The digital response has involved teams from IT, infrastructure, applications and business

intelligence to ensure a rapid deployment of equipment, software and underpinning systems. As the programme will, in all likelihood (much like the flu vaccination programme) become a feature of the future, the team has turned their attention to operationalising processes to become business as usual which means that capacity planning, reporting, help-desk and call/recall processes become embedded in existing ways of working.

2.2 The **Big Conversation** continues to explore the work experiences of our BAME colleagues. DW Consulting have provided an interim report to the People and Organisational Development sub-committee and this will be shared more widely in the forthcoming weeks. The Trust continues to improve its practice and move towards our ambition where equality, diversity and inclusion reflects 'who we are' and not 'what we do.' Progress has been made against the Board approved Equality Diversity and Inclusion (EDI) Plan including a revised recruitment and selection policy which will embed positive action and improve internal practices, formal mentoring for BAME colleagues, additional BAME Freedom to Speak up Guardians, formal buddies to assist new starters (especially international recruits), an ICS stepping up programme for LGBTQ+ and BAME colleagues (with a disability programme being planned) and a new BAME council which will discuss BAME career progression and development, discrimination harassment and bullying, health and wellbeing, proactive anti-racism, speaking out and embedding EDI.

2.3 In support of our aim to further develop an inclusive approach to medical engagement and career development, Professor Mark Pietroni has appointed the first Associate Medical Director for **Development, Mentoring and Inclusion** which will be delivered through an innovative partnership model comprising two eminent clinicians. From 1st February 2020, Dr Ananthakrishnan Raghuram, consultant in respiratory medicine in the Trust and a "leading light" in the world of medical educational and the national Royal College of Physicians will start in role and will be joined in the spring by Dr Andy Griffiths, OBE consultant anaesthetist at Torbay Hospital and Programme Director for Healthcare Leadership and Management at the University of Exeter.

2.4 A key strand to our inclusion ambitions includes the experience of those with an underlying **mental health** condition – at any point in time we can expect around a third of our inpatients to have a mental health condition. Feedback from patients and their families has reminded us of the importance of looking after patient's psychological wellbeing as well as their physical needs. For patients with existing or new mental health conditions, coming to hospital can be an especially daunting experience and never more so than when presenting to the Emergency Department. The Council of Governors, and Lead Governor Alan Thomas in particular, has raised the importance of this dimension of care and I am therefore delighted to see the work that is now underway to improve the experience of those with underlying mental health conditions through a newly established ED Mental Health Working Group. The group involves staff working in the service, colleagues from mental health services in Gloucestershire Health & Care Foundation Trust (GHC), Governors and perhaps most positively two *Experts By Experience.* Of particular note is the contribution of Dr Faye Noble, Consultant in Emergency Medicine and Jim Welch, Clinical and Operational Lead Nurse for Mental Health Liaison, GHC.

2.5 This month, we heard that we have been successful in what might be considered on a more unusual bid from an NHS Trust but reflects our developing approach to the way we are working with our communities. Anna Rarity has led the Trust's efforts to develop a bid for **partnership arts projects** and, working with Gloucestershire Cathedral, Gloucestershire Action for Refugees and Asylum Seekers, Inclusion

Gloucestershire and Gloucestershire Carers (supported by photographer, Ruth Davey) has been successful in securing £20,000 to take part in a 6 week online programme in "mindful photography" targeted at NHS staff and patients. Our new Arts Coordinator, Anoushka Duroe-Richards, will take part in a 'train the trainer' course, so she is able to deliver future courses after we have completed this programme.

2.6 Governors have long been interested in the digital ambitions of the Trust and being key to focusing the programme on benefits for patients. Following a rigorous application process to NHSX more than a year ago, supported by evidence of our commitment to a long term digital strategy and numerous examples of innovation and delivery (as referenced above), the Trust has been awarded **Digital Aspirant** status. The programme attracts significant additional capital funding (in the guise of match funding) and supports providers to develop the core digital capabilities they need to deliver safe, high-quality and efficient care. A formal announcement will be made over the coming months subject to Board approval of the award.

2.7 We continue to make good progress with our strategic site development which will see the development of estate at both Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital; the former to enhance provision for patients undergoing planned surgery and the latter to improve the environment for patients requiring urgent and emergency care. Building Plans have now been approved by both Cheltenham Borough and Gloucester City Council Planning Authorities, for the proposed developments and a Guaranteed Maximum Price for the proposed developments has now been agreed with the Trusts Construction Partner Kier. These important developments will enable the finalisation of the Full Business Case ahead of its submission to NHS England / Improvement next month. We hope to secure approval by June 2020 to enable Kier to commence works, in earnest, from July 2021 with the aim of completing the full programme of works by March 2023. Anna Rarity, will continue to lead the work with patients, patient representatives and governors to ensure that the building reflects the needs of the widest range of patients, including those with disability.

2.8 We have been successful in our bid to become an **Endoscopy Training Academy** and will become one of just two endoscopy academies in the South West. This designation from Health Education England comes with capital funding that will enable us to expand the Cheltenham Endoscopy Unit to a four theatre unit. Having an additional, dedicated training theatre will allow us to support local and regional trainees accelerate their endoscopy training and development and allow them to catch up on training opportunities missed due to the COVID-19 pandemic. The Academy will work alongside the Gloucestershire Endoscopy Training Centre and further bolster the reputation of our unit and Trust and fits with our centres of excellence strategy and aspiration to become a University Hospitals' Trust. The increased theatre capacity will also enable us to meet the growing demands on the endoscopy service and address the backlog of patients awaiting care that has arisen through the pandemic. Huge thanks to Dr Paul Dunckley, Tara Wilson and the Medicine Division Team for pursuing and securing this award.

2.9 As demonstrated with the Endoscopy Training Academy, we are passionate about developing our people. This month we will be joining the national celebration of our apprentice workforce during National Apprenticeship Week from the 8th – 12th February. The Trust has stood out amongst others for some time with respect the number of apprentices and particularly the range of areas and qualification routes that apprentices can access. Currently there are 268 apprentices across the Trust in a variety of different roles, with access to a range of qualifications from BTEC

qualifications to degree. Every apprentice is supported and developed to help them reach their full potential, achieve success and helped to progress into roles at the hospitals and an incredible 75% of our apprentices go on to permanent careers within the Trust; a number have also received regional and national awards for their achievements. Nurses, IT specialists, nursery nurses, audiologists and business managers are just a few examples of careers that have developed at the hospital from an apprenticeship.

2.10 Good progress towards the vision set out in our ***Fit for the Future Programme,*** continues to be made. Since the public consultation closed on 17 December 2020 there has been a lot of activity including reading and collating all feedback received into an Interim *Output of Consultation Report* and participating in an independently facilitated 'virtual' Citizens' Jury. The Jurors Report has been added to the Fit for the Future section of the One Gloucestershire website - https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/ and will be part of a range of additional information that will be used to inform the Decision Making Business Case (DMBC) that will be considered by Trust Board and CCG Governing Body on 11 March 2021, Additional information listed below will also be published throughout February 2021 on the link above :

- Addressing themes for the consultation
- Citizens Jury Report – includes detail of the Jury process
- Final Output of Consultation Report
- Recommendation regarding the preferred location for colorectal surgery
- The Consultation Institute Quality Assurance Assessment
- Updated Trauma and Orthopaedic Pilot Evaluation
- Updated independent Integrated Impact Assessment

2.11 The hospitals' charity is embarking on an exciting new project, the **Green Spaces Appeal** to build a garden of commemoration at Gloucestershire Royal Hospital site in memory of all those who died, or lost a loved one, as a result of the pandemic; when finished (and pandemic conditions allow) the garden will be accessible to staff, patients and visitors. The charity will be working in collaboration with Dannahue Clarke a talented (celebrity) gardener and two local artists Sadie Kitchen and Jackie Lantelli to develop a outdoor space for contemplation and reflection. The theme of the dandelion will play an integral role in the design of the garden and reflects the use of this flower in our end of life initiative - **Every Name a Person** – for which the Trust got national acclaim. Donations will be sought to 'sponsor' a wire dandelion sculpture which we will showcase across our site when the garden opens in April, before being collected by the sponsors – a Gloucestershire dandelion themed display, akin to the Tower of London Poppies!

2.12 Sadly, as I write this month's report the nation is mourning the death of **Captain Sir Tom Moore** but, equally, celebrating his huge and unique contribution to the morale and wellbeing of so many NHS staff. The £33m raised through Sir Tom's efforts, to support those working through the pandemic, are overseen and distributed through the organisation *NHS Charities Together*. We are fortunate, in having been recently awarded a further £187,000 to enable us to recruit new staff support counsellors and link psychologists, bringing the total granted to £378,000. As a result of this latest grant, we have been able to roll out our TRiM (Trauma Risk Management) training earlier than originally anticipated and we have strengthened our mentoring and

coaching faculties to provide line managers and supervisors with additional support as they navigate the many operational and personal pressures they will continue to face.

2.13 Under a national initiative to eliminate all **Health Care Support Worker** (HCSW) vacancies by the end of March 20201, the Trust has received national funding to recruit an additional 90 HCSWs. A programme of activity to promote these roles locally will commence this month and will show case the opportunities available to join whether this be directly into the role, as an apprentice to gain a formal qualification or in a role designed to enable progression along our internal career pathway to becoming a Nursing Associate or Registered Nurse. The Trust is being innovative and inclusive in its approach to not only recruiting the best but ensuring it fulfils its aim to support reduction in social inequalities through its approach to local recruitment and a diverse workforce reflects the communities we serve.

2.14 Finally, it is with huge regret that I share the news with Governors that Dr Rachael De Caux, Chief Operating Officer hs resigned her role. Rachael has made a phenomenal contribution to the organisation during her time with us and none less so than during the pandemic. However, this last year has also prompted much reflection on priorities for many of us, including Rachael and to quote her this has resulted in her decision to "return to my true north" which, for her, is clinical practice. As a result, Rachael will be leaving the Trust at the end of July to resume her career as a Consultant in Emergency Medicine at Royal Berkshire Hospital. The achievements of Rachael and the operational teams that have thrived under her leadership are too many and notable to mention here but we will ensure there is time to celebrate all that she achieved during her time with us. I know you will join me in wishing Rachael well.

Phew – what a lot going on despite the ongoing challenges. I couldn't be more proud of, or my thankful for the individuals and teams that make up NHS Gloucestershire.

Deborah Lee
Chief Executive Officer
8 February 2021

Quality Account
2020/21

Presenter:
Head of Quality
Katie Parker-Roberts

What is the Quality Account?

- A Quality Account is a report about the quality of our services.
- Our report is published annually.
- Quality Accounts are an important way for us to report on quality and show improvements in the services we deliver to our local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.
- The Department of Health requires us to submit our final Quality Account to the Secretary of State by uploading it to the NHS Choices website usually by June 30 each year. The requirement is set out in the Health Act 2009 but this was amended to October last year. In 2012 it was decided that there should be the inclusion of quality indicators according to the Health and Social Care Act 2012. NHS England or clinical commissioning groups (CCGs) cannot make changes to the reporting requirements.

Our 2019/20
Quality Account

https://www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=1153

Assurance over mandated indicators

In 2019/20, our auditors did not provide a limited assurance report (on whether, based on the procedures performed and evidence obtained, anything has come to their attention that causes them to believe that the two mandated indicators have not been prepared, in all material respects, in accordance with the applicable criteria) because of the pandemic Covid-19.

This will continue in 2020/21, following the same guidance from NHSI.

Governor indicator

- In previous years, NHS foundation trusts also need to get assurance through substantive sample testing **over one local indicator included in the quality and performance report, as selected by the governors of the trust but this did not happen in 2019/20.**

(Although the foundation trust's external auditors will be required to do the work, NHSI do not propose that we will have to provide a limited assurance report over this indicator.)

Quality indicators 2020/21

Priority quality indicator goals 2020/2021
Our Covid response (wellbeing)
To improve how we meet the NHSI learning disability and autism standards
To improve nursing safeguarding risk assessments process so that we identify our vulnerable patients
To improve cancer patient experience
To improve children and young people's experience of transition to adult services
To improve maternity experience
To improve Urgent and Emergency Care (ED) experience
To improve Adult Inpatient Experience
To enhance and improve our safety culture
To improve our prevention of pressure ulcers
To prevent hospital falls with injurious harm
To improve the learning from our investigations into our serious medication errors
To improve our infection prevention and control standards (reducing our Gram-negative blood stream infections)
To continue our learning from deaths programme
To improve our care of patients whose condition deteriorates
To improve mental health care for our patients coming to our acute hospital
To improve our care for patients with diabetes
To improve our care of patients with dementia
To improve outpatient care
To improve access to care by delivery the 10 standards for seven day services (especially 2, 8, 5, 6)

Yellow cells = potentially continuing priority for 2021/22

Quality indicators 2020/21

Priority quality indicator goals 2020/2021 NOT being continued	Reason for not being continued as a Quality Indicator in 2021/22
To improve nursing safeguarding risk assessments process so that we identify our vulnerable patients	Business as Usual - This has been embedded within EPR and the Quality Delivery Group receive monthly updates on safeguarding risk assessments, themes and trends which are discussed and reviewed.
To improve cancer patient experience	Business as Usual - We have seen significant improvements in our patient experience reported through the National Cancer Patient Experience Survey. Improvement work continues, and is being monitored in division and through Quality Delivery Group.
To improve our infection prevention and control standards (reducing our Gram-negative blood stream infections)	Business as Usual - This was a two year priority indicator which will conclude this year. Infection Prevention and Control continues to be monitored through the IPC group and Quality Delivery Group

Proposed indicators 2021/22

- Still reviewing and agreeing which indicators to focus on for 2021/22 – we must agree a minimum of nine
- Anything else that the Governors would like to see as a priority for QDG to review?
- In addition to the areas highlighted in previous table that could continue as priorities for 2021/22, the following areas have been identified as potential priority indicators, following diagnostic review of our data and discussion with colleagues.
    - Paediatric experience improvement – based on Picker Survey scores
    - Fractured Neck of Femur (NOF) QPR metric
    - Compassionate behaviours/culture work
    - Introduction of staff realtime feedback (SPEaC Happy App)
    - Pathway to Excellence
    - NAAS2 roll out

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS – FEBRUARY 2021

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

This report describes the business conducted at the Finance and Digital Committee held on 28 January 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Update on Public Sector Decarbonisation Scheme	Detailed update on the scope and timetable of the project addressing in particular the procurement and contractual complexities associated with the completion date timing required to secure the £13.7 million grant funding	Questions addressed: - Lead times associated with contractual requirements - Consequence/likelihood of missing completion deadline - Key component supply risk following EU exit - Specific scope of additional LED lighting investment - Ongoing project progress review	High quality supporting paper and detailed discussion provided assurance of the viability of the programme timing, robustness of the procurement compliance and governance arrangements and minimisation of funding risk in the event of delay.	Project capital expenditure progress will be included in future months' capital programme report Estates and Facilities Committee will be kept informed of technical and engineering progress
Financial Performance Report	Detailed review of Month 9 and year to date income & expenditure and balance sheet. In month the recorded deficit at £0.17 million was better than plan by £0.97 million reflecting another month of lower variable operating costs resulting from reduced	Is there any risk that the apparently strong correlation between lower operating costs and reduced activity lead to complacency? With no penalties included in the plan for missed activity targets what is the national funding picture in light of continuing high levels of	Detailed review with directorates taking place to ensure correct interpretation of results Current schemes paused beyond October 2020	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	activity levels as a consequence of second surge of the pandemic Year to date the deficit of £3.7 million is lower than the planned level £7.7 million. Revised submissions have yet to be made at system level Cash management remains effective	COVID-19 admissions and consequent reduced "routine" activity How is the communication/liaison with the new external auditors progressing in terms of accrual methodology etc?	Finance team working closely with the new auditors to ensure clear understanding and agreement	
Capital Programme Report	Detailed report presented showing the project by project breakdown of the year's planned spend of £39.1 million. Included an updated initial assessment of risk ranking addressing potential slippage. Supporting detail of project opportunities to offset any material slippage and achieve overall spending level.	Detail questions addressing: - Robustness of forecast outturn - Plans associated with the Aspen Centre - How to handle late funding decisions which limit what is practically possible	Oversight and review process described provided confidence that plan can be achieved without a significant risk of forfeiting funding while maintaining flexibility to achieve any delayed projects	
Budget Setting	Verbal report on the status of the 21/22 planning process. National planning guidance has been delayed and is expected in mid to late February. In the interim operating budgets are being prepared on the basis of allocations published as	Given the change and uncertainty currently in existence what concerns do you have?	With a continuing clear understanding of the actual financial position the only significant concern will centre on the size and reality of any gap	Assessment and committee review will continue as national guidelines become available.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	part of the earlier long term plan			
ICS Update - Finance	Finance Director reported on the second system-wide finance session attended by 150 members from the teams across four organisations. Considered to be a very successful event which served to identify further opportunities for integrated working across the system		Committee very assured by this update – evidence of which is seen in the reporting coming to the various fora that Non-Executives participate in	
Digital Programme Report	Detailed report covering all new major projects and those supporting "business as usual". Particular emphasis on Electronic Prescribing and plans for Electronic Patient Record (EPR) in emergency departments.	With EPR scheduled to be introduced in Cheltenham first how will learning be replicated in Gloucester? Would any revisions to temporary service changes impact on plans? What are the plans to handle the impending change from Microsoft Office 2010 to N365?	Cross site working of staff and high levels of clinical engagement expected to maximise exchange of learning and identification of any issues that may result from site differences No	Deep dive will be required into project plans and necessary change management communications
ICS Update - Digital	Update on productive system wide discussions taking place	When will it be appropriate to provide formal briefing to the ICS Board?	Early summer is the likely timing. Meanwhile discussion and networking activity will continue	

Rob Graves
Chair of Finance and Digital Committee
4 February 2021

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS – FEBRUARY 2021

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

This report describes the business conducted at the Estates and Facilities Committee held 28 January 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
GMS Chair's Report	Concern raised over GMS staff resilience during the C-19 crisis. Porters are being consulted on a possible change in role to respond to V&A calls. The response has shown less support than expected.	What support and facilities are available to GMS staff? How are GMS linked into the recent Violence and Aggression audit, the report for which has just been published by Internal Audit?	They have the same as Trust staff, including the Staff Health and Wellbeing Hub. GMS carry out all incident reporting for V&A and will be linked into the new V&A Lead. V&A response/support requires further work and solution is expected in March/April timeframe.	 To revert to Committee on the final proposed arrangements for V&A response.
Contract Management Group Exception Report	Assurance was provided to Committee that Gloucester Managed Services (GMS) have met all their contractual key performance measures for the reporting period. This includes against all cleaning standards, although cleaning audit numbers have fallen – these have been addressed and	In view of the good performance in cleaning, should the	This will be reviewed as part of the regular Trust risk management process.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	improved numbers should feed through in the next reporting period.	Trust risk related to cleaning (currently scoring "red") be reassessed?		
Strategic Site Development Programme	There is currently a gap between the budget for the strategic site redevelopment scope and the latest costings being obtained from the market. There are proposals being developed to reduce/eliminate this gap.	Are there elements of the scope that can be deferred/reduced? Do we delay the project?	There is no value in delaying the project. There are feasible proposals to help close the gap and discussions are ongoing internally and with the principle contractor. Further discussions are planned with the TLT and with the full Board on 11th February.	Updates to be provided at next Committee and Board.

Mike Napier
Chair of Estates and Facilities Committee
3 February 2021

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS – FEBRUARY 2021

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

This report describes the business conducted at the People and Organisational Development Committee on 22 December 2020 indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

	Report/Key Points	**Challenges**	**Assurance**	**Residual Issues / gaps in controls or assurance**
Performance Dashboard by exception	Metrics remain positive and in the upper quartile for peers and University Hospital Trusts. National recruitment and retention data shared and how the trust compares with South West Trusts which is favourable. People and OD teams are working with medicine on their retention programmes relating to Health Care Assistants. Appraisal compliance in the Corporate division is low.	How can we quantify improvements in data sets as real benefits to staff? How are we focusing on the chronic staff workload? What are we doing to ensure time is put aside for this key activity especially when so much is being asked of our staff? Having that one to one time is important to wellbeing and feeling valued.	Good assurance received across reduction in absence and turnover, improvements in stability reduction in agency spend, locum use, cost of recruitment, on boarding and training and reducing costs associated with absence and back fill. Efforts to recruit and fill gaps with permanent or temporary resources and build on career pathways assists with workload. Funding will come forward to improve nurse establishment as part of the 3-year investment agreed in 2019. Right sizing establishments is a priority for the Director of Nursing, notwithstanding national shortages will impact growth ambitions.	Committee to be updated on medicine division staff retention and recruitment Committee to be kept updated on appraisal performance

	Statutory mandatory training continues to meet targets. Staff survey response rate was reported at 48% compared to 49% last year. An increase in response rates in medicine was noted.	Any view on the effectiveness of virtual training?	The plan is to research the impact and effectiveness of training. Much training is virtual face to face training. National bodies are also researching value and effectiveness of this platform.	Present outcome of research to ensure the most effective training channels are being used.
Board Assurance Framework (BAF) quarterly review	Update on the principal risks was received. There were no changes to the risks and no closures of principle risks which remain at 7. RAG rated progress was green for Compassionate Workforce objective, green for Involved People and Amber for Research. Ratings were agreed. The committee noted the good progress on the Equality, Diversity and Inclusion priorities.	Are Divisions who need to deliver some of the people initiatives able to with operational pressures? How does the Trust decide what to pause? Is the Primary Care Network (PCN) risk of competing for resources satisfactorily captured or has this changed? Is the RAG rating correct? Is the rating about process or outcome	Divisions have paused some items. Priorities are discussed in the weekly Task and Finish group and at Executive review. New governance suggested to oversee role development within PCNs will reduce risks. The limited progress in PCNs to create new roles is a consequence of COVID so the risk of losing staff has lowered. Many PCN's haven't yet agreed their framework for recruiting to new roles. The Board Assurance Framework is about reducing risks to achieving the objectives over the 5-year period. The RAG rating is not necessarily about the outcome or achievement of the objective but the level of confidence to manage the	

			principle risks which ay destabilise. Other reports provide the detail of the work described in the BAF such as the Dashboard and the People and OD Strategy update which provides detail on process and outcome.	
Resourcing Update	A 6-month review of activity was provided, and progress noted specifically that: Resourcing support for COVID and mass vaccinations continues; Agency spend across all staff groups is adverse to target but progress has been made with £1.3 million reduced spend compared to last year; Agency fill continues to lower in favour of our internal bank. 65% of gaps are filled by the internal bank for nurses, 85% for Health Care Assistants Savings from direct engagement changes were noted; 600 temporary workers were recruited, inducted and deployed or COVID; International candidates continue	How can we understand the impact of mass vaccinations has on teams? Our hiring time is poorer than our peers. How can this be improved? Any observations on impact of COVID on supply?	The programme has had an impact on delivery of other priorities within resourcing such as amendments to the Recruitment and Selection Policy Pre October no mechanisms to establish time to hire. Assurance received that the new recruitment system, Trac recruitment allows measurement of processes and understand the blockages to resolve and/or change. There is an expectation to understand what we can change or improve with a few months. Seen fewer people moving between hospitals and locations. Seen more interest in non-clinical and Health Care assistants' roles, but unclear if this interest is about a new career or if employment has been lost.	Review impact on other priorities and their resourcing

	and additional funding from NHSE/I secured. The Trust Vacancy position has improved			
HEE CPD Funding	Assurance on how funding will be managed and spent by the end of the financial year. The funding enables development of practice education, coaching, research and improved training needs analysis. University links are being strengthened as courses are in development for registrants.	How are registrants involved in decision making on spending?	Assurance received that RCM/RCNs are part of the working group to ensure registrants understand what the CPD funding can be used for. Staff side have signed off plans and all training and development requests will link in with appraisals so registrants can consider what education they wish to access.	
Freedom to Speak Up update	In Q2 there were 19 cases. This is a decline from Q1. Fewer cases are now anonymous	Is the effect of line manager behaviour evident in the data? Why is analysis against protected characteristics still unreported?	There are reports around manager behaviour. Colleagues often come forward to Guardians instead of managers. This is not necessarily a reflection of their relationship with manager rather a preferred route to raising concerns. The DPIA (data protection impact assessment) team are not supportive of the Trust capturing the data and conversations continue.	Review outcome of discussions and impact of not capturing the data.

Staff health and wellbeing update	A review of the Staff 2020 hub successes was provided and an overview of trauma related training and proposals on improving support mechanisms for staff provided. Both reports were well received.	How can the psychological link worker help staff groups who won't or don't come forward? Is there anything that the team is frustrated about and wish could be done differently?	Attention currently focussed on the COVID wards. Resource is 2 days a week but difficult to get staff released from their duties to speak to the psychologist. Looking at ways to working collaboratively with the matrons and utilise 'time to talk' initiatives being explored. There is a weekly meeting help to consider areas the Trust believe may need support. Keen to expedite the use of the national charities money to secure more full-time resources. The team have been constrained in terms of what they can offer due to resources. Wish to push forward the TRIM agenda with more pace but capacity issues within health and wellbeing space need to be resolved.	Review wider needs outside of Covid wards and capacity required to widen this initiative.

Research and University Hospitals Update	COVD raised the profile of the research teams and we became the top recruiting Trust for Public Health research in the South West and 3rd in the country for SIREN testing Recruited 3985 patients vs 1800 in 2019 into various programmes University Hospital progress has involved the team looking at how to become a University Hospital System. Working with Research 4 Gloucester and holding progress discussions with universities. The ICS Board has been approached on creating a One Gloucestershire Research System and an application will be drafted.	Has funding been secured for University Hospital status?	Funding aimed to help the Trust to gain University Hospital Status not been achieved. Learning from other providers who have secured the status confirms the need to balance education and research. Emphasis on education agenda where good progress has been made will be highlighted on future applications.	
Progress against the People and OD Strategy and People Plan	The progress against the People and OD strategy was noted and assurance taken.	Are red ratings fair? Do they reflect delays? What are the main issues of concern?	Reds are either missed targets such as time to hire or an item that has not progressed such as the ICS high potential development scheme. Capacity within the senior team due to taking on additional tasks. A request for increased resources to be reviewed and impact on capacity to take on additional duties to be reviewed. Does not currently feature on any	Committee to receive progress updates on capacity to deliver on priorities

		How does this currently feature on the risk register or another forum?	risk registers as team did not want to highlight this publicly. The comments and concerns raised by the team need to be better understood. A clearer approach to understanding the challenges and pressures the team are under when new pressures and additional demands are required is critical especially given the comments around the pressures the team faced during the last few months. A review of capacity/current pressures to gain a better understanding and provide a forum to prioritise work against capacity available.	Committee to receive update on how capacity issues are reflected as part of Trust governance processes

Board note/matter for escalation
None

Balvinder Kaur Heran
Chair of People and OD Committee
22 December 2020

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS – FEBRUARY 2021

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

This report describes the business conducted at the Quality and Performance Committee held 27 January 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Current position operationally and delivery group reports	Operationally it remains a very pressurised position with high numbers of patients in both wards and critical care with utilisation of escalation areas.	As this remains a challenging time, what if anything would you expect the committee to see in future reports to reflect the pressures?	Several key metrics already reported into committee and showing pressure. This is likely to continue and may increase. Process of harm reviews already in place.	
	Temporary service change of Aveta Birth Unit confirmed.	Are there any unusually used escalation areas which give cause for concern?	Areas are risk assessed, including the physical nature of the space. Selection of patients is undertaken and staffing ratios thought through.	
	Significant progress of the mass vaccination programme reported.	Has the system been able to support with workforce demands and stop non-essential activity to reprioritise?	System (and Trust) has clear oversight of systems in place with redeployments on place , mutual aid and an MOU to ease flow of staff	
	Quality report from the delivery group noted and focus on key metrics.	Do we have enough metrics to monitor pressures on staff?	Metrics in place to understand this. Consideration being given to the detail of the	It was suggested that the Board may be interested in this area of focus.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			‘decompression’ stage and what that may mean for colleagues as well as services.	
		Noting the improved discharge position, are there any risks being exported/ building as a result?	Assured that there is no evidence of a shift in quantity over quality.	
			Enhanced arrangements in place re discharge including virtual ward, designated care home capacity and Infection control processes across the system.	
		The scorecard is mostly rated green for safety, does it feel green?	Time lag in reporting of validated data noted and will be reviewed for future iterations and may subsequently change.	
		Some metrics still do not have colour coding	Longer term intention is to remove all colour coding in line with the review of the quality and performance report.	
		There is a lot of improvement work detailed and noting it may be the same people who are dealing with current operational pressures and responsible for transformation and improvement, is this	Assurance given that some staff still forward look and there is capacity to improve, understanding there are areas where the sole focus is on delivery of care at a point in time.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		realistic? Example given, ePR		
		Noting the use of the independent sector across the country, we should take stock of our approach and explore further opportunities.		Will be included in future reports
	Strong cancer performance noted (unvalidated data)	Where and how are conversations held to agree maintenance of strong performance in one area if in doing so, another area is deprived?	Assurance given that the Trust works within the national framework for prioritisation (P) of patients, including urgent non-cancer patients.	
	Planned Care report confirms the impact on these services and patients waiting as a result of COVID.	The report states that the majority of services are using the P categories, are there any risks with some specialities not using this?	Clinical decisions on the use of critical care are always made clinically and by more than one person. Gloucestershire also has the benefit of community theatres which are still in operation.	It was agreed that future reports will contain more detail on the communications with patients including the quality. Suggestion to share the principles of the recovery plans with Board in due course.
			Assurance that there are no consequences as those specialities currently use other risk ratings processes.	
	Emergency Care report outlining severe ongoing pressures and validated 4 hour performance which has been significantly negatively impacted by COVID activity	Regarding ambulance handover, is there confidence that patients are being offloaded in the right order?	Internal escalation plans and actions in use, triage of patients by the ambulance crews, incident reporting in use to capture any issues.	
		With the data on stroke,	Given assurance that	Previously agreed that

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	and situation in the Trust.	has anything happened to improve performance in the short term?	stroke data is reviewed in performance meetings and under review	committee will receive stroke briefing paper with plan for improvement.
Maternity services report including two papers. The Trust response to the Ockenden letter of request for essential and immediate actions and the assurance action plan	Update report on the progress of the nationally mandated Ockenden recommendations for all maternity services. Initial response completed in December. Further evidence to support actions required, national deadline now extended to 15 February. Ratification pre deadline by the Local Maternity System and to be shared with Quality and Performance Committee in February. Maternity assurance action plan shared which is an internal plan instigated pre Ockenden. Leadership Review briefing agenda'd for February meeting.	What is the sense of how this group of staff feel under scrutiny and is any tension transmitting to mums?	Noted that the service has felt it has been under scrutiny for some time. and that there are opportunities for the leadership review, and the way it works and governance systems and processes to increase support for staff . Noted that there are some excellent practitioners within the service.	
Quality Account Indicators	Update on new national guidance regarding Quality Accounts completion. None received yet for 20/21, so working to the planned dates. Comments welcomed on the indicators.	The metrics for responsiveness need review and enhancing, referring back to the RAG rated dashboard in the quality and performance report.		Further update back to March/April committee

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		As it was no longer required nationally for governors to choose an indicator, how will they remain involved?	Assurance given that Suzie Cro has started work regarding governor involvement.	

- Pared down meeting to free colleagues in operational extremis, focussed on a risk-based approach, actively noting contents of corporate risk register with follow up questions/ points of clarity.

Alison Moon
Chair of Quality and Performance Committee
27 January 2021

Gloucestershire Hospitals
NHS Foundation Trust

REPORT TO COUNCIL OF GOVERNORS – FEBRUARY 2021

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

This report describes the business conducted at the Audit and Assurance Committee on 26 January 2021, indicating the NED challenges made and the assurances received and residual concerns and/or gaps in assurance.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / gaps in controls or assurance
Risk Assurance Report	Regular assurance report confirming: • Changes to register • New risks • Location of each risk in terms of assurance Cttee oversight • Existing/planned mitigations and controls	Re theatre risks, are these new ones or older risks that have recently been reviewed? Re Deprivation of Liberty Safeguards risks, what is the nature of the relevant risk? Cttees don't see lower-level incidents that collectively might constitute an area of risk. Are there ways of identifying these? What is the risk arising from delays in investigating incidents due to staffing shortages?	Existing ones that have hitherto been on divisional risk registers. They are now scoring sufficiently to reach corporate risk register. A compliance risk (rather than safety) Yes. Relevant systems and practices were described. Improvements in organisation of investigations were described and further plans to improve timeliness. There was not thought to be a risk arising from the delays.	Further discussion / scrutiny in QandP and EandF Cttees Further discussions to ensure there is appropriate whole system understanding and oversight of the risk.

External Audit Update	Deloitte's colleagues described their progress as incoming auditors; their transition plans; and preparations for the 2020/21 audit. No areas of concern were flagged. Confirmation provided that the Quality Account will not be audited for 2020/21.	Are arrangements for the Charitable Funds audit progressing satisfactorily? Are we likely to see similar auditing problems with year-end asset valuations as in 2019/20?	Yes. Good progress was described. This issue is currently under discussion within Deloittes. Update to next Cttee.	
Internal Audit	Regular progress report to Committee. Confirmed good progress against 2020/21 audit plan. Draft 2021/22 plan discussed. <u>Violence and Aggression Final Report.</u> Limited assurance given and areas that lacked focus and accountability were described, together with management response.	Good discussion of the report and the extent of immediate executive engagement was welcomed.	Clear plans to strengthen management, oversight and reporting of these issues were described. Progress against the action plan will be visible via Health and Safety Cttee to the PandOD Cttee.	

Claire Feehily
Chair of Audit and Assurance Committee
February 2021

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS – FEBRUARY 2021
Microsoft Teams Commencing at 14:30

Report Title
Governors' Log Report
Sponsor and Author(s)
Author: Natashia Judge, Corporate Governance Manager Sponsor: Sim Foreman, Trust Secretary
Executive Summary
Purpose To update the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 16 December 2020. Key issues to note The Governor's Log is now available to view within the Governor Resource Centre on Admin Control. Submissions related to a number of themes have raised throughout the recent period: - Mental Health First Aid Training - Physical and Mental Health Conditions - Fit for the Future - Masks and those who are hard of hearing - MUST scores and Estimated Weight Data One item with supplementary questions remains open. Conclusion Despite COVID-19: the Governors' Log continues to be a well-used and helpful mechanism, though response times have increased due to COVID-19 pressures.
Recommendations
That the Council receive the report for information.
Impact Upon Strategic Objectives
The Governors' Log supports the Involved People strategic objective.
Impact Upon Corporate Risks
There are no related Corporate Risks.
Regulatory and/or Legal Implications
There are no related legal implications.
Equality & Patient Impact
Engaged and involved governors better represent the views of members (public and staff) ensuring better patient and staff experience.

Resource Implications			
Finance		Information Management & Technology	
Human Resources		Buildings	

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

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

Gloucestershire Hospitals
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REF	34/20	**STATUS**	Closed		
SUBMITTED	04/12/20	**DEADLINE**	18/12/20	**RESPONDED**	22/01/20
GOVERNOR	Fiona Marfleet				
LEAD	Abby Hopewell				
THEME	Mental Health First Aid Training				

QUESTION

How many of our staff have received Mental Health First Aid training and how this is spread across the wards/departments (in particular what we have in terms of mental health first aiders in the ED?

ANSWER

I can confirm that according to our records, we know of 7 colleagues in the Trust who have undertaken Mental Health First Aid training.

Here's is an anonymised list of the 7 MHFA trained people and their locations.

Job title	Department	Division
Lead Cancer Nurse	Cancer Services	Currently redeployed to Medicine division during COVID
Midwife/Professional Midwifery Advocate	Obstetrics	W & C
Booking Co-ordinator		Corporate
2020 Hub Officer	Training	Corporate
2020 Hub Officer	Training	Corporate
2020 Hub Coordinator	Training	Corporate
2020 Hub Administrator	Training	Corporate

REF	35/20	**STATUS**	Closed		
SUBMITTED	09/12/20	**DEADLINE**	23/12/20	**RESPONDED**	10/02/21
GOVERNOR	Anne Davies				
LEAD	Steve Hams				
THEME	Physical and Mental Health Conditions				

QUESTION

Within the trust is there mandatory training for staff members to enable them to better understand the needs of a patient, of whatever age, who presents with a physical health condition and who also has an underlying mental health condition?

Have all staff been trained to ensure that if a patient, of whatever age, enters the trust and declares any mental health issue as a 'hidden disability', this disability is recognised and the patient is accorded the same level of consideration, care, respect and understanding as patients presenting with any other disability?

ANSWER

We do not have specific mandatory training for mental health, we do however cover aspects of mental health in both safeguarding, capacity and consent and equality and diversity training.

This is an area that we intend to provide additional focus during 2021 with the production of our first mental health strategy, we are looking to co-produce this with patients, carers, our community, governors and our colleagues.

We know that a number of governors have a particular interest in this area of work and we look forward to seeking their support as we progress during this coming year.

REF	36/20	STATUS	Closed		
SUBMITTED	31/12/20	DEADLINE	11/01/21	RESPONDED	14/01/21
GOVERNOR	Carolyne Claydon				
LEAD	Simon Lanceley				
THEME	Fit for the Future				

QUESTION

Could you confirm, please, how non-clinical staff were and have been involved in the FFtF consultant process from the outset, with particular consideration given to their view of the process, specifically:

a) Their view of the public consultation as a process, and
b) Their view of how they were involved in the public consultation.

ANSWER

The staff element of the Fit for the Future consultation was designed in four parts and was open to all staff, clinical and non-clinical:

1. Corporate communications – Vlogs, 6 x Facebook Live Events, intranet, global e-mails all encouraging staff to complete the on-line survey and attend events
2. Staff on-line discussions – x3 sessions in November and December
3. Staff drop-in sessions – at CGH and GRH
4. Staff ambassadors – clinical and managerial leads disseminating information into teams

Staff were encouraged to join the Gloslive Q&A sessions run on Glos live, YouTube & Facebook and engagement data show these were well accessed
Of the 700 surveys completed, 30% were completed by 'a health or social care professional' (member of staff). It is not possible to break this down by staff group.
The full Consultant output report will be shared with Governors shortly and there will be an opportunity to discuss it at the Strategy & Engagement session on 21st January.

The consultation was designed with support from (and is being Quality Assured by) the Consultation Institute and the purpose was to get feedback on the proposed clinical changes, not the public consultation process itself. Any suggestions on how feedback on the process can be captured would be welcome.

REF	01/21	**STATUS**	Open		
SUBMITTED	08/01/21	**DEADLINE**	22/01/21	**RESPONDED**	
GOVERNOR	Anne Davies				
LEAD	Craig Bradley				
THEME	Masks and those who are hard of hearing				

QUESTION

Following from a query raised with me recently could you please confirm that the clear face masks issued to frontline NHS workers in 2020, (that had passed all government safety standards), are being made freely available to those who need them to support best care for patients and staff who use lip-reading and facial expressions to communicate?

ANSWER

A small supply of the ClearMask has been made available to the Trust and we are currently using these within the Audiology Department. Unfortunately they do not meet the nationally mandated standard of a Type II surgical mask that all healthcare staff are required to wear. To mitigate this we have to ensure they are used safely and do not cause an exposure incident.

They can be used in areas where 2m distance can be maintained, this rules out many hands on clinical activities. We are currently investigating other options that we can use.

Additional Questions

“I wonder if you could add to the question 'if these masks are not used could we be advised as to what arrangements are made to ensure good communication who rely on lip-reading and facial recognition?'”

“Interesting item on news South Today about a new PerSo Respirator hood that addresses all the problems and is much kinder for staff. I wonder if we have heard of this and, maybe more importantly ordered them. Please could you forward info as appropriate. I will send link. Many thanks.”

REF	02/21	**STATUS**	Closed		
SUBMITTED	07/01/21	**DEADLINE**	21/01/21	**RESPONDED**	09/02/21
GOVERNOR	Julia Preston				
LEAD	Steve Hams				
THEME	Estimated Weight Data				

QUESTION

I have a question following on from the very positive presentation we had on EPR at the Council of Governors meeting before Xmas.

Mark said that one of the benefits of EPR was that MUST scores were now entered in over. 90 % of admissions. He said that one consultant had said that this allowed him to easily find the patients weight.

The admission document allows the weight and height of patients to be either, stated, estimated or measured. Given that many patients are ill or frail there must be a high reliance on the stated and estimated options.
Given that stated and estimated weights are likely to be inaccurate, it is concerning they could potentially be used in drug dose prescription.

Have you, or do you plan to audit

1. %of measured weights entered.
2. Estimated heights /weights against actual weights and heights

ANSWER

The MUST tool is used to identify adults who are underweight and at nutritional risk, it is also an indicator of people who are obese. This enables appropriate nutritional advice or intervention to be provided. If a person is too sick to be weighed the tool can be completed by taking a MUAC (Mid-upper Arm Circumference) measurement, this calculates the BMI. So it would not be used to calculate a drug dosage unless an actual weight had been recorded.
As part of the audit process the nutritional steering group have been asked to agree assurance measures going forwards. This includes type and availability of weighing scales e.g. hoist, wheelchair, standing scales and interventions taken following the completion of the MUST