**NOTES OF THE ANNUAL MEMBERS MEETING HELD IN LECTURE HALL, REDWOOD EDUCATION CENTRE, GRH ON THURSDAY 08 OCTOBER 2020 AT 16:00**

**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**

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| **PRESENT:** |
| **DIRECTORS:** |
| Peter Lachecki | PL | Trust Chair  |
| Deborah Lee  | DL | Chief Executive Officer (CEO) |
| Steve Hams  | SH | Director of Quality & Nursing  |
| Karen Johnson  | KJ | Finance Director  |
| Mark Pietroni  | MP | Medical Director  |
| Emma Wood  | EW | Deputy CEO & Director of People & Organisational Development. |
| **GOVERNORS:** |
| Alan Thomas  | AT | Lead Governor  |
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| **IN ATTENDANCE:** |
| Patricia Blackwood  | PB | Corporate Governance Officer  |
| Kate Hellier  | KH | Consultant Physician in Stroke & General Old Age Medicine  |
| Natasha Judge  | NJ | Corporate Governance Manager  |
| Craig Macfarlane | CM | Head of Communications  |
| Duncan Stevenson  | DS | Senior Graphic Designer  |
| Steven Twigg | ST | Consultant in Anaesthesia & Critical Care |
| Media Team  |  | e-Learning Department  |
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| Other Directors and Governors joined the meeting virtually {we can either have \*here or provide a separate list – **to do**) |
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|  |  | **ACTION** |
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| **001/20** | **WELCOME**  |  |
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|  | The Chair welcomed all to the 2020 Annual Members Meeting expressing his regret in the situation that had resulted in the need to conduct this year’s meeting in a virtual way. The Annual Members Meeting was a favourite event that allowed for members to meet and chat before and during the meeting, canvasing opinion on what had gone well and maybe not so well in the organisation over the past year. However, he also praised the teams that had enabled such a fantastic virtual meeting to be delivered and noted that even more people had accessed the meeting this year.The Chair acknowledged that this year had been particularly challenging for all with the need for isolation, some experiencing grief and strain on families, economic uncertainty and the impact on everyday normal lives, with still no clear end in sight. Yet, there had been terrific moments of kindness, humanity, caring, innovation and courage, many of which had been characterised by the way colleagues in the Trust had responded to these challenges, as would be shown during the meeting. On behalf of the Board, the Chair thanked the Executives, led by Deborah Lee, Chief Executive Officer for what they had contributed and accomplished this year. The team were a compassionate and talented group of individuals who, with the support and challenge of the Non-Executives and 8,000 colleagues, had led this organisation through the most challenging year in its recent history. The Chair also thanked the Trust’s Governors who have not only given their time on an entirely voluntary basis but who have been instrumental in ensuring the Board remains focussed on the needs of local people and their families, as well as Trust colleagues through their insights and stories as lay people or staff governors. |  |
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| **002/20** | **NOTES OF THE ANNUAL MEETING 12 SEPTEMBER 2019**  |  |
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|  | The Chair acknowledged the notes of the Annual Members Meeting held on 12 September 2019 and sought approval as a true and accurate record of that meeting, requesting that any comments or suggested amendments be submitted within seven days.POST-MEETING NOTE: No amendments were received and the notes were APPROVED. |  |
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| **003/20** | **ANNUAL REVIEW AND QUALITY ACCOUNT**  |  |
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|  | The CEO thanked the Chair for his kind words and noted that for anyone who stands in her shoes, a good relationship with the Chair was very important and she couldn’t wish for a more supportive Chair. The CEO continued that it had been a phenomenal year that had ended very differently to expectations, but to have had the opportunity to lead the Trust and serve the people of Gloucestershire continued to be a privilege and never more so while presiding over the organisation’s response to COVID-19.The CEO referred to slides in her presentation to update on:* *Reflections on last year*
* Our successes in 2019/20
* Areas where the Trust hoped to have done better
* *An area where the Trust did do better in 2020/21*
* *Current challenges*
* *Priorities for the year ahead*
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|  | The Chief Executive introduced a pre-recorded video that captured the year gone by for staff.  |  |
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| **004/20** | **COVID-19: HOW WE ARE RESPONDING TO A PANDEMIC**  |  |
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|  | ***DEPARTMENT OF CRITICAL CARE:***Dr Steven Twigg, Consultant in Anaesthesia and Critical Care presented an account from his perspective of the medical response to the COVID pandemic and how it affected those most seriously ill. Dr Twigg provided insight into how rapidly things progressed from the outset of the pandemic, with six additional intensive care areas developed and manned; more than double normal capacity. Graphs presented showed the way the pandemic had affected the South West. Gloucestershire was worst affected by the first wave compared with Bristol, Somerset and Wiltshire.  |  |
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|  | Dr Twigg emphasised how immensely proud he was of all staff throughout the Trust who had gone over and above to make all changes in an extremely short space of time, which was humbling to be part of. |  |
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|  | **END OF LIFE CARE:** |  |
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|  | Dr Kate Hellier, Consultant Stroke Physician & Chief of Service Diagnostics and Specialties presented an account of the end of life care during the COVID response. It was known that as the pandemic progressed, not all those affected would survive. Visiting was limited to protect patients, relatives and staff. The organisation needed to ensure that if anyone died of COVID they would receive the care and respect needed at the end of their life. Dr Emma Husbands, Palliative Care Consultant helped create ‘Every Name A Person’ which was the hospitals pledge that any person who died would be treated with value and dignity and, most importantly, that nobody would die alone if their loved ones could not be with them.A personal recollection came with Dr Hellier’s husband (also a consultant in the Trust) who contracted COVID himself, but due to work commitment, Dr Hellier continued working, leaving him at home quite unwell along with three children – a very hard decision. Dr Hellier said that she was incredibly proud of the response from all, including Domestics, Porters and Ward Clerks – all were vital in their role. Dr Hellier noted that since qualifying 25 years ago, this was the hardest of times, but was confident that everyone was looked after in the best way possible. Lastly, she concluded by noting that COVID was not over and numbers were already increasing again. Everyone needed to follow guidance for HANDS – FACE - SPACE which would help to keep numbers down. |  |
|  | **STAFF WELLBEING:** |  |
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|  | Emma Wood, Deputy Chief Executive and Director of People and Organisational Development presented an account of changes made to staff wellbeing. In May 2019 a Staff Advice and Support Hub was developed with the ambition to better support colleagues with their physical and mental health and wellbeing, as well as financial wellbeing. When the Hub was created, COVID was not known about, but during COVID the Hub soon became a lifeline for colleagues. 5,600 contacts were made. The Hub went from a five day service to seven days and was available from 7.30am to 10pm answering calls regarding accommodation, latest schools information, childcare, isolation and quarantine. 220 shielders were contacted individually to ensure that they were coping during such difficult times. Self-care online tools were provided so that staff could access them in their hour or need. It was not known how the organisation would have managed without the Hub, a lifeline. The organisation received an enormous amount of community support which on behalf of the Hospital Board a ‘thank you’ was expressed for the generosity. Staff wished to thank those who supported with cold drinks, laundry bags, shower kits and pre-made meals. Monetary donations bought rest rooms and new chairs for staff to relax when possible and the development of ‘wobble rooms’ where staff could have moments of reflection or just have a cry. The organisation would like to say ‘thank you’ to Gloucestershire for everything donated to the Charity.It was learnt that COVID had a disproportionate effect on the BAME (Black, Asian and Minority Ethic) community; 16% of the Trusts workforce were from a BAME background. The organisation ensured that help and support was in place for any staff feeling distressed and the appointment of a BAME Equality and Diversity lead had helped to better understand what staff need. QWELL, a digital on-line counselling service, had been introduced which was used nationally and known to be popular with the BAME community. For those who had unfortunately had COVID or had worked with COVID patients, a legacy had been left behind. After surveying staff, over 58% said that they would need support now or in the future. Going forward the organisation was mindful of the need for adequate support for colleagues, with leaders and line managers being developed to recognise when colleagues were in distress to be able to offer help and support.Many disabled colleagues had to shield which highlighted the need to develop the ‘About Me’ toolkit for line manager’s awareness of what it feels like to have a disability. **PATIENT STORY**The Chair introduced a past COVID patient, Rob Thomas, who presented an account of his experience while a COVID inpatient: Mr Thomas noted the lows of his wife and family being told that he had a 50% chance of survival to highs of the never waning kindness of the staff that looked after him on intensive care and ward 2b – “saying thank you doesn’t seem enough, as I owe them my life”.  |  |
| **005/20** | **ANNUAL ACCOUNTS AND FINANCIAL REVIEW**  |  |
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|  | Financial review presented by Karen Johnson, Director of Finance for the Trust.  |  |
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|  | * In January 2020 budgets for the coming year were developed, but quickly superseded by COVID. The plan had been to deliver a deficit of £1.5m which had actually resulted in a small surplus; a great achievement.
* Due to the pandemic the Trust was awarded £21.3m from the national fund.
* The CIP (Cost Improvement Programme) delivery to the year end was planned to achieve £22.4m cost improvements. £15m had been delivered to date which was 64% of ongoing saving.
* The organisations workforce was the greatest expenditure at £400m. Non-pay expenditure for clinical supplies, drugs and buildings, capital charges, interest and depreciation amounts to £213m.
* Generated income includes £500m from Commissioners for patient care along with non-patient activity (including research and overseas patients) amounting to £600m.
* The two sites across Gloucestershire take a lot of maintenance and upkeep. The Trust receives a capital allocation each year which had to be spent within the year or was paid back and lost, but currently there had been a slight overspend so nothing had to be paid back.

*Looking ahead and beyond:*The impact of COVID transferred onto the financial position of the Trust and within the first couple of months of the financial year, thousands of pounds were being spent on Personal Protective Equipment (PPE), COVID-19 testing and staff support such as free parking and subsidised food. The organisations response to COVID was something to be proud of. During this time, the message from the Government was clear that money was not to be a barrier in responding to the pandemic however, but the pandemic funding model came to an end in September 2020. The next six months would be challenging financially and operationally. Moving into 2021/22 uncertainty continues, but would be embraced with professionalism, commitment and dedication. |  |
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| **006/20** | **NEW GOVERNORS**  |  |
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|  | The Chair advised that the following Governors had just been newly elected to the Council of Governors. |  |
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|  | * Kate Atkinson, Public Governor, Cotswolds
* Nicholas Price, Public Governor, Out of County
* Debbie Cleaveley, Public Governor, Stroud
* Fiona Marfleet, Staff Governor, Allied Health Professionals
* Russell Peak, Staff Governor, Medical and Dental
* Carolyn Claydon, Staff Governor, Non-Clinical

**The following Governors were re-elected:*** Anne Davies, Public Governor, Cotswolds
* Liz Berragan, Public Governor, Gloucester

**The following Governors continue:** * Alan Thomas, Public Governor, Cheltenham and lead Governor
* Tim Callaghan, Public Governor, Cheltenham
* Hilary Bowen, Public Governor, Forest of Dean
* Pat Eagle, Public Governor, Stroud
* Geoff Cave, Public Governor, Tewkesbury
* Kedge Martin, Public Governor, Tewkesbury

**Stakeholder Governors:** * Matt Babbage – Gloucester County Council
* Colin Greaves – Clinical Commissioning Group
* Maggie Powell – HealthWatch
* Pat Le Rolland – Gloucester Age UK
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| **007/20** | **GOVERNORS AND MEMBERSHIP REVIEW** |  |
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|  | The Lead Governor presented his overview of the last year, noting that this was his 7th Annual Members Meeting which was a privileged to be part of and that over the last 12 months there had been a lot of change, especially due to COVID.  |  |
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|  | Congratulations were extended to the newly appointed Governors and to those Governors who had left, namely Tom Llewelyn, Nigel Johnson and Charlotte Glasspool who had been strong staff Governors over the past two to three years. Special thanks were also extended to past public Governors Jeremy Marchant and Marguerite Harris for their service. Pat Le Rolland, Stakeholder Governor was also welcomed.  |  |
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|  | The Lead Governor continued that COVID had dominated this year, but from a Governor perspective the Trust was well led by the Chief Executive Officer, the Trust Chair and wider team. All governance meetings had continued which was not the same for all Trusts.  |  |
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|  | The Lead Governor highlighted the progress made this year with respect to the digital agenda and commended colleagues for their achievements, giving thanks in particular to Mark Hutchinson, Chief Digital & Information Officer, and team. |  |
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|  | In the last year communications with members had improved, albeit more virtually, but something that didn’t happen before. All members were encouraged to use the ‘Contact A Governor’ link available on the hospital website to pose any questions. A task and finish group to improve engagement with members unfortunately had to be paused due to COVID. Despite this, the Lead Governor was confident that communications would be better in the future. He concluded by noting that the Governors’ Log was a useful tool for asking and receiving answers to a variety of questions. |  |
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|  | Looking forward the focus would be centred on Fit for the Future and Temporary Service Changes; both were of great interest to Governors and members. The Lead Governor noted that where change affected the whole of Gloucestershire, this would be supported by Governors and the Council of Governors and where the Trust needed to think again would be challenged. The resumption of services which had been paused would be monitored and those in the community who were at risk of health inequalities i.e. those from BAME communities, those with mental health conditions and those who experience socio-economic disadvantage would also be closely monitored.  |  |
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|  | In terms of the system, a lot was heard about all institutions of the NHS coming together to improve patients’ lives, which was a great achievement, but greater accountability to the people of Gloucestershire needs to be seen. Governors feel that this Trust is very transparent, open and honest in its dealings with Governors and hopes the same will happen over the next 12 months as the system develops.  |  |
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|  | A final thought from the Lead Governor entailed – ‘*nothing about us without us*’. It was hoped that over the next 12 months the Trust thinks of its patients in this way.  |  |
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| **008/20** | **PUBLIC QUESTIONS**  |  |
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|  | **If COVID increases like before, will you have to stop doing other things?**DL responded that this was a concern expressed widely. The temporary changes put in place are to ensure that should there be a need to respond to a pandemic of a similar scale, there should not need to be a pause services to the same degree as the first time around.**Can you reassure us that patients who come in for non-COVID treatment will be kept safe? How will you do it?**DL responded that this was a top priority for the Trust. Professor Hams updated on infection control measures and the implementation of various measures to ensure our hospitals are “COVID secure” for patients and visitors coming into the hospital; measures include staff wearing masks, hand hygiene, social distancing and screens between beds. Social Distancing Officers and PPE Safety Guardians had been provided to support colleagues provide a safe environment for patients. DL added that it had been recognised the increased risk for some people i.e. shielders who can contact the hospital so that individual arrangements can be put in place, as it’s important that COVID doesn’t become a barrier to people receiving the care that they need. **What measures are going to be used to address health inequalities? If we have no appropriate measures, how will we know and be assured that tackling health inequalities and not worsening it?** DL expressed that it’s most important to recognise that health inequalities exist and regrettably will have been worsened by the pandemic. Additionally, for some people it was harder to access care but *One Gloucestershire* were working together to address this i.e. we have a specific health visiting service targeted at supporting and engaging with the traveller’s communityIn terms of measuring, there was more understanding of the demographics of the population being cared for and increasingly this information was being captured. MP added that to reduce health inequalities in the community, good health needs to be promoted along with health promoting activities rather than seeking to treat ill health. It was important to walk in the shoes of those we seek to help to better understand barriers to access and to hold ourselves accountable while assessing services provided. **What additional policies, protection and procedures are in place for BAME folk?**EW assured that all policies and procedures were written to be fair and inclusive. Some practices had been put in place to help BAME colleagues to support career progression, i.e. ‘positive action’ within the recruitment policy and a “breaking through” programme to support BAME colleagues to reach more senior management roles, establishment of a Diversity Network and BAME sub-group which aims to helps inform the Trust’s approach and provide support to those who request it.**What is the Trust doing to improve the situation in A&E in Gloucester, with regular large numbers of ambulances parked outside unable to offload patients, with Cheltenham A&E downgraded and empty beds around the hospital. Can you assure the public that Cheltenham A&E will not close as can see that Gloucester A&E cannot cope?**DL assured that the temporary changes affecting Cheltenham A&E would not become permanent. It was known and understood that the A&E service in Cheltenham was valued by locals, but during the pandemic a model of service was designed to ensure that during the winter the whole of Gloucestershire was able to access safe care. A national ask of the Trust was to control admissions into hospitals to minimise risk of COVID transmission by having a “single front door” into the hospital.MP echoed that, COVID permitting, A&E in Cheltenham would return to the way it was, but as numbers rise, these changes would serve the organisation well. MP noted that Cheltenham A&E was still open 8am to 8pm for those who were unlikely to need admission and encouraged all to attend if appropriate. In Gloucester the whole county had been surprised at how quickly activity in A&E departments had returned to pre-COVID levels. There were plans in place and monies received from NHS England to increase the size of the A&E department to help manage the increased demands on the service.DL added that from discussions she had heard some people say that if the changes to A&E in Cheltenham were reversed, that things at GRH would be better. However, she added that if you were a patient who can still have their cancer treatment, hip operation or not be put at risk of catching an infection from the person in the bed next to you, the majority understand and accepted the bigger benefit to the county. **The phlebotomy service at Cirencester is severely restricted and will discontinue in October – when will the service be restored?**DL acknowledged the anxiety and concern that this had caused for cancer patients in particular. This was not a service run by this Trust but confirmed that going forward Gloucestershire Health and Care would be taking over the service with a three day week service and five days by the end of November. **Pleased to see acknowledged that hospital discharge is not what it should be – what are you doing to improve this?**DL highlighted that to better understand patients concerns, she personally reads and signs all complaint letters which give her invaluable insight into how care was being delivered and acknowledged that from a recent inpatient experience survey, there were further improvements still to be made and she was never complacent in this regard. SH added that discharge experience was important for patients and families and was the last thing that families and patients experienced within hospital. Generally 80 to 90 patients were discharged daily across the hospitals. Discharge was often something that was shared across a range of organisations and teams which can make things more complicated, but over the last 12 months great work had been achieved with the implementation of a discharge hub and bureau to expedite safe discharge to home or onward care facilities; home trials services; home first pathway (patients were assessed in their home); assessment beds had increased and from working with Dementia UK a new Admiral nurse had started to work with complex patients to ensure a safe discharge, but recognise there was still more work to do. **How can the Trust improve their assessment and care for the frail elderly who continually to fall, as to what next steps for safe living are needed?**SH shared that falls and pressure ulcers were two areas of most importance to his team. In the last year there had been success in terms of falls and the numbers of patients experiencing harm due to falls had reduced, but still too many patients were falling. A multi-disciplinary team had been working over the past year to implement a range of things to support frail older patients including investing in the nursing team and health care assistants, but recognise there was more work to do and a personal area of continued focus. **How are you making sure that everyone impacted by a change in their care knows what’s happening to them?** *Linked with* **Parent asking about ENT appointment for their child’s deafness.** DL acknowledged that the organisation had considerable numbers of patients waiting and during the COVID period was only able to continue with urgent operating with 45% of cancer care maintained; as a result there was a backlog of patients to treat. This had saddened DL and her clinical colleagues, who had strived tirelessly to get waiting times down from high levels, to some of the best nationally and locally. Having to address this again was a huge task but DL assured that everyone was doing all that they could and was incredibly proud of the teams. 12,000 patients would be receiving letters explaining what was being done and the approach to prioritisation of appointments. **What is the trust doing to assure the public that people working from Board to ward are not working ridiculous hours?** DL responded that hopefully throughout the evening it had been conveyed how much it matters to the organisation to look after the health and wellbeing of its staff, in particular the resting of colleagues was very important with a three day on and three day off policy during the pandemic. The organisation was guided by legislation that prohibits staff from working beyond a certain amount of hours (as stipulated in the EU Working Time Directive), along with systems to track how many hours’ staff were working and policies requiring staff to declare any secondary employment. Colleagues were also encouraged to let their managers know if they felt a colleague was working excessive hours, to allow for careful monitoring. The Chair added that from a Board and Non-Executive perspective, this was an area that holds the most questions for assurance that staff were working safely. **The COVID pandemic has overshadowed Brexit. Excellent European nurses are leaving the UK and a huge reduction in European nurses coming into the NHS – what are we doing to ensure an adequate nursing training and recruitment pipeline post Brexit?**SH shared this Trust had had very few EU nurses but the ones they had had mainly secured “settled status”. We also continue to support international recruitment in key areas such as radiographers. The pipeline for registered nurses was looking good with over 80 registered nurses and nursing associates welcomed into the organisation last month. DL added that this organisation does not rely heavily on overseas nurses, but fully welcome them when they want to come. A silver lining during the pandemic was that applications into nursing degrees had gone up 17% nationally and many other related professions were seeing similar increases.The Chair thanked all for their questions, all the presenters and backstage staff and to all that joined the meeting. A final comment included – ‘Please may I take the opportunity to thank everyone at Gloucestershire Hospitals NHS Foundation Trust for all you do day after day, pre-COVID, during COVID and post COVID – thank you.  |  |

Signed as a true and accurate record:

**Chair**

**[01 January 2020]**