Council of Governors - Public

Wed 15 December 2021, 14:30 - 17:00

Agenda

14:30 - 14:30
0 min

AGENDA

📄 00 - AGENDA - December 21 Public Council of Governors V3.pdf (2 pages)

14:30 - 14:30
0 min

1. Declarations of Interest

Peter Lachecki

14:30 - 14:30
0 min

2. Minutes of the Previous Meeting

Peter Lachecki

📄 02 - October 2021 - CoG Public Minutes.pdf (10 pages)

14:30 - 14:30
0 min

3. Matters Arising

Peter Lachecki

14:30 - 14:30
0 min

4. Chair's Update

Peter Lachecki

14:30 - 14:30
0 min

5. Report of the Chief Executive

Deborah Lee

📄 05 - CEO Report.pdf (5 pages)
📄 05a - Staff Update 07 December.pdf (13 pages)

14:30 - 14:30
0 min

6. Green Plan

📄 06a- Cover Sheet - Green Plan - Oct 2021.pdf (3 pages)
📄 06b - Green-Plan.pdf (56 pages)
📄 06c - Green Plan 2021-25.pdf (4 pages)
📄 06d -Green Plan 2021-25.pdf (4 pages)

14:30 - 14:30
0 min

BREAK (10 minutes)

14:30 - 14:30
0 min

7. Chair's Reports from:

7.1. People and OD Committee

Balvinder Heran

📄 07.1 - PODC_Chairs Report_October 2021.pdf (8 pages)

7.2. Finance and Digital Committee

Robert Graves

📄 07.2a - Finance & Digital_Chairs Report_October 2021.pdf (4 pages)
📄 07.2b - Finance & Digital_Chairs Report_November 2021.pdf (5 pages)

7.3. Audit and Assurance Committee

Claire Feehily

📄 07.3 - Audit Committee_Chairs Report_November 2021.pdf (4 pages)

7.4. Estates and Facilities Committee

Robert Graves

📄 07.4 - Estates and Facilities_Chairs Report_November 2021.pdf (3 pages)

7.5. Quality and Performance Committee

Alison Moon

📄 07.5a - Quality & Performance_Chairs Report_October 2021.pdf (7 pages)
📄 07.5b - Quality & Performance_Chairs Report_November 2021.pdf (5 pages)

7.6. Charitable Funds Committee

Elaine Warwicker

📄 07.6 - Charitable Funds Committee_Chair's Report.pdf (4 pages)

14:30 - 14:30
0 min

8. Governor Elections

Sim Foreman

14:30 - 14:30
0 min

9. Governance and Nominations Committee Appointments

Sim Foreman

14:30 - 14:30
0 min

10. Governor's Log

Sim Foreman

📄 10.2 - Governors' Log.pdf (5 pages)
📄 10.1 - Governors Log Cover Sheet v2.pdf (2 pages)

14:30 - 14:30
0 min

11. Any Other Business

Peter Lachecki

PUBLIC AGENDA

Meeting: Council of Governors - Public

Date/Time: Wednesday 15 December 2021 at 14.30

Location: Teams

	Agenda Item	Lead	Purpose	Time	Paper
	Welcome and Apologies	Chair		14.30	
1.	Declarations of Interest	Chair			
	ITEMS FOR DISCUSSION				
2.	Minutes of the Previous Meeting	Chair	Approval		YES
3.	Matters Arising	Chair			
4.	Chair's Update	Chair	Information	14.35	
5.	Report of the Chief Executive	Deborah Lee	Information	14.40	YES
6.	Green Plan	Steve Hams	Information	15.05	YES
	BREAK (10 minutes)			**15.25**	
	REPORTS FROM BOARD COMMITTEES				
7.	Chairs' Reports from: • People &Organisational Development Committee • Finance and Digital Committee • Audit and Assurance Committee • Estates and Facilities Committee • Quality & Performance Committee • Charitable Funds Committee	Balvinder Heran Rob Graves Claire Feehily Rob Graves Alison Moon Elaine Warwicker	Assurance	15.35	YES
	OTHER ITEMS				
8.	Governor Elections	Sim Foreman	Information	16.35	
9.	Governance and Nominations Committee Appointments	Sim Foreman	Information	16.45	
10.	Governor's Log	Sim Foreman	Information	16.55	YES
11.	Any Other Business	Chair			
	CLOSE			17.00	

Date of the next meeting: Wednesday 19 January 2021 at 17.00.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS HELD VIA MICROSOFT TEAMS ON WEDNESDAY 20 OCTOBER 2021 AT 17:00

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

PRESENT:

Peter Lachecki	PL	Trust Chair
Alan Thomas	AT	Public Governor, Cheltenham (Lead)
Matt Babbage	MB	Appointed Governor, Gloucestershire County Council
Hilary Bowen	HB	Public Governor, Forest of Dean
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 037/21)
Mike Ellis	ME	Public Governor, Cheltenham
Colin Greaves	CG	Appointed Governor, Clinical Commissioning Group
Andrea Holder	AH	Public Governor, Tewkesbury
Pat Le Rolland	PLR	Appointed Governor, Age UK Gloucestershire
Keith Lewis	KL	Public Governor, Cotswold (until 038/21)
Sarah Mather	SM	Staff Governor, Nursing and Midwifery
Russell Peek	RPe	Staff Governor, Medical and Dental (from 039/21)
Maggie Powell	MPo	Appointed Governor, Healthwatch
Julia Preston	JP	Staff Governor, Nursing and Midwifery

IN ATTENDANCE:

James Brown	JB	Director of Engagement, Involvement & Communications
Lisa Evans	LE	Assistant Trust Secretary
Claire Feehily	CF	Non-Executive Director
Balvinder Heran	BH	Non-Executive Director
Deborah Lee	DL	Chief Executive Officer
Sim Foreman	SF	Trust Secretary
Marie-Annick Gournet	MaG	Associate Non-Executive Director
Simon Lanceley	SL	Director of Strategy & Transformation
Mike Napier	MN	Non-Executive Director
Katie Parker-Roberts	KP	Head of Quality and Freedom to Speak Up Guardian
Roy Shubhabrata	RS	Associate Non-Executive Director
Elaine Warwicker	EWa	Non-Executive Director

MEMBERS OF THE PUBLIC/PRESS/STAFF

Debra Ritsperis member of staff joined online

APOLOGIES:

Liz Berragan	LB	Public Governor, Gloucester
Debbie Cleaveley	DC	Public Governor, Stroud
Rob Graves	RG	Non-Executive Director
Alison Moon	AM	Non-Executive Director
Rebecca Pritchard	RP	Associate Non-Executive Director

032/21 – DECLARATIONS OF INTEREST

There were no Declarations of Interest

033/21 – MINUTES FROM THE PREVIOUS MEETING

RESOLVED: Minutes APPROVED as an accurate record.

034/21 – MATTERS ARISING

RESOLVED: The Council APPROVED the closed items.

035/21 – CHAIR'S UPDATE

The Chair reported that he would be stepping down as Trust Chair on 30 April 2022. This was a few months early and would allow the new Chair to work with the likely new format, statutory Integrated Care System (ICS) from the start. There were also issues of continuity to consider, with some Senior NEDs and the lead Governor due to conclude their final terms of office in the 2022/2023 year.

RESOLVED: The Council NOTED the update.

036/21 – REPORT OF THE CHIEF EXECUTIVE

DL reported that the Trust remained extremely busy and was managing a further surge in COVID-19 related activity. However, the expected surge of the paediatric respiratory illness Respiratory Syncytial Virus (RSV) had not manifested as feared, with very few children requiring hospital care; plans were in place to respond to any increase. Regionally neonatal and maternity services were under pressure; this was replicated locally with the Trust supporting a number of tertiary neonatal units.

The Trust continues to work closely with partners, however the numbers of patients whose discharge from hospital is delayed had risen significantly in the last month. This is affecting movement through the hospital and impacting on A&E waiting times and ambulance handover delays. Elective activity levels remained strong with the Trust continuing to outperform most other systems with respect to activity volumes and numbers of long waiting patients.

Community rates of Covid had doubled since the report was written. However, hospital admission numbers were a fraction of the pre-vaccination programme rates and rates in the vaccinated population continued to decline with the greatest prevalence now in the largely unvaccinated 10-14 years age group. More than 90% of patients in our critical care unit are unvaccinated and no vaccinated critical care patient had died. The Gloucestershire position remained better than the South West average. DL asked Governors to implore their constituents to get the booster.

DL reported that since her last report the NHS had received the National Operational Planning Guidance for the second half of 2021/22. The guidance restated the six priorities described in the March 2021 annual guidance. It was clear that elective recovery was currently being positioned as one of the most important priorities for

the second half of the year. With respect to elective recovery and waiting times, there were a number of new national milestones which all providers were expected to deliver.

The Council noted that this month was Black History Month and the Trust was taking the opportunity to recognise and celebrate Black colleagues and their heritage and achievements.

The Trust's MERIT Team had won Anaesthesia and Peri-operative Team of the Year in this year's British Medical Journal Awards. The Respiratory High Care service was highly commended and work on reducing surgical site infection PreciSSIon (delivered in partnership with the Academic Health Science Network) won the Infection Control Award. PreciSSion also won Quality Improvement Team of the year in the Health Service Journal Patient Safety Awards.

DL reported that feedback from colleagues was that patients were not being as considerate as they once were, and violence and verbal aggression was increasing. Partners across the system had made a public information video imploring patients and their families to "Be Kind".

GCa noted the waiting times priorities and said that a Community Diagnostic Hub (CDH) would be hugely beneficial in cutting wait times and asked if there were any future plans to have a CDH in Gloucestershire. DL reported that Gloucestershire had been successful in securing national funding to be on the first wave of systems to establish a CDH and work was underway with the aim of establishing a Hub in 2021/22.

KL noted that booster uptake was slow and only last week he was notified that they were being provided for those over 80. However, DL reported that the government had invited anyone in categories 1-9 to get the booster; she asked KL to share the text of the notification he had received.

MB asked for more information about recent internal incidents; he asked if this was affecting staff morale. DL reported that recent reports in the media talked about the national picture, however a report in the Independent had merged information about the Trust and the Ambulance service, which worked under different frameworks; this was inaccurate reporting. Four incidents had been declared over a period of 30 days and constructive discussions were taking place with partners. Staff morale was affected by the operational challenges, however staff were being supported and recruitment to ease staffing pressures and workload continued. DL added that she did not welcome the Cheltenham Borough Council motion on this issue but the regard it showed for staff was appreciated.

RESOLVED: The Council NOTED the report.

037/21 – PATIENT EXPERIENCE REPORT

KP-R presented the Patient Experience Annual report. This provided assurance that the Trust reviewed patient experience risks, data and insights, and provided an update on improvement activity across the Trust in 2020/21. A review was

undertaken of patient feedback received over the past year regarding experiences of services in the Trust and a forward look at plans for 2021/22 was provided.

KP-R reported on the highlights of the previous year which included:
- The National Cancer Patient Experience Survey carried out in September 2020 showed the most positive scores that we had ever received as a Trust.
- The patient experience team developed a patient support service in a number of days, offering a seven day service that included the PALS function, a telephone helpline for relatives and carers and support for virtual visiting and the management of iPads on wards.

KP-R also detailed a number of priority areas of focus for the coming year for improving experience of patients in out care.

GCa asked if PALS had the ability to help the friends and family of those discharged to primary care without support. KP-R reported that the service was looking to better work across the system in order to provide a more joined up approach. She added that support following discharge did not sit within PALS but the team was able to signpost to community based support.

AT was encouraged by work taking place with the Maternity Voices Partnership. He also noted the work taking place to minimise lost property. KP-R reported that this was an area of focus; the process to manage property was being reviewed. Where Dementia was a factor lost property was a bigger issue.

The graph which set out numbers of concerns by division was noted. KP-R reported that the concerns under the corporate section related to letters sent in the first wave to patients on waiting lists, to reassure them they had not been forgotten and apologise for delays. Data checking was not carried out and a lot of patients misread this letter and thought that appointments they already had were being cancelled; all 76 calls were logged in one day. The PALS team worked with the divisional leads to revise the letter. There was some confusion about the figures provided in the graph and KP-R **AGREED** to review the table and associated paragraph of the report.

RESOLVED: The Patient Experience Annual report was NOTED.

038/21 – DWC WIDENING PARTICIPATION REPORT

DL presented the outcome of the DWC widening participation report to Governors. Governors noted the issues which had driven the review including:
- Murder of George Floyd and the resulting Black Lives Matter movement
- Pandemic and its impact on health inequalities

NHS Workforce Race Equality (WRES) data had been considered and negligible progress had been made on key measures of success in the last decade. Gloucestershire Hospitals' WRES data showed the Trust was a worse performer than many comparable NHS Trusts on key measures of inclusion.

DL reported that while 5% of the population came from ethnic minorities, 15% of staff did. There were feelings of discrimination reported and data showed that Black and

Minority Ethnic (BME) staff were more likely to be the subject of disciplinary proceedings and less likely to gain promotion. DL reported that the Trust had opened itself up to scrutiny; DWC ran engagement events and talked to everyone who attended – Black, Asian and Minority Ethnic (BAME) and white colleagues. The findings were reported to Board who embraced the recommendations and staff feedback events had taken place. The Council noted the key findings and the next steps.

AT asked the NEDs for their views on the report. EWa reported that she had been part of the sub group that considered this and recruited DWC. She was pleased to see how the issues were taken so seriously and the Board would keep focus on this. However, it was noted that reporting of discrimination might rise before things improved as the Trust encouraged people to speak up. MN was reassured by the response of the Trust leadership and reported that NEDs would continue to seek assurance on progress. BH added that the People and OD Committee (PODC) would keep this under review; the Committee would also look for feedback from the wider leadership and management. BH added that she felt assured and saw this as a personal challenge to improve.

RESOLVED: The report was NOTED

039/21 – CHAIRS' REPORTS

People and Organisational Development Committee
BH presented the Chair's report for the August meeting. Good progress was being made on the Board Assurance Framework (BAF) including on the Just and Learning Culture programmes of work. A process for the management of cases would be put in place, timelines were improving and regular discussions were taking place. The POD dashboard was received and there were concerns dials could be misread when used for complex, multifaceted issues. National retention metrics were being refreshed, and some local changes in turnover and the attrition action plan were noted. The Risk Register was received; there was no specific focus on psychological safety or culture. This would be looked at further to allow the Committee to monitor the trajectory. The Health & Safety (H&S) update was received, all posts were now filled with the exception of one longstanding vacancy. An update on the Corporate Manslaughter case was received and a 'deep dive' on violence and aggression was requested for the next meeting.

The DWC report was received and updates would be provided to the Committee. The Committee noted the Equality Report and was assured of the data and progress. The WRES and WDES reports were received and NEDs noted the report and the activity to address the recommendations.

Finance and Digital Committee
The Chair's report for the August meeting was taken as read. MN presented the update for the September meeting. The Financial Performance Report was received and the Committee noted that performance was slightly ahead of plan with activity levels at 100% of 19/20 levels. Assurance was received that the financial position was understood and under control. Instances of patients requiring care from three high level mental health nurses on a 24/7 basis was noted and an in depth review in

conjunction with PODC was planned. The capital programme was behind plan and further assurances were being sought from managers of high spend projects. CIP was ahead of plan and an update on H2 planning would be brought to the next meeting. The Committee was assured by an update on the status of the National Cost Collection submission. The Gloucestershire Management Service (GMS) dividend was discussed and the Committee agreed to bring forward the dividend payment and make any necessary adjustments next year. The Board Assurance Framework was received and the digital team were asked to look at the revenue risk arising from the digital industry move to subscription based services. The proposal to finance £7.9 million of in year capital expenditure rather than apply for NHSI funding was supported.

The Digital Programme Report noted teething problems with the replacement lab system - TrakCare Lab Enterprise (TCLE), mitigations were in place and a Task and Finish group report would be brought to the Committee next month. The ICS update was received and the Committee noted work on HIMMS (digital maturity index) across the system had been commissioned. EPR benefits were noted.

AD was concerned about issues related to Mental Health and staff training on this aspect of care. DL assured the Council that the Board was acting on this and was committed to developing a MH Strategy with engagement events starting next month. Mental Health training was available but was not yet mandatory for the reasons previously explained. DL explained the two separate issues of those patients in mental health crisis and often with sever enduring mental illness who are often very unwell and require a Registered Mental Nurse (RMN) to provide care in addition to usual care in contrast to the 25% of patients who at any time might have low or moderate depression and/or anxiety. DL offered to speak further with AD outside of the meeting but noted the specific examples did not reflect a lack of specialist training in her view but rather colleagues who had not acted with the compassion expected of them.

Audit and Assurance Committee
At the September meeting the Committee discussed Conflicts of Interest and noted that there was currently no new system, or plan, for a register for gifts and hospitality. An update would be provided at the next meeting. TCLE would continue to be monitored, a Cinapsis pilot with GPs and parademics had been undertaken and scrutiny of the outcome would take place. The BAF presented risks across the trust; in future this would be reviewed half-yearly rather than quarterly given the strategic nature of the risks.

An External Audit report was received; the Committee noted that the Annual Members' Meeting had been delayed due to the accounts not being able to be presented to parliament as expected. The Committee was assured that this would not happen again. The Internal Audit highlighted one new report and the Committee noted that more reports were in the final stages. The GMS update reported that there were a number of internal audit actions delayed due to a software package (MiCad) not yet implemented, however no serious operational issues were noted. There were a number of open counter fraud investigations reported and the Committee asked for assurance around the treatment of staff under investigation, conduct routes were in place and further assurance would be provided at the next

meeting. An Audit of Cyber Assurance by PwC was presented, the overall opinion was "unsatisfactory". However, given the renewed standards the outcome was not a surprise. A number of actions had already been completed to address findings and F&D would review. Patient Property Assurance Report was received, the Committee had understood that Purple boxes were in place but these were not rolled out following the initial pilot. Assurance was received that a new box had been designed and would be rolled out very soon.

Estates and Facilities Committee
MN reported that the September meeting noted that the GMS Board had received the GMS Annual Performance Review; a positive report with some areas for improvement now being considered by the Board. All monthly KPIs for July '21 were met with the exception of planned preventative maintenance metrics which would be monitored by the Contract Management Group. A decrease in cleaning audits was noted, however there was no evidence to indicate that cleaning standards were falling.

A paper was presented on the options for the GCI development, the preferred option was supported but there was concern over the increase in development costs. The proposal would be submitted to full Board. The Trust's Green Plan was received and it was AGREED that it should be brought to the Council in full. An initial report from the Six Facet Survey indicated that backlog maintenance had increased in value to c. £72m. This would be considered again in the five year estates strategy.

Quality and Performance Committee
The report of the August meeting was taken as read. At the September meeting the Committee reviewed the Delivery Group reports. The Cancer Delivery group report on latest validated performance of cancer standards was noted; the achievement of 5/9 was good, however previously 9/9 was achieved. Assurance was received that this would improve with actions to deliver explained. The Planned Care report highlighted latest performance and detailed work being undertaken on those waiting over 104 weeks, progress would be monitored. The Emergency Care update was received, no 12 hour waits were reported during the period.

The Committee received two annual reports - Clinical Improvement, Audit and Gloucestershire Safety and Quality Improvement Academy (GSQIA) Annual Report and the Safeguarding Children and Adult Annual Report. An update on the Clinical Harm Policy was received and the Committee was advised that each specialty would produce their own policy. A further update would be provided in three months. The Serious Incident Report including Never Events update was received, there was concern about never events but the Committee was pleased to note the 11 point plan for improvement.

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

040/21 – UNIVERSITY HOSPITAL STATUS

SL reported that the Trust's aspiration to become a University Hospital by 2024 was defined in the Trust's strategic objectives. In order to meet this objective the Trust

needed to become a member of the University Hospital Association (UHA), UHA had defined a number of criteria a Foundation Trust needed to evidence in order to become a member. These included close partnership working with universities which would be pursued with the University of Gloucestershire, University of Worcester and Bristol University. A Foundation Trust and University faculty should maintain strategic links and a close working relationship, which should include:

- Board membership of a non-Executive Director (NED) from a University Faculty
- If the applying Trust included a medical or dental school provided by a university, at least one member of the Council of Governors must be appointed by that University.

SL asked the Council for approval to appoint a governor from one of two partner Universities; Bristol or Worcestershire and a draft job description for the academic Associate Non-Executive Director (ANED) was provided for approval. AT reported that the Governance and Nominations Committee (GNC) had noted that there was currently no NED vacancy at this time and in future further discussions may take place around whether a full NED was required, however the plan for an Associate NED was supported. AT added that support for the Governor vacancy was also discussed at GNC and while the minutes stated that this was supported "in principle" AT said that he believed that the Committee agreed to consider again in April when a vacancy would arise.

The Chair noted that the CCG appointed governor role would no longer exist in future and a vacancy would arise in April. AT agreed that in principle a vacancy would arise, however some Governors would prefer to appoint a Governor from elsewhere. MP said that to commit to this before discussions took place about positive action seemed too early. DL responded that the university appointed governor could be targeted, this was a debate that needed to take place, however DL did not want to delay this project. RP agreed and said this was not an 'either/or' situation and supported the drive to become a University Hospital. GCa said that this discussion must be separated from any future discussion about the constitution and the Chair added that there was clear under representation which needed to be addressed, but this decision shouldn't wait for that discussion to take place.

AD was uncomfortable with the proposal and felt that the representative should come from the Trust area. However SL said that the Governor needed to come from a university with a medical school and therefore must come from Bristol University or University of Worcestershire (assuming their medical school application was approved this year as expected). JP noted that the University of Gloucestershire had nursing students; DL noted this but the requirement was for a governor from a university with a medical school which Gloucestershire didn't have.

RESOLVED: The Council APPROVED the Associate NED job description which would allow recruitment to begin.

The Council APPROVED the request to recruit an appointed Governor, from a university with a medical school, and for that recruitment process to begin from April 2022.

041/21 – ELECTED GOVERNOR VACANCIES

SF set out options for filling two elected governor vacancies; a current public governor vacancy in the Forest of Dean (FOD) and the Allied Health Professional (AHP) staff governor vacancy created by the resignation of Fiona Marfleet following her move from the Trust. SF reported that the recommendations were supported at a recent meeting of the Governance and Nominations Committee.

The Council noted that SF would be attending the Forest Health Forum the following month to target nominations for the vacancy in FOD. The Corporate Governance team would implement the arrangements following the decision.

RESOLVED: The Council AGREED that elections be held for both vacancies

042/21 – GOVERNANCE AND NOMINATIONS COMMITTEE (GNC) APPOINTMENT

SF presented the process for Governor nominations and appointment to the GNC for approval. The Council noted the proposed process and the timeframe for election of members. AT supported the proposal and reported that it had been discussed at the Governors pre-meeting; he encouraged all Governors to consider putting themselves forward, the Chair added that Governors were welcome to contact him if they wanted more information.

RESOLVED: The Council of Governors APPROVED the process and timeline for appointing Governors to serve on the Governance and Nominations Committee and noted the changes proposed for 2022 only.

043/21 – GOVERNOR'S LOG

SF updated the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 18 August 2021. The log was now available to view at any time within the Governor Resource Centre on Admin Control.

RESOLVED: The Council NOTED the report for information.

044/21 – ANY OTHER BUSINESS

There was no other business for discussion.

DATE AND TIME OF THE NEXT MEETING

The next meeting of the Council of Governors will take place at 14:30 on Wednesday 15 December 2021.

Signed as a true and accurate record:

Chair

15 December 2021

COUNCIL OF GOVERNORS – DECEMBER 2021
CHIEF EXECUTIVE OFFICER'S REPORT

Introduction

1.1   After a short foray into face to face meetings, we have reverted to meeting virtually. Whilst disappointing, the safety and wellbeing of all of us remains our top priority and the emergence of a new COVID variant confirms the ongoing need to be both vigilant and cautious. That said, virtual meetings continue enable engagement of many that would not otherwise have attended a face to face meeting.

Operational Context

2.1   Operationally, little has changed since last month's report. Sadly, the Trust remains extremely busy with activity in urgent and emergency care more redolent of peak winter months. The rise in COVID-19 related hospital admissions reported last month has settled with the number of inpatients steady at around 50 to 60 on any one day. Pressure on critical care is very significant due to the very prolonged stay of a number of COVID and non-COVID patients alongside four to six acutely unwell COVID patients at any one time; the picture remains due to these patients being largely unvaccinated or severely immunocompromised and to date, no vaccinated patient has died on critical care. Clinical Lead Dr Dave Windsor continues to take every opportunity to share this data in the hope that those who are unvaccinated will come forward. Very regrettably, these pressures have resulted in the cancellation of some routine and more recently a small number of urgent surgical patients; reassuringly, every urgent patient cancelled has been rebooked on the day of cancellation and admitted within the following seven days. Our priority remains to ensure that all patients who are clinically urgent continue to be operated upon.

2.2   Of greatest concern currently is the emergence of the new Omicron variant of COVID-19 which was recently detected in South Africa and is now being seen in many parts of Europe. Whilst the emerging picture is one of a virus that is highly transmissible but leads to mild symptoms only in the affected, it is too early to take comfort or draw any conclusions from this early data – not least given the very young nature of the South African population and those affected (6% over 65 compared to 19% in the UK). The Governments response to reinstate mask wearing in high risk settings is welcomed alongside proposals to expedite the vaccination booster programme.

2.3   Despite the efforts of many, including our system partners, the numbers of patients whose discharge from hospital is delayed has risen further in the last month reaching an all-time high. This is making improvements in flow, and thus A&E waiting times and ambulance handover delays, very difficult to achieve as well as significantly impacting on the quality of the experience for our patients and their families. One of the key constraints impacting on the ability of the system to support discharge remains the provision of domiciliary home care. Like other sectors that rely on European workers, are characterised by low wages and, sometimes, poor working terms and

conditions many staff are seeking employment elsewhere given the transferable nature of their skill set. Gloucestershire County Council has the lead for managing this aspect of the care sector and is working closely with care providers and NHS partners to explore opportunities to improve the current situation. Clearly, the extension of the vaccine mandate to all care staff, and not just those working in residential settings, is a cause for further concern.

2.4   Given there is no likely improvement in the capacity and availability of social care, system partners are considering ways in which to engage families differently in the care of their older relatives including the use of personal budgets for families willing to engage in a sole or shared care model. Regrettably, even short stays in hospital for older people can result in significant deconditioning and, on occasion, harm that significantly reduces the likelihood that a patient can return home; this outcome in itself puts the demand for social care under even more pressure – the classic "vicious circle".

2.5   Our plans and actions to manage and mitigate these operational risks, in so far as is possible, remains located in our System Winter Plan and associated Task and Finish Group.

2.6   In respect of the COVID-19 booster programme, this is in full swing and recent announcements to expedite the programme are now being reviewed to determine the best way to approach this. Whilst the eligible number will increase as more people reach their six month milestone, currently there are c83,000 people eligible for their booster and 69% have taken up the offer – this is lower than we would like to see and reflective of slower uptake than we saw in the initial programme. Of the nine priority groups, uptake has been slowest in those that are considered at risk due to underlying health conditions, as opposed to age, and this group are being actively encouraged to present. To support these efforts we are now also vaccinating patients who present to hospital and are unvaccinated or due to receive their booster. The proposal to reduce the interval between the second vaccination and booster to three months represents a very significant delivery challenge for our Primary Care Networks who have been the backbone of delivery of the programme to date; detailed impact assessments and planning are now in train. On December 8th, we celebrated the one year anniversary of our Gloucestershire Vaccination Programme and our own delivery of just over 70,000 vaccinations to health and social care staff across the county.

2.7   Positively, in the face of these pressures, elective activity levels remain strong compared to other Trusts in the region with Gloucestershire continuing to outperform most other systems both with respect to activity volumes and the numbers of long waiting patients. The Trust also has particularly strong performance in respect of diagnostic imaging waits – being one of only a handful of Trusts nationally achieving the standard of offering imaging to 99% of patients within 6 weeks of referral. This is testament to strong performance during the pandemic period and the continued hard work and commitment of staff across the organisation. There has been a further small increase in the number of cancer patients waiting more than 62 days from referral to first treatment and all teams continue to prioritise this group of patients. This deterioration is attributable to a number of factors including the ongoing, although improving, impact of the deployment of the new TrakCare Laboratory Environment (TCLE) on histopathology turnaround times. However, given the

degree of recovery now evidenced in respect of histopathology we are confident of improvements going forward but these will take 62 days+ to manifest in the data.

3 **Key Highlights**

3.1 As reported last month, the Care Quality Commission (CQC) visit is now in full swing with respect to their inspection of the Gloucestershire Urgent and Emergency Care (UEC) system. We are one of just 12 systems nationally, and only one in the South West, to be taking part in this pilot. This joined up approach to inspecting all parts of the UEC system is hugely welcome and reflects concerns raised by myself and others in relation to the March 2021 inspection which recognised the "perfect storm" manifesting in the hospital element of the system but stopped short of inspecting partner services and thus missing opportunities to recommend improvements across the whole system. Whilst the announced elements of the inspection have largely concluded, involving the ambulance trust and a number of primary care services including 111, the proposed unannounced inspections of UEC services in the Trust commenced on the 8th December 2021.

3.2 Continuing our digital journey, and specifically the further development of our electronic patient record (EPR), the Trust enacted a major upgrade of the Sunrise EPR overnight on the 30 November to 1 December 2021. Thanks to truly phenomenal planning and implementation from the digital team and operational leads, the upgrade was a success with minimal disruption to services and recovery in line with expectations.

3.3 In support of the issues described above with respect to older people whose discharge is delayed, the Trust has relaunched its *End PJ Paralysis* campaign. There is considerable evidence that the less "patient" and more "person" we are able to sustain during a hospital stay, the less the risk of excessive deconditioning. The concept is simple – additional support and priority to assist patients to sit out of bed, get dressed and undertake as many of their normal daily routines and activities as possible with the inevitable constraints of a hospital ward (although a patient did offer to garden a rather neglected patch of ground they had been peering at for several weeks from their hospital bed!). The campaign will be both internally and externally focussed to ensure that families understand the benefits associated with this approach and play their part in supporting their family member's independence and sense of usual self.

3.4 On Wednesday 1 December, I was grateful to have the opportunity to open the inaugural event to launch our work to develop a mental health strategy for staff, patients and their families who are in the care and/or employment of the Trust. Whilst this will be inevitably located in the context of the wider Integrated Care System work on mental health, it is clear that without some expressed vision, ambition and priorities for our Trust we will not improve care for our patients and each other to the extent we would like to.

3.5 On the 30 November, we concluded our DWC Listening Events with a very well attended final event. The themes throughout the many events have remained largely consistent and characterised by too many stories of poor staff experience related to colleagues ethnicity, ability or sexual orientation but

positively, equally characterised by a sense that things are being taken more seriously than ever and, whilst cultural change does not happen overnight, green shoots are appearing and the actions we are taking are broadly the right ones. The Board, through the People and OD Committee, with oversight of the annual Workforce Race Equality Scheme (WRES), Workforce Disability Equality Scheme (WDES), National Staff Survey alongside other colleague and patient insights will receive regular updates to ensure this remains "mission critical business" as recommended by DWC.

3.6   Last month, I reported the introduction of *Respectful Resolution* and whilst I felt very positive about this approach, I had not expected to see the scale of uptake and positive feedback that we have seen in the first few weeks. Fingers crossed this isn't an initiative but something that quickly becomes the "way we do things around here (even when nobody is looking)", to quote Professor Michael West. The first step in the Respectful Resolution approach is to encourage and support managers to focus on ensuring they create a psychologically safe culture in their own team so that people feel able to engage in early, constructive discussions when things are not going as well as they would expect. To support this, James Brown and team have produced a set of materials to guide and support managers to engage their teams in regular, pre-planned meetings. The tools not only provide guidance on how to run a successful team meeting but will also provide core content and key messages each month, which is something managers said was lacking. These will be circulated after Board and Trust Leadership Team meetings.

3.7   Our work to become accredited as a University Hospital has been boosted by two positive developments this week. Firstly, the Three Counties Medical School application has proceeded to the next step with the prospect of a 2022 intake now under consideration and secondly, we have reached agreement with the Three Counties School of Nursing and Midwifery at the University of Worcester to create a professorial chair and appoint a joint Professor of Nursing. Turning to our local partner, the University of Gloucestershire, the Chair and myself were delighted and humbled to have an Honorary Fellowship awarded to us for our working with the University to establish a large number of healthcare degree programmes alongside our service to the County during the pandemic.

3.8   Last month, I updated the Board on my invitation to join a new county-wide initiative entitled *Climate Leadership Gloucestershire.* The first event has taken place and priorities have been agreed for the immediate future; the next meeting will be focusing on two of the ten priority themes of transport and biodiversity. Jen Cleary will represent the Trust on the individual work-streams and, for the time being, I will continue to represent the Trust on the senior leaders group.

3.9   Additional capital and non-recurrent revenue has been made available to Regions and the Gloucestershire system has now received confirmation that all bids were successful, including those made separately to the Unified Technology Fund. All bids submitted are in support of "de-risking" delivery of our Winter Plan and notably the ongoing elective recovery. Recognising the importance of continuing to support staff wellbeing, funds will also be directed towards this including initiatives that we believe will impact tangibly on staff morale e.g. the provision of low cost equipment that is too often in short supply or approaching obsolescence. The reinstatement of the restaurant and café

subsidy has been very well received with footfall in all outlets increasing significantly and I have received many messages of appreciation in respect of the Board's generous decision to give all staff a festive meal allowance.

3.10   Celebrating success remains a core ingredient of our approach to valuing people and I was delighted to join the team representing *One Gloucestershire* at this year's Health Service Journal Awards last week.   Whilst we were runners up this year, the optimism and enthusiasm about the future of *One Gloucestershire* was palpable; I feel a win coming on for 2022! Following on from their success as Regional Finance Team of the Year, we have our fingers and toes crossed that Gloucestershire Hospitals Finance Team will move on to become the National Finance Team of the Year.

3.11   Finally, my report would not be complete without an acknowledgement of the recent ITV coverage of the challenges facing colleagues working in our hospitals, and particularly those working in our emergency departments. I took the decision to address the whole organisation via my weekly Global which is attached.

Deborah Lee
Chief Executive Officer

1 December 2021

From:	MACFARLANE, Craig (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Sent:	08 December 2021 12:59
To:	LEE, Deborah (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Subject:	FW: Staff update 7 December

Craig MacFarlane
Head of Communications
Gloucestershire Hospitals NHS FT

Craig.macfarlane@nhs.net
07729 468728

NHS Staff Survey 2021

By giving just 15 minutes of your time you can help
make the NHS the workplace we all want it to be.

Complete the survey to have your say

We each have
**a voice that
counts**

From: COMMSGHNHSFT (GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST)
Sent: 07 December 2021 13:45
To: Global-GHNHSFT; global-additionalGHNHSFT
Subject: Staff update 7 December

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Staff update

7 December 2021

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You don't need to work in an A&E department or even a hospital to know the very significant challenges that urgent and emergency care services are experiencing, and the resulting impact on elective services. Sadly, Gloucestershire is no exception to these challenges with many staff describing the current situation as the most difficult they have ever encountered. Some of you will have watched last night's TV coverage of these events and no doubt found them very distressing – I certainly did.

It saddens me that front line staff do not feel that their managers and the Trust's Executive Team understand the issues or are seeking to address them; it's not what I see around me but it's important that we reflect on why it feels like this for some colleagues. We continue to do everything we can to manage the current challenges and to limit their impact on patients and staff, and I am hugely grateful to everyone for all that they are doing, including those managers who were criticised. Similarly, these issues are without doubt the single biggest focus for action amongst system partners, who wholly acknowledge that they have as much to contribute to improving the current situation, as the Trust itself.

Despite this focus on improving the current situation, as described above, some colleagues continue to raise concerns and wish to remain anonymous, citing a fear of speaking up in the organisation. I want to be **very clear** on this point – speaking up takes courage and it is absolutely the right thing to do if you have any concerns about patient or staff safety that you think are not being addressed. However, I would also ask that if you need to raise concerns in this way, that you consider the impact on those individuals who are also doing their very best to improve things for patients and their colleagues, in the face of the same adversity. What is also clear, is that views are mixed and I am heartened by the number of staff who have contacted me, or spoke to me when I visited one of our Emergency Departments this morning, to sing the praises of the same managers and leaders that others feel have let them down.

We have new clinical leaders in our A&E departments - both nursing and medical roles - and, if you have any concerns at all, they have confirmed that they would welcome you raising them directly and have given absolute assurances that there will be no repercussions for individuals or teams. However, I appreciate that it takes time to build

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trust and confidence with new leaders and therefore if you wish to raise any concerns anonymously, please do consider the many options open to you in the organisation including our <u>Freedom To Speak Up Guardians</u>. Whenever staff feel the need to feedback via external agencies whether it be our regulators, lobby groups, the media or other third parties it tells me that we have more work to do on the culture in our organisation and this will remain, as it is now, a personal and Trust priority alongside the safety and quality of our services.

Finally, despite the huge endeavours of everyone I come in to contact with, it is possible that there are actions we could take to further improve the current situation and the quality of care for our patients and all of you. Please do share your thoughts and/or suggestions with anyone in the team; from next Monday we will have a senior leader responsible for service improvement in urgent and emergency care who I know will want to hear from you. To ensure that we take every opportunity to listen to staff, I will be hosting a number of virtual and face-to-face listening events, mirroring the recent approach we took in maternity services which were welcomed by those that attended and have led to a number of further improvement actions. Dates will follow in Thursday's Global.

It's very tough right now but let adversity bind us and not divide us.

Deborah

Today's update includes:

→ **COVID-19 Inpatients**
→ **Journey to Parenthood personalised care plan**
→ **End PJ Paralysis**
→ **Criteria-led discharge**
→ **Arthur Labinjo-Hughes**

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→ **Pensions Webinar – recording available**

→ **New Blood Transfusion Care Record**

→ **Vaccinations – walk-ins this week**

→ **Norovirus**

→ **HFMA Finance Team of the Year shortlisting**

→ **Travel Restrictions**

→ **Health Care Support Worker Council**

→ **NaME Vice Chair role**

→ **Christmas**

→ **Events**

→ **Finance Training**

→ **Staff FAQs and information**

COVID-19 Inpatients Updated today at 8am

Number of confirmed COVID-19 **in Critical Care**	**8**	Number of confirmed COVID-19 **in other inpatient beds**	**57**

Journey to Parenthood personalised care plan

The Journey to Parenthood personalised care plan is set to launch on 15 December to help ensure that service users in maternity have more say over how they are looked after. We are counting down to the **15th December** date to ensure that colleagues who work within maternity services can find about about the new plan before it is launched externally.

From 15 December, the new Journey to Parenthood personalised care plan will be in every woman's notes from booking onwards and provides prompts for them to discuss this with those involved in their care. It is designed to ensure that women and their families are listened to and understood in a way that builds trust and an

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effective relationship with her midwifery /obstetric/ multidisciplinary team.

End PJ Paralysis

We know that encouraging and assisting our patients to get up and dressed is vital, as it reduces immobility, muscle deconditioning, dependency, length of stay and readmission rates. If patients spend 24 hours in bed, they can lose 1-2% of muscle strength and research shows us the benefits of activity and exercise.

Please join us in encouraging and assisting our patients to "sit up, get dressed and keep moving" to prevent deconditioning and protect cognitive function and dignity. The Practice Development Team will be out and about delivering deconditioning CPD, you will also see colleagues and leaders raising awareness in branded t-shirts from **Wednesday 8 December**. Help us spread the word to #EndPJParalysis

Criteria-led discharge

To support timely discharge of appropriate patients, we would like to remind you of 'Criteria Led Discharge'. This should be determined as early as possible in the patient's pathway i.e. as part of the Board or Ward Round following MDT assessment. The lead clinician identifies discharge criteria based on identified needs. The criteria should always be discussed with the patient and MDT, and used to identify the expected date of discharge (EDD) all of which is recorded in the patients notes. The key points can be found on this poster, please display in key areas, and all medical wards have been provided with a stock of the green stickers.

Please contact Dr Andy Monro at andrew.monro@nhs.net if you have any questions. Visit the Modern Ward Rounds intranet page to see the latest newsletter.

Arthur Labinjo-Hughes

Arthur's untimely death has left many of us feeling shocked, sickened and saddened. Our Named Doctor for Safeguarding Children Dr Sara Motion shared these thoughts, "My own thoughts have been with Arthur. In our daily work in this busy hospital, please keep your focus on the infant, child or teenager, reflecting on their lived experience. It is unthinkable that a child as young as six could be being deliberately victimised, but sharing observations and concerns is needed to build the bigger picture about the children that we care for. Please be aware of the safeguarding children action card SCH1, raise your concerns and discuss these in a timely way with the children's named professionals who are available every working weekday, while a paediatric consultant is available outside office hours. Thank you for your continuing vigilance, and for recognising concerns and responding.

Major building works – building the future

Major building works continue at both sites..

GRH, Gallery Wing sloping corridor

For approximately a week from next **Monday 13 December** to enable the installation of a new steel frame; access to the sloping link corridor between Gallery ground floor and the access corridor to the Fosters restaurant, will be restricted:

- Access will only be permitted for bed transfer, hot food delivery, disabled patients and crash calls.
- Other groups will need to access Gallery Wing via the lift/stairs, externally through Tower Block entrance and around Gallery externally.
- Access to Linen store and Materials Management will remain open at all times.

Restrictions will only be in place between **7.30am – 4.30pm Mon – Fri**; outside of this access will be unrestricted.

CGH:
- Kier are completing works within the **St Paul's car park** between 6 and 23 December, including on weekends. This will result in temporary car parking space closures in the bay directly outside the Aveta Birth Centre entrance. There will access through the car park throughout the duration of these works.

- The CSSD corridor and entrance have now fully reopened.

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Pensions webinar - Demystifying the McCloud changes

We held a webinar on **Thursday 2 December** for those staff who are being affected by the McCloud Pensions changes. The recording is now available for those that missed it. Teri Stallard, our Pensions Manager, answered a range of frequently asked questions relating to the changes taking place as part of the McCloud remedy.

New Blood Transfusion Care Record

From **6 December 2021**, Blood Components and Products will no longer be prescribed on the IV Fluid Chart. Blood Components and Products will be prescribed on the new Blood Transfusion Care Record, including the mandatory administration documentation by the practitioner(s) administering the Blood Component(s). Please can all Matrons, Ward / Unit Managers and Transfusion Champions ensure your respective areas have a stock of these prior to 6 December.

For more information, please liaise with the Transfusion Practitioner on x3410

Vaccinations – walk-ins this week

All Vaccination information can be found on our intranet.

Remember that it is not too late to have your first or second COVID jab. If you have questions or concerns about the vaccine, do email them to to ghn-tr.c19vaxbookings@nhs.net and we will arrange for someone to get back to you.

Walk-in appointments w/c 6 December - Grab a Jab

CGH, St Luke's entrance: Walk-ins available for both COVID boosters and Flu on Tuesday **7 December and** Wednesday **8 December 09.30-16.30**

GRH, JabVan: COVID Booster and Flu vaccinations - walk-ins available on Thursday **9 December and** Friday **10 December 09:00 to 16:30**

We will not be operating from Jab Van, GRH on 7/8 December, so no appointments or walk-ins available. This is so we can concentrate on inpatient vaccinations and a specialised clinic over these days.

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Book your Flu appointment here
Book your COVID booster vaccination here

If you have a needle phobia and would prefer to come at a quieter time, please let the team know via ghn-tr.c19vaxbookings@nhs.net

Norovirus

Some wards and departments are currently affected by Norovirus, or the winter vomiting bug. As cases are rising in the community, we ask you to please take review the guidance on the intranet regarding measures for both patients and colleagues.

For more information contact our Infection Control Team on x3129 or x6122

HFMA Finance Team of the Year shortlisting

OUur finance team have been shortlisted, alongside 4 others, for HFMA Finance Team of the Year. The winner will be announced on the evening of Thursday 9 December at the annual HFMA conference.

As part of the award submission, the team created two short videos for the judging panel to view. One features our staff from the finance team, the other video features Deborah Lee, Peter Lachecki, Karen Johnson, our lead staff governor Alan Thomas, Non-Exec Director & Chairman of finance and digital committee Rob Graves, plus operational and clinical colleagues. The videos can be viewed here: https://youtu.be/3FpnT4FxXzM and here: https://youtu.be/yDFyfZ8ibDE

To be shortlisted for this particular award is such a huge achievement and means a great deal to the team. Good luck to them!

Travel Restrictions

The Government has updated its guidance on overseas travel, as a result of the emergence of the newly identified Omicron variant. It has been confirmed that **the guidance legally applies to everyone** – **including fully vaccinated healthcare workers**, who all need to follow the requirements to test and self-isolate upon return to England. These requirements are outlined on the intranet.

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Healthcare Support Worker Council

Are you a HCSW in our Trust? If so, then we want to hear from you! A new shared decision-making council has been created for HCSWs. If you're a Healthcare, Radiography, Theatre, Therapy, Dietetic Assistant or work in any HCSW role, we would like you to join!

- If there are any particular areas that you have identified that requires improvement or you have ideas to enhance our standard of care, then please come along to our first virtual meeting on Thursday 13 January at 3-4pm.

- If you are a HCSW and have recently been through the Trust induction process, we would also welcome your feedback on how prepared you felt starting in your new role, so future HCSWs in the Trust get the best start.

For your Teams invite or any further information please contact rebecca.fell2@nhs.net

Expressions of interest for Nursing and Midwifery Excellence (NaME) Vice Chair role

Do you listen to the voices of your colleagues and want to speak up for change? Care about improvement and want to collaborate, connect and share? Want us to excel and deliver the Best Care for Everyone? Have Chair Person skills?

As a Trust, we are taking a shared governance approach to leadership which will ensure our colleagues are involved in having a say in managing the environment in which we work. The Director of Quality and Chief Nurse, Prof. Steve Hams, is looking for a Direct Care Nurse/ Midwife (>50% of time in clinical practice) to be the Vice Chair for the established NAME Collective Leadership Council.

You will be provided with time to carry out the role each month, as well as support, coaching and development. For more information about applying for this role, please email jo.whereat-hill@nhs.net or charlotte.jakab-hall@nhs.net

Christmas

National Elf Service this festive season

If wards and departments are planning to celebrate this year through Christmas Jumpers, seasonal socks or any other festive apparel, why not be a part of the National Elf service. Please contact the charity office on ghn-tr.fundraising@nhs.net if you would like a collection pot or a poster for your department. We would love to see your pictures on social media so make sure to

Share your message of thanks this Christmas with Cheltenham and Gloucester Hospitals Charity's snowflake decorations!

Beautiful snowflakes filled with messages in memory of loved ones and in support of NHS staff will be hung at Gloucestershire Hospitals. People can leave a personal message online to remember a loved one, say thank you for the care received or even share a wish for the future. Every message will then be handwritten on to a decoration to be displayed for staff and patients during the festive season.

For a suggested donation of £10, a stunning snowflake Christmas ornament (pictured) can also be ordered to hang on your Christmas tree with funds going to the Cheltenham and Gloucester Hospitals Charity's CT Scanner Appeal or to the ward/department of your choice. To find out more or to order your decoration, please visit http://ow.ly/eBmE50GYa9n or visit the Charity Offices at the hospitals.

Staff festive parties

As we approach the winter festivities, teams are planning well deserved parties and other social gatherings. If you are organising an event the IPC Team have the following advice to stay safe and keep your friends and family safe.

December payroll

Monthly pay day is **Thursday 23 December** this year. Please ensure that all relevant paperwork is with payroll by Friday 3 December.

Please see the Pay and Benefits intranet page for more detail on the Christmas Pay Arrangements for both monthly and weekly pay.

Pulhams 99 bus service

Over the Christmas period the 99 bus will be operating to the following timetable:

24: Operating to normal timetable
25 to 28: No service
29 to 31: Operating to normal timetable
1 to 3: No service
4 January: Operating to normal timetable

Unless exempt, please wear a mask when travelling on the 99. Although it is cold outside, please keep the windows on the bus open to allow air flow.

Staff Lottery Christmas draw

There will be an extra £20,000 in the Christmas draw this year. Due to COVID restrictions the staff lottery has been unable to carry out the usual additional draws over the last 2 years. The additional money is usually spent on trips and events which have not taken place, so the committee felt Christmas is the perfect time for more colleagues to be in with a chance of winning a prize.

The lottery is being drawn on 3 December and you will be able to find the results on the intranet.

The prizes being split as follows:

- 10 prizes of £1000
- 14 prizes of £500
- 15 prizes of £200

Patient Safety Associate Programme

Do you have a patient safety role in your area or interested in developing your Patient Safety and Human Factors knowledge and skills to support and influence Patient Safety Management in your department?

The Patient Safety Associate programme is a bespoke modular course, run over 6 months, fully funded for you to spend 3 days per month developing your knowledge and skills through different learning experiences, activities and working on a QI project related to Patient Safety and Human Factors.

The programme is open to all nursing staff, midwives and AHP's, Band 5 and above, including those at a managerial level. Applications are now being accepted for the next programme starting in March 2022.

Go to Patient Safety Associate intranet page for more details and application form.

Events

Charity football match

We are holding our very first Charity football match between Gloucestershire Hospitals and Longlevens on **Sunday 12 December** at 12.30pm at Longlevens Football Club. Please come along and cheer the team on, refreshments will available and the bar will be open.

As part of the match, there will also be raffle tickets available to purchase. These are available on the day or in advance from Nicole in GPAU, Jake in AMU or Leon Hill in Portering and all proceeds going to Cheltenham and Gloucester Hospitals Charity. If you have a raffle prize for the event too, please contact Leon at leon.hill@nhs.net Many thanks to Leon for organising the Charity Football Match.

First Aid Event

Join us on Saturday **10 December** for a free First Aid and BLS event at The Friendship Cafe! We'll be teaching CPR, recovery position, choking and managing bleeding. Sign up

This event is free to attend for the local community. If you would like to find out more or volunteer for the event, please contact us via our Facebook page or directly to qasim.javed2@nhs.net.

2022 Finance Training – Book your place now!

Please click on the following headings to view dates, times and locations for these sessions or search 'Finance Training' on the Intranet:

Financial Awareness – Aimed at all staff who are interested in understanding why finances are vital in enabling best patient care and the role everyone plays. No prior knowledge necessary. Session covers: Glossary of terms, Financial Overview, The role everyone plays, Where the money comes from, Budget Statements and HFMA E-Learning

Foundation Finance Training – By the end of the 'café style' session you will:

- Recognise and understand Budget Statements, Electronic Staff Record and Detailed Transaction Reports.
- Have an understanding of Standing Orders, Standing Financial Instructions, Capital Accounting, Charitable Funds, Creditors, Debtors, Payroll and Procurement.
- You will know the necessary contact leads for each subject area discussed during the training session.

Session covers: Budget Statements, ESR & DTR Reports, Financial Sustainability, Benchmarking, Financial Governance, Procurement, Payroll and Creditors & Debtors

Staff FAQs and information

Our general frequently asked questions (FAQs) are to help support staff in response to the COVID-19 (Coronavirus) outbreak. The 2020 Hub is also available for staff who have queries.

the **Best Care**
for Everyone

care | listen | excel

be kind to yourself & others

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Report Title	
Green Plan 2021-2025	

Sponsor and Author(s)	
Author:	Jen Cleary, Head of Sustainability
Sponsors:	Professor Steve Hams, Director of Quality and Chief Nurse
	Keith Hamer, Managing Director, Gloucestershire Managed Services

Executive Summary
When the Trust declared a climate change emergency in December 2019 it sent a clear message as to the importance it places on the threat that climate change poses to public health. The Trust is keen to be a leader in climate change action, helping and encouraging others to make a positive long-term shift towards sustainable behaviour. Gloucestershire Managed Services (GMS) is fully supportive of these aims and as such the Green Plan is issued as a joint document between both organisations.

This Green Plan is our key document for the sustainability agenda and commits the Trust and GMS to a range of actions, initially between 2021 and 2026, but also longer term, which will help move us forward on our pathway to net-zero by 2040. It provides a comprehensive and structured framework to show how we will work to embed sustainability into the organisational culture so that sustainability becomes part of how we think and everything we do. As we recover from the pandemic we must take care to ensure our actions do not increase climate risk or lock-in greenhouse gas emissions, and that we are as environmentally, economically and socially sustainable as possible.

The Green Plan outlines three green objectives:
1. Healthy environment – managing and reducing our negative environmental impacts, developing and enhancing our natural environment
2. Health for all – improving the health of our patients, staff and local community
3. Embedding sustainability – sustainability must underpin all actions and decisions, becoming part of how we think and what we do within the organisation. Staff are empowered and leading the change.

There are three targets:
- Meet the NHS targets - NHS Net Zero Carbon Footprint of 80% reduction by 2032 and net zero by 2040. NHS Net Zero Carbon Footprint Plus by 2045
- Develop sustainable care models and use digital technologies to benefit our patients with 50% of our follow-up OPD appointments to be virtual by 2025
- Be recognised as a leader in sustainable healthcare and climate change action

The Green Plan is accompanied by a Green Action Plan. These initial actions take us to 2026 and are sub-divided into ten Areas of Focus – these cover all aspects of sustainability including Sustainable Use of Resources, Travel and Logistics, Sustainable Care Models, Carbon and Greenhouse Gases and Green Space and Biodiversity.

There are six key initiatives for the next three years:
1. Drive decarbonisation with specific partners and available Public Sector Decarbonisation Scheme funding with 20% of our energy consumption from renewable sources
2. Sustainability embedded in decisions for corporate investment and key decision

making

3. Sustainability on every meeting agenda
4. 100% food waste recycled and 100% non-clinical waste recycled by 2025
5. Implement digital management techniques on critical infrastructure services to support target to 80% carbon footprint reduction by 2040
6. Increase recycling on clinical product base by 20%

We are very aware that this ambitious agenda will require the vision, collaboration, support and efforts of all – not only our staff, patients and visitors, but also our suppliers, Integrated Care System partners and external organisations.

The Trust's Sustainability Lead and the Climate Emergency Response Leadership group will monitor, implement and manage the delivery of this Green Plan and associated Green Action Plan, working with our colleagues across the Trust and GMS to implement the actions contained within the plan.

Recommendations

Board is asked to endorse the adoption of the Green Plan.

Impact Upon Strategic Objectives

The Trust wishes to embed sustainability into the organisational culture. Sustainability must underpin all actions and decisions, becoming part of what we think and how we do things. As such the Green Plan and sustainability links to all ten strategic objectives.

Impact Upon Corporate Risks

A detailed delivery risk assessment will be completed prior to presentation of the Green Plan to the GHT Board.

Regulatory and/or Legal Implications

The Trust is required to have a Green Plan and needs to meet the national NHS carbon emissions target – for the emissions we control directly net zero carbon by 2040 and for the emissions we influence net zero by 2045.

Equality & Patient Impact

Climate Change is recognised as the greatest threat to health in 21st century (The Lancet and University College London Institute for Global Health 2009). The Green Plan will promote sustainable models of health and introduce adaptation and mitigation measures. It will contribute to the reduction of health inequalities and the climate change impact felt by many vulnerable and disadvantaged communities.

Resource Implications

Finance	**X**	Information Management & Technology	**X**
Human Resources	**X**	Buildings	**X**

Action/Decision Required

For Decision		For Assurance	**X**	For Approval		For Information	

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)**

		23rd Sept 2021				July 21 & Sep 21	
Outcome of discussion when presented to previous Committees/TLT							
Draft Green Plan was presented to TLT in July and comments received on the content. These have been incorporated into the version that was approved by TLT and E&F Committee in September.							

Green Plan
2021–2025

Gloucestershire
Hospitals NHS
Foundation Trust

Gloucestershire
Managed
Services

Contents

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Our mission

Gloucestershire Hospitals NHS Foundation Trust's (GHNHSFT) ambition is to become a leader in sustainable healthcare i.e. act sustainably, lead by example and embed sustainability into the organisational culture. This will support the targets of the NHS Long Term Plan, help us take the opportunity to improve what we do and how we do it and ensure our Trust is as environmentally, economically and socially sustainable as possible.

As a Trust we recognise the enormous challenge that the issues of climate change, air pollution, flooding, extreme heat and waste present to Gloucestershire and the impact that these issues have on our patients, colleagues and communities. In December 2019 we were one of the first NHS organisations in the United Kingdom to declare a Climate Emergency; we have joined a growing number of health organisations globally to deliver reductions in the carbon footprint generated by healthcare delivery.

We have already undertaken excellent work to address these issues through our previous Sustainable Development Management Plan (SDMP) and we welcome this new Green Plan, which builds upon our progress so far. This Green Plan details a proactive approach that our Trust will take to ensure we do our part to reduce the impact that climate change will have on the people of Gloucestershire.

In 2020 we were awarded a £13.7 million grant from the Public Sector Decarbonisation Scheme. This has funded a number of infrastructure improvement projects which will make significant contributions to the reduction in carbon emissions from our buildings. We will seek further funding of this type when opportunities arise.

For the Trust to be a truly sustainable organisation, we need all of us to play our part, and work together with our partners and communities to deliver this Green Plan. Our Green Champions network will support everyone in the Trust to work together to address the climate emergency and achieve zero carbon by 2040.

We strongly encourage all of us to build a green social movement to deliver a safer, more environmentally sustainable future.

Professor Steve Hams
Director of Quality and Chief Nurse Executive Lead for Sustainability, GHNHSFT

Keith Hamer
Managing Director, Gloucestershire Managed Services

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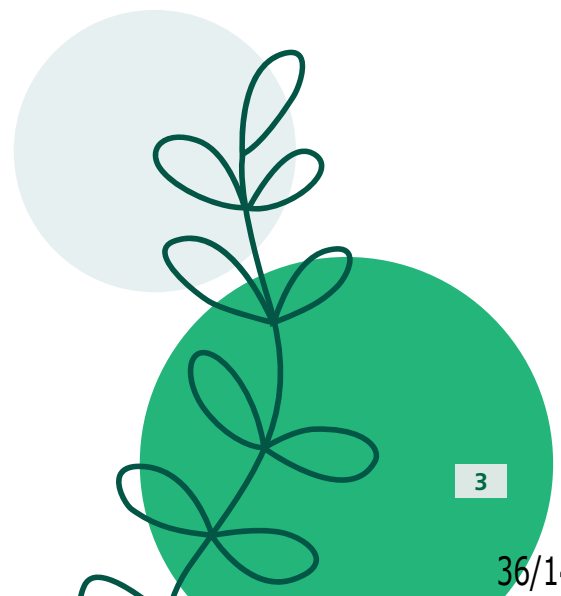
About our Trust

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute elective and specialist health care for a population of more than 633,000 people.

Acute hospital services are provided from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital.

Maternity Services are also provided at Stroud Maternity Hospital.

The Trust is the largest employer in Gloucestershire with over 8,000 colleagues.

Gloucestershire Managed Services (GMS) is a wholly owned subsidiary company set up by GHNHSFT on 1st April 2018. GMS provides the estates, facilities, sterile services and materials management services for the Trust.

Our green plan

This Green Plan outlines the steps which our Trust will take to reduce carbon emissions and improve sustainability over the next five years as we head toward net zero in 2040.

The links between human health and climate change and biodiversity loss are clear and we have a responsibility to take action. The Climate Change Act (2008) and the NHS targets (Delivering a Net Zero NHS, 2020) oblige the Trust to reduce carbon emissions.

We must act now to embed sustainability into our organisational culture; make changes to how we operate and deliver services, choose differently in regard to how and what we procure, and upgrade our infrastructure. These actions will enable us to meet the NHS targets of net zero carbon emissions by 2040 on the emissions we directly control, and reach net zero carbon by 2045 on those we influence.

This Green Plan builds upon the success of the previous Sustainable Development Management Plan (2015-20) which this Green Plan replaces.

The Green Plan sets out our goals and shows how sustainability is incorporated into our strategic objectives and visions for the future. The plan outlines some of our progress to date and highlights aims for the future, covering all aspects of sustainability including adaptation to climate change, travel, green space, new models of healthcare and improvements to infrastructure and resource efficiency.

The involvement of colleagues, patients and visitors will be vital. Many of our colleagues want to be involved and have enthusiasm and ideas and are already taking action to make a difference. We will support and encourage their assistance with this programme through our Green Champions network. We will also work with our stakeholders e.g. local councils, One Gloucestershire (the Integrated Care System) and our suppliers, to drive the sustainability agenda and reach our targets.

Sustainable healthcare will improve the health of the local population and reduce demand on NHS services. As we recover from the COVID-19 pandemic the Trust can look to the future, not merely returning to business as usual but taking the opportunity to do things more sustainably.

We will take the opportunity to improve what we do, how we do it and consider the wider implications of our actions. All decisions must consider the impact on sustainability – social, environment and economic, and how they contribute to climate change and the overall reduction in carbon emissions.

Our vision

To become a leader in sustainable healthcare, act sustainably and lead by example.

GHNHSFT wants to embed sustainability into the organisational culture. Sustainability must underpin all actions and decisions, becoming part of what we think and how we do things. All staff have a role to play in this change.

Every decision and project, especially those linked to long term strategy or business planning, must consider how the planned action will contribute to sustainability – not just environmental but also social and economic.

This sustainability vision aligns with our organisational values of 'Caring', 'Listening' and 'Excelling' and the Trust's overall vision of 'Best Care for Everyone, Best Care for Each Other'. Sustainability supports these values and will help us achieve them.

Our Trust's ten strategic objectives 2019–2024 all link to sustainability values and benefits.

Strategic Objective	Sustainability benefit
Outstanding care	Good health and wellbeing for all
Compassionate workforce	Skilful workforce with good recruitment and retention levels as part of a compassionate, just and inclusive work culture
Quality improvement	Improvement at the heart of everything that we do
Care without boundaries	Reduced inequality and greater partnership working
Involved people	Staff who are enabled and encouraged to make a difference
Centres of excellence	Best care locally with a focus on local resources
Financial balance	Using available finance for best investments for long term sustainable benefit
Effective estate	Reducing carbon emissions in our workspaces
Digital future	Virtual appointments saving patient travel to our sites
Driving research	Preventing illness, creating a healthier community and supporting provision of sustainable healthcare for all

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Overview

Our vision	To become a leader in sustainable healthcare, act sustainably and lead by example

Our green objectives	**Healthy environment** managing and reducing our negative environmental impacts, developing and enhancing our natural environment	**Health for all** Improving the health of our patients, staff and local community	**Embedding Sustainability** sustainability must underpin all actions and decisions, becoming part of how we think and what we do within the organisation. Staff empowered and leading the change.

Our Targets	**Meet NHS targets** **Net Zero Carbon Footprint:** ❯ 80% reduction by 2032 and net zero by 2040. **Carbon Footprint Plus:** ❯ Net Zero Carbon by 2045 ❯ Sustainability	Develop sustainable care models and use digital technologies to benefit our patients. 50% of our follow-up OPD appointments to be virtual by 2025	Be recognised as a leader in sustainable healthcare and climate change action

Key initiatives for the next three years	✔ Drive decarbonisation with specific partners and available Public Sector Decarbonisation Scheme funding. ✔ 20% of our energy consumption from renewable sources ✔ Sustainability on every meeting agenda	✔ Sustainability embedded in decisions for corporate investment and key decision making ✔ 100% food waste recycled and 100% non-clinical waste recycled by 2025	✔ Create sustainable infrastructure to support transition to electrical vehicle fleet by 2025. ✔ Improve digital monitoring and management on infrastructure services ✔ Increase recycling on clinical product base by 20%

Areas of focus	Corporate Approach Adaptation Sustainable Care Models	Carbon and Greenhouse Gases Asset Management and Utilities	Capital Projects Our People Travel and Logistics	Green Space and Biodiversity Sustainable Use of Resources	These Areas of Focus identify our initial actions on our sustainability journey. They are supported by the Green Action Plan.

Climate emergency declaration

In December 2019 GHNHSFT declared a climate emergency.

This declaration sent a clear message that our Trust recognises and gives weight to the threat that climate breakdown poses to public health, and that we lead other healthcare organisations in committing to fast track plans to achieve carbon neutrality and improving the health of our population in the process.

Planting a tree at GRH to mark the declaration of the climate change emergency in December 2019

(Left to right)

Steve Hams
Director of Quality and Chief Nurse, GHNHSFT

Keith Hamer
Managing Director, Gloucestershire Managed Services

Deborah Lee
Chief Executive, GHNHSFT

Elaine Warwicker
Non-executive Director, GHNHSFT

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Sustainability in healthcare: drivers for change

Sustainability has been defined by the United Nations Brundtland Commission (1987) as: "development that meets the needs of the present without compromising the ability of future generations to meet their own needs…"

As an NHS organisation we have an obligation to work in a way that has a positive effect on the communities we serve. The three pillars of sustainability – society, environment, and economy are interconnected and reliant on each other (Figure 1, p10).

The Sustainable Development Strategy for the NHS, Public Health and Social Care System (2014) says: *"A sustainable health and care system works within the available environmental and social resources, protecting and improving health now and for future generations. This means working to reduce carbon emissions, minimising waste and environmental pollution, making the best use of scarce resources, building resilience to a changing climate and nurturing community strengths and assets."*

Gloucestershire Hospitals NHS Foundation Trust acknowledges the impact we have on the local economy, society and environment and are therefore committed to continually work to actively integrate sustainability into our core business.

Climate and Health

Climate change is the greatest threat to health of the 21st century (The Lancet and University College London Institute for Global Health, 2009). Humans have already caused irreversible climate change, the impacts of which are being felt around the world.

The United Kingdom was the first country in the world to commit to legally binding carbon emissions reductions of 80% by 2050, from 1990 levels. However even alongside plans from across the world this is not enough.

The World Meteorological Organisation report ([State of the Global Climate 2020, World Meteorological Organization [WMO]](#)) noted that the global mean temperature for 2020 was around 1.2°C warmer than pre-industrial times, which means time is running out to avoid climate breakdown i.e. exceeding the Paris Agreement's safe limit of 1.5°C (Intergovernmental Panel on Climate Change Special Report on the Impacts of Global Warming of 1.5°C, 2018).

The Health Care Climate footprint report published in September 2019 by Healthcare without Harm, noted that globally, healthcare's climate footprint accounts for 4.4% of the world's net C02 emissions. If healthcare were a country it would be the fifth largest emitter on the planet.

The report also finds that the NHS produces higher emissions than the

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Figure 1: Three pillars of sustainability

Society	Environment	Economy
Includes health and social equality, social responsibility and justice, and a compassionate and inclusive workforce	Where processes, systems and activities reduce the environmental impact of the organisations facilities and operations	Where efficient and responsible use of resources can support the local economy, fund investment in sustainable projects and also create savings from reducing consumption

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global average for healthcare and is responsible for 5.4% of the UK's total carbon emissions, equivalent to the greenhouse gas emissions of 11 coal-fired power stations. Its emissions are not much lower than those for both aviation, and agriculture, forestry and land use in the UK (each 6.5% according to Committee on Climate Change figures).

In the United Kingdom, climate change has a detrimental impact on health, for example heat related mortality in persons older than 65 years increased by 21% between 2004 and 2018. 2020 was the third warmest year on record in the United Kingdom. Winter 2019–2020 was particularly warm and wet with three named storms delivering widespread flooding damage and disruption. Together, storms Ciara, Dennis and Jorge contributed to the wettest February on record.

The Climate Coalition report (The impact of climate change on public health, 2021) notes that about 1.8 million people in the UK are at risk of flooding, with almost 1 in 3 suffering from poor mental health and post-traumatic stress disorder after their homes have been flooded. Unfortunately various areas of Gloucestershire are prone to regular flooding and climate change has increased flood risk. The same report notes about 12 million people in the UK are vulnerable to summer heatwaves, especially those with heart or circulatory disease.

The NHS Long Term Plan and Targets

The NHS Long Term Plan published in January 2019 reaffirmed the NHS's commitment to reducing its carbon footprint. Specifically the NHS Long Term Plan noted:

A commitment to the carbon targets in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline) by 34% by 2020; 51% by 2025 and 80% by 2050.

Air pollution contributes to almost a third of preventable deaths (Clean Air Hospital Framework). Switching to low carbon vehicles and active travel will reduce greenhouse gas emissions and air pollution related to transport. This is particularly important as there are three Air Quality Management Areas within Gloucester and Gloucester City Council have an action plan in place.

The NHS is committed to improving air quality by cutting business mileage by 20% by 2023/24; ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028; and phasing out primary heating from coal and oil fuel on NHS estates.

The NHS will ensure that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics.

The plan also outlines the idea of the NHS as an 'anchor institution', which is an important concept to promote an understanding of the NHS' contribution to the local economy, society and environment.

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The idea of prevention and more efficient working is threaded throughout the plan, e.g. by promoting earlier detection of illness. Preventing illnesses from happening in the first place is the best possible way for the NHS to become the most sustainable health and care system it can be.

The NHS is responding by focusing on:

> Improving air quality (fleet emissions and reducing outpatient attendances at site)

> Reducing carbon, waste and water (estates, inhalers and anaesthetic gases)

> Reducing single use plastics (plastics and recycling)

> Procurement and supply chain

> Innovation and technology

> Communications and engagement.

In October 2020 NHS England published the NHS Net Zero report. This introduced new targets for the reduction of carbon emissions:

For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032

For the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ax`mbition to reach an 80% reduction by 2036 to 2039.

(See figures 2 and 3, previous page)

The NHS Carbon Footprint emissions include gas and oil for heating, hot water and steam, fuel for fleet vehicles, emissions from business travel, electricity (both on-site generation and that supplied via the national grid) and emissions associated with waste, supply chain and other services.

The NHS Carbon Footprint Plus emissions include the above, plus emissions from patient and visitor travel to and from our services and medicines used in the home.

The Trust will adopt these new targets and will aim to be net zero carbon in our directly controlled emission by 2040.

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Figure 2: Greenhouse Gas Protocol scopes

From Delivering a 'Net Zero' NHS, NHS 2020
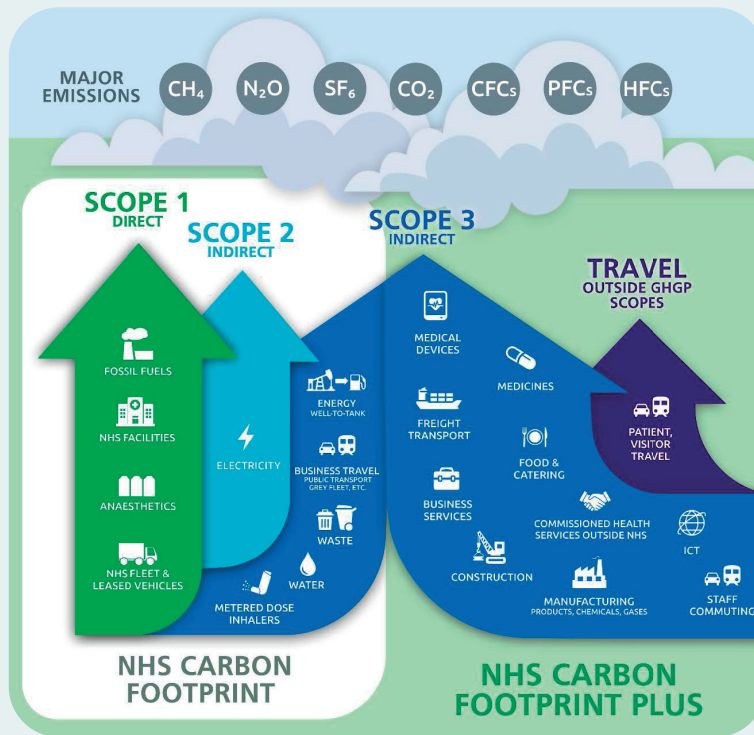
Figure 3: Sources of carbon emissions by proportion

From NHS Carbon Footprint Plus (from Delivering a 'Net Zero' NHS, NHS 2020)
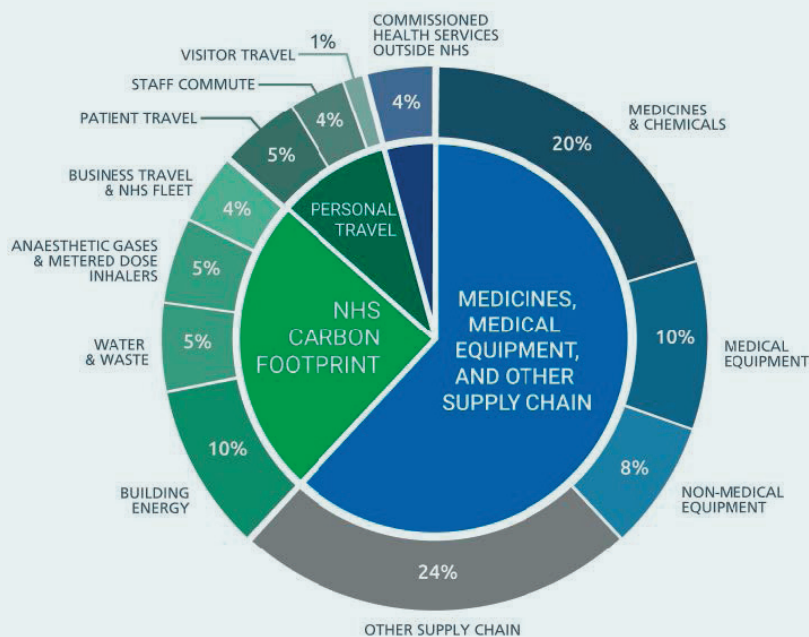
United Nations Sustainable Development Goals (UN SDG)

This Green Plan is aligned with the 17 United Nations Sustainable Development Goals.

These global aims intend to end all forms of poverty, fight inequalities and tackle climate change. They were agreed at the UN in 2015 and as a signatory the UK has agreed to work for a "more inclusive, sustainable and prosperous world that leaves no-one and nowhere behind by 2030"(https://www.ons.gov.uk/economy/environmentalaccounts/articles/sustainabledevelopmentgoalstakingstockprogressandpossibilities/december2020)

As part of the NHS we need to identify how we can help meet these goals and so our Green Plan shows how our actions will support some of these goals.

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Timetable of sustainability actions

Jan 2016
Black waste diverted from landfill – Energy to Waste plant

Nov 2014
CHP at CGH comes on-line

Jul 2016
Can crushing machine at GRH

Feb 2017
£20,000 grant for bike sheds

Nov 2018
New compactor for cardboard at GRH

2018
£600,000 grant for LED

Nov 2019
Trust signs NHS Single Use Plastics Reduction pledge

Mar 2020
Attend Anywhere system introduced for out-patient appointments

Apr 2021
Grid electricity 100% renewable

Feb 2021
Fleet and Grey Fleet reviews conducted

Aug 2021
Green Council launched

| 2007 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |

2007
Shuttle bus service starts

2014
Bicycle User Group formed

Jul 2016
Fosters farm shop opens

2018
Trust declaration on Modern Slavery

2019
NHS sustainability Award for Anaesthetics team for reduction of Desflurane gas

Jan 2020
Sterimelt machine on-line

Apr 2021
Green Champions launched

Jul 2015
Trust Sustainable Development Management Plan 2015-20 launched

May 2018
CHP at GRH comes on-line

Dec 2019
Trust declares Climate Change Emergency

Dec 2020
£13.7m grant for decarbonisation infrastructure schemes

Autumn 2021
Green Plan launch

What we have achieved to date: results and progress

The organisation reports its carbon figures and greenhouse gas emissions each year.

The Trust spent £3.05m on gas, oil, electricity and water in 2020–21.

The increase in gas consumption is due to the running of the Combined Heat and Power units, which use mains gas to generate electricity.

Heat is produced as a by-product and is used for the creation of steam and hot water. There is therefore a corresponding decrease in the electricity taken from the national grid. Oil is used to heat one building at GRH and to fuel the back-up generators on both main sites.

Since April 2021 all our electricity taken from the national grid is from 100% renewable sources.

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Energy usage

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Gas						
Use (kWh)	59,520,043	60,062,487	56,854,097	85,965,330	87,932,803	90,503,442
tCO2e	12,487	11,085	10,471	15,814	16,176	16,641
Oil						
Use (kWh)	31,060	103,061	42,435	71,280	351,200	224,560
tCO2e	8	26	10	18	89	57
Electricity						
Use (kWh)	22,273,744	22,633,386	17,791,983	7,027,940	5,528,742	3,717,545
tCO2e	12,806	12,066	6,255	1,989	1,565	867
Total CO2						
Total Energy CO2e	25,301	23,177	16,736	17,821	17,830	17,565

Carbon Emissions Tonnes CO2

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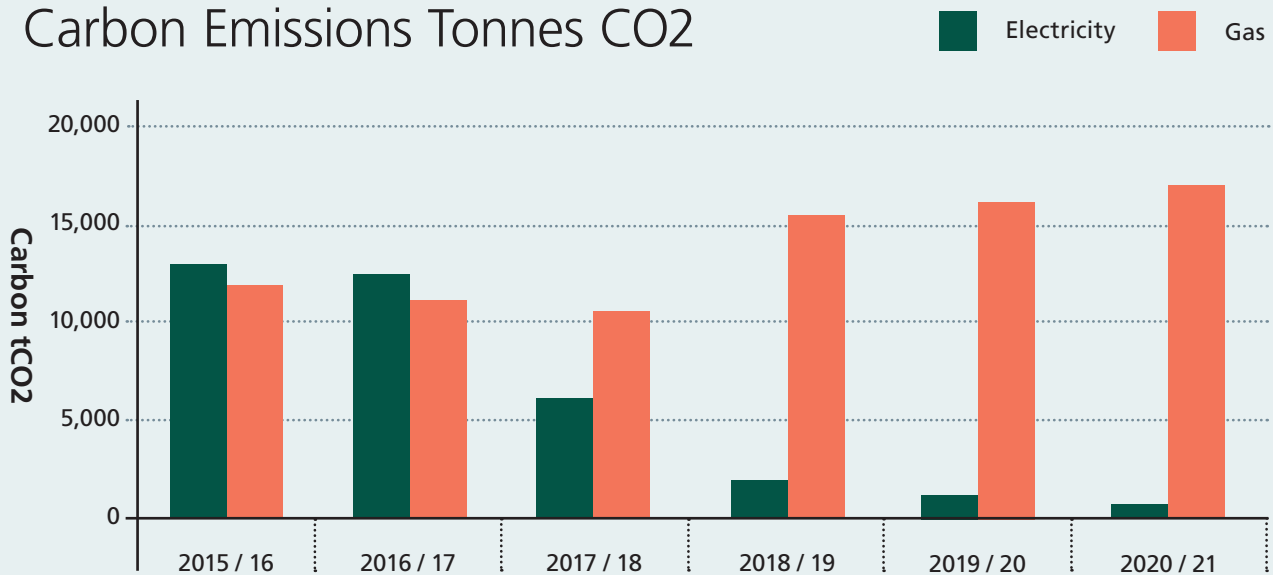
Scope 1, 2 and 3 emissions

In compliance with Greenhouse Gas protocols the Trust reports its scope 1, 2 and 3 emissions in the annual report. In 2020-21 the Trust declared the following:

Greenhouse Gas Emissions

Type	Unit	Cost
Scope 1 (gas and oil consumption, fleet vehicles and anaesthetic gases)	19,031 tCO2e	Total Scope 1, 2 and 3 emissions
Scope 2 (electricity consumption)	867 tCO2	(not including anaesthetic gas)
Scope 3 (business travel, water supply and treatment)	439 tCO2	£2,925,595

Water

Type	Unit	Cost
Water consumption	300,845m3	**£578,791**

Waste minimisation and management

Type	Unit	Cost
(a) total waste arising	2,399 tonnes	
(b) waste to energy	904 tonnes	
(c) waste recycled/reused	534 tonnes	**£649,586**
(d) waste incinerated	228 tonnes	
(e) waste sent to landfill	25 tonnes	
(f) waste sent to an AT plant	698 tonnes	

Overall waste tonnage decreased by 34 tonnes from 2019–20.

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Forecast and targets

Pathway to net zero for NHS Carbon Footprint Scope (energy only)
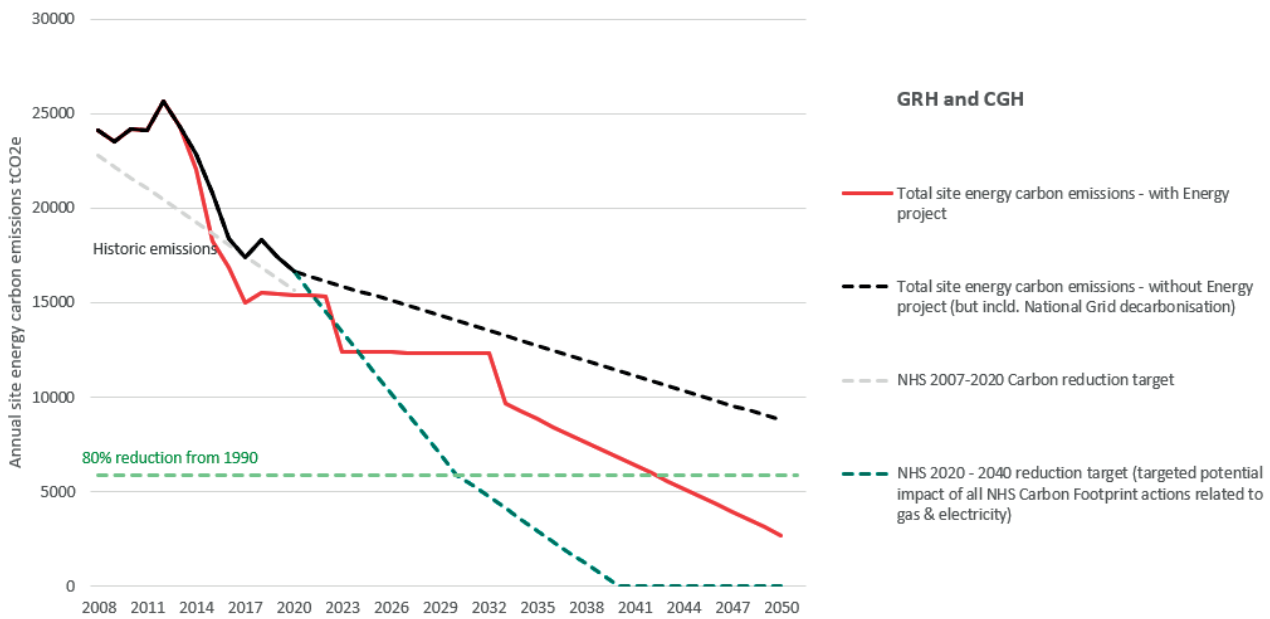
This is a model of what could happen in the future, so can only be used as an indication of future carbon emissions. There are a number of assumption, these are:

1. Department for Business, Energy and Industrial Strategy carbon factors for electricity that reduce in line with future predictions

2. 2023 shows full impact of short medium-term projects:
Public Sector Decarbonisation Scheme Round 1 savings occur as planned (projects complete by 2021)
Potential impact for de-steaming of sites, cladding of Tower Block and optimising combined heat and power (CHP) units

3. 2033 end of existing CHP scheme with a heat pump at CGH.

Note: the financial impact of this has not been modelled, however work is starting on 2b.

The Greener NHS National Programme will calculate and release regional and ICS (Integrated Care System) baseline carbon footprints by the end of 2021. They will then calculate these for individual trusts. We will act on this trust specific data when it becomes available and will include this baseline footprint information in the next review of our Green Plan.

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The impact of COVID-19

The COVID-19 pandemic has impacted on sustainability in both positive and negative ways.

The Trust now uses more personal protective equipment (PPE) and has seen an increase in clinical waste tonnage. This additional PPE also generates more deliveries and more packaging for disposal. However fewer staff working on site and the absence of visitors led to a decrease in domestic waste.

Additional uniform, scrubs and coveralls were needed during the initial months of the pandemic. All items were reusable and sent to the laundry. Demand for these items has since returned to normal levels. Disposable coveralls are only used by exception.

The Trust will continue to look at ways to dispose of PPE in the most environmentally friendly (but safe) ways. It will ensure that the sustainable impact of PPE usage is kept to a minimum.

The Trust is fully supportive of staff continuing to split their working week between days in the office and days working at home (where possible). Home working has reduced the number of staff travelling to site and this will have had a positive impact in the surrounding areas with reductions in traffic congestion and air pollution.

Similarly the introduction of video consultations has saved many patients from needing to travel for out-patient appointments. The use of this system will continue as patients and staff have responded favourably to this and it has removed the need for many journeys to hospital facilities.

The Trust will ensure that any positive sustainable development initiatives identified during the changes in working practice necessitated by the pandemic will be considered and acted upon. This is a time to innovate and develop – not just returning to the old ways of doing things but taking the opportunity to do things differently.

However some uncertainty will continue as future COVID-19 surges are likely.

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Outpatient Transformation: Impact of avoided face-to-face appointments

Benefits based on the avoidance of 7,471 appointments

225,261
patient travel miles saved.

This is equivalent to going around the world 10 times

It would take 24.2 hectares of forest a year to capture that amount of CO2

A reduction of
46.0
tonnes of CO2 emissions

0.1
quality-adjusted life years saved

3,456
car parking spaces saved

125
hours of patient time saved through avoided face-to-face appointments
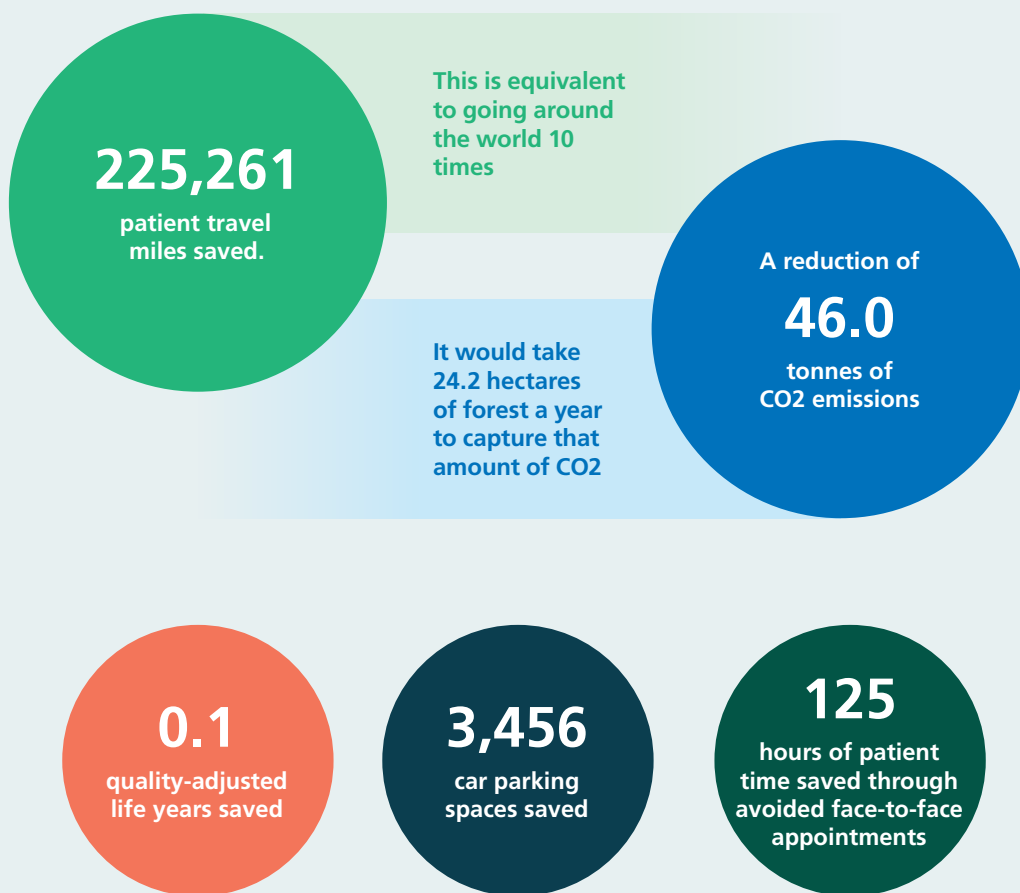
Methodology and source information
Calculation methodology is based on the Sustainable Development Unit's Health Outcomes of Travel Tool (HOTT).

1. Taken from the Journey Time Statistics publication, 2017. https://www.gov.uk/government/collections/journey-time-statistics

2. Taken from methodology used by US Environmental Protection Agency: https://www.epa.gov/energy/greenhouse-gas-equivalencies-calculator

3. Taken from NASA: Solar System Exploration – Earth by the numbers. https://solarsystem.nasa.gov/planets/earth/by-the-numbers/

Areas of focus

The Sustainable Development Assessment Tool (SDAT) from the NHS Sustainable Development Unit has been used to assess where we are and where we want to be.

The SDAT forms the basis of the Green Action Plan (Appendix 1) which supports this Green Plan.

It divides into ten sections covering different aspects of sustainability:

- Corporate Approach

- Asset Management and Utilities

- Travel and Logistics

- Adaptation

- Capital Projects

- Green Space and Biodiversity

- Sustainable Care Models

- Our People

- Sustainable Use of Resources

- Carbon and Greenhouse Gases

These Areas of Focus can be linked to different aspects of the 17 United Nations Sustainable Development Goals.

The activities the Trust has done and the actions we will take in the future support these goals.

Due to its size, the Green Action Plan is not presented in this document, however, it is a crucial aspect of the Green Plan and is available as a separate appendix (appendix 1). overview of each of the key sections is presented across the following pages.

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Our alignment with the UN Sustainable Development Goals

Corporate approach	11 SUSTAINABLE CITIES AND COMMUNITIES	13 CLIMATE ACTION	17 PARTNERSHIPS FOR THE GOALS
Asset management and utilities	6 CLEAN WATER AND SANITATION	7 AFFORDABLE AND CLEAN ENERGY	12 RESPONSIBLE CONSUMPTION AND PRODUCTION
Travel and logistics	11 SUSTAINABLE CITIES AND COMMUNITIES	15 LIFE ON LAND	17 PARTNERSHIPS FOR THE GOALS
Adaptation	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	11 SUSTAINABLE CITIES AND COMMUNITIES	13 CLIMATE ACTION
Capital projects	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	11 SUSTAINABLE CITIES AND COMMUNITIES	12 RESPONSIBLE CONSUMPTION AND PRODUCTION
Green space and biodiversity	3 GOOD HEALTH AND WELL-BEING	14 LIFE BELOW WATER	15 LIFE ON LAND
Sustainable care models	3 GOOD HEALTH AND WELL-BEING	9 INDUSTRY, INNOVATION AND INFRASTRUCTURE	10 REDUCED INEQUALITIES
Our people	5 GENDER EQUALITY	8 DECENT WORK AND ECONOMIC GROWTH	10 REDUCED INEQUALITIES
Sustainable use of resources	12 RESPONSIBLE CONSUMPTION AND PRODUCTION	14 LIFE BELOW WATER	15 LIFE ON LAND
Carbon and greenhouse gases	11 SUSTAINABLE CITIES AND COMMUNITIES	12 RESPONSIBLE CONSUMPTION AND PRODUCTION	13 CLIMATE ACTION

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Corporate approach

Embedding sustainability into organisational culture	Timescale
Decision makers, procurement teams and budget holders understand their role and responsibilities towards the requirements of the Public Sector (Social Value) Act 2012	Awareness and training sessions 2021 / 2022
We will develop a sustainability quality improvement training programme linked to the Gloucestershire Safety and Quality Improvement Academy	April 2022
Board papers will include a standing section on sustainability	April 2022
Senior staff, stakeholders and governors are engaged in, and accountable for, delivering our Green Plan	Ongoing

Engagement and partnership	Timescale
Trust is a member of the NHS Net Zero System Leadership Sub-group: a key part of the 'Greener NHS' programme	September 2020
Work with One Gloucestershire Integrated Care System (ICS), the county and district councils and other stakeholders as an integrated and coordinated approach is vital in tackling climate change	Ongoing
Embed Green Champions network for staff	April 2021
Communications plan for promotion of sustainability	Ongoing

Future aims	Timescale
Sustainability and social value are a material consideration in all business cases and in tender specifications	April 2022
Our sustainability and social value commitments are reflected in our procurement policy	September 2022

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Delivering sustainability benefits	Timescale
Monitor and evaluate the Green Plan, adjusting it accordingly to maximise value and benefit	September 2022

Measuring and reporting progress	Timescale
Annual sustainability report to detail achievements and report on progress towards targets	Annual report submitted in June
Completion of the Greener NHS Data Collections	May 2021
We will use the Greener NHS Dashboard to identify opportunities to further reduce our carbon footprint and benchmark with comparable organisation	September 2021

Supports UN Sustainable Development Goals

Asset management and utilities

Embedding sustainability into organisational culture	Timescale
We evaluate energy and water consumption as a factor in whole life costing during procurement of goods and services	Will be included in new Procurement policy 2022
Educate, inform and support staff to conserve energy and water at work, managing energy usage, reporting leaks etc.	December 2021

Engagement and partnership	Timescale
We will seek collaboration and funding from external organisations so we can complete large energy related infrastructure projects to deliver significant carbon savings	Ongoing
Work with PFI partners to maximise energy and water efficiency across sites	Ongoing

Future aims	Timescale
Review building stock with a Six Facet Survey of Trust property	August 2021
Use Six Facet Survey data to develop a sustainable buildings action plan	August 2022
Ensure the estates strategy clearly demonstrates our commitment to sustainability	Estates strategy launch 2021 / 2022
Encourage innovation and support new technologies which reduce our carbon emissions	Ongoing
Develop an Energy policy to promote sustainable use of energy and the introduction of new technologies	Sep 2022

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Delivering sustainability benefits	Timescale
Demonstrate a continual reduction in absolute levels of energy and water use	Six monthly reports to Trust and in annual report
Improvements to metering to allow better measurement, monitoring and analysis of energy use within buildings	April 2022
Electricity purchased from national grid is from 100% renewable sources	April 2021

Measuring and reporting progress	Timescale
Report energy and water use and performance to the Board	Ongoing
Set targets for reduction in water and energy consumption	April 2022
Annual ERIC returns	May 2022
Use of national Model Hospital benchmarking tool	Ongoing

Supports UN Sustainable Development Goals

Travel and logistics

Embedding sustainability into organisational culture	Timescale
New Travel Plan to support colleagues in active travel and use of public transport	April 2022
Update of all travel related policies to favour sustainable travel options and promote less polluting vehicles	July 2022
Promotion of active travel especially cycling and walking	April 2022

Engagement and partnership	Timescale
Work with local councils and transport providers to improve walking and cycling routes around the hospitals and to improve the provision of public transport	Ongoing
Work with major suppliers to reduce carbon emissions associated with delivery of goods to our sites	First report in 2023 / 2024
Ensure staff can access discounts on public transport and for cycle purchase and seek new discounts with local suppliers	Ongoing

Future aims	Timescale
Install EV charging points on our sites	2023
Meet the NHS Long Term Plan (2019) target to have at least 90% of the fleet using low and ultra-low carbon emissions engines by 2028	December 2027
Cut business mileage by 20% by 2023/24	March 2024
Review and implement options on car sharing and car pooling	Complete by April 2022

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Delivering sustainability benefits	Timescale
Work with ICS and local stakeholders to improve air quality and encourage active travel, with the associated health and wellbeing benefits	Ongoing
Improvements to cycling facilities across sites	Links to Travel Plan: Complete works by March 2022

Measuring and reporting progress	Timescale
Report business travel and fleet related carbon emissions	In sustainability annual report April/May each year
Annual assessment against the Clean Air Hospital Framework	Complete annually each April
Staff travel survey to measure progress on, and impact of travel policy changes	September 2022
Monitor number of cycles on site and use information to target cycle promotions and ensure bike stand supply meets demand	Quarterly

Supports UN Sustainable Development Goals

Adaptation

Embedding sustainability into organisational culture	Timescale
Staff receive training on local emergency and resilience issues	Ongoing
Heatwave plan in place and acted on each summer Trust utilises Public Health England Heatwave Plan supported by local action cards	Ongoing

Engagement and partnership	Timescale
Trust participates in local emergency / resilience testing exercises with local partners	Ongoing
Work with major suppliers to understand resilience and continuity issues within the supply during any extreme weather event	2022/ 2023
Will share the Climate Change Adaptation Plan with staff	July 2022 once plan developed

Future aims	Timescale
Write a Climate Change Risk Assessment to highlight risks to continuity and resilience of supply. This will be recorded on the Trust's risk register	March 2022
Write a Climate Change Adaptation Plan which will outline the actions and interventions we take to mitigate the risks	June 2022

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Delivering sustainability benefits	Timescale
Conduct an assessment of flood risks to our sites, access routes and supporting infrastructure and workforce based on current and future projected climate conditions	Issue report by Dec 2022

Measuring and reporting progress	Timescale
Review and improve our monitoring process for over-heating events	Included in quarterly Greener NHS Data Collection
Regular review and updates of the Climate Change Risk Assessment and Climate Change Adaptation Plan	June 2023

Supports UN Sustainable Development Goals

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Capital projects

Embedding sustainability into organisational culture	Timescale
All capital projects will consider a whole-life approach, from initial concept, through design, construction, commissioning, operation and final decommissioning/demolition	Introduce from 2022 / 2023
Capital Projects Procedure Manual will help the Strategy and Capital teams to include sustainability throughout the project	Complete end Dec 2021

Engagement and partnership	Timescale
Our design process and estate strategy is informed by the views of staff, patients and local community	Public and staff engagement on large projects when required
On occupation of a new building we inform staff on the energy efficiency and control measures which are designed to improve its sustainable performance	New practice to introduce in 2022

Future aims	Timescale
We have a set of clear sustainability aims and objectives which are scaled and applied to all capital projects and major refurbishments	Included in Capital Projects Procedure Manual Dec 2021
Resource efficacy is embedded into the design specifications for new builds and major refurbishments	Introduce from 2022 / 2023
The Trust will consider accreditation schemes such as BREEAM or the Royal Institute of British Architects sustainability standards for major refurbishments and new builds	Ongoing: part of design process

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Delivering sustainability benefits	Timescale
Projects will seek to prioritise access to natural light and ventilation and maximise energy and water efficiency	Ongoing: part of design process
Our design briefs invite low carbon, low environmental impact proposals / solutions from suppliers and partners	Ongoing: part of design process
Project design will consider any impacts on green space and will aim to enhance / add to available green space	Ongoing: part of design process

Measuring and reporting progress	Timescale
After occupancy we will assess energy/carbon performance of the building in use to ensure design parameters have been met and take any necessary remedial actions	From 2022

Supports UN Sustainable Development Goals

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE

11 SUSTAINABLE CITIES AND COMMUNITIES

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

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Green space and biodiversity

Embedding sustainability into organisational culture	Timescale
As members of the NHS Forest we will continue to maintain our existing green spaces and trees	Ongoing
We will develop more green space on our sites, including a wildlife garden at GRH and developing courtyards into green space to be enjoyed by staff, visitors and patients	Ongoing
Help improve the physical and mental wellbeing of staff, patients and the local community through access to green space and biodiversity on our sites	Ongoing

Engagement and partnership	Timescale
We will work with local green space and biodiversity partners to improve biodiversity on our estate in line with local strategic plans	Start in 2022
We encourage colleagues and patients in local sustainable food sourcing and growing their own	February 2022
We will develop maps of CGH and GRH highlighting the grounds, areas of interest and suggested walking routes. To include interpretation boards at key locations to aid understanding and inclusion of staff, patients and public	June 2022

Future aims	Timescale
Develop a biodiversity strategy and associated action plan	Launch by Sep 2022
Food waste composting will be adopted where feasible, especially in the main kitchens as part of Catering development	Introduce 2022 / 2023
Appoint a biodiversity lead to develop the biodiversity strategy	April 2022

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Delivering sustainability benefits	Timescale
Work to maintain and enhance biodiversity on our sites	Ongoing
Our Trust will move to the purchase of recycled photocopy paper (following a reduction in the number of printers and printing demand)	Currently purchase sustainably produced paper. Will consider recycled paper by Dec 2022
Catering and food contracts follow Government Buying Standards and ensure food is from sustainable sources e.g. Red Tractor scheme, dolphin friendly, sustainable fish etc.	Ongoing

Measuring and reporting progress	Timescale
Annual report on activities and progress	In sustainability annual report each April / May
Surveys on biodiversity	Annual survey reported to Estates and Facilities Committee

Supports UN Sustainable Development Goals

3 GOOD HEALTH AND WELL-BEING

11 SUSTAINABLE CITIES AND COMMUNITIES

14 LIFE BELOW WATER

15 LIFE ON LAND

Sustainable care models

Embedding sustainability into organisational culture	Timescale
We will work with public health partners to ensure prevention is embedded in development of all models of care to encourage healthy lifestyles e.g. tobacco dependency, exercise and dietary advice	By end of 2021–22
The principle of Getting It Right First Time is embedded to ensure we have a system approach for best use of all resources e.g. staff, infrastructure, products etc.	September 2020
We will secure funding so that two wards can participate in the Green Ward programme led by the Centre for Sustainable Healthcare	April 2022

Engagement and partnership	Timescale
Staff and patients are involved in service design so care models are realistic, appropriate and aligned to expectations	Ongoing
We will work with ICS partners to offer more care closer to home using the latest digital technology	Ongoing
We will continue to work with Gloucestershire partners to deliver the Gloucestershire Health and Wellbeing strategy, to reduce health inequalities and social injustice	Ongoing
We will work with public health and other Gloucestershire organisations to tackle health inequalities, focusing on our communities with the highest deprivation. We will develop a Health Inequalities Plan so that we can amplify our contribution to health and wellbeing	April 2022

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Future aims	Timescale
Identify carbon hotspots e.g. pharmaceuticals, and form action plans to mitigate adverse environmental impacts	April 2022
We will work with ICS partners across the Clinical Programme Groups and calculate the carbon footprint of new models of care, we will develop plans to reduce the carbon footprint and ensure care pathways are as sustainable as possible	April 2022

Delivering sustainability benefits	Timescale
Continue to develop video conferencing system to facilitate more patient consultations to be held virtually	March 2020
Improved healthy life expectancy for Gloucestershire residents, with a specific focus on those in our most deprived communities	Ongoing

Measuring and reporting progress	Timescale
Report on number of virtual appointments and patient feedback on this approach	Include in sustainability annual report each April / May
Public health annual report provided by the Director of Public Health	April 2022

Supports UN Sustainable Development Goals

| 3 GOOD HEALTH AND WELL-BEING | 9 INDUSTRY, INNOVATION AND INFRASTRUCTURE | 10 REDUCED INEQUALITIES |

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Our people

Embedding sustainability into organisational culture	Timescale
We will ensure that sustainability is part of our staff annual appraisals	Summer 2022
Staff personal development objectives will be adapted as our staff are expected to demonstrate sustainable behaviours in practice throughout their role	Summer 2022
Green Champion category in staff annual awards	2021 / 2022
Training materials (e.g. webinars and power points) will be developed to cover a range of sustainability topics	April 2021
Sustainability to be incorporated into Quality Improvement training and development programme	2022

Engagement and partnership	Timescale
Work with local partners to improve access to employment opportunities in our organisation	2023
Establishment of Green Champion network across Trust	Introduced April 2021
Launching and embed our Green Council to support engagement and involvement on decision making on green matters	Launched August 2021
Continual development of Staff Advice and Support Hub (health and wellbeing)	May 2019
Continue to offer colleagues incentives and encouragement to make sustainable choices on transport, vehicle type, active travel e.g. salary sacrifice bicycle purchase scheme	Ongoing

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Future aims	Timescale
Develop an active communications strategy to raise awareness about sustainability at every level of the organisation	Ongoing
Sustainability training and awareness raising programme focusing on increasing knowledge and understanding of sustainability and social value amongst our staff	April 2022

Delivering sustainability benefits	Timescale
Green Champions will work across the organisation on sustainability projects helping to reduce carbon emissions	Ongoing

Measuring and reporting progress	Timescale
Staff surveys include section on health and wellbeing	Annual staff survey each autumn

Supports UN Sustainable Development Goals

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Sustainable use of resources

Embedding sustainability into organisational culture	Timescale
Green Champions to help reduce resource use at local level by working on projects in their areas	Ongoing
Provide healthy and sustainable catering choices that meet and exceed national guidelines	Ongoing
Promote whole life costing approach to procurement	Part of new procurement policy 2022

Engagement and partnership	Timescale
Existing 'swap shop' for furniture and equipment will be formalised into a system where unwanted items can be shared with partner organisations	Summer 2022
Our Trust signed the NHS pledge for reduction of single use plastic items and will continue to take actions to fulfil this commitment	Complete
Work with major suppliers on sustainability to start measuring carbon impact	Complete by 2023 / 2024

Future aims	Timescale
New food service system for patients including electronic ordering to deliver improvement in quality and service and a reduction in waste	Start summer 2022
Take advantage of new technologies to divert waste from landfill and waste to energy plants by increasing reuse and recycling	Ongoing but will be supported by new waste contracts starting February 2022
New waste training programme	Introduce 2022 / 2023
New food service system for retail – improvement in quality and service and reduction in waste	Start by April 2022
Reduce food waste from catering services run by GMS to 5%	Introduce in 2022

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Future aims	Timescale
Work with other onsite catering services to reduce their food waste to 5%	Introduce in 2022 / 2023

Delivering sustainability benefits	Timescale
Reusable sharps bins will be introduced across the Trust to reduce amount of plastic that is sent for incineration	Introduce 2021 / 2022
Implement a new Inventory Management System to improve stock management and streamline product lines as a way of reducing waste	Introduce by Oct 2022
Review theatre instrument packs for standard procedures and remove unused items	Complete by summer 2022

Measuring and reporting progress	Timescale
More monitoring of waste volumes within the waste streams will allow us to target reduction. Investigate new software package to enable better recording.	Introduce 2022 / 2023

Supports UN Sustainable Development Goals

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Carbon and greenhouse gases

Embedding sustainability into organisational culture	Timescale
Inform colleagues of our carbon reduction targets and how they can help achieve these	October 2021
Installation of sustainable energy systems e.g. Solar PV	Initial 400kWp solar to be installed by Feb 2022
Inform colleagues of water and energy usage within their buildings	New metering being installed Oct 2021 which will allow data capture, analysis and sharing

Engagement and partnership	Timescale
Reduce carbon impact of inhalers by 50% by 2030 (NHS target) by switching patients away from meter dose inhalers (where clinically applicable). Scheme led by Pharmacy team in conjunction with ICS colleagues	Ongoing

Future aims	Timescale
Develop further plans and seek external funding for carbon reducing projects	Continual work with Energy Performance Contractors and other stakeholders
Develop plans to reduce water and energy demand	Targets to be set by April 2022
Calculate and report on core carbon emissions, identify hotspots and take targeted action to reduce emissions year-on-year	Ongoing

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Delivering sustainability benefits	Timescale
Anaesthetic team will continue to look at ways they can minimise use of the anaesthetic gases and nitrous oxide	Report in March 2022
New battery energy storage system will increase the hospital resilience to external power failure and provide grid services revenues to the Trust	April 2022
Reduction of desflurane (an anaesthetic gas) to 10% of all volatile gas by volume in 2021/22	By April 2022

Measuring and reporting progress	Timescale
Develop further benchmarking on sustainability and social value	2022
Measure and monitor impact of projects funded from the Public Sector Decarbonisation Scheme (2021)	Included in regular energy reports and in sustainability annual report
Measure and report volumes and associated carbon from anaesthetic gases	Part of annual sustainability report
Measure and report volumes and associated carbon from Pharmacy (asthma and COPD inhalers)	Part of annual sustainability report

Supports UN Sustainable Development Goals

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION

Governance and reporting

Clear leadership is essential to ensure we will deliver the commitments in this Green Plan.

The Trust structure for sustainability includes:

> Head of Sustainability: Jen Cleary

> Head of Leadership and Organisational Development: Abigail Hopewell

> Lead Executive Director: Steve Hams, Director of Quality and Chief Nurse

> Lead Non-Executive Director: Elaine Warwicker

> Managing Director, Gloucestershire Managed Services: Keith Hamer

The two key groups for sustainability are:

> **Green Council:** operational group which receives ideas and initiatives, supports the Green Champions and is generally involved in all sustainability projects.

> **Climate Emergency Response Leadership group:** makes key decisions, considers strategy and oversees progress towards net zero carbon by 2040.

Clear reporting is required to monitor progress and ensure actions are delivered.

Sustainability Annual Report: included within the Trust's annual report. Reports carbon emissions, progress towards targets and highlights key sustainability activities throughout the year.
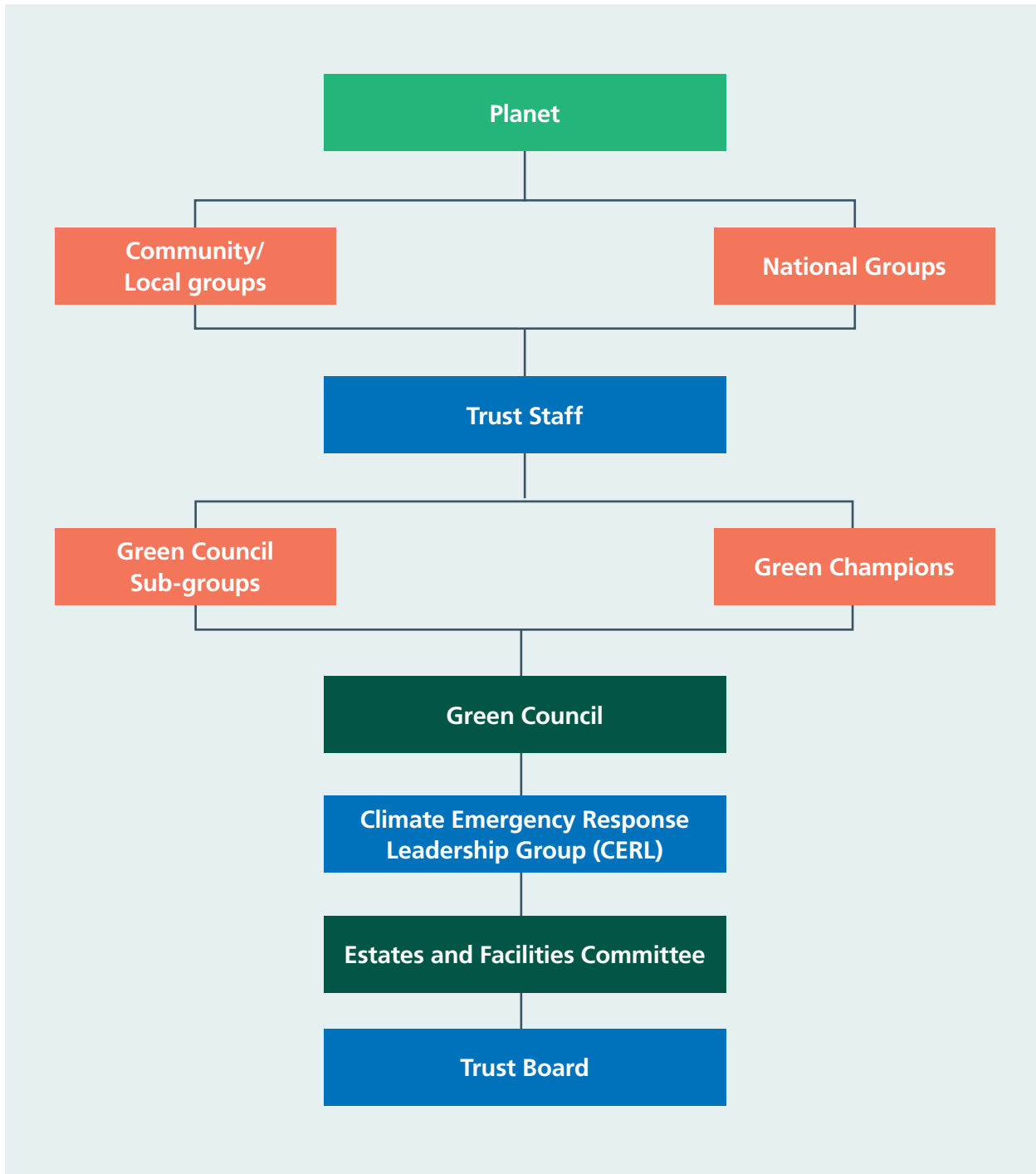
ERIC (Estates Return Information Collection): mandatory data return for all NHS trusts, provides benchmarking information for estates and facilities related data.

Progress reports: internal bi-annual report produced for Estates and Facilities Committee and monthly data / reports on waste, water and energy and associated carbon emissions. Climate Emergency Response Leadership group receives updates from the Green Council meetings. The Green Council receive updates from the Green Council sub-groups which cover our ten Areas of Focus and the associated Green Action plan.

We also report through other national frameworks such as the Greener NHS data collection.

This Green Plan is supported by a variety of other strategies, policies and documents. These include the Waste Management Policy, People and Organisational Development Strategy 2019-2024, Engagement and Involvement Policy 2020-2024, Green Travel Plan and associated travel policies. As further documents are developed e.g. the Climate Change Adaptation Plan, they will be related to this Green Plan and will help to underpin our approach to sustainable behaviour and support our actions towards zero carbon.

Investment in infrastructure and technology to enable the Trust to reach its core targets will require funding individual initiatives, each of which will be subject to business case and approval through the agreed governance route and are a priority

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│            Planet           │
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┌──────────────┐        ┌──────────────┐
│  Community/  │        │   National   │
│ Local groups │        │    Groups    │
└──────────────┘        └──────────────┘

┌─────────────────────────────┐
│         Trust Staff         │
└─────────────────────────────┘

┌──────────────┐        ┌──────────────┐
│ Green Council│        │    Green     │
│  Sub-groups  │        │  Champions   │
└──────────────┘        └──────────────┘

┌─────────────────────────────┐
│         Green Council       │
└─────────────────────────────┘

┌─────────────────────────────┐
│  Climate Emergency Response │
│  Leadership Group (CERL)    │
└─────────────────────────────┘

┌─────────────────────────────┐
│ Estates and Facilities Committee │
└─────────────────────────────┘

┌─────────────────────────────┐
│          Trust Board        │
└─────────────────────────────┘
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for the five year capital programme. In particular, electrical infrastructure, recycling and renewable energy are areas of focus for future investment. In addition we will take advantage of Government funding opportunities to further enable and enhance investment in the green future for our Trust.

In light of this Green Plan we will be continually reviewing our staff resources to enable us to achieve our core targets and objectives.

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Engagement

In order to achieve our vision 'to become a leader in sustainable healthcare, act sustainably and lead by example", we need to work together. We need to build a green social movement which will deliver a safer, more environmentally sustainable future.

Colleagues within the organisation are concerned about climate change and want to take action. It was the 'Big Conversation' event in September 2019 (attended by over 80 staff) which prompted the GHNHSFT Board to declare a Climate Emergency at the second 'Big Conversation' event in December 2019.

The support of both GHNHSFT and GMS Boards and senior staff demonstrates our commitment to achieve the national carbon reduction targets and develop sustainable healthcare. However the involvement of all colleagues, patients and visitors will be vital if we are to achieve this vision.

Our Green Champions were launched in April 2021 and represent all divisions and cover a wide variety of staff roles, both clinical and non-clinical. This network is a way of encouraging, enabling and empowering colleagues to take action at local or trust level and make a difference. They are supported by the Green Council and its network of sub-groups. This operational group receives ideas and initiatives and also provides a voice to all Green Champions, allowing them to contribute to decision making and steer sustainable development policies.

Webinars and training sessions educate and inform all staff on sustainability topics and Green Champions are encouraged to run these events, developing their own skills and sharing their knowledge. Our ICS partners join us for some of these events. Further information is available for all on the intranet and internet.

We will work with our Foundation Trust members, the GHNHSFT Youth Group and other public groups to get their involvement in our sustainability journey. We will continue to work with our ICS partners to take a countywide approach to sustainable development and support the work of the regional and national Greener NHS teams to help ensure the NHS become the world's first 'net zero' national health service.

We ask all readers of this Green Plan to consider how they can help us meet our aims and achieve our vision and objectives.

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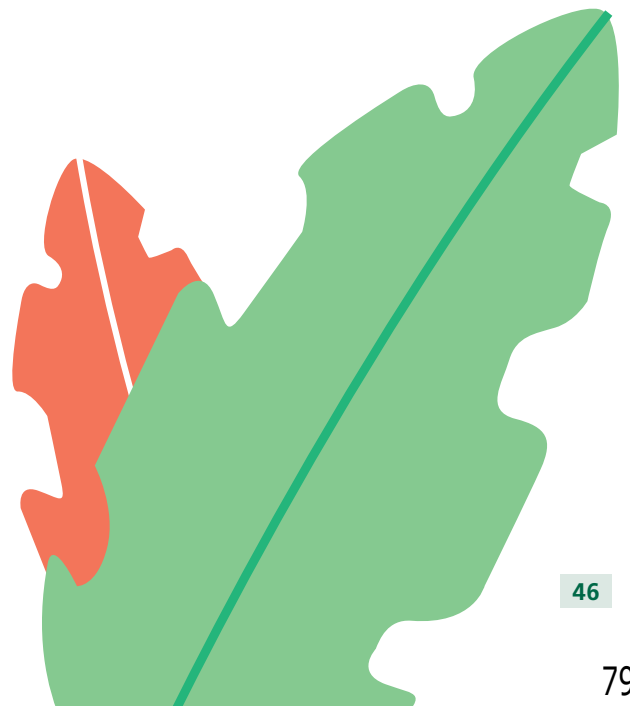
Communications

The Communication Plan for our Green Plan shows what we are doing both within and outside of the organisation, highlights our priorities and demonstrates what we are achieving.

The plan ensures we share our progress on carbon reduction and sustainability, engage with stakeholders and community and show staff how they can get involved a have a positive impact on sustainability.

Use of media

Our Green Plan and Annual Sustainability report are on the Trust public website.

Our sustainability intranet pages provide information, training materials and action plans for staff.

Social media and press releases inform every one of our sustainability achievements.

Engagement

Our Green Champions network unites staff from across the whole organisation who will work together to make a difference in their area. They also share ideas through the Green Champions What's App group.

The views of Green Champions, patients, public and staff will be sought on future sustainable policies, targets and in the review of this Green Plan.
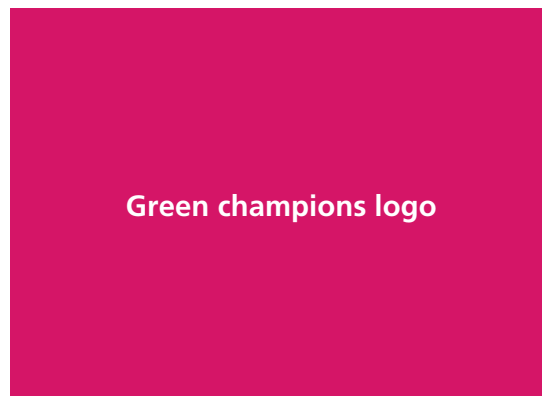
We will promote local and national campaigns and sustainability action days.

Awards and Rewards

We will apply for national sustainability awards.

The annual staff awards include one for sustainability.

For the outline Sustainability Communications Plan see Appendix 2.

Green champions logo

Summary

When our Trust declared a climate emergency in December 2019 it sent a clear message as to the importance it places on the threat that climate change poses to public health.

This Green Plan is the Trust's key document for the sustainability agenda and commits the Trust to a range of actions, initially between 2021 and 2025, but also longer term, which will help move us forward on our pathway to net-zero by 2040.

It provides a comprehensive and structured framework to show how the Trust will work to embed sustainability into the organisational culture so that sustainability becomes part of how we think and everything we do. As we recover from the pandemic we must take care to ensure our actions do not increase climate risk or lock-in greenhouse gas emissions.

Our Trust is keen to be a leader in climate change action, helping and encouraging others to make a positive long-term shift towards sustainable behaviour. However, it is very aware that this ambitious agenda will require the vision, collaboration, support and efforts of all – not only our colleagues, patients and visitors, but also our suppliers, Integrated Care System partners and external organisations.

The Trust's Sustainability Lead and the Climate Emergency Response Leadership group will monitor, implement and manage the delivery of this Green Plan and associated Green Action Plan, working with our colleagues across the Trust to implement the actions contained within the plan.

We ask all readers of this Green Plan to consider how they can help us achieve our ambitions.

If you are a staff member please contact ghn-tr.climateemergency@nhs.net and become a Green Champion.

Members of the public, suppliers and other stakeholders please see our website for further information.

Above all please remember that small actions count and you can make a positive contribution to sustainability.

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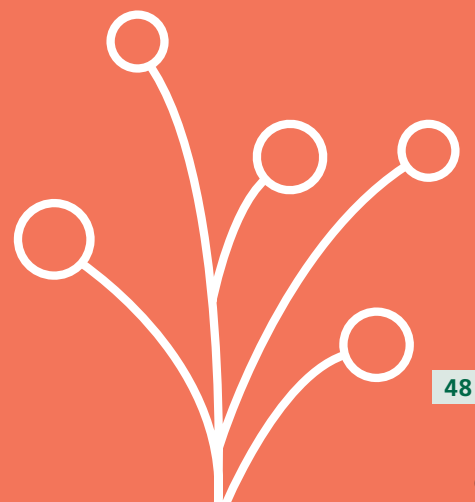
References

Climate Change Act, 2008

Delivering a 'Net Zero' NHS, NHS 2020

United Nations Brundtland Report,
1987 – World Commission on
Environment and Development

Sustainable Development Strategy for
the NHS, Public Health and Social Care
System 2014–2020. NHS England 2014

Managing the health effects of Climate
Change. The Lancet and University College
London Institute for Global Health 2009

State of the Global Climate
2020 WMO-no.1264. World
Meteorological Organisation, 2021

Intergovernmental Panel on
Climate Change Special Report on
the Impacts of Global Warming
of 1.5°C, 2018. Intergovernmental
Panel on Climate Change.

Healthcare Climate Footprint report.
Healthcare Without Harm, 2019

The impact of climate change on public
health. The Climate Coalition, 2021

NHS Long Term Plan, NHS 2019

Clean Air Hospital Framework.
Global Action Plan and Great
Ormond Street Hospital for
Children NHS Foundation Trust

Gloucester City Air Quality Annual Status
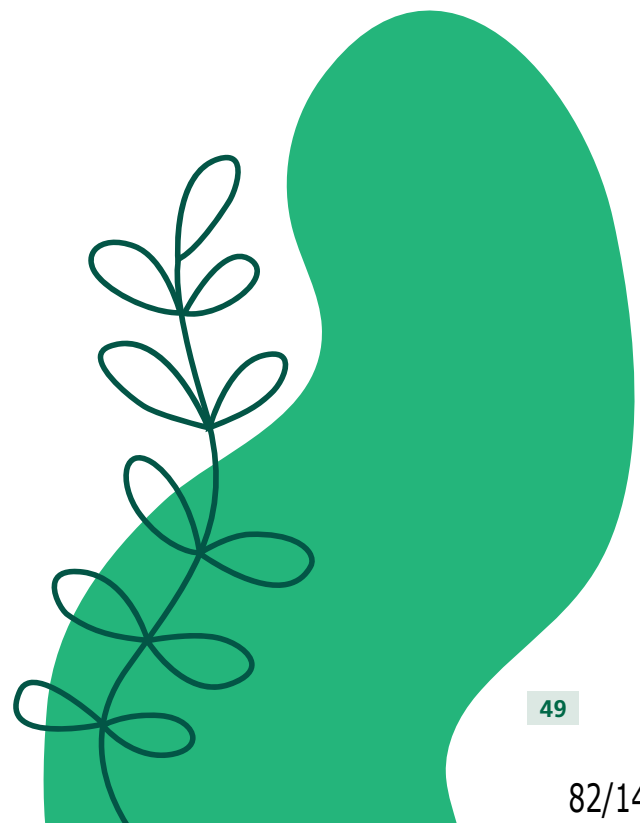Report 2020. Gloucester City Council, 2021

United Nations Sustainable Development
Goals, 2015. United Nations

Public Sector (Social Value) Act, 2012

BREEAM Sustainability
Assessment, BREEAM

RIBA Sustainable Outcomes Guide, 2019.
Royal Institute of British Architects

Government Buying Standards
2017, Department for Environment,
Food and Rural Affairs

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Glossary

Active Travel: Walking, cycling or using some other physically active way to travel. Can include public transport if you walk or cycle etc. to the bus stop or railway station.

Adaptation: Processes which adjust our infrastructure and system so we can continue to operate effectively as the climate changes.

Anchor Institution: Large, public sector organisation whose long-term sustainability is tied to the wellbeing of the population it serves.

BEIS: Department for Business, Energy & Industrial Strategy

BREEAM: Set of standards, assessment methods and tools to help construction professionals understand and mitigate the environmental impacts of construction developments.

Business Mileage: Mileage travelled by staff in their own cars whilst on Trust business. Mileage costs are reimbursed via travel claims.

Carbon Emissions / Carbon Footprint: Amount of carbon dioxide released to atmosphere by an organisation or individual as a result of their activities.

CGH: Cheltenham General Hospital.

CHP: Combined Heat and Power unit.

Climate Change: A change in global or regional climate patterns and attributed largely to the increased levels of atmospheric carbon dioxide produced by the use of fossil fuels.

Climate Change Emergency: A call for action. A situation in which urgent action is necessary to reduce or stop climate change and avoid any irreversible environmental damage associated with climate change.

CO2: Carbon dioxide is the most prevalent of the greenhouse gases.

CO2e: Carbon dioxide equivalent. For simplicity of reporting the mass of each GHG gas is commonly translated into CO2e so that the total impact from all sources can be summed to one figure.

Economic Sustainability: Supporting the local economy, savings from reducing consumption, investment in sustainable projects.

ERIC: Estates Return Information Collection. Annual data submission enables analysis of estates and facilities information.

EV: Electric vehicles and associated EV Chargers.

GHNHSFT (the Trust): Gloucestershire Hospitals NHS Foundation Trust.

GHG: Greenhouse Gases (GHG) include carbon dioxide, nitrous oxide, methane, hydrofluorocarbons, perfluorocarbons and sulphur hexafluoride.

GMS: Gloucestershire Managed Services. A wholly owned subsidary company providing estates and facilities services to GHNHSFT.

Green Champions: A network of GHNHSFT and GMS staff who take sustainable actions and projects within their work area.

Green Plan: Sustainability strategy.

Greener NHS: National NHS programme to deliver NHS target on net zero emissions by 2040 / 2045.

Grey Fleet: Staff vehicles which are used on Trust business.

GRH: Gloucestershire Royal Hospital.

Health Inequalities: Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society.

Integrated Care System (ICS): The partnerships between the organisations which provide health and social care in the area - 'One Gloucestershire'.

Model Hospital: Benchmarking tool produced by NHS Information unit.

One Gloucestershire: Integrated Care System for Gloucestershire.

NHS Fleet: Vehicles owned or leased directly by the Trust.

NHS Forest: Links the green spaces of NHS organisations to encourage tree planting and development of green space and promote the health benefits of green space.

PFI: Private Finance Initiative used to fund major capital projects. Part of the GRH site and the multi-storey car park are PFI schemes.

PSDS: Public Sector Decarbonisation Scheme. A series of grants to public sector bodies for infrastructure works which will reduce carbon emissions.

Six Facet Survey: A set of six surveys which form the core of estates information - includes physical condition and environmental management.

Social Sustainability: Includes health and social equality, social responsibility and justice and decent working conditions.

Sustainability: "Meeting the needs of today without compromising the ability of future generations to meet their needs" (United Nations Brundtland Report 1987).

Sustainable Development Management Plan (SDU): Sustainable Development Management Plan now replaced by the Green Plan.

Travel Plan: A package of actions that will promote safe, healthy and sustainable travel options.

Ultra-low Emission Vehicle (ULEV): ULEV is any vehicle that uses low carbon technologies and emits less than 75g of CO2/km.

Whole Life Cost (WLC): Also know as Life Cycle Cost. A calculation to establish the spend profile (cost) of a product or service over its anticipated life span.

Zero Emission Vehicle (ZEV): ZEV is any vehicle that emits no exhaust gas from the onboard source of power.

Appendix 1: Green Action Plan

Due to its size, the Green Action Plan
is not presented in this document.

View the Green Action
Plan on our website.

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Appendix 2: Sustainability Communications Plan

What	When	Channels/ details
Green Champions	May	On a quarterly basis, reminder of how to become a Green Champion will go in the Trust internal global email. Promote networking sessions for Champions to share ideas and best practice.
Awareness day: World Environment Day	5 June	Encourage staff to make a pledge (and quantify saving where possible for the organisation at large). Internal communications and social media.
Awareness day: Bike Week	Early June	Promote Bicycle User Group (BUG), any facilities upgrades, bike marking events. Internal communications and social media. Quotes from BUG lead.
Awareness day: Plastic free July	July	Focus of reducing plastic in the Trust through catering and other initiatives. Internal communications and social media.
Update papers to Estates and Facilities Committee	Quarterly	Internal distribution only.
Awareness day: Cycle to work day	6 Aug	Promote BUG, any facilities, bike marking events and sustainability. Internal communications and social media.
New green plan launch	September	On website (document and story) and on social media including LinkedIn. Press release. Internal global email and with a dedicated section in the Vlog with Steve Hams and Deborah Lee.
£13.7 m Salix funding follow up (Public Sector Decarbonisation Scheme December 2020)	Ongoing and by September	Articles, local and trade media and internal communications when significant milestones are reached. Particularly around solar panels. Potential for green awards.
Awareness day: WRAP – Recycle week	Late September	Promoting our recycling rates. Internal communications and social media.
Awareness day: World vegetarian day	1 October	Focus on catering. Internal communications and social media.
Awareness day: No disposable cup day	4 October	Create and purchase reusable branded cups to sell in onsite restaurants and promote internally and externally.

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What	When	Channels/ details
Awareness day: World habitat day	7 October	Promote wildlife garden and landscape team. Internal communications and social media. Possible staff/ community volunteering initiative.
Awareness day: National clean air day	8 October	Promoting our renewable energy credentials and sustainable transport. Internal communications and social media.
Awareness day: World energy conservation day	21 October	Promoting our renewable energy credentials and sustainable transport. Internal communications and social media.
Green Champion staff award	November	Reintroduce a green award and promote
Green facts graphics	Ongoing	Develop a suite of eye-catching green facts and quotes that we can use as social graphics. Use these for awareness days.
Green blog	Bi-monthly	Bimonthly articles written by specialists giving insight into a selection of topics. To be hosted on the GMS website. This requires regular committed content creation from the sustainability team.
Wildlife garden open day	tbc	Feature on sustainable gardening practices with head gardener
Recycling PPE and masks	tbc	Video and press release if we can start to recycling disposable masks.
Sustainability innovations/ projects and good news stories as required.	ongoing	Press releases/ website articles, social media and internal communications as appropriate.
Awareness day: Big energy saving week	Mid-January	Raise awareness of how we are saving energy, tweet with facts. Internal communications and social media.
Awareness day: Fairtrade fortnight	Mid-February	Focus on catering. Internal communications and social media.
Awareness day: World wildlife day	3 March	Focus on wildlife in our estate, peregrine falcons? Internal communications and social media.
Awareness day: NHS Sustainability day	19 March	Awareness tweet campaign. Opportunity to launch a new initiative or celebrate with a particular focus on a good outcome. Internal communications and social media.
Awareness day: World water day	22 March	Focus on Estates and catering with key water facts. Internal communications and social media.

What	When	Channels/ details
Awareness day: National gardening week	Late April	Focus on the grounds team. Internal communications and social media.
Awareness day: Stop food waste day	29 April	Focus on catering and waste services. Internal communications and social media.
Awareness day: Earth day	22 April	Awareness tweet campaign. Opportunity to launch a new initiative or celebrate with a particular focus on a good outcome. Internal communications and social media.
Awareness day: Community garden week	Early April	Focus on any garden initiatives taking place at the time. Internal communications and social media.
Green plan: one year on (including Green Champions)	Spring	Video celebrating all that has been achieved in the past year, key initiatives and the difference it has made to the hospitals and the wider community.
Awareness day: Water saving week	Mid-May	Focus on estates and catering with key water facts. Internal communications and social media.
Awareness day: Global recycling day	18 May	Focus on waste services. Internal communications and social media.
Sustainability annual report	Early June	Publish as part of Trust annual report. Website and internal communications.

Green Plan
2021–2025

Green Plan 2021-25

Jen Cleary

Head of Sustainability

TOGETHER, EXCEPTIONAL EVERY DAY.

Green Plan update

- Sustainability strategy

- Joint document between GHFT and GMS

- Launch end Oct / early Nov to link with COP26 International Climate Change conference

- Green Action Plan

To become a leader in sustainable healthcare, act sustainably and lead by example

objectives

Healthy environment

managing and reducing our negative environmental impacts, developing and enhancing our natural environment

Health for all

Improving the health of our patients, staff and local community

Embedding Sustainability

sustainability must underpin all action decisions, becoming part of how we t and what we do within the organisati Staff empowered and leading the cha

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Meet NHS targets

Net Zero Carbon Footprint:

> 80% reduction by 2032 and net zero by 2040.

Carbon Footprint Plus:

> Net Zero Carbon by 2045
> Sustainability

Develop sustainable care models and use digital technologies to benefit our patients.

50% of our follow-up OPD appointments to be virtual by 2025

Be recognised as a leader in sustaina healthcare and climate change action
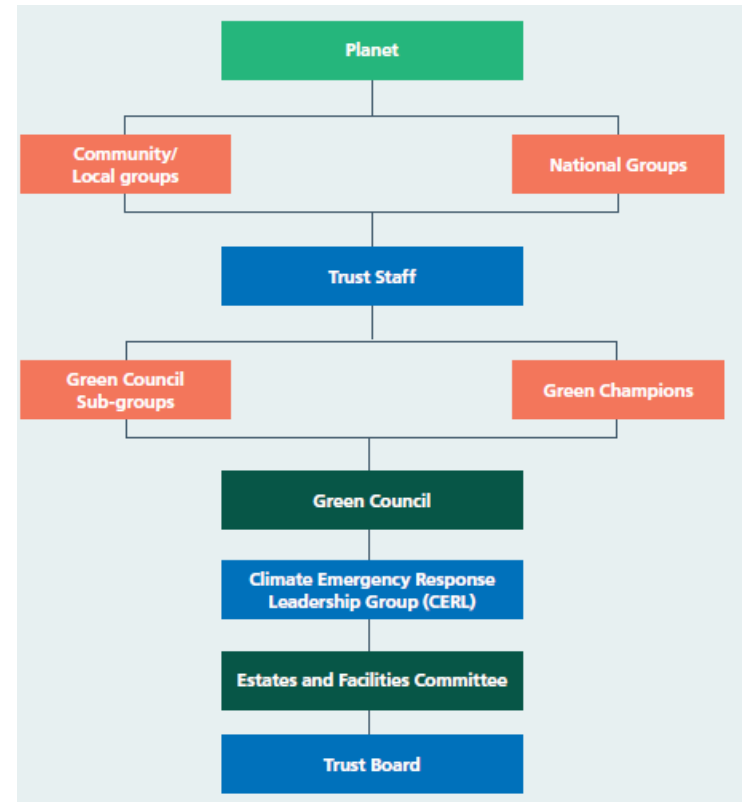
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✔ Drive decarbonisation with specific partners and available Public Sector Decarbonisation Scheme funding.

✔ 20% of our energy consumption from renewable sources

✔ Sustainability on every meeting agenda

✔ Sustainability embedded in decisions for corporate investment and key decision making

✔ 100% food waste recycled and 100% non-clinical waste recycled by 2025

✔ Create sustainable infrastructure transition to electrical vehicle fle

✔ Improve digital monitoring and management on infrastructure s

✔ Increase recycling on clinical product base by 20%

Governance

- Green Council
- Climate Emergency Response Leadership group
- Estates & Facilities Committee
- Sustainability annual report

Green Plan 2021-25

Jen Cleary

Head of Sustainability

TOGETHER, EXCEPTIONAL EVERY DAY.

Green Plan update

- Sustainability strategy

- Joint document between GHFT and GMS

- Launch end Oct / early Nov to link with COP26 International Climate Change conference

- Green Action Plan

objectives

Healthy environment

managing and reducing our negative environmental impacts, developing and enhancing our natural environment

Health for all

Improving the health of our patients, staff and local community

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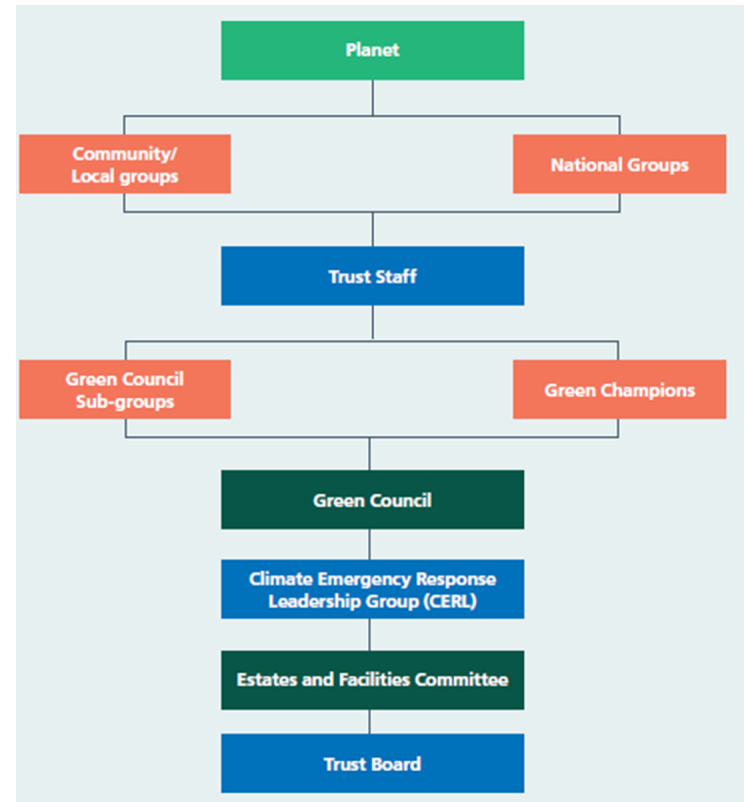Be recognised as a leader in sustaina healthcare and climate change action

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Governance

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GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

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

This report describes the business conducted at the People and Organisational Development Committee on 26th October 2021 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
People and OD Dashboard	HCA turnover is increasing and amber rated	What does exit interviews tell us about why HCA's are leaving	Reasons are mixed but tend to be about location, work-life balance, better hourly rates in different sectors	A future dashboard to provide information on reasons for leaving.
	Appraisals still under 90% target. Areas of concern -Corporate Division and Women's and children's	When does the validity of the data get checked?	Internal validation processes are in place. Much data comes from the finance ledger, which aids validation. Validation of HR and ledger data is undertaken regularly. Ad hoc validation occurs - validating absence data against self-reporting and e-rostering records.	Further assurance in respect of divisional validation.
	Further to the Board enquiry, there is no correlation between high turnover and appraisals			
		Women's and children's data is a key outlier – training and appraisal are low, sickness high but turnover low – what is the cultural profile of this division	Maternity services are under scrutiny, leadership challenges and service changes all adding to the already pressurised environment. Midwives committed to the role and community so tend to remain in post, but data indicates frailties across the service.	

		Could low appraisals indicate that fewer 121's are taking place and the impact on staff morale	It is not known if 1-2-1s are occurring, as these are not measured. It cannot be assumed that 1-2-1's do not occur where appraisal compliance is low not least as 1-2-1's are often shorter than an annual review. Staff survey results provide information about relationships with managers, in respect of culture and impact of leadership. Research indicates that appraisals are not the only measure to evidence support, but NHS culture and well led framework major on compliance given the link with patient safety	Further updates on progress with managing key issues to be reported back to PODC and how that is impacting on capacity available to undertake appraisals
		Have corporate reviews commenced?	Corporate reviews have not commenced.	Committee to be updated once corporate reviews commence via exception progress updates
Risk Register	Update provided on mitigations relating to staff health and wellbeing as part of winter plan			
	Datix risk is still recorded as an extreme risk.	Are there concerns that IT do not have re resources to manage implementation or project manage?	The upgrade for Datix to move to Cloud is fully funded but IT had more projects than resources available.	Chair has previously raised at Finance and Digital committee around risks to the

				project around IT resource challenges. To be further discussed at F&DC on whether a joint discussion with PODC is required to seek assurance that this critical upgrade will be delivered on time
ICS Update	Flourish the ICS stepping up programme commenced The Trusts nurse Preceptorship programme accredited by University of Gloucestershire towards Master modules Funding to assist ICB Board department received Resourcing lead post out to advert but other systems are taking similar steps which may increase competition for candidates.	Committee pleased that the preceptorship programme had been recognised by the University.	Update received	None
Update on Staff Survey Results	Staff survey questions map to the new People Promise Staff Survey action plans are in place and divisional progress reviewed at Executive review	How will the changes in the Staff Survey impact on comparisons with previous years? In terms of actions some are closed, how do divisions measure the impact of these	The central team will try as far as possible to give comparative data but this is unclear and will remain so until the results are provided Analysis of the impact will be provided in the new year.	Committee to receive update in February 2022 - raw staff survey data with comparative reports to come to PODC in June 2022.

	meetings	and some priorities also appear as actions?	Clarity on priorities versus actions will be provided for the trust and divisions in the new report.	
	Staff Survey results next year will be used to create a 2-year Organisational Development plan.			
Violence and Aggression	Violence and aggression incidents (physical) increasing. Report provided an overview of the reasons for these. Engagement of mental health teams better embedded. Risks being managed and local risk assessments undertaken in high incident areas. Patient risk assessments underway. Red card to Racism initiative to launch in new year.	Is there a correlation between staff competency and availability and enhanced care? How is the physical design and layout being adapted in new build? The lack of mental health beds seems to impact upon violence and aggression. How is this being addressed?	There is a correlation between clinical disposition, needs and staffing ratios. ED and AMU have less staff to manage 121 care and incidents can increase in these pressurised places. Violence and aggression teams advising on new build and mental health liaison team provided advice Mental health beds and resources continue to be an issue raised at system level	Committee will continue to receive updates within the Health and Safety reports
Sustainable Workforce Review and Education, Learning and Development update	Strategic objectives - 4 amber, all others are green Workforce plan for H2 has been completed and a review of medicine divisions staffing. Projects which assist in the government agenda:	To what extent do you have an offer to help those less digitally enabled? How will we know how well the mental health training has	Trainees often come for help when they cannot access e learning or rotas. First port of call is the bank team, educators and library personnel Mandating to be discussed at People and OD Delivery	Committee to receive further updates on digital capabilities and any gaps.

	- Nurse attraction and retention - Advanced practitioners - REPAIR - Apprenticeships (41 standards offered) Most education programmes link to Workforce plans - HCAs - TNAs - Registered Nursing Degree - ACPs - Aps International Nursing is a success especially retention Improving Mental Health training strategy	been and will it be mandated? Balancing clinical placement and quantity, how do we use feedback formally? Are there workforce plans for medicine division?	group and TNA will inform decision-making, success measures including the care we offer. Training to be integrated in bite sizes and across multiple topics. Feedback provided to education teams and to Divisions so they can improve the quality of provision. Plans need re-baselining and process is complicated by the restraints of the financial regime, the need to reflect activity and funded/ commissioned activity and rotations. Bandwidth and capacity of clinicians to assist in baselining is critical. ICS 5 year plans are in place and H2 required a 6 monthly workforce plan which was submitted Planning to manage the risk of workforce pressures is critical for mitigation	Committee to receive updates on workforce planning including the complexities and challenges in developing clear workforce plans
Employee Relations (ER) Report	Timescales still adrift from 28 days. Issues include availability of investigators and overall capacity. Respectful resolution rollout will assist in reducing ER cases	If we were to assume referrals are appropriate and greater for ethnic minority colleagues, how can we address issues earlier on for	The respectful resolutions approach is about holding early conversations and avoiding the use of formal policy. The new case review	Further report impact of respectful resolution work requested at future committee

		learning	process should make decision making more transparent. Trust needs to examine cultural competence, bias and confidence to address the need for earlier conversations. Naming the issue means we can start to articulate it and address.	
Resourcing Report	Recruitment and selection policy embedded. Reduced timelines for delivery. Highlights: 1006 new starters from April – October 21 1016 conditional offers 906 job adverts 60 international nurses, 70 to arrive Issues of concern -to improve agency spend. Winter plan and resourcing solutions planned and underway Rostering procurement is progressing	Time to hire is reducing. What is best practice? Absolute numbers give a sense of the volume – is this better/worse than expected? What are the greatest concerns for the team? What is this impact of mandating vaccinations on	Best practice is model hospital data. Trust below average in time to fill. Trac recruitment enabled the team to measure activity. This will aid analysis of data year on year. The team continue to fill vacancies and Trust turnover is <10% as per target. Vacancy factor in recruitment and medical staffing teams – roles should be filled by end of November 2021 Agency spends are not where they should or need to be. Work underway with finance to provider report to F&D and Q&P Committees Possible implications discussed and routes to	Resourcing report to be received by committee with comparative information as soon as available

		vacancies?	address mandating described. Practice of asking applicants for vaccination proof well embedded as part of the requirement for some roles	
Medical Staffing Presentation	Junior Doctor rotations described and gaps in hard to fill areas discussed. These match consultant pressures – Stroke, Emergency Department, Elderly care.

Overseas recruitment and alternative roles supporting fill.

New collaborative review processes in place to build speciality workforce needs.

Innovation in Divisions described to complement medical workforce needs.

Department pathways for speciality director and Chief of Service provided outlining attraction, selection and development of candidates.

Post Graduate Medical Education update provided and implications on the Foundation programme described with a 60% expansion of the programme planned | Where do you see Advanced ACP Roles?

Where do you get a view of best practice?

Do we convert many trainees into vacancies? | Will be added into the speciality review and considerations given to the budget lines for such posts.

Severn Deanery provides examples as does the network of Acute trusts in the NHS.

The Trust has success in converting trainees once qualified. The quality of training and education is a factor in candidate selection. | Committee to receive future reports on medical workforce supply. |

	between 2023-25			

Board note/matter for escalation

None

Balvinder Heran
Chair of People and OD Committee, 26 October 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 28th October 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
Digital Programme Report	Status report by major project highlighting: - Digitising the Sepsis pathway - Support to Doctor's Handover in the Electronic Patient Record (EPR) - Successful start of electronic medicines management (eMM) - Preparation for upgrade of Sunrise EPR to version 20 - Progress of electronic prescribing system (ePMA)	Given the problems following the launch of TCLE what is the severity and incidence of current issues?	There is an issues log and the numbers are dropping. The Pathology Task and Finish Group is focussed on the backlog	Task and Finish Group report to be delivered to Committee next month
IT Assurance Report	Detailed review of the IT infrastructure upgrade projects successfully undertaken since identification of significant risks in 2018	What are the recruitment and retention challenges?	A very significant and positive programme successfully implemented Employing specialists with the right skills is challenging and internal development is important. It is critical that the team	Ongoing review essential

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			does not over commit	
IT Services/CITS Performance	Detailed review of service level metrics of the service that is provided to the Clinical Commissioning Group, Gloucestershire Health and Care and Gloucestershire Hospital. Discussion covered limitation in certain KPIs.	Does GHC having its own in-house team limit the potential for CITS and system working?	No the focus is on convergence of shared records so the existence so a parallel team for certain specific functions is not a concern provided the focus is maintained	
Financial Performance Report	Detailed financial report covering the month 6 and year to date results including income and expenditure report, variance analysis and balance sheet detail. The year to date result is on plan with a breakeven position delivered	Can some additional commentary accompany the new employee number report? How significant is the c. 350 vacancies?	This vacancy rate compares favourably to peer organisations but does impact on agency costs Overall report provides strong assurance that the financial position is understood and in control	New report to be refined – relationship between vacancies and agency to be further analysed
Capital Programme Report	Summary of the Trust's annual capital plan to spend £58.6 million supported by detailed project by project breakdown. At month 6 actual spending of £18.7 million is £11 million behind plan. Project status analysis to assess/explain variances provided.	Significant discussion on the challenges of short term bid requests and impact on decision quality and feasibility	Committee assured that the position is well understood and response to short term financing opportunities robust	Continued/enhanced scrutiny of projects with significant timing issues and mitigation
Financial	Detailed report of the first half		The Committee was	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Sustainability	financial savings which at £3.9 million were above plan by £1.4 million. £2.2 million of the £3.9 million was non-recurrent. Status report of H2 planning with a requirement of £5.2 million – existing plans carried forward form H1 together with new plans indicates a current gap of £1 million.		assured by the positive first half result. The modest gap in the second half was noted as encouraging but delivery is expected to be more challenging	
H2 Planning	Operational planning scenarios and accompanying financial detail presented to the Committee.	Does the optimistic assumption on medically stable for discharge patients threaten the ability to deliver the financial outturn?	The financial plan is considered to be prudent and achievable despite the operational challenges. Overall a clear and comprehensive update giving the Committee strong assurance in the rigour of the approach	
Quarterly Procurement Review	Detailed review of the Procurement team's work in the 1st and 2nd quarters from the Head of Procurement supported by comprehensive metrics. Highlighted: - National performance targets were met - Operated in accordance with national standards - Supported the delivery of	Are cost pressures expected to be offset through the Financial Sustainability review? Does the team expect an increase in the number of waivers?	Procurement has targets. Subsequent additional pressures are recorded in month end processes No – the incidence of high value waivers (i.e. > £100k) is low at less than 10% Additional resource is being employed to support the significant capital	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	the Financial Sustainability programme		programme	
Budget Setting 2022/23	Committee updated on the timescales and methodology for the 2022/23 budget setting process		A sound approach clearly articulated	
Audit Improvement Plans	An update on the status of the improvement actions identified after the 20/21 year end.	Does the Finance Team have an Operational Procedure Manual?	Procedures are being improved and documents were stored in a central library with training sessions taking place	The Committee will receive a further briefing ahead of year end. Particular update expected on fixed asset register verification and valuation
National Cost Collection	Committee briefed on the positive status of the Trust's submission and the operational challenges that had been experienced in the process		Committee noted that the work had been completed in difficult circumstances	

Rob Graves
Chair of Finance and Digital Committee
3rd November 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 25th November 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
Financial Performance Report	Detailed financial performance report for month 7 and year to date. Month surplus of £1.1 million reflecting release of legal provision no longer required. Activity at 87% of October 2019 level and 95% of 19/20 levels. Result is in line with plan. Cash position satisfactory and continues as planned.	Was the release of the legal provision included in the H2 plan? In the absence of finalised guidance what is the confidence level ibn the plan? Can the variance analysis in respect of non-pay be expanded to more clearly show the differential impact of high cost drugs?	Yes The experience gained having worked with this level of uncertainty in previous planning cycles gives reasonable confidence in the process	Supplementary analysis to be provided in subsequent reports
Agency Costs and Control Update	Comprehensive report on agency costs identifying key issues. Actual spend exceeds the NHSE/I cap by £3.7 million. Analysis provided looking at both the Quality and Finance dimension of the identified issues.	Wide-ranging discussion of the issues with particular emphasis on Registered Mental Health Nurse resource	The report and dialogue provided good that the issues are well understood and monitored	Options appraisal needed in respect of Registered Mental Health Nurses
Capital	Full analysis of month 7	Why are project updates	There is a capacity	Overall assurance in the

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Programme Report	capital spending which at £23.2 million is £11.7 million behind the year to date plan. Projects showing significant slippage highlighted and potential mitigations discussed.	from GMS not available? Is it necessary to consider adjusting the forecast and when might this need to be done?	constraint that is being addressed Regional return due shortly – revision to the numbers will depend on discussion planned for week commencing Nov 29th	information provided and associated financial control but committee not assured at this stage that the plan will be delivered.
Financial Sustainability	Year to date results reviewed. Planned approach of new Interim Director described. Particular emphasis on the need to move the focus to recurrent savings (current mix is c. 55% non-recurrent)		Solid reporting provides assurance of current performance.	
Overview on High Level Contracts	Requested summary of all contract at £1million plus. Review process had identified a contract requiring review at the December meeting that might otherwise have been missed.		An important piece of work which will lead to a review of processes.	Schedule of major contracts to be an annual agenda item for the Committee
New Contractual Arrangements 2022 onwards	Paper presented describing the very different approach in the new contract process that focusses on system collaboration and provider costs.	How prepared is the Trust for the significant changes planned? Are there strategic implications for the Trust?	The Trust is prepared but is still waiting for finalised documents from the centre This is not considered to have significant financial implications for the Trust and there is good engagement with commissioners around how best to provide mutual	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			support	
Managed Equipment Services	Committee update following a detailed review of the Imaging Manged Equipment Service and resulting option.		Comprehensive analysis supporting the proposed option	
Approval of Clinical Waste Tender	GMS Contract requiring Committee approval under reserved matters. Tendering process and resulting assessment described.		A well-managed process and clear rationale for the proposed tender acceptance	
Benchmarking Presentation	Presentation covering the in-house developed benchmarking tool that is being deployed to support the financial sustainability challenge and the Journey to Outstanding.	Where cost rates are shown as poor in national comparisons what is the reason? How does this tool compare to Model Hospital?	Data capture issues have been identified It provides additional data and assists triangulation work Overall a potentially powerful tool – review of the output from the pilot in Urology eagerly awaited	
Renal HD Briefing Paper	Initial briefing on the proposed approach to the re-tendering of the Renal Haemodialysis Contract.		Committee welcomed the opportunity of early sight of this significant contract re-tendering	
Digital and EPR Programme Report	Report by project of status and progress. Report highlighted successful implementation of Electronic Medicine Management (eMM) and preparation for	Are the Digital improvement making the Trust safer for patients?	The system increases visibility of the sickest patients which with good engagement on system use from nursing staff contributes significantly to	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	the major upgrade of the Sunrise EPR system.		patient safety	
Information and Coding Project	Progress report from the Business Intelligence Team following their initial presentation to the Committee in November 2020. Good progress made against their ambitions notably building/ strengthening the team.		An impressive set of accomplishments against a challenging backdrop of COVID and resource limitations	
TCLE Task & Finish Group Report	Review of the work undertaken and progress achieved by the Task and Finish Group that was established following the identification of significant issues following the go live of the TCLE system.		The report provided assurance that, after a challenging launch - the number of outstanding issues was reducing rapidly - the rate of new issues arising had dropped significantly - there is now an opportunity to focus on the benefits of replacing a 40 year old system	
GHT N365 Transition and Change	Update on the implementation of NHS Office 365 and options for the future approach	The committee explored the rationale behind the adoption of the purposed option	Good assurance around adoption of a pragmatic approach	

Rob Graves
Chair of Finance and Digital Committee

2nd December 2021

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

This report describes the business conducted at the Audit and Assurance Committee on 23 November 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 Management Report	Regular assurance report confirming: • Changes to register • Three new risks, relating to staffing levels in midwifery, radiotherapy equipment; and haematology staffing • Location of each risk in terms of assurance Cttee oversight • Existing/planned mitigations and controls • Continued improvement in risk KPIs. • Insight into work completed by Risk Management Group.	Wide-ranging discussion informed by insights gained and assurance received from the internal audit report on risk management. • Number of outstanding policies and concern that the backlog be prioritised • Does the increase in haematology risk and learnings from RMG give executives any cause for reflection as to agility and responsiveness of divisional and operational risk capture and progression?	Yes, there were some reflections as to speed of escalation and these will be followed up through Exec Reviews.	Further thought to be given to scope more internal audit work to examine these aspects.

External Audit Report	Progress report re outstanding work required to complete GMS and Charity audit of accounts. Deloittes confirmed no issues of concern with both audits on track for completion and filing within deadlines.	Discussion included attendance of GMS Interim Chair and FD. • Insight into workload over next few critical days • GMS Board disappointment that audit timetables have slipped • Need for reflection to improve for 2021/22 timings and process.	It was agreed that a lessons-learned exercise will be conducted after completion of outstanding reporting.	Update to next Committee.
	Detailed plan received for 2021/22 audit of accounts. Risk focus, materiality levels, impacts of IFRS 16 covered.	• Assurance received re collaborative approach with Trust Finance team.	Further progress report to next Committee to confirm levels of preparedness and resourcing from all parties.	
Internal Audit progress report	Audit programme now falling behind plan, attributed to operational challenges and departure of some managers.	Good discussion re risk of non-completion and plans to deal with risks arising. • Sufficiency of likely programme for purposes of audit input to governance statements at year end? • How can programme	Finance Director to take the plan to Executive Team to determine intentions for remainder of year.	To be confirmed to Committee outside meeting cycle.

		• be sensibly retargeted and reprioritised for remainder of year? • What are risks arising from suggested amends, merging and deferrals? • Relationship between audit programme and Trust's J2O. See above for risk management discussion.		
Risk Management Audit presented. <u>Substantial assurance</u> for design and <u>moderate assurance</u> for effectiveness of controls.	Generally a positive report			
Patient Property Assurance Report	Update received as to progress and intentions re a new policy and its roll-out to all areas.	Discussion re wider aspects and implications of this item in terms of quality of patient experience etc. Also need for greater detail as to sources of assurance re state of planning and preparedness etc for an implementation at such a busy period.		Item to be taken to Quality and Performance Committee for more regular and more detailed oversight.
Counter Fraud, Losses and Compensations,	Comprehensive reports received for these areas, indicating high levels of			

Single Tender Actions	assurance as to adequacy of controls and executives' understanding of issues to be addressed.			

We recorded thanks to Emma Wood and Sim Foreman for their support to the work of the Committee.

Claire Feehily
Chair of Audit and Assurance Committee
December 2021

From the Estates and Facilities Acting Committee Chair – Rob Graves, Non-Executive Director

This report describes the business conducted at the Estates and Facilities Committee held on 25th November 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	Report delivered covering current progress including; - performance, workforce, finance and governance - Current issues, notably violence and aggression incidents, Food Services, logistics, initiative delays due to funding constraints - Annual accounts sign off running late - Recruitment challenges	Given that the audit deadline is fast approaching and the audit is not yet complete will there be an in depth review to identify reasons and prevent re-occurrence	Yes – it is expected that the timetable will be met but acknowledged that the process has run too close to the deadline	Post audit review required
GMS Contract Management Group Exception Report	Report of September performance vs Key Performance Indices (KPI). Only one failure in Significant Risk Cleaning Areas with amber performance at 83.38% vs KPI at 85%.		Positive report indicating the contract management process is now working well	
Strategic Site Development Programme Update	Report of progress of overall plan with key milestones on target and strong delivery rom the key contractor.	Are there any significant timing issues in terms of project progress?	Project milestones are all green at this time. Some potential concerns in terms of site infrastructure require monitoring	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		What is the view of the contractor's performance?	Very familiar with working on busy hospital sites; high quality and good relationships	
GMS Business Plan Delivery Update	Wide ranging review of the progress against plan at the half year stage. Identification of certain projects that will be deferred pending capital funding and mitigating actions.		Assurance that the majority of the plan is on track with appropriate response to any funding limitations	
National Cleaning Standards	Update on the newly issued standards and the progress of work to assess their impact.	Were the implications of these included in the intolerable risks assessment? Can there be joint reporting – E & F and t & P Committees	Yes Yes as it's a very collaborative exercise	
Premises Assurance Model	Detailed report provided with accompanying action plan. Discussion about the value of this approach – a requirement but not necessarily addressing the key issues in the most effective way	Does this work serve its purpose?	It is an NHS requirement – but is very labour intensive and does not necessarily capture what needs to be done. Opportunities being investigated to improve the efficiency of the process	
GMS Half Year BAF Review	Comprehensive update			
Sovereign Key Worker Accommodation Bid Process	Briefing on the opportunity arising from Sovereign Housing's plan to divest its key worker property portfolio.	Do we have the necessary expertise for taking on this type of property portfolio?	The transaction if progressed would include transfer of staff with relevant experience	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	Option appraisal shared and due diligence proceeding			
Capital Programme Delivery Update	Update on progress of the capital programme with particular emphasis on the GMS programme of work highlighting a number of challenges including resourcing		Good analysis of project status but the inadequacy of the flow of information to the monthly spending monitoring process is a concern	Update at next meeting
Risk Log	A comprehensive report on the risks process as it currently stands. Highlighted high scoring risks and the work under way to review the risk register	Discussion about appropriate analysis of risks and the need to avoid aggregation that can lead to over and under assessment of specific risks.	Evidence of an assuring review being undertaken.	Further review at committee including greater clarity of where the risk resides – Trust/GMS

Rob Graves
Acting Chair of the Estates and Facilities Committee
2nd December 2021

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

This report describes the business conducted at the Quality and Performance Committee held 27th October 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
Quality and Performance Report.	Quality Delivery Group update on latest reporting data, focus on decreasing FFT trend, work on ePR quality and benefits, patient safety plan and ongoing work on developing QPR metrics.	Pause on NAAS work to review and ensure fit for purpose, what assurance on existing care during transition to new approach? ePR variation noted across divisions, as in previous reports	Assured that monitoring still takes place as standards are reviewed at divisional quality meetings. Remains a challenge with high levels of temporary workers and continues to be an area of detailed focus	
		With the fractured neck of femur and stroke performance metrics remaining red rated, how are patients impacted with the standards not being met?	Quality Committee has had a recent briefing from Mark Pietroni on the stroke performance and will add to the performance report. Regarding patients with a fractured neck of femur, this is being closely watched, main concern is with the experience of waiting.	Future quality and performance reports will include more detail on both stroke and trauma metrics.
	Cancer Delivery Group	Positive performance noted,	Cancellation of patients	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	report noting achievement of 6/9 standards with operational pressures remaining.	question of ability to sustain standards within the operational context queried again.	awaiting cancer care considered a 'red line and take priority, advice sought from other providers on the Trust approach.	
	Planned Care Delivery Group reporting on latest position of patients waiting measured against several metrics.	How does the mode and tone of communications to patients waiting enable them to know it is not a way to remove them from a waiting list? Query of the pace and progress of the team recruitment. When will digital communications start? Will be good to know if there is anything to learn from the opthalmology experiences which would be helpful insights into process and learning on a wider scale? What route of escalation is there if the numbers of patients needing recall is not reducing?	Detailed update on approach to patient communications given to provide assurance that this is not the approach. An aim is to avoid all 104 week breaches. Some challenges with administrator recruitment As soon as the selected organisation/partner can start. This will be reviewed. Assurance given that any escalation was through the clinical teams and discussions within specialities. Significant emphasis	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		Will the 2022 Trakcare upgrade help with the validation process?	placed within weekly meetings. Assurance received that key actions being undertaken now and not waiting for the upgrade. The upgrade will enable better quality data to be collected.eg on patient initiated follow up appointments.	
	Unscheduled Care Delivery Group report outlining continued significant challenges, increased ED attendances, ambulance conveyances and workforce challenges.	Noting the ongoing pressure, has there been a shift in provision of system packages of care?

Is there sufficient visible leadership to ensure ED colleagues feel well supported?

It has been previously noted that there is a difference in performance metrics of In and out of hours, what progress can be reported on this? | Reassured that social care colleagues have created an improvement plan but concern it may not deliver the level of impact hoped for, the situation remains challenging with system partners. Assured that visibility is a priority at various levels but that alone may not resolve colleagues main concerns working in such a challenging environment. Area of focus is pathway review, some challenges with out of hour community provision. Significant risks | |

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			remain within the department because of workload and much focus on minimising risks, however challenges remain. It was noted a new patient experience role had been appointed to work in ED.	
	Maternity Delivery Group report updating on the work streams, outputs and actions from the recent listening events.	The workforce risk is framed as a 'supply' issue, is there a risk in current workforce retention and well-being?

How do we know how colleagues are feeling in the service and what are se colleagues reactions to the outputs form the listening events and planed actions? | Confirmation there is a supply issue and work also continued to improve existing colleague experiences in addition to the recent listening events. Reported that in some ways, colleague expectation higher for change/improvement following the events and important to manage the communications on timeliness. There are also regular discussions within the service. Model roll out paused until February 2022 and | |

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			then review.	
		Is there an update on the paused roll out of the Continuity of Carer model?		
Serious Incident Report	Serious incidents and never event data presented, continued complaints backlog noted. Particular issues with recruiting to vacancies in the Trauma and Orthopaedic theatres was noted with specific challenges for colleagues.	Are colleagues in the service included in the creation of improvements/solutions?	Assurance given that multi professional meetings and reflective time is taking place.	Further feedback on progress and a review of the risks to next committee.
Draft Winter Plan	Updated presentation on progress with the plan. Noted as dynamic document with additional scenario (10) included.	Noting the list of principles which drive the plan, which would be prepared to be compromised on if needed in relation to the gaps in bed base? Would it be right to sign off a trust plan with numbers of unmitigated risks, including those risks held in partner agencies? With workforce challenges, is there a role for swapping colleagues in and out of roles to support well-being?	Reassured no intention to compromise on any aspect, the plan is based on safety on a risk assessment basis. Clarified that the plan presented was a realistic one and would be a concern to present a plan which is not realistic. Support in place with small funding for services to decide what well-being support they would like. Role swapping can be	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			reviewed with a caviat that this could raise more challenges.	
Annual Report on Screening Programmes	Report on progress through 20/21 in the 6 x commissioned screening services. Despite screening programme suspended with the advent of covid, recovery of services and strong performance	For future reports, can more detail be provided through the lens of equalities and specific achievements/challenges/actions	Good report giving assurance, well written, many achievements in a challenging context of covid. Challenges set out. Teams commended. Will be incorporated in future reports.	
Children and Young People mental Health- system wide	Presentation on the county- wide position, data including demand, benchmarking and plans in place for improvement.		Assurance that the Trust is fully involved in county -wide work with attendance at a key partnership meeting in November. Several work streams noted .	
Communications with the Care Quality Commission (CQC)	High-level summary of current and ongoing communications with the CQC. Increased lines of enquiries during this reporting period which could reflect the challenging environment for patients and colleagues.		In assurance terms, positive that the new and ongoing lines of enquires/ concerns from the CQC are reported openly to the Committee.	
Quarterly Executive	Detailed paper outlining assurance of divisional		Assurance received of the process, detailed	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Review Process	leadership and accountability and divisional progress against trust objectives.		information included and underpinned by the Performance and Accountability Framework	
Equality Report	Presented with patient specific lens. Notable achievement of opening Changing Places accessible toilet.	Understanding the appropriate focus on race, could future reports include a focus on all characteristics ?	Positive noting through the report the impact of small changes making a big difference to people. Comment accepted..	

Alison Moon
Chair of Quality and Performance Committee
02 November 2021

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

This report describes the business conducted at the Quality and Performance Committee held on 24th November 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
Quality and Performance report **There is no doubt that the operational context remains highly challenged in all aspects, some notable achievements. It is clear to committee how much leadership, focus and hard work is employed in trying to keep patients and colleagues safe, with a positive experience in the most difficult of circumstances and colleagues should be commended for their efforts.**	Quality Delivery Group was stood down due to internal critical incident, verbal update on quality issues on this occasion, including status of ambulance handovers.	Noting the sustained high levels of children and young people presenting with deliberate self-harm, when should we expect the system work stream to start having an impact on trust attendees? How are we assured on the quality of care once people arrive into our care?	Use of audits against NICE guidelines, noted that additional work would be useful on gaining patients insights of care they receive in the emergency pathway.	Key part of system work, work in progress.
	Cancer Delivery Group	What is the timescale for recovery of the TCLE pathology issues? Noting the MDT information, are there any areas of concern with effectiveness of the MDT working?	Assurance that recovery will be by the end of January 2022 Assurance received on required standards within MDT working (action from previous meeting)	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
			and that no concerns have been raised.	
	Planned Care Delivery Group	With the new Chief Executive chaired Improvement Board, what should this committee expect to see as outputs and when? Are there any themes with the paediatric waits of over 52weeks?	Chief Executive focus will support the dialogue and ability to deliver the plan, any improvements will come through regular reporting. Delays appear to be linked with parent choice, noted that small numbers which could be managed, impact of waiting times on different stages in life being explored.	
	Emergency Care Delivery Group was stood down due to internal critical incident, verbal update on issue on this occasion.	Question on the impact of internal improvement plans?	Active work on processing of patients with minor injuries in a different way and a comprehensive plan in place, biggest impact will be on improvement of adult social care support.	
	Maternity Delivery Group was stood down due to internal critical incident, written report received.	Is there confidence that any concerns of the unfilled shifts are known?	Level of detail in report commended. Informed that shifts are monitored which captured management	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
		Question on the agility of an annual staff survey to understand how it feels in the service.	actions, daily actions in place to secure staff. Feedback gained through staff survey	
Quality Strategy Review of Performance	Progress of the 5year strategy launched in 2019. Some milestones met despite the pandemic, other themes and actions no longer relevant or needing updating, eg to include focus on health inequalities reduction. Re-engagement with the QDG and divisional colleagues needed over the next 2-3 months.	Have any areas made good progress which was unexpected as a result of covid? What is the ICS view of quality and how does it link to this strategy?	Example of mental health support given and working with communities. Need for a refresh noted and in parallel, revamped QPR metrics which aim to be in shadow form in Feb/March 2022. To date, focus on key aspects, more work to be done.	
'Getting It Right First Time'	Six monthly report outlining a return nationally of GIRFT rollout. Two trust deep dives undertaken with good practice and recommendations noted in both. Slow national progress on consultant information programme noted. Trust one of seven 'fast followers' in national roll out by 2023. A re-focus of GIRFT and wider transformation being	When will potential patients/ population be made aware of clinical outcomes?	Reliability of data needs to be assured before releasing wider.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	undertaken internally.			
Mortuary and Body Storage Facilities	NHSE/I Instruction regarding security of mortuary and body storage facilities shared plus Trust response		Assurance received that Trust response considered and being led by the Medical Director	
Learning from Deaths	Quarter 1 report outlining systems and processes in place with any local learning. Mortality indicators for the Trust within expected range. No LeDeR reviews carried out due to change of national platform. Importance of the bereavement team noted and feedback from families and others described.		Detail of the report commended and level of feedback from families.	
Serious Incident Report	Update on compliance with contractual standards for reporting. No further never events noted in month, further serious incidents including HSIB (Healthcare Safety Investigation Branch) described plus closed action plans. PHSO activity, outcomes and trend analysis on	Noting closed action plan relating to a person with learning disabilities, was the patient accompanied during their hospital visit? Noting one serious incident was raised as a result of a complaint, what have we learnt from this? What is the timescale breached in relation to one case?	More assurance needed on specifics and an update on the review of the learning disability pathway. There is an expectation that this would have come through the datix system and this is being investigated.	

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	complaints shared, noting pressure on response times.	Regarding PHSO outcomes, would be helpful to have detail and on local and any wider learning within future reports.	Noted to be a breach from HSIB timescales.	
Risk Register	New and emerging risks relevant to committee noted. Progress on county-wide communications regarding nosocomial covid noted. Specific Trauma and Orthopaedic theatres project plan shared.	New risk of maternity workforce noted, no controls seen regarding retention of staff. Theatres plan next steps mostly set in the future or incomplete. Are there any implications for other specialities? How responsive the risk architecture is, using the haematology risk as an example.	Agreed to review the risk controls and mitigations. Assured that meetings being held in real time and progress being made. Wider theatre utilisation programme in place. Specific context in this case.	
Care Quality Commission (CQC) briefing	Verbal update on interactions with the CQC, including planned visits, communications and any Trust intelligence		Positive having this as a standing item on the agenda. As in previous months, several lines of active communications with the CQC.	

Alison Moon
Chair of Quality and Performance Committee
26th November 2021

REPORT TO TRUSTEE – OCTOBER 2021

From the Charitable Funds Committee (CFC) – Elaine Warwicker, Non-Executive Director

This report describes the business conducted at the Charitable Funds Committee held 19 October 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 Register	The risks to the charity around the Gloucestershire Cancer Institute project (GCI) were identified for review – and are in process of being added to Datix.	Risks were agreed as appropriate.	Committee was assured that project risks are being considered appropriately.	To continue to receive the risk registers at committee.
Financial Report	Donations (incl. activities for raising funds) are less than budget.	Questions around the gap in expected fund-raising to date and how they may be addressed.	The Committee were assured under the separate fund-raising agenda item.	Fundraising reports and success of the mitigations to be reviewed at future committees.
	New separate reporting of GCI Capital Appeal income and expenditure.	Committee pleased to note as was result of a previous challenge on governance.	Committee were assured.	Future reports will be received by the Committee.
Bids Reports	Update on General Purpose (GP) Fund – reminder that the GP Fund is low as the charity doesn't receive a lot of unrestricted donations, and more bids are received than funds available. Proposals provided on how these funds could be increased.	The Committee did not support moving away from the current approach to GP funds (i.e. to introduce additional levy on all funds, or using the scoring as a filter).	Committee were assured.	The Committee is looking forward to the Community Fundraising Strategy being presented in January 2022 – which will explore other/new mechanisms to generate unrestricted funds.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	a) **Staff Wellbeing Champion** – a bid for a 12 month post to create and deliver a programme of activities for staff – things like yoga, 5-a-side football, quiz nights, etc.	• Would activities accommodate those on shifts? Would they be inclusive? • 2020 Hub have tried lots of these ideas with little/no uptake. • Currently no capacity to line-manage role. • Could it be managed by volunteers? • Limited funds make it difficult to approve.	The programme would aim to have something for everyone, with a focus on inclusivity and diversity. Little assurance given as to why this would be different, or why it needed to be a paid-for role.	Bid rejected, but proposer encouraged to find another way of delivering the end goal i.e. using volunteers.
	b) **Fibroscanner** – bid for 50% of funds (£27.5k) for portable fibro scanner required for non-invasive diagnosis of liver disease.	Why doesn't the Trust fund this? The proposal is for matched funding with the team needing to raise £27.5k first before draw down of charitable funds.	They have one, it's just not portable.	Approved, subject to matched fundraising and a review of how well this is going.
	c) **Mobile Surgery Trolley** – bid for £8,355 for a trolley to enable Oral Maxillofacial and Dental procedures to be done without taking up theatre capacity.	Why doesn't the Trust fund this? Strong support from the CFC.	The Trust has funded operating lights and the refurbishment of the room. No further funding available.	Bid approved.
	d) **Wheelchairs** – the Facilities team were looking for £10,832 to fund 20 wheelchairs due	• Is this basic item? • Does it need to be 20? • Is there a reputational issue to having to use	There was limited assurance on the need for the wheelchairs. The Facilities team had	Action taken to explore in more detail before coming back to the CFC, if needed.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
	to current impact on patient experience and waiting times.	charitable funds for something as key as wheelchairs?	verbally confirmed that any (5, 10 or 20) would be appreciated.	An action taken to see whether such a purchase would fall into capital or revenue expenditure.
Staff Wellbeing Support	Boost boxes – it would be difficult for the charity to provide wide-scale items for staff over Winter without significantly impacting on other fund-raising activities. Also, no capacity for storage and/or distribution.	No challenge – committee understands that context has changed since boost items were provided during first wave of the pandemic.	Requests from staff towards wellbeing support continue to be dealt with on a case by case basis.	Wellbeing support bids to be reviewed by CFC as they arise.
	Staff parties – the periodic review of decision to not fund staff meals and parties due to it not possible to be fair/equitable to all staff.	Was this prompted by an increase in requests for funding to support parties? Committee agreed with current stance.	One only request had been received recently, but felt it appropriate to review the decision periodically.	None.
Fundraising Report and Brand Update	Fundraising income to date is under target, but return of community events, new partnerships secured and the new Appeal launching that day are encouraging.	Committee interested in updates on the new Gamma Scanner Appeal.	Assurance on progress provided.	Updates to come back to the CFC.
	Branding update given.	Committee very happy to support progress.	Assurance on progress provided.	Updates to come back to the CFC.
GCI Update	Brief update on the Appeal: • Private phase networks expanding well, but build options still in progress. • Options analysis being reviewed – may be back looking at £10m Appeal.	Committee accepted update.	Assurance on progress and next steps provided.	Updates to come back to the CFC.

Item	Report/Key Points	Challenges	Assurance	Residual Issues / Gaps in Controls or Assurance
Donor Recognition Procedure	CFC asked to accept the proposed model for GCI Capital Appeal donor recognition (developed as a result of challenge from Trustee).	It was noted how the Ethical Investment Policy had also helped inform this.	Assurance provided.	None
Strategy Update Report	Update on progress against milestones: • Branding exercise – midway through • Commercial income generation opportunities – started	The update report was seen as very helpful.	Assurance provided.	CFC will continue to receive updates.
CGH CT Scanner Opening Event	Date for the diary: scheduled for 2nd November.	n/a	n/a	n/a
Update from Investment Committee	Brief update from previous week's meeting: • Ethical Investment Policy up for review. • Periodic Investment Manager review underway.	Updates noted.	Assurance provided.	CFC will continue to receive updates.
Committee Self-Assessment	A self-assessment survey had been sent out by the Corporate Governance team for completion.	Everyone was encouraged to respond to the survey by the end of the week.	n/a	Survey results to be shared with CFC at next meeting.
CFC ToR and Divisional Representatives	Small amends to the ToR on 3 x NEDs, quarterly meetings and new division reps.	No challenges – CFC agreed the amendments.	Assured that appropriate representatives attend.	To be reviewed annually.

Elaine Warwicker
Chair of Charitable Funds Committee
19 October 2021

REF	14/21	STATUS	CLOSED		
SUBMITTED	17/08/2021	DEADLINE	31/08/2021	RESPONDED	13/10/2021
GOVERNOR	Alan Thomas				
LEAD	Steve Hams/Craig Bradley				
THEME	Visiting Restrictions				

QUESTION

A recent article in the HSJ (https://www.hsj.co.uk/patient-safety/patient-deaths-spark-multiple-warnings-about-visiting-restrictions/7030673.article?utm_campaign=691785_THN%20-%2016%20August%202021&utm_medium=email&utm_source=NHS%20Providers%20%28Main%20account%29)
around patient deaths and visiting restrictions raised a number of concerns. Would it be possible please to have a Trust view on this?

ANSWER

During the pandemic we have aimed to keep visiting restrictions to a minimum and have maintained a more flexible approach when special circumstances apply. We are aware of the potential harm that can be caused as a result of restricted visiting and the balance has always been in trying to manage the risk of increased visiting and the restrictions.

With this in mind we are planning some changes to our visiting arrangements and are pleased that we will be able to relax the restrictions with a move back to mostly pre-pandemic rules with some important mitigations.

REF	15/21	STATUS	CLOSED		
SUBMITTED	13/09/2021	DEADLINE	27/09/2021	RESPONDED	22/09/2021
GOVERNOR	Geoff Cave				
LEAD	Deborah Lee				
THEME	Communication with Patients RE: Cancer				

QUESTION

If a GP refers a patient on the two week wait system on suspicion of cancer, who decides to send a letter to the patient to notify them of an appointment with a Consultant instead of a phone call/text or email?

FOLLOW UP QUESTION, AWAITING RESPONSE - Could the response explain why the referral is made to a national booking system (the patient is given the impression that the referral has been sent to the Trust), this seems a potential for extra time being taken.

ANSWER

It is very important that when a GP makes a 2 week referral for suspicion of cancer that they are open with the patient about this and confirm that they are available to be seen in the next 14 days and explains they will receive an appointment letter to their home address. The practice then submits the referral into a national booking system (which "talks" to our outpatient booking system) and the patient receives an appointment letter. Once booked, if we have a mobile number on record, they will also get text reminders which would alert a patient who has not picked up their appointment letter.

In summary, if GPs are clear that a patient has been referred on a two week pathway then the scenario you describe should not arise. If a GP does not make this clear, which I think unlikely, then the risk you describe may present but given the pathway starts in primary care, is not something easily safety netted by the Trust. However, if a patient fails to attend a

booked 2 week wait appointment, at that point we will get in touch by whatever means we can – we start with a telephone call where possible, to rebook the appointment.

RESPONSE TO FOLLOW UP QUESTION - Much of what is being advocated, will be achieved in time and is part of our Digital Transformation Road Map but is not in this year's priorities.

I cannot account for the experience of the individuals quoted but if specific details are provided we would be happy to investigate i.e. ensure their details are captured in their electronic record. Each administrative process has a documented standard operating procedure so all staff understand that patients should be contacted by the means set out. The relevant manager has been asked to reinforce this expectation.

The requirement for referral via a national gateway is nationally mandated and not something the Trust is able to influence unfortunately.

Under GDPR an email can only be used for the "consented purpose" and we do not yet have a means to capture multiple consents but, as said, this is part of our future digital strategy

REF	16/21	STATUS	CLOSED		
SUBMITTED	25/10/2021	**DEADLINE**	08/11/2021	**RESPONDED**	15/11/2021
GOVERNOR	Maggie Powell				
LEAD	Deborah Lee				
THEME	Delays Impacting Recovery				
QUESTION					

At recent meetings (most recently the October Trust Board), information about delayed discharges has been in terms of the number of patients affected. Is data available on the length of delays for individuals and whether this is impacting on their recovery (falls, confusion, mobility etc.)? If a risk of deterioration is evident, what steps are being taken to mitigate this?

ANSWER

Table 1 below is a snap shot of the data produced every day to capture those patients who are medically optimised and ready to leave hospital and Table 2 shows the reasons for delay, noting some of these descriptors will benefit from further explanation at a later date.

Table 1 Medically Optimised Patients Waiting For Discharge by Time Waited Since Declared MOFD

COVID Status	Complex Working List by MOFD Timeband				
	0 Days	**1 Day**	**2-3 Days**	**4-9 Days**	**10+ Da**
COVID Positive	0	0	0	2	2
Awaiting Results	0	11	11	10	9
COVID Negative	4	11	25	34	71

Trust Total	4	22	36	46	82

Table 2 Medically Optimised Patients Waiting For Discharge by Reason For Delay

Complex Working List by MOFD Current Pathway		Total MOFD Patients	Of Which Had Status Within 24hrs
With GHFT	Back to previous arrangements	1	0
	Therapy GHFT	15	6
	Actions with ward at GHFT	19	6
With GHC	Stroke awaiting Vale	6	0
	Awaiting Home First	27	3
	With SPCA	17	1
With GCC	Waiting due to housing issues	2	1
	Waiting equipment	4	0
	In Assessment	4	0
With Brokerage	With Brokerage	48	1
Other	Out of County	6	0
	With Transfer of Care Bureau	17	2
	Right to Reside due to complex functional needs	6	0
	Sourcing Private care	11	1
	Specialist Mental Health/Learning Disability input	1	0
	Infection Control Isolation Requirements	1	0

	Safeguarding concerns	1	0
	With CCG	1	1
	End of Life Care	1	1
	Out of County, End of Life Care	1	0
	With SPCA - Stroke Floor	1	0
	Trust Total	190	23

We know from published studies and our own experience that patients whose discharge is delayed are exposed to a number of risks associated with a prolonged hospital stay and are generally likely to experience a loss of independence the longer they remain in hospital. Specifically, they are more likely to be affected by falls due to being in an unfamiliar environment, pressure ulcers associated with reduced mobility and often poorer nutrition, infections due to the risk of cross contamination and reduced mobility, loss of muscle tone and function and, on occasions, acute delirium. Whilst these events are captured in our Trust incident reporting system, it is not currently possible to identify those who experience these events and their MOFD status.

In respect of mitigation, many of these patients await discharge in one of our specialist care of the elderly wards where staff are trained and skilled to reduce the likelihood of these risks manifesting. We have a number of mandatory risk assessments which aim to identify those most likely to suffer adverse consequences e.g. falls risk assessment, pressure ulcer risk assessment and plans to mitigate the risk are put in place for each patient through an individualised care plan as well as more "global" interventions also being at play such as "intentional rounding".

Additionally, the practice development team are working with areas where these patients sometimes outlie to ensure that not only are the nurses trained and proficient in using the correct assessment tools and providing the required care, but that the ward leadership team have the right systems and processes in place to monitor and react to the care these patients receive. The team are prioritising areas with the highest numbers of reported incidents.

We are beginning to undertake further work with the Divisional Teams to explore the grouping (or cohorting) of MOFD patients together (and perhaps patients with severe dementia) in a number of designated wards. If this were to happen, it would give us the ability to review the staffing establishment, skill mix and competencies of the teams that worked there to ensure it is appropriate. It is worth noting that undertaking this change is not straightforward, and there are a number of pros and cons which need to be taken in to account through a risk assessment process.

REF	17/21	STATUS	CLOSED		
SUBMITTED	25/10/2021	DEADLINE	08/11/2021	RESPONDED	15/11/2021
GOVERNOR	Maggie Powell				
LEAD	Steve Hams				
THEME	Dementia Patients				

QUESTION

At the October Council of Governors, reference was made of the desire to reach zero tolerance of patients with dementia being moved around between wards. Is more information available?

ANSWER

Patients with dementia are more likely to have an episode of acute delirium when admitted to hospital than patients without triggered by an unfamiliar environment; this is exacerbated the more they are moved between wards in our hospitals. In addition to the negative and upsetting impact this has on patients, families and those caring for them in our hospitals, it also makes the assessment of their normal cognitive function more difficult. Consequently it becomes more difficult to ensure appropriate onward destinations for these patients and can extend their length of stay significantly. The decision to move any patient is never taken lightly and usually occurs to create capacity for patients admitted as an emergency who require access to specialist ward based care. This creates conflict between the individual needs of these two groups of patients when faced with high occupancy levels and insufficient beds.

In order to improve the care of our dementia patients, and specifically to reduce the number of ward moves that dementia patients are exposed to, Admiral Dementia Nurse, Asma Pandor, has established a Task and Finish Group comprising the deputy exec triumvirate with other key operational, digital and clinical colleagues. The first meeting of this group is 17th November.

Gloucestershire Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS – DECEMBER 2021

REPORT TITLE	
Governors' Log Report	

AUTHOR(S)	SPONSOR
Sim Foreman, Trust Secretary	Sim Foreman, Trust Secretary

EXECUTIVE SUMMARY
<u>Purpose</u> To update the Council of Governors on the themes raised via the Governors' Log since the last full Council of Governors meeting on 20 October 2021. <u>Key issues to note</u> The Governor's Log is now available to view at any time within the Governor Resource Centre on Admin Control.

RECOMMENDATIONS
The Council of Governors is asked to NOTE the report for INFORMATION.

ACTION/DECISION REQUIRED
INFORMATION

IMPACT UPON STRATEGIC OBJECTIVES (PLEASE TICK RELEVANT ONES)			
Outstanding care	☐	Centres of excellence	☐
Compassionate workforce	☐	Financial balance	☐
Quality improvement	☐	Effective estate	☐
Care without boundaries	☐	Digital future	☐
Involved people	☒	Driving research	☐

IMPACT UPON CORPORATE RISKS
There are no related Corporate Risks.

REGULATORY AND/OR LEGAL IMPLICATIONS
There are no related legal implications.

SUSTAINABILITY IMPACT
Governors provide an important role acting as a critical friend to the Trust in raising and highlighting instances where sustainability at the Trust could be improved.

EQUALITY IMPACT
Governors provide an important role acting as a critical friend to the Trust in raising and highlighting issues around equality and diversity.

PATIENT IMPACT
Governors provide an important role acting as a critical friend to the Trust in raising and highlighting instances where quality and patient care is not as it should be.

RESOURCE IMPLICATIONS				
Finance	☐	Information Management & Technology		☐
Human Resources	☐	Buildings		☐
Other	☐			

COMMITTEE AND/OR TRUST LEADERSHIP TEAM (TLT) REVIEW DATES								
Audit & Assurance Committee	☐	MM/YY	People & OD Committee	☐	MM/YY	Trust Leadership Team	☐	MM/YY
Estates & Facilities Committee	☐	MM/YY	Quality & Performance Committee	☐	MM/YY	Other (specify below)	☐	MM/YY
Finance & Digital Committee	☐	MM/YY	Remuneration Committee	☐	MM/YY	Other?		
OUTCOME OF DISCUSSION FROM PREVIOUS COMMITTEES/TLT /MEETINGS								
Not applicable								