

# Council of Governors

Thu 08 June 2023, 14:30 - 17:00

Redwood Education Centre, Gloucester

## Agenda

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14:30 - 14:30 **Governor Development Session - Membership and Engagement**

0 min

-  1a\_Membership and Governors Presentation.pdf (14 pages)
  -  1b\_Membership-Strategy-2017-2020.pdf (7 pages)
- 

14:30 - 14:30 **AGENDA**

0 min

-  00\_Agenda CoG - Public\_June 2023.pdf (1 pages)
- 

14:30 - 14:30 **1. Welcome and Apologies**

0 min

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14:30 - 14:30 **2. Declarations of interest**

0 min

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14:30 - 14:30 **3. Minutes of meeting held on 13 April 2023**

0 min

-  03\_April 2023 - COG Public Minutes.pdf (5 pages)
- 

14:30 - 14:30 **4. Matters arising**

0 min

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14:30 - 14:30 **5. Chair's Update**

0 min

-  05\_Chairs Report.pdf (1 pages)
- 

14:30 - 14:30 **6. Chief Executive's Briefing**

0 min

-  06\_CoG Report\_June 2023.pdf (4 pages)
- 

14:30 - 14:30 **7. Governance and Nominations Committee**

0 min

-  07\_Governor Election Update.pdf (2 pages)
- 

14:30 - 14:30 **8. Provider Self-Certification**

0 min

-  08\_Provider Licence Self-Certification 2022-23\_Governor Training Declaration coversheet.pdf (1 pages)

**14:30 - 14:30 9. Notice of AMM**

0 min

📄 09\_Notice of AMM.pdf (2 pages)

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**14:30 - 14:30 10. Key Issues and Assurance Reports**

0 min

**10.1. Audit and Assurance Committee**

📄 10.1a\_Audit and Assurance Committee KIAR 28.03.2023.pdf (2 pages)

📄 10.1b Audit and Assurance Committee KIAR 23.05.2023 v2.pdf (2 pages)

**10.2. Finance & Resources Committee**

📄 10.2a\_Finance and Resources Committee KIAR\_Aprilv2.pdf (2 pages)

📄 10.2b\_Finance and Resources Committee KIAR\_May v2.pdf (2 pages)

**10.3. People & OD Committee**

📄 10.3\_People and Organisational Development Committee KIAR April 2023.pdf (2 pages)

**10.4. Quality & Performance Committee**

📄 10.4a\_Quality and Performance Committee KIAR 26.04.2023.pdf (2 pages)

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**14:30 - 14:30 11. Governor's Log**

0 min

📄 11\_Governors log 2023.pdf (2 pages)

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

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**14:30 - 14:30 12. Any other business**

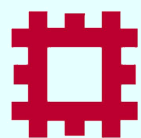
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# Involving local communities

## Membership and Governors



# What 'Membership' do you have?



ENGLISH  
HERITAGE



National  
Trust



*David Lloyd*  
— CLUBS —



**NHS**

# 'Membership'

**How would you describe 'Membership' in one simple sentence?**

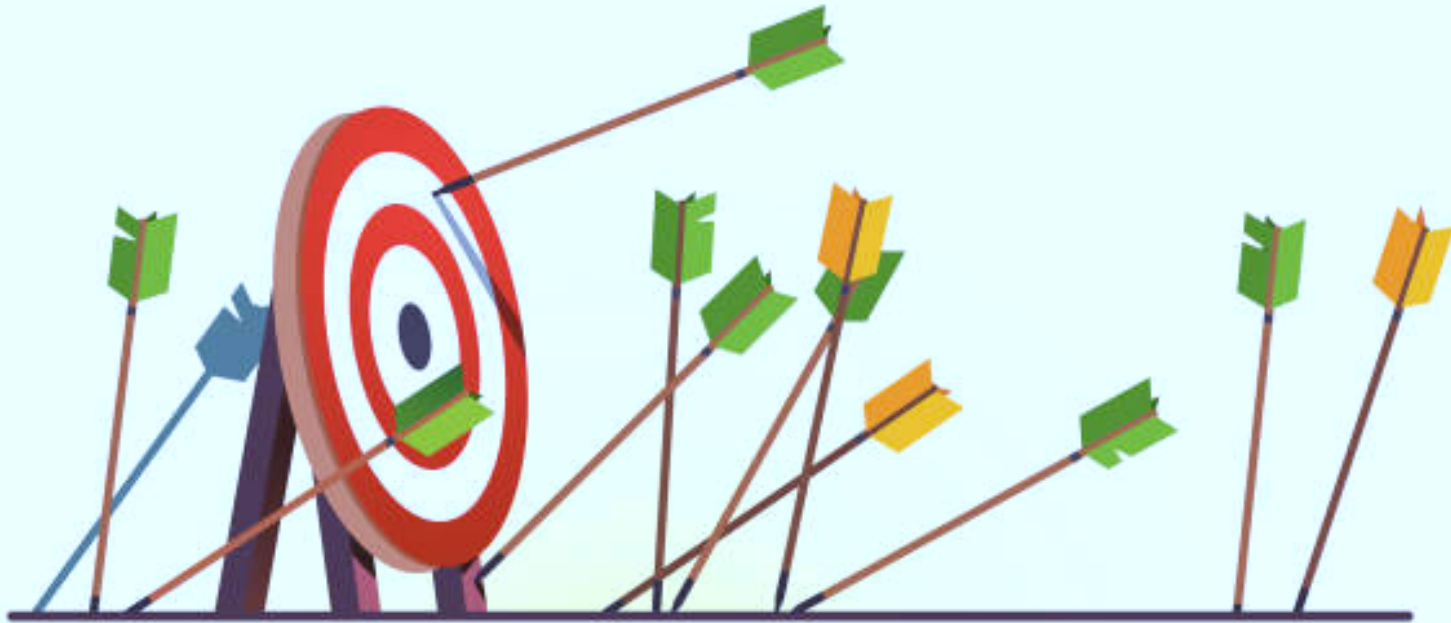
# Background and context

NHS Foundation Trusts were introduced in 2004.

The aim was to allow greater local control of decision making, including how services are developed, and borrowing or raising money for programmes of work (including new buildings)

It was also a key requirement that NHS Foundation Trusts were directly accountable to local people and communities.

# Hitting the target, missing the point?



# Building Our Membership Strategy

Growing our Membership – organically (quality not quantity)

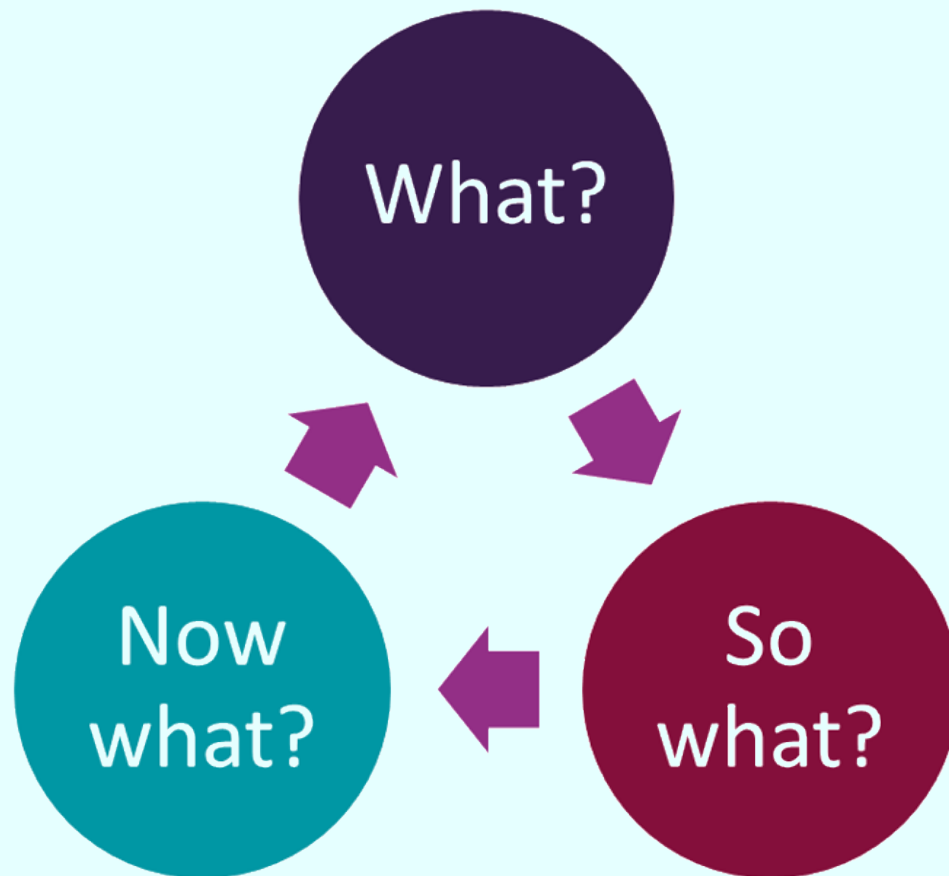
Diversity of membership and Governors

Strengthening our relationships with communities

Governors role in recruiting Members



# Building Our Membership Strategy



# What?

What?



## Slido Questions

- What should be our aims/objectives for membership?
- What are our barriers and opportunities?
- What is your role and responsibility?

# So What?

So What?

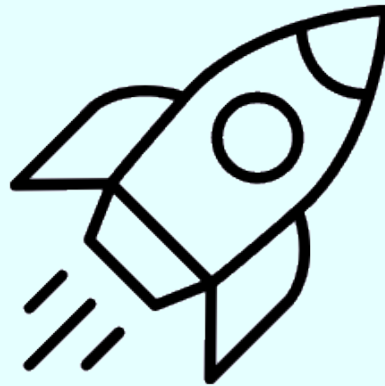


## Slido Questions

- Why should NHS Membership matter?
- What could we do differently (within limited resource)?

# Now What?

## Now What?



- What Matters Most to you as a Governor?
- What does success look and feel like?

## Next Steps?

- Explore other models of Membership
- Update Constitution
- Update Membership Strategy
- Recruitment of new members
- Election of new Governors

# Membership

If you live in Gloucestershire, are over 16 years of age or are a patient, you can join the Trust and become a Member.

## Membership Benefits?

- Access to discounts from [Health Service Discounts](#)
- Influence the development of future local services provided by the Trust.
- Become a voice of your community, telling us about the needs and expectations of your local community.
- Voting for a member to represent you on our Council of Governors, or even stand as a Governor;
- Attend exclusive events including the Annual Members Meeting
- Stay up-to-date with the Trust by receiving regular email updates
- Access to information about jobs and apprenticeships

# Governors

We have 22 Governors, who represent the views and interests of Trust members and the local community, to ensure our decisions reflect local community needs.

## **Role of governors**

Our governors ensure we listen to the views of patients and people who live locally, along with our staff and other interested parties. They represent:

- people who use our services
- carers
- members of the public
- staff
- partner organisations

They hold the Trust accountable and ensure we can make improvements to our services, and the information we provide.

Governors provide input to decisions that affect the whole Trust, and may also take special interest in specific aspects of the organisation.





The background of the page is a photograph of numerous light-colored, rectangular tags hanging from thin white strings. The tags are slightly out of focus, creating a sense of depth. A large black circle is overlaid on the lower-left portion of the page, containing the title text.

**Membership  
Strategy**

2017 — 2020

## Table of contents

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Evaluating the strategy	10

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## What does membership mean to us?

### As a Foundation Trust, we are accountable to local people who can become members and governors.

Members are our staff, our patients and members of the public who either have a general interest in healthcare or are interested about a specific condition or speciality. Members can help the Trust develop services which will best suit the needs of the people we serve.

Members are represented by a Council of Governors comprising elected public and staff members (who are elected by members), together with representatives of partner organisations, local authorities and Commissioners in the local community. A representative and engaged membership will help our Trust to continue to maximise its potential as a Foundation Trust and is an important objective for the Council of Governors.

Public governors, like all governors, have a primary responsibility to represent the interests of the NHS foundation trust members who elected them as well as other members of the public. Public Governors provide an important link between the hospital and the local community, enabling us to gather views from local people and to feed back what is happening within the Trust. They reflect Members' interests and work on their behalf to improve health services for the future. By passing on ideas and suggestions Members also can help Governors carry out their role effectively.

Staff governors have the same role as public and patient governors in that they are responsible for holding the non-executive directors, individually and collectively, to account for the performance of the board of directors, and for representing the members of the staff constituency, the members of the NHS foundation trust as a whole, and the public.

As employees of the trust, staff governors bring a unique understanding of the issues faced by an NHS foundation trust, which they should seek to use in representing their members' interests and holding the non-executive directors to account for the performance of the board.

This membership development strategy 2017 sets out a series of objectives for the Trust to continue to maintain, grow and engage its membership, including the actions that it will take to meet these objectives. It also describes how the Trust will evaluate the delivery of the strategy. It should be noted that whilst this strategy is aimed at patients and public, the action plan will include staff engagement and involvement. The strategy will be delivered within the wider framework of Trust strategies, which address the issues of equality and diversity, public, patient and carer involvement, user engagement, and communications.

This strategy builds on the success of membership management to date and outlines the Trust's vision for membership over the period 2017-2020. It sets out the methods that will be used to identify and build an effective, responsive and representative membership body that will assist in ensuring that our Trust is fit for its future in the changing NHS environment.

This strategy was informed by the results of a workshop (23 March 2017) attended by a number of Governors and Trust staff. It also draws on the FT Code of Governance and best practice identified nationally. This strategy was approved by our Council of Governors on 19th June 2017 and confirms our objectives for the next three years for:

- » Recruiting and retaining members
- » Effectively engaging with members

## Our membership objectives for 2017–2020

### Objective 1: To build and maintain our membership numbers by actively recruiting and retaining members

#### Key objectives 2017–2020

- » To maintain an accurate membership database.
- » To successfully recruit and retain our membership numbers.
- » To take steps to ensure that our membership is representative of the diversity of the population that we serve.
- » To have planned targeted membership drives.
- » To establish a connection and a relationship between our Trust and the membership by communicating our strategic objectives clearly.
- » To develop and support potential Governors.

### Objective 2: To effectively engage and communicate with members

#### Key objectives 2017–2020

- » To promote the work of the Trust and the Governors.
- » To identify opportunities for two-way communication between members and Governors.
- » To ensure that the views of the members are heard, understood and acted upon.
- » To ensure that a wide range of communication media and methods are explored to aid effectiveness
- » To offer gold, silver or bronze membership so that members can choose how much they wish to be involved.

All members are equal. However, we recognise that some members may wish to be more involved. We therefore ask members to indicate the level of involvement they wish to have.

### Membership tiers

#### Bronze membership

Informed: one way communication

Receive newsletters and updates about the organisation.

#### Silver membership

Engaged: send in their thoughts and ideas

Want to be consulted, participate in surveys, attend events, open days, tours and workshops. Have time to review and pass comment.

#### Gold membership

Involved

Want to be consulted, participate in surveys, attend events, open days, tours and workshops. Have time to review and pass comment.

# Roles and Resourcing Membership

## Roles

**Board** - To support Governors and Trust staff in executing this strategy

**The Trust Secretary role** – membership manager

**Governor's role** – promotion and recruitment of members.

**Patient Experience Improvement Team's role** – engaging members to improve the patient experience

**Communication Team role** – production of information

## Resources available to membership

- › Database annual fee - this is to provide a comprehensive record management system as provided by Membership Engagement Services (MES)
- › Events (catering, printing, venue, staff time) – these include seminars and tours and the Annual General Meeting.
- › Print costs for example leaflets and posters
- › Cost associated with attending events including materials





# Delivering the Strategy

## Recruiting and retaining members

### Actions to achieve this include:

- › Targeted and regular recruitment drives within the Trust's Hospitals and externally (for example Forest Health Forum, Annual General Meeting (AGM), Clinical Commissioning Group (CCG), Community hospitals).
- › Review recruitment material at least bi-annually to ensure it remains relevant, and design/service site-specific posters.
- › Continue to use membership champions and governors to recruit members at key hospital locations and consider membership champions (volunteers) to assist in recruiting at hospital events.
- › Identify initiatives to raise the profile of membership in the local community e.g. advertising in local borough publications or attending local community events.
- › Develop strategies to identify and address under-representation, working with equality and diversity organisations (For example:- Star College, Barton and Tredworth Trust, Young Carers).
- › Continue visits to community groups to attract new members (this is also an opportunity for engagement). Provide support to Governors to achieve this.
- › Develop strategies to encourage youth members/ young carers to join the membership by attending schools/ youth groups, and hold specific events that would be of interest.
- › Increase membership in the public constituency to ensure more even representation across the County.

## Communicating with members

### Actions to achieve this include:

- › Make the membership webpage more accessible and visual (offer webinars, CEO video of welcome).
- › Organise a series of events that the Governors host called "An evening with..."
- › Use social media to communicate with members (#gloshospitalsmembers).
- › Organise a series of visits to GP surgeries and Community Hospitals to recruit new members (also an opportunity for engagement).

## Effectively engaging with members

### Actions to achieve this include:

- › Promote the work of the Trust and its Governors on the Trust's website and through Members' newsletter
- › Make opportunities for members to meet Governors e.g. at Trust Membership events – Governors to open and close event.
- › Provide all new members with relevant information about the Trust, the benefits of membership and the role of members by developing an e-welcome pack.
- › Provide opportunities for members to give their views on a range of issues.
- › Make Trust news and other membership publicity material available in other languages and formats as required through the Trust's membership engagement work.
- › Consider the needs of its diverse membership when assessing its methods of communication and aim to provide material in appropriate and accessible formats.
- › Increase opportunities for members to engage in Trust work e.g. ward observation work, recruit more membership champions (volunteers).
- › Identify initiatives where members can be used as a source of feedback on patient and quality issues.
- › Continue to encourage a high number of members to stand for election in future years.

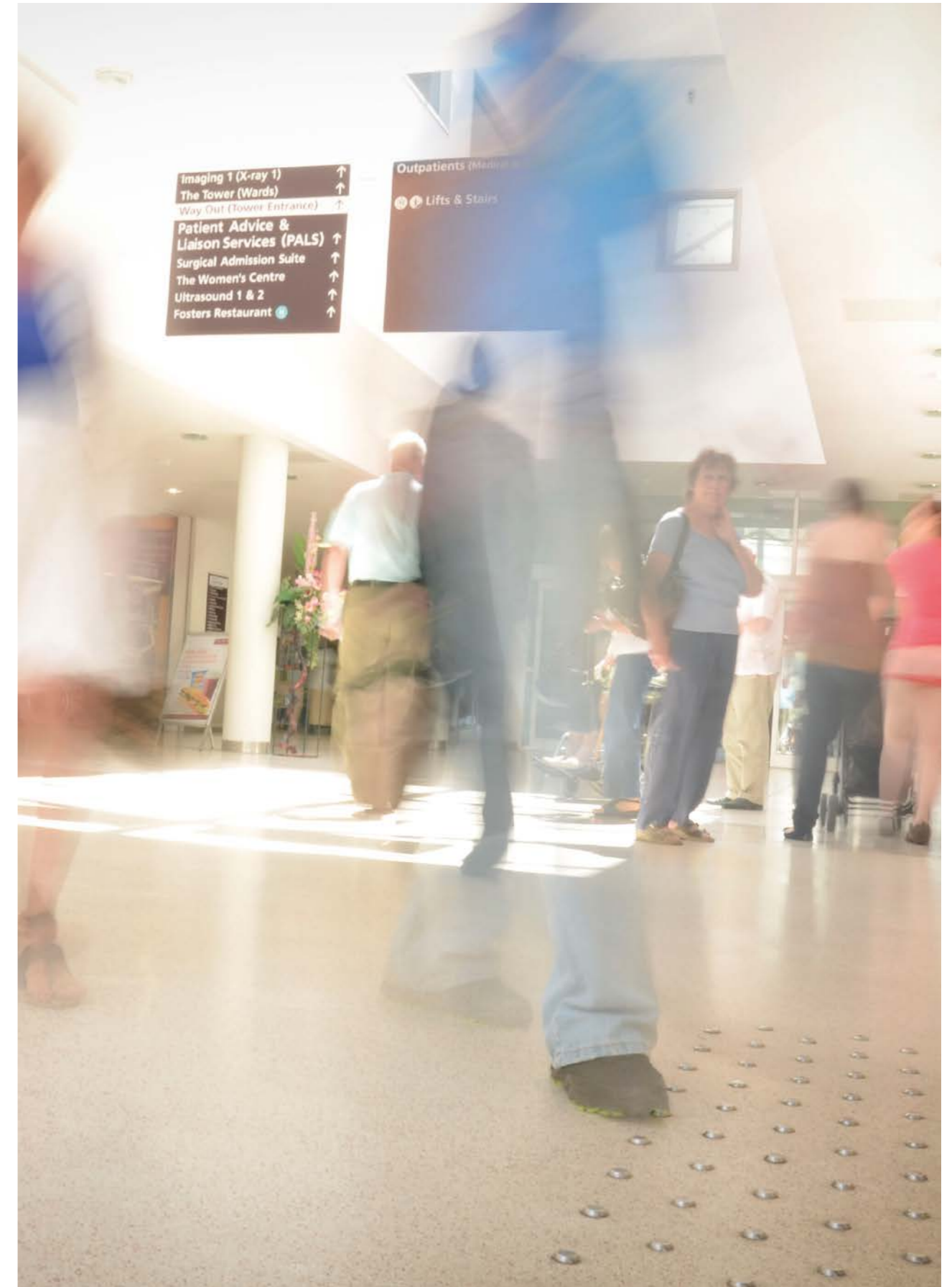
- › Host a prospective Governor evening.
- › Invite members to engage in patient experience programmes in the Trust.
- › Survey the members to find out their views.
- › Ensure consultation opportunities are offered to membership.



## Evaluating the strategy

The overriding objective will be to ensure the strategy is delivered. The Governing Body will monitor delivery of the objectives set out in the strategy through an action plan which will set out what steps will be taken to meet these objectives. In monitoring the effectiveness of the strategy, the Governing Body will ensure that it remains meaningful and relevant.

A progress report will be submitted to the Governing Body after 3-6 months after publication of this new strategy and will continue to be presented at least 12 monthly intervals thereafter.





GOVERNOR DEVELOPMENT SESSION 14.30, Thursday 8 June 2023 F1, Redwood Education Centre, Gloucester AGENDA				
WORKSHOP		Purpose	Paper	Time
Membership and Engagement <ul style="list-style-type: none"> <li>Membership Strategy</li> <li>Trust Constitution</li> </ul>		Discussion	Yes	14.30
<b>Close at 15.15</b>				

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST Council of Governors Public Meeting F1, Redwood Education Centre, Gloucester 15.30 Thursday 8 June 2023 AGENDA				
Ref	Item	Purpose	Paper	Time
1	<b>Welcome and Apologies</b> <i>Deborah Evans, Chair</i>			15.30
2	<b>Declarations of interest</b>			
3	<b>Minutes of meeting held on 13 April 2023</b>	Approval	Yes	
4	<b>Matters arising</b>	Information	Yes	
5	<b>Chair's Update</b> <i>Deborah Evans, Chair</i>	Information	Yes	15.35
6	<b>Chief Executive's Briefing</b> <i>Deborah Lee, Chief Executive</i>	Information	Yes	15.45
7	<b>Governance and Nominations Committee</b> <i>Deborah Evans, Chair</i> <ul style="list-style-type: none"> <li>Governor Election Update</li> <li>Appointment of the External Auditor</li> </ul>	Information Information	Yes No	16.00
8	<b>Provider Self-Certification</b> <i>Kat Cleverley, Trust Secretary</i>	Information	Yes	16.10
9	<b>Notice of AMM</b> <i>Kat Cleverley, Trust Secretary</i>	Information	Yes	16.15
10	<b>Key Issues and Assurance Reports:</b> <ul style="list-style-type: none"> <li>Audit and Assurance Committee <i>Marie-Annick Gournet, Non-Executive Director</i></li> <li>Finance &amp; Resources Committee <i>Jaki Meekings Davis, Non-Executive Director</i></li> <li>People &amp; OD Committee <i>Balvinder Heran, Non-Executive Director</i></li> <li>Quality &amp; Performance Committee <i>Vareta Bryan, Non-Executive Director</i></li> </ul>	Assurance	Yes	16.20
11	<b>Governor's Log</b> <i>Lisa Evans, Deputy Trust Secretary</i>	Assurance	Yes	16.50
12	<b>Any other business</b>			16.55
<b>Close by 17.00</b>				
<b>Date of next meeting: Tuesday 12 September 2023 (14.00 – 16.00)</b>				



**GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST**  
**Minutes of the Council of Governors - Public Meeting**  
**16.00, Thursday 13 April 2023**  
**Lecture Hall, Redwood Education Centre, Gloucester**

<b>Present</b>	Deborah Evans	DE	Trust Chair (Chair)
	Caroline Claydon	CC	Staff Governor, Non-Clinical Staff
	Anne Davies	AD	Public Governor, Cotswold District
	Mike Ellis	ME	Public Governor, Cheltenham
	Bill Evans	BE	Public Governor, Forest of Dean
	Andrea Holder	AH	Public Governor, Tewkesbury
	Pat LeRolland	PLR	Appointed Governor, Gloucestershire Age UK
	Rachel Lowings	RL	Staff Governor, Nursing and Midwifery Staff
	Jeremy Marchant	JM	Public Governor, Stroud
	Sarah Mather	SM	Staff Governor, Nursing and Midwifery Staff
	Peter Mitchener	PM	Public Governor, Cheltenham
	Russell Peek	RP	Staff Governor, Medical & Dental Staff
	Maggie Powell	MPo	Appointed Governor, Healthwatch
	Juliette Sherrington	JS	Staff Governor, Allied Healthcare Professionals
<b>Attending</b>	Aeysha Ahmed	AA	Engagement and Involvement Manager
	Vareta Bryan	VB	Non-Executive Director
	Kat Cleverley	KC	Trust Secretary
	Suzi Cro	SC	Deputy Director of Quality Programme Director Nursing and Midwifery Excellence
	Lisa Evans	LE	Assistant Trust Secretary
	Claire Feehilly	CF	Non-Executive Director
	Marie-Annick Gournet	M-AG	Non-Executive Director
	Jo Mason Higgins	JMO	Head of Claims, Complaints and Patient Safety Investigations
	Katherine Holland	KH	Head of Patient Experience
	Kaye Law Fox	KLF	Chair of GMS, Associate Non-Executive Director
	Ellie Martin	EM	Apprenticeships and Careers Engagement Officer
	Jaki Meekings Davis	JMD	Non-Executive Director
	Alison Moon	AM	Non-Executive Director
	Sally Moyle	SM	Associate Non-Executive Director
	Mark Pietroni	MP	Medical Director
	Rebecca Pritchard	RP	Associate Non-Executive Director

Ref	Item
1	<p><b>Welcome and Apologies</b></p> <p>Apologies were noted from Matt Babbage, James Brown, Pat Eagle, Fiona Hodder, Matt Holdaway, Deborah Lee, Mike Napier, Merleen Watson.</p>
2	<p><b>Declarations of Interest</b></p> <p>Mike Ellis' interest in item 5, and Alison Moon and Kaye Law Fox's interest in item 7 were noted. All parties left the room during those items.</p>
3	<p><b>Minutes of meeting held on 9 February 2023</b></p> <p>The minutes were agreed as an accurate record subject to amendment to the attendance list. It was also agreed that in future additional commentary would be provided on the KIARs to include any questions or challenge.</p>

4	<p><b>Matters arising</b></p> <p>The Governors noted the updates.</p>
5	<p><b>Chairs Update</b></p> <p><i>ME left the room during this item.</i></p> <ul style="list-style-type: none"> <li>• Deputy Lead Governor Position</li> </ul> <p>The Council APPROVED the appointment of Mike Ellis as Deputy Lead Governor on a two-year appointment.</p>
7	<p><b>CEO Report</b></p> <p>The Trust continued on a broadly positive trajectory in respect of operational performance, however urgent and emergency care (UEC) remained fragile. The Trust continued to make improvements in supporting patients with ‘No Criteria to Reside’ (NCTR) to be discharged home or to onward care. This was attributable to a system wide improvement initiative called Flow Friday. Governors noted that, at the outset of this programme 6 weeks ago, the Trust had 65 patients who had waited more than 50 days to be discharged and more than 150 who had waited more than 30 days; this had been reduced to just 17 patients waiting more than 30 days. Governors noted the following key points:</p> <ul style="list-style-type: none"> <li>• Focus continued on addressing the two key areas for the Trust flagged in the recent UEC diagnostic undertaken by the system improvement partner, Newton. These were diagnostic delays and missed opportunities within the Frailty Assessment Service to utilise all of the available capacity. Newton would lead the work on benefits realisation on behalf of the system.</li> <li>• The Trust continued to make good progress against delivery of the actions required following the S29a Warning Notices for maternity services and surgical services. A revisit was expected in May.</li> <li>• The 50% food subsidy and free soup, porridge and free drinks would continue this year. The Trust had also announced two additional “well-being” days in recognition of the pressure colleagues had been working under this year.</li> <li>• The Three Counties Medical School would take its first intake of students in September 2023.</li> <li>• Industrial action by Junior Doctors and Nursing staff was discussed. Governors noted that emergency pathways had been robust during the strikes.</li> <li>• Plans were in development to enable Governors to resume visits to patient and non-patient facing areas in the Trust. Matt Holdaway and James Brown would be co-ordinating the pilot.</li> </ul>
8	<p><b>Governance and Nominations Committee</b></p> <p><i>KLF &amp; AM left the room during the following item.</i></p> <ul style="list-style-type: none"> <li>• GMS Chair / Trust ANED Appointment</li> </ul> <p>Governors noted the recruitment process undertaken and APPROVED the recommendation to appoint Kaye Law-Fox to the position of GMS Chair/Associate Non-Executive Director of the Trust.</p> <ul style="list-style-type: none"> <li>• Alison Moon – Senior Independent Director /NED Extension</li> </ul> <p>The Council APPROVED the extension of Alison Moon as Senior Independent Director / NED, until the end of March 2024.</p> <ul style="list-style-type: none"> <li>• Trust NED / Audit and Assurance Committee Chair</li> </ul> <p>The Council noted the recruitment process undertaken and APPROVED the recommendation to appoint John Cappock to the position of Non-Executive Director of the Trust and Chair of the Audit and Assurance Committee.</p>
9	<p><b>Quality Account</b></p>

	<p>SC provided a presentation on the Quality Account, which was published annually. Quality priorities for 2023 were noted, including improvement to the mental health of patients/delivery of the Whole Person Care Strategy. KC agreed to check if the Whole Person Care Strategy had been approved by the Board. <b>ACTION</b></p> <p>KH reported that an easy read was being developed and staff engagement would take place.</p>
10	<p><b>Annual Complaints Report</b></p> <p>JM-H provided assurance to the Council regarding how the Trust was meeting the national (NHS Complaints Regulations 2009) and local standards for investigation and learning in respect of complaints brought against the Trust. Governors noted the following key points:</p> <ul style="list-style-type: none"> <li>• 869 complaints were received by the Trust during 2021/2022 giving an average of 72 (51) complaints per month, compared to 614 during 2020/2021.</li> <li>• The themes and trends of these complaints were noted, the top 5 themes were Clinical Treatment (medical), Communications, Values and Behaviour, Patient Care (including nutrition and hydration) and Admissions, discharge and transfer.</li> <li>• 96% of the time, acknowledgements were sent within the national target of 3 days. 100% was not achieved due to administrative pressures within the complaints team.</li> <li>• 22% of responses were sent within agreed timescales; this was a decrease of 20% on the previous year (42%).</li> <li>• During 2021/2022 4 complaints were referred to the Parliamentary and Health Service Ombudsman (15 in 2020/21). During 2021/22 a decision was received for 6 cases. Three cases were partly upheld and three not upheld.</li> </ul> <p>JM asked about the escalation process. JMH assured the Council that there was a robust triage process; the severity of cases was assessed at the outset and reviewed as the claim progressed. ME asked about compensation paid. JMH reported that the Trust paid into the national NHS compensation scheme and any payments were made from that fund.</p>
11	<p><b>Patient Experience Report</b></p> <p>KH provided CoG with assurance that the Trust reviewed patient experience risks, patient experience data and insights and provided an update on patient experience improvement activity across the Trust in 2022/23. The patient experience team had reviewed what patients had told us in the past year about their experiences of services in the Trust, and look forward to what we plan for the rest of 2022/23 and beyond.</p> <p>Overall patients reported a positive experience of Trust services, though there were a number of areas identified where improvements were required, particularly around wait times and communication in unscheduled care and inpatient settings. Themes of concerns included discharge, appointment availability and communication.</p> <p>Priority areas for improvement in quarter 4 were noted, divisional teams were leading this work supported by the patient experience teams, and this would be reported through Quality Delivery Group by the divisions on an ongoing basis. The role of volunteers was discussed and Governors noted that a role to support 'No Criteria to Reside' patients was being developed. KH reported that recruitment of volunteers was good with around 300 volunteers currently assisting across the Trust. Governors noted that a translation service was being developed for the Gloucestershire system.</p>
12	<p><b>Key Information and Assurance Reports (KIARs)</b></p> <p>Governors received the following reports for information:</p> <ul style="list-style-type: none"> <li>• Audit and Assurance Committee</li> </ul> <p>CF reported that external audit was being heavily scrutinised; work was on track. Work was also continuing on the Risk Management Framework to agree the format and level of assurance required within the report.</p>

	<ul style="list-style-type: none"> <li>• Finance and Resources Committee</li> </ul> <p>The positive outcome of the Trust’s Financial position was noted. JM noted that the position with Violence and Aggression incidents was declining. He asked if this related to incidents across the Trust or just within GMS. JMD assured Governors that number related to incidents across the whole Trust, GMS provided the response. The CEO had taken an action to discuss with GMS colleagues and a Task and Finish group would be convened.</p> <ul style="list-style-type: none"> <li>• People and OD Committee</li> </ul> <p>Governors noted that the Staff Survey was rated as red. BH assured the Council that a number of actions were being explored by the Committee and the Board. Previous discussions about the importance of ‘learning’ would be reflected more widely in the approach to raising concerns. BH reported that the agenda had been revised to look more closely at cultural and recruitment issues.</p> <ul style="list-style-type: none"> <li>• Quality and Performance Committee</li> </ul> <p>AM reported that the increase in Emergency Department incidents continued to highlight system safety concerns. Boarding of patients continued in order to reduce the number of waiting ambulances. Boarding had featured in the staff survey and AM assured the Council work was being done to improve the position. Midwifery staffing remained a key risk on the Trust Risk Register. AM assured Governors that this continued to be monitored and twice-yearly reports would be presented to Q&amp;P. It was hoped that the CQC would return and see progress, improvement work would continue. A peer review of Trauma Units &amp; Trauma Centres had highlighted retained serious concerns and other issues. An improvement plan was being worked through which would come back to Committee for oversight. An issue with the safety of patient’s property was noted. MP reported that work continued and this would be considered in the design of new units.</p>
13	<p><b>Young Influencers Update</b></p> <p>There was no update from the Young Influencers at this meeting.</p>
14	<p><b>Governor’s Log</b></p> <p>The themes raised via the Governors’ Log since the last full Council meeting were noted.</p>
15	<p><b>Any other Business</b></p> <p>There was no further business for discussion</p>
15	<p><b>Date of next meeting:</b> Thursday 8 June 2023 (14.00 – 17.00)</p>
<b>Close 19.45</b>	

		Actions/Decisions		
Item	Action	Lead	Due Date	Update
5	The Council <b>APPROVED</b> the appointment of Mike Ellis as Deputy Lead Governor on a two-year appointment.			
8	The Council of Governors: <ul style="list-style-type: none"> <li>• noted the recruitment process undertaken and <b>APPROVED</b> the recommendation to appoint Kaye Law-Fox to the position of GMS Chair/Associate Non-Executive Director of the Trust.</li> <li>• <b>APPROVED</b> the extension of Alison Moon as Senior Independent Director / NED, until the end of March 2024.</li> <li>• noted the recruitment process undertaken and <b>APPROVED</b> the recommendation to appoint John Cappock to the position of Non-Executive Director of the Trust and Chair of the Audit and Assurance Committee.</li> </ul>			

9	Quality Account - KC agreed to check if the Whole Person Care Strategy had been approved by the Board.	KC	June	This was discussed at a Board Development Session in July 2022.
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## CHAIRS REPORT - JUNE 2023

### 1. Purpose

This is a pilot written report to CoG about the chair's activities to give a fuller understanding of the role and its practical implementation. It would be helpful to review in 6 months.

### 2. My working pattern

I have a contract to work for the Trust 3 days a week, and whilst this is normally Tuesday, Wednesday and Thursday I try to accommodate other demands on my time on other days.

Board and Committee work including Council of Governors takes up 25% of my time. ICB Board, Committees, development days 10%, working with our non-executives individually (appraisals, 1:1s) 10%. Administration takes 25% of my time, with excellent support from Jill Wood, my PA

### 3. Activity since the April Council of Governors meeting

- An evening and full day ICB development session - to review its development, ICB development session, ICB People Committee, ICB Board
- ICB wide reciprocal mentoring training session – I'm pleased to be included in this programme and am twinned with an ICB colleague
- Charitable Funds Committee, Quality and Performance Committee (2) Finance and Resources Committee (2) Board development session, Board meeting
- Visit to GMS services with Kaye Law Fox – the production kitchen at GRH, plant rooms and basement, recycling areas
- Health Overview and Scrutiny Committee – which considered our midwifery staffing levels in the context of the continued pause on the post-natal bed provision at Stroud Community hospital.
- Welcoming the latest cohort of international nurses.
- CEO recruitment - is taking up a very large proportion of my time. Gatenby Sanderson have found us a very strong field of candidates and I've had Teams of face-to-face meetings with a significant number of individuals. In general, recruitment and selection and induction periods is significant in terms of my time for NEDs, governors and executives. I participated in the interviews for the interim Chief Operating Officer.

### 4. Recommendation

Council of Governors is invited to receive this report and to offer feedback on whether its useful to have a written chairs report

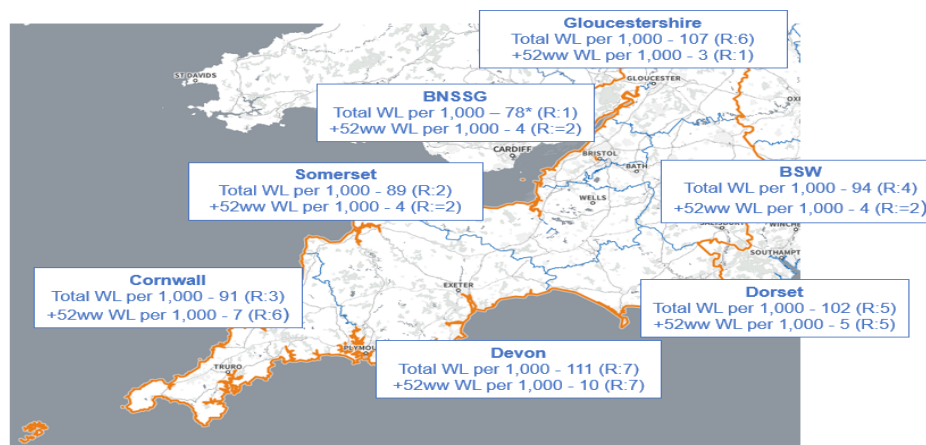
**Deborah Evans**  
Chair

30 May 2023

**CHIEF EXECUTIVE OFFICER’S REPORT TO THE COUNCIL OF GOVERNORS  
JUNE 2023**

**1 Operational Context**

- 1.1 The Trust continues on a broadly positive trajectory in respect of operational performance however the situation in respect of urgent and emergency care (UEC) remains fragile. Inevitably, recent industrial action by junior doctors and nursing in colleagues has introduced a number of operational challenges but our teams and leaders have worked incredibly effectively to maintain safe care.
- 1.2 We continue to progress make in respect of supporting patients with No Criteria To Reside (NCTR) to be discharged home or to onward care. The number of patients whose discharge is delayed has reduced further with an average of 195 for the month of April, and an average of 183 in the last seven days; this is from a peak of 257 in January. The Operational Planning Trajectory commits the system to achieve 160 by March 2024 although as a system we are aiming to improve upon this. These recent improvements have enabled us to achieve our plan of closing our winter ward at Cheltenham General (Prescott) without a significant impact on flow. Last month we held a Clinical Summit with clinical colleagues to develop a plan for reducing and, ultimately, eliminating the need to board patients on our wards and care for patients in areas not intended for this purpose including day surgery and Emergency Department cohort areas.
- 1.3 The Trust continues to perform well in respect of elective waiting times and Gloucestershire was the only system in the South West Region to achieve the national standard of no patients waiting more than 78 weeks and are now well placed to achieve the 65-week standard. Of particular note, this was achieved despite the total number patients waiting for planned care being the highest in the SW which speaks to the diligence and focus of our teams in managing the Patient Tracker List (PTL). In Gloucestershire, there are 107 patients per 1,000 population in a waiting list, compared to 96 per 1,000 waiting in the South West; however, we have just 3 per 100,000 waiting more than 52 weeks, compared to 6 per 1,000 in the Region. The greater number of patients waiting overall does underline the importance of delivering the operational plan requirement of 105% of 2019/20 activity to enable us reduce the total number of patients waiting.



**Figure 1 Patients on a hospital waiting list per 1,000 patients – admitted and non-admitted**

- 1.4 Teams have worked incredibly hard to minimise the loss of elective activity associated with industrial action. Despite the short notice changes to the period of industrial action by members of the Royal College of Nursing (RCN), teams managed to re-book 90% of the activity that had been stood down meaning only 58 patients (41 outpatients and 17 elective procedures) were impacted by industrial action. Regrettably, the junior doctor strike days had a much more significant impact with 241 elective procedures cancelled and 715 outpatients. However, thanks to the efforts of our administrative teams 89% of these patients have been re-booked.
- 1.5 Although we have yet to receive formal notification of the intention of Junior Doctors to take further strike action later this month, we are planning for this likely scenario.
- 1.6 The very significant focus on cancer is continuing to bear fruit with significant reductions in the number of patients waiting more than 62 days for their first definitive treatment following a GP referral. As of today, there are 150 patients waiting more than 62-days to commence treatment, from a position of 402 at the start of the calendar year. This does mean that the 62-day performance measure is declining (as expected) as we treat many more of our longest waiting patients who have already breached the standard. Our goal remains to achieve the national standard of 85% of patients being treated within 62 days of GP referral and our operational plan submission proposes that we will achieve the standard by the end of June 2023 and teams are working hard to achieve this. Equally positively, every speciality is on track to achieve the two-week wait standard for the first time since before the pandemic – this is a hugely important milestone in supporting delivery of the 62-day target. None of this would be possible without the hard work and dedication of our staff. Finally, we remain one of only two Trusts in the SW Region achieving the 28-day Faster Diagnosis Standard.

## **2 Key Highlights**

- 2.1 Following the publication of the staff survey in March, work has progressed to establish the Staff Engagement Taskforce. Following a call for Expressions of Interest, over 30 people have been appointed to the Taskforce. An induction was held from 24<sup>th</sup> – 26<sup>th</sup> April comprising: team profiling and development; an introduction to project management; input from Library Services about evidence-based practice; an overview of QI approaches and support; and a structured review of staff survey feedback and the responses to the QR code. Members of the Taskforce have self-organised into four groups focussing on policy; management behaviours; reward and recognition (feeling valued); and patient experience. They have continued to meet since the induction to develop project plans and actions and are being supported by a dedicated Project Manager who has met with each group to refine their plans and ensure milestones and deliverables are captured. The Taskforce has requested monthly whole-group sessions to ensure learning, progress and duplication are considered.
- 2.2 Members of the Executive Team and the Chair attended the launch of the One Gloucestershire Reciprocal Mentoring Programme on 25<sup>th</sup> April. All members of the Executive Team have an allocated partner that they will meet with on at least four occasions over the next six months, with the overall aim of achieving greater insight and understanding of the experiences of staff with protected characteristics.
- 2.3 Tracie Jolliff, Head of Inclusive System Development for NHSE, is working with the Director for People to consider opportunities and support for progressing our Equality, Diversity and Inclusion agenda. She has made a number of suggestions that we are continuing to explore, including building skill in anti-racist practice alongside a 12 to 18 month Board Development Programme.



- 2.4 Building on our commitment to diversity and inclusion, I was delighted to see that Muslim colleagues hosted two Iftar events during the period of Ramadan, with catering provided by our GMS colleagues, staff from across the Trust were joined by partners from many organisations across Gloucestershire including the fire service. These events attracted attention regionally and nationally and hopefully pave the way for more celebrations that reflect our diverse workforce. Members of the Diversity Network are planning on joining colleagues in the Pride Parade on September 9<sup>th</sup> and Board members are invited to join the march.
- 2.5 Last month the Care Quality Commission visited the Trust to assess progress against the actions arising out of the Section 29a Warning Notice served last year. They visited maternity and surgical services on both sites and met staff from many different services, observed their practice, spoke to patients and their families and reviewed numerous sources of data. The final report is awaited. This most recent visit was not a core service inspection and as such will not result in a re-assessment of the inadequate safety rating in the two services, however, paves the way for an improved rating when the CQC undertakes the full core service re-assessment which we believe is likely to be in Q3 of this year (October to December).
- 2.6 Last month, we joined midwives from around the world to celebrate International Day of the Midwife. A number of initiatives took place across the Trust and attached is the message of thanks sent to our midwifery colleagues by Matt Holdaway, Chief Nurse and Lisa Stephens, Director of Midwifery.
- 2.7 The Trust has been successful in securing national funding of £750,000 to transform the way we communicate with our patients. Described as a *Patient Portal*, the online portal (which will be linked to the NHS App) will enable patients to access letters about their care; review appointments and provide patients with a single point of access to all the Trust's services. This project has huge potential to transform the way we communicate with our patients and we will be ensuring patients and governors have an opportunity to input in to this development.
- 2.8 Finally, this month we say goodbye to two Executive colleagues Simon Lanceley, Director of Strategy and Transformation and Qadar Zada, Chief Operating Officer (COO). Simon led the development of the Trust's five-year strategy and was instrumental in the development and subsequent approval of our *Fit For The Future Strategy* and the vision for our two Centres of Excellence. During this time Simon has led the Trust's major strategic capital developments and will leave a legacy to be proud of in modernisation of much of the Trust's estate.
- 2.9 Although Qadar has only been with the Trust for two years, he too has achieved significant improvements in performance and notably achievement of the 78-week waiting time standard and more recently considerable improvements in cancer performance. Qadar has also been recognised for his contribution to equality, diversity and inclusion and was key in establishing recent events to celebrate Ramadan.
- 2.10 Recruitment for their successors is underway and in the interim Ian Quinnell, currently Deputy Director of Strategy and Transformation will act in to the Director role and David Coyle, has been recruited in to the interim COO role.

**Deborah Lee**  
**Chief Executive Officer**

30 May 2023

# International Day of the Midwife 2023



## Celebrating International Day of the Midwife 2023

**Today is International Day of The Midwife when we celebrate our midwives and give heartfelt thanks for everything they do for the people of Gloucestershire.**

We join the worldwide midwifery community in marking International Day of the Midwife and appreciating the hard work, dedication and commitment of our midwifery team who provide such fantastic care for women and birthing people, babies and their families here in Gloucestershire.

Working across our units and in our community, whether over months, weeks or hours, our midwifery team develop trusting relationships with people through a life-changing experience, using their professional skills and knowledge to support families on this journey.

While midwives' work often brings great joy to families, it can also be very challenging with a consequent impact on their emotional and physical wellbeing. We not only recognise this but also pledge to find more ways to support them with this in the coming year.

To our midwives, thank you for everything you do in caring for our patients, which empowers them to bring new babies into the world with confidence. The fantastic feedback that we receive every day confirms that our local community hugely appreciates your time, care, professionalism and expertise. Enjoy your special day!



**Lisa  
Stephens**  
Director of  
Midwifery (Interim)



**Matt  
Holdaway**  
Director of Quality  
and Chief Nurse

Report to Governance and Nominations Committee			
<b>Date</b>	8 June 2023		
<b>Title</b>	Governor Election Update		
<b>Author /Sponsoring Director/Presenter</b>	Lisa Evans, Deputy Trust Secretary, Kat Cleverley, Trust Secretary Deborah Evans, Chair		
<b>Purpose of Report</b>			Tick all that apply ✓
<b>To provide assurance</b>		<b>To obtain approval</b>	
<b>Regulatory requirement</b>		<b>To highlight an emerging risk or issue</b>	
<b>To canvas opinion</b>		<b>For information</b>	✓
<b>To provide advice</b>		<b>To highlight patient or staff experience</b>	
Link to Council of Governors Duties			
<b>Hold to account</b>		<b>Appointment/remuneration</b>	
<b>Represent interests of members and public</b>	✓	<b>Contribute to strategy</b>	
<b>Approve increase in non-NHS income</b>		<b>Approve significant transactions</b>	
<b>Approve merger/acquisition etc.</b>		<b>Approve constitution changes</b>	
Summary of Report			
<p>Elections are required in 2023 for four seats in the the following public governor constituencies:</p> <ul style="list-style-type: none"> <li>• Cotswold x2</li> <li>• Forest of Dean x1</li> <li>• Gloucester x1</li> </ul> <p>In addition, we will also be holding elections for three staff Governors:</p> <ul style="list-style-type: none"> <li>• Medical/Dental Staff</li> <li>• Nursing and Midwifery Staff Governor</li> <li>• Other/Non-Clinical Staff</li> </ul> <p>The Corporate Governance team is working with colleagues in the Communications Team and partner organisations to engage with members and other interested parties, in order to publicise the vacancies. The elections will be highlighted through social media and in the Spring membership newsletter. The Corporate Governance Team will update the Trust’s webpages and governor information packs.</p> <p>Work is being carried out on the Constitution and with partners to try to diversify our Council and make it more inclusive. We will be looking to particularly attract candidates from groups who are currently under represented on the Council.</p> <p>The timetable for governor elections is set out within model election rules. These state that the governor election</p>			

process should be conducted over a 41 working day timetable as a minimum. In order to err on the side of caution the team have chosen a longer timetable, set out below:

**Election Timetable**

<b>ELECTION STAGE</b>	
Trust to send nomination material and data to CES	Friday, 16 Jun 2023
Notice of Election / nomination open	Friday, 30 Jun 2023
Nominations deadline	Friday, 28 Jul 2023
Summary of valid nominated candidates published	Monday, 31 Jul 2023
Final date for candidate withdrawal	Wednesday, 2 Aug 2023
Electoral data to be provided by Trust	Monday, 7 Aug 2023
Notice of Poll published	Friday, 18 Aug 2023
Voting packs despatched	Monday, 21 Aug 2023
Close of election	Thursday, 14 Sep 2023
Declaration of results	Friday, 15 Sep 2023

**Recommendation**

The Committee is asked to note the report.

**Enclosures**

None.

Report to Council of Governors			
<b>Date</b>	8 June 2023		
<b>Title</b>	Provider Licence Self-Certification – Governor Training Declaration		
<b>Author /Sponsoring Director/Presenter</b>	Kat Cleverley, Trust Secretary		
<b>Purpose of Report</b>			Tick all that apply ✓
To provide assurance		To obtain approval	✓
Regulatory requirement	✓	To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	
Link to Council of Governors Duties			
Hold to account		Appointment/remuneration	
Represent interests of members and public		Contribute to strategy	✓
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	
Summary of Report			
<p>The report provides the training, development and engagement opportunities offered to Governors during 2022/23; this will form part of the Governor Training Declaration to satisfy condition FT4 of the Provider Licence. <i>(FT4: The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role)</i></p>			
Recommendation			
<p>The Governance and Nominations Council reviewed the evidence on 1 June 2023. The Council is asked to consider the report and agree that can be used to provide the Board statement against condition FT4.</p>			
Enclosures			
Provider Licence Self-Certification Report			

## **Provider Licence Self-Certification – Governor Training Declaration**

The NHS provider licence forms part of the oversight arrangements for the NHS. It sets out conditions that providers of NHS-funded healthcare services in England must meet to help ensure that the health sector works for the benefit of patients, now and in the future.

All NHS foundation trusts and NHS trusts are required to hold a licence. The licence requires the Board to make a series of annual declarations to confirm the Trust's compliance with the licence conditions, and also to confirm that the Trust has and intends to keep in place systems and processes to implement appropriate standards of corporate governance. The individual declarations comprise of the following:

- A corporate governance statement (FT4)
- Governor training declaration (FT4)
- Systems for compliance with licence conditions declaration (G6/CoS7)

Declarations must be made by the Board, having regard to the views of Governors.

Following a statutory consultation to update the licence to reflect new system working arrangements, a new licence is in effect from 1 April 2023. There will no longer be a requirement to publish a declaration of compliance after 2022/23, with monitoring of compliance with the licence to be managed at system level.

For 2022/23, the Board statement related to Governor training will be "confirmed", although there is recognition that regular development and training sessions will be scheduled for the remainder of the year and for 2023/24.

Training opportunities offered during the year include:

- Maternity Session on 11 August 2022
- NHS Providers: Governor Workshops in September 2022, January 2023
- Trust Induction (attended by new governors in October 2022, November 2022, January 2023)
- Governors' Quality Meeting on 17 October 2022
- Induction session, open to all Governors, on 29 November 2022
- Induction meetings with the Chair
- Cancer Services development session, 9 February 2023
- Online learning (IG and Data Security; Safeguarding; EDI; Code of Confidentiality; Code of Conduct; Recruitment and Selection)
- Patient Safety Incident Response Framework development session, 13 April 2023

Other opportunities for Governor involvement and engagement offered during the year include:

- Various tours of site developments, led by the Deputy Director of Strategy and Transformation
- Tour of new Day Surgery Unit at CGH
- Gallery tour
- Governor observers at Committee and Board meetings
- Invitation to ICS Voluntary, Community Health and Social Care district roadshows
- Walkabouts at CGH and GRH (new proposal for walkabouts currently in development)
- New updated Governor Handbook to support a new, more robust induction process

All training, community events and opportunities, and ICS activities are included in our monthly Governor Briefings. The team continues to work closely with Communications to provide more opportunities for Governors to meet and engage with the local community.

A bespoke training session with NHS Providers has also been arranged, with a date due to be set once facilitators have confirmed availability.

**Recommendation**

The Committee is asked to provide feedback on the declaration, including opportunities for working in 2023/24, that can be included in the Board statement to satisfy the requirement.

Report to Council of Governors			
<b>Date</b>	8 June 2022		
<b>Title</b>	Notice of 2023 Annual Members' Meeting (AMM)		
<b>Author /Sponsoring Director/Presenter</b>	Lisa Evans, Assistant Trust Secretary Kat Cleverley, Trust Secretary		
<b>Purpose of Report</b>	Tick all that apply ✓		
<b>To provide assurance</b>	<input type="checkbox"/>	<b>To obtain approval</b>	<input type="checkbox"/>
<b>Regulatory requirement</b>	<input type="checkbox"/>	<b>To highlight an emerging risk or issue</b>	<input type="checkbox"/>
<b>To canvas opinion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
<b>To provide advice</b>	<input type="checkbox"/>	<b>To highlight patient or staff experience</b>	<input type="checkbox"/>
Link to Council of Governors Duties			
<b>Hold to account</b>	<input type="checkbox"/>	<b>Appointment/remuneration</b>	<input type="checkbox"/>
<b>Represent interests of members and public</b>	<input checked="" type="checkbox"/>	<b>Contribute to strategy</b>	<input type="checkbox"/>
<b>Approve increase in non-NHS income</b>	<input type="checkbox"/>	<b>Approve significant transactions</b>	<input type="checkbox"/>
<b>Approve merger/acquisition etc.</b>	<input type="checkbox"/>	<b>Approve constitution changes</b>	<input type="checkbox"/>
Summary of Report			
<p>Gloucestershire Hospitals NHS Foundation Trust's Constitution specifies that the Trust should hold a public meeting of its members within seven months of the end of each Financial Year. The Annual Members' Meeting (AMM) is to be convened by the Trust Secretary by order of the Council of Governors.</p> <p>The Trust is required to lay the Annual Report before Parliament ahead of it being made public. The report will be laid before Parliament early in September, it is therefore proposed that the 2023 AMM be held at Sandford Education Centre, CGH on <b>27 September 2023 between 3pm and 5pm (with a Community Market Event from 1pm)</b>.</p> <p>The following documents must be presented to Members at the meeting:</p> <ul style="list-style-type: none"> <li>• The annual accounts;</li> <li>• Any report of the external auditor;</li> <li>• The annual report.</li> </ul> <p>The agenda for this year's AMM has been drafted and is likely to include a report on NHS 75 and a Council of Governors' Report from the Lead Governor.</p> <p>Notice of the AMM will be given to all Members, the Council of Governors, the Board of Directors, and to the Trust's auditors at least 14 clear days before the date of the meeting. It will also be published on the Trust's website.</p>			
Recommendation			



The Council of Governors is asked to note that the Trust will convene the 2023 Annual Members' Meeting on 27 September 2023.

**Enclosures**

None

**KEY ISSUES AND ASSURANCE REPORT**

**Audit and Assurance Committee, 28 March 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
None		

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Internal Audit Progress Report	<p>The outpatient clinic management review had been finalised; however, executive sign off had been delayed and was not available at the time of the meeting.</p> <p>The Committee was advised that the Head of Internal Audit Opinion would seek assurance from engagement in reviews and follow ups, and improvement in recommendation completions would be required.</p> <p><b>Follow up Report</b></p> <p>The Committee received a summary of completed and overdue recommendations. Fifteen recommendations had been made from 2022-23 audit reports; two recommendations related to risk maturity had been completed, with three risk maturity and two HFMA recommendations now due. There was no response related to one further risk maturity recommendation. Eight recommendations were not yet due.</p> <p><b>Accounts Payable Internal Audit Review</b></p> <p>The review was given a Substantial rating for Design Opinion and Design Effectiveness, with a number of areas of good practice identified. One key finding had been raised, related to new suppliers and the need to undertake appropriate due diligence checks.</p> <p><b>Internal Audit Plan 2023-24</b></p> <p>The Committee discussed the draft plan, and agreed that the Freedom to Speak Up Guardian review would not take place in Q1, however appraisal and revalidation review could go ahead as planned.</p>	<p>The outpatient clinic management review would be received in May.</p> <p>A data cleansing exercise would be undertaken to close down older outstanding recommendations.</p> <p>A rationale for risk closure would be discussed at the next meeting.</p> <p>Executives would review and finalise the plan to ensure timings of key reviews were appropriate. Virtual approval would be sought from the Committee.</p>
GMS Report	<p>Key points were noted as follows:</p> <ul style="list-style-type: none"> <li>Internal audit progress was slightly behind for 2022-23, although almost completed. The internal audit plan for 2023-24 had been approved by GMS Board.</li> <li>Staffing remained a key concern.</li> <li>A high-level single tender waiver dashboard had been appended to the main report for information; additional analysis would take place to reflect the response to the capital programme.</li> </ul>	<p>Additional analysis into waiver activity would be discussed at the next meeting.</p>
Risk Assurance Report	<p>Two new risks had been added to the register. The Committee discussed the assurance that would need to be taken to provide understanding on the risks underlying the key performance indicators and how the report would be structured to highlight the framework used. The report would also include immediate internal learning points, as well as wider strategic learning. Inclusion of immediate internal learning and wider strategic learning.</p>	<p>The CEO and Chair of the Committee would agree the format and level of assurance required within the report.</p>

**Items Rated Green**

Item	Rationale for rating	Actions/Outcome
External Audit	Interim audit was progressing well, with a few samples outstanding but	None.

**Assurance Key**

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

Progress Report	nothing concerning. Timetables for GMS and charity audits were in place.  Auditors would test the value of provision for healthcare support workers. The Committee noted that more work would be taking place on site and would be coordinated with teams.	
Losses and Compensations Report	The Committee noted 12 ex-gratia payments totalling £4735 and approved the write-off of 242 invoices with a total credit value of £2,600.77.	None.
Single Tender Actions Report	Four waivers had been processed within the reporting period, with a value of £289,610.	None.
<b>Items not Rated</b>		
None.		
<b>Impact on Board Assurance Framework (BAF)</b>		
The full Board Assurance Framework was received; the usual monthly review process would be undertaken to continue to refine the risks and associated actions. Further work to ensure the BAF was utilised fully in committee meetings would be undertaken. The Committee encouraged executives to review the risk target scores to ensure they were appropriately ambitious.		



Risk Assurance Report	Three new risks were included in the register. Two risks had been downgraded to be held at divisional level. Four further risks had been downgraded to a lower risk register, following a score reduction. Work was underway to refine the risk register, including reviewing risks dating back to 2005/06 and risks that had been open for more than five years.	Future iterations of the report would provide focused scrutiny on key areas, including water safety.
GMS Report	External Audit was progressing well, with no outstanding requests at the time of reporting. An internal audit report on Data Quality (ERIC) was received, with Moderate assurance given for both Design Opinion and Design Effectiveness. Two medium priority recommendations had been provided in relation to the requirement for a defined procedure and to review gaps in the validation process.	The single tender waiver report was received for assurance.
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
External Audit Progress Report	There were no significant concerns with any misstatements or timetable issues, and teams were working well together with regular communication. Audit was progressing well, with no concerns. Audit work for GMS was progressing, with the aim to complete by the end of June to finalise accounts for September/October. No concerns were raised at this stage.	The Committee was assured that audit was progressing well with no concerns.
Counter Fraud Report Place this one in the green section	Key points were noted: <ul style="list-style-type: none"> <li>• A memorandum of understanding was now in place with Gloucestershire Police to work together to discuss closure of cases.</li> <li>• Two national intelligence reports had been issued which had originated in Gloucestershire and related to email account hacking and an agency worker with several employments.</li> <li>• The draft annual report detailed the culmination of progress reports over the last year. In 2022/23, 22 cases had been referred to counter fraud, showing little movement from the previous year.</li> <li>• The draft work plan for 2023/24 was presented, with particular exercises to take place around declarations of interest and temporary staff working multiple jobs.</li> </ul> The Committee noted that the declaration of interests process for Board was sound, however further work was required to capture interests for staff throughout the organisation, including private practice, secondary employment, and gifts and hospitality. The Trust was reviewing the utilisation of existing processes such as induction, appraisal and medical revalidation. The functionality of ESR had been reviewed and would be used to collate responses from staff, along with regular communication and guidance.	The Committee approved the Counter Fraud Annual Report 2022/23. A plan to improve the declaration of interests process for the organisation would be received in July.
Losses and Compensations Report	The Committee noted ex-gratia payments totalling £3,663.49 and approved the write off of 255 invoices. Eight ex-gratia payments had been made to patients for property lost on wards.	The Patient Property Policy was regularly reviewed at Quality and Performance Committee. Assurance on the impact of the policy would be brought to Audit and Assurance Committee.
Single Tender Actions Report	Four waivers were processed during the reporting period, with a value of £247,154.17	None.
<b>Items not Rated</b>		
None.		
<b>Impact on Board Assurance Framework (BAF)</b>		
<i>SR1 Urgent and Emergency Care</i> : more detail was recommended on the work of Newton and how this would affect the target risk scores.		

**KEY ISSUES AND ASSURANCE REPORT**

**Finance and Resources Committee, 27 April 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
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None.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
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Financial Performance Report	The M12 financial position was a surplus of £51k which was £51k favourable to plan. This was the position after adjusting for donated assets.	The Committee received the report as a source of assurance that the financial position was understood.
Annual Finance Plan	All ICS systems were required to resubmit 2023/24 operational plans on 4 May. Activity and trajectory plans for 30 March submission were approved previously by FRC. Four Metrics were being considered for revision from the submission completed in March.	The Committee supported the proposed changes to virtual ward capacity and patients with no criteria to reside (NCTR). Further consideration would be given to potential changes in the planned Referral to Treatment (RTT) waiting list and echo activity. The Committee supported virtual approval of any changes from the previously agreed position, due to the submission deadline of 4 May. The report would be received at Board of Directors to approve amendments.
Year end position and proposal for risk share approach	The pre-audit M12 position for the ICS was a £102k revenue surplus and a small surplus of £27k on Capital. This was in line with expectations and included potential costs of the band 2 – 3 pay review across the system	The Committee noted the year end position and the progress around the approach to risk share for 23/24. The Committee supported the approach to risk share within the system during 23/24.
Financial Sustainability Report	The Financial Sustainability Programme gap, before addition of recovery actions, was £2.8m. In month, the gap to the full year target of £13.2m had reduced by £0.1m. Progress had been made in identifying savings for 23-24. Work continued to drive forward and stretch the identified divisional and cross-cutting workstreams.	A system away day with ICB colleagues was due to take place and the Committee agreed that it would receive the ICS Savings Plan. A separate productivity update was being developed, which would be presented to the Committee.
Capital Programme Report	Key points were noted as follows: <ul style="list-style-type: none"> <li>The Trust had submitted a gross capital expenditure plan for the 22-23 financial year totalling £67.1m.</li> <li>There had been £14.6m of additional capital approved and a reduction in expected in-year donations of £0.6m, bringing this up to £65.7m.</li> <li>At the end of March (M12), excluding IFRS 16 capital, the Trust had goods delivered, works done or services received to the value of £66.1m and the Trust delivered £17.5m of non-IFRS 16 capital in month.</li> <li>The Trust finished £3k under the agreed position and the Committee congratulated colleagues on this achievement.</li> </ul>	The Committee noted the M12 capital position.
Digital Transformation Report	The Committee received a review of the Digital Transformation Programme projects that had been delivered during 2022-23, broken down by projects within the four main work areas. An assessment of the Trusts position against HIMMS was being undertaken.	The update was noted.

**Items Rated Green**

**Assurance Key**

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

Item	Rationale for rating	Actions/Outcome	
None			
<b>Items not Rated</b>			
Digital Risk Register	Terms of Reference	Commercial and Innovation Review Group	
ICS Forward Plan – Draft			
<b>Investments</b>			
Case	Comments	Approval	Actions
Philips PACS system renewal	The Committee approved the renewal of the Philips PACS managed service agreement at a total cost of £2,968,431 for a four-year term commencing 1 <sup>st</sup> June 2023. This represents a saving compared to the current charge of £869,309 over the four years (numbers exclude VAT).	Approved	None
TIFF Orthopaedic Theatre Procurement	The Committee supported the project but agreed that further clarity on defining the scope was required before moving forward.	Not approved	The report would be rescheduled for FRC and potentially the Capital Review Group.
<b>Impact on Board Assurance Framework (BAF)</b>			
SR12: Cyber Security The Committee discussed the high-risk areas of cyber security and considered whether the risk score should be raised. This would be reflected in the risk at May's meeting.			

**KEY ISSUES AND ASSURANCE REPORT**

**Finance and Resources Committee, 25 May 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
GMS Key Issues and Assurance Report	The continuing failure to achieve the Fire Risk Assessment KPI and the lack of resource to deliver was raised as a key concern.	The Committee noted the continued high vacancy rates within the GMS, and the impact on compliance. Recruitment continued to address the staffing gap.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
CGH Electrical Incident Update	The Committee received assurance on the proposed actions in response to the incident concerning the electrical outage at CGH in January which affected a number of critical services.	Actions were agreed at the Trust's Electrical Safety Group, the Digital / EPRR Post Incident Review and an EPRR pan-Trust Post Incident Review. A full report would be brought to the meeting in June.
Financial Performance Report	The Committee noted that at M1, the Trust was reporting a deficit of £3,265k which was £639k adverse to plan. The drivers of this position were outlined and the Committee noted that the position would have been overspent by £2,060k in M1 (including £760k in ED) if reserves had not been released and corporate areas were not underspent. The Committee noted that temporary staffing was a key concern.	A deep dive into the pay position would be undertaken. The Committee agreed that benchmarking of issues common throughout the NHS would take place and would be included in the next report.
Financial Sustainability Report	In Month 1, £1.2M was planned, of which £1.1M was achieved, the Financial Sustainability Programme plan submitted to NHS England in May was valued at £34.7M. In addition to the £34.7M FSP plan, GHFT now had a stretch target of £1.4M in order to achieve a system balanced plan and a technical adjustment of £6.7M for Covid, where spend was already removed from the plan, before efficiency targets were applied. Within the £13.2M of red-rated schemes were £7.7M of schemes still requiring a detailed delivery plan. Agency and locum spend remained high in areas where there were staffing vacancies.	Schemes still requiring a detailed delivery plan had been discussed at Programme Delivery Board. Actions were now being taken to ensure the schemes underwent a Project Initiation Document (PID) and QIA process.  A 'deep dive' into agency and bank schemes was planned.
Estates Risk Register	There were 72 risks currently on the Risk Register. The age of the estate, coupled with other factors created a number of challenging issues. The report set out the link between backlog maintenance and risk.	A Board Strategy session on the broader risk issues was planned. Clarity around the purpose of that session would be sought.
Capital Programme Report	The Trust submitted a gross capital expenditure plan for the 23-24 financial year totalling £57.3m, of which £1.5m was in relation to IFRS Right of Use CDEL, leaving a remaining programme of £55.8m. There had been no additional capital approved since the plan submission.	Subgroup meetings were in place to provide accountability and assurance.
Procurement Bi-Annual Assurance Report	The Committee received assurance that the Procurement Service met national performance targets and operated in accordance with national standards. The service also supported the delivery of the Trust's Financial Sustainability Programme and represented value for money.	The current market situation continued to put pressure on input costs, commodities and inflation; procurement challenges and risk mitigation actions taken were noted.

**Assurance Key**

Rating	Level of Assurance
Green	Assured – there are no gaps.
Amber	Partially assured – there are gaps in assurance but we are assured appropriate plans are in place to address these.
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	Quarters 3 and 4 continued to be a period of pressure for the team with a number of vacancies balanced with continued support for the various programmes and supporting the Trust in its delivery of activity.		
NHS England Productivity Tool	2022/23 GHFT productivity was 22% lower than in 2019/20, driven by inflation-adjusted increase in costs of 16% versus 2019/20, combined with cost weighted activity reduction of 9% driven in part by changes to activity points of delivery in 2022/23.	A further report would be received in July, and would include commentary and implications.	
<b>Items Rated Green</b>			
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>	
None			
<b>Items not Rated</b>			
Commercial and Innovations Review Group KIAR	Contract Management Group Overview Report	Business Case Process	
<b>Business Cases and Investments</b>			
<b>Case</b>	<b>Comments</b>	<b>Approval</b>	<b>Actions</b>
Pay Award for GMS Staff	NHS England had announced a 5% non-consolidated resilience payment in relation to 2022-2023 and a 5% consolidated pay rise for AfC from 1 April 2023. This was payable to AfC staff employed by qualifying organisations of which GHNFT was one. GMS did not qualify. The gap of £177,650 was noted.	Approved	The Committee approved the uplift and non-recurrent payment for both groups of GMS staff and recognised this was a cost GMS had not budgeted for. The Committee supported approaching the ICB for funding.
GMS Business Plan 2023-24	The proposed GMS 23/24 business plan was received by FRC.	Approved	None
Renal HD Contract Recommendation Report	The Procurement Tender undertaken for the Renal HD Contract was robust, and the outcome demonstrated best value to the Trust for the delivery of the proposed contract. Bidder 3 was recommended.  A challenge to the evaluation panels impartiality was received and a residual risk of challenge was noted. Mitigating actions were taken in response, following advice from DAC Beechcroft.	Approved	None
TIFF Orthopaedic Theatre Procurement	The Committee supported engagement with Kier Construction on the TIFF Orthopaedic Theatre. External funding was already approved; the exi Design Team had been appointed and were currently working towards RIBA Stage 3 Design and issuance of tender documents.	Approved	None
<b>Impact on Board Assurance Framework (BAF)</b>			
BAF risks had been agreed and would now be aligned to agendas to drive forward key strategic work. The Committee recommended a reduced risk score for <i>SR9: Financial Sustainability</i> , from 20 to 16.			

**KEY ISSUES AND ASSURANCE REPORT**

**People and Organisational Development Committee, 25 April 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
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None.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
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Performance Dashboard	<p>Key points were highlighted as follows:</p> <ul style="list-style-type: none"> <li>Agency and bank staff usage remained high and was subsequently re-rated; this was related to ongoing vacancies and industrial action and therefore reflected a worsened position.</li> <li>Targeted work into long covid and work-related stress was required to support high numbers of sickness absence in these areas.</li> <li>Turnover was reducing, however targeted interventions into specific staff groups would take place to support and identify any issues. Leavers' data would feed into retention plans.</li> <li>Information Governance mandatory training was a particular concern, with non-compliance seen across a number of areas; some improvements had been reported however the target was not achieved, mainly due to operational pressures.</li> <li>Further targeted work would take place to support divisions in completion of appraisals.</li> <li>A tender exercise was underway for the Staff Engagement and Experience Programme.</li> <li>The Trust had successfully bid for funding to welcome a further 80 international nurses to the organisation.</li> <li>Funding to implement a marketing strategy to increase advertising the Trust as a local employer of choice had not been supported; other avenues would be explored.</li> <li>Good progress had been made in relation to time to hire; as part of a wider recruitment transformation programme, a survey had been undertaken with recent candidates that highlighted positive improvements.</li> </ul>	<p>The dashboard continued to evolve, with increased focus on programmes of work. Key metrics and key performance indicators, particularly related to Freedom to Speak Up and Equality, Diversity and Inclusion would be further developed.</p> <p>Additional analysis would be carried out in relation to the ethnic minority application to appointment data, which was flagged as a particular concern.</p>
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Workforce Sustainability Review	<p>The review outlined the programme structure required to demonstrate grip and control on workforce sustainability.</p> <p>The team had made positive improvements on reducing the length of time to hire, with the next phase to focus on efficiencies and targeted detail on candidates (for example, who they are, where they are from, where had they seen adverts). This would inform the overall recruitment and retention strategies with a view to embed a sustainable recruitment system.</p>	<p>The Committee supported the programme structure.</p> <p>Targeted detail into the reasons the Trust loses people during the time to hire process, and demographics of candidates, would be developed in order to increase efficiency.</p>
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Equality Delivery System 22	<p>An overview of the requirements of the Equality Delivery System was received, with two out of three domains already completed.</p> <p>The EDS22 workshops (attended by 92 staff) had collated a number of suggestions for equality objectives, which would be reviewed and incorporated into planning.</p> <p>A new reporting template and four-year equality objectives would be developed and reported through the governance structure as evidence of the Trust's continued commitment and consideration of EDI.</p>	<p>Divisional attendance to support the implementation of the strategies would be requested.</p> <p>The Committee would consider receiving regular divisional feedback on good practice in their teams.</p>
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**Items Rated Green**

Item	Rationale for rating	Actions/Outcome
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None.

**Assurance Key**

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

Items not Rated		
Risk Register	ICS Update	
Impact on Board Assurance Framework (BAF)		
SR3: continue to reflect actions and progress, including options for the marketing strategy.		
SR4: milestones to be included to reflect progress against a number of significant pieces of work, including the Staff Experience Taskforce. Consider inclusion of organisational risks associated with the transformational approach to co-design.		

**KEY ISSUES AND ASSURANCE REPORT**

**Quality and Performance Committee, 26 April 2023**

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

**Items rated Red**

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	The Trust was committed to end boarding by the end of the summer; the Quality Summit that had been arranged to take place earlier in April had been postponed due to operational pressures and staff capacity related to industrial action. The purpose of the Summit was to discuss the process to end boarding with a number of colleagues from across the Trust. It was noted that boarding was part of a plan to stop caring for patients in all non-designated areas and would need internal and external support and actions; there were risks associated with this.	The Committee was concerned about the postponement of the Quality Summit, however noted that it would now take place on 28 April. Updates would be provided to the Committee on progress made.

**Items rated Amber**

Item	Rationale for rating	Actions/Outcome
Quality and Performance Report	Key points were highlighted as follows: <ul style="list-style-type: none"> <li>• There continued to be stable performance in Cancer, with some exceptional areas noted.</li> <li>• Stabilised performance was also reported in Urgent and Emergency Care. A patient improvement plan had been established to review further opportunities and achieve the 80% performance target as set out in the Operational Plan.</li> <li>• Good progress was being made against the maternity and surgery action plans; the CQC was revisiting the services to review progress made against the Section 29a warning notices.</li> <li>• Successful recruitment had been made into leadership positions within maternity.</li> </ul>	Improved digital patient appointment systems were being implemented, with additional support from primary care.
Serious Incidents Report	There had been no further Never Events reported, and no further Healthcare Safety Investigation Branch (HSIB) reports. Three new serious incidents had been reported. Resources in the investigation team were challenged, with delays and extensions requested to manage current activity.	None.
Trust Risk Register	Two new risks had been added to the register, with one risk downgraded from Trust to divisional level. An improvement programme had been established to coordinate all discharge improvement activity, with an aim to support congestion in Emergency Departments. Additional governance arrangements had been put in place to monitor completion of the water safety action plan. A gap analysis for the Patient Safety Incident Response Framework had identified cost pressures.	A revised pathway for Patient Safety Alerts has been issued requiring involvement of the Patient Safety Specialist and Executive approval.
Nursing Safer Staffing Report	The report provided the Committee with an overview of nurse staffing in relation to safety as required by national guidance. A series of recommendations were made to ensure safer nurse staffing across Inpatient departments. National Registered Nurse ratio noted to be 65/35; currently 67/33 in the Trust. Required care hours per day calculated at 10.1 hours, actual provided 7.9 hours; pressure was due to staffing non-designated areas.	Additional issues related to un-resourced care hours and banding benchmarking were under discussion. Feedback from Committee to strengthen levels of assurance for next reporting period.
Internal Audit Review: Outpatient Clinic Management	The review had been rated as giving moderate assurance for both Design Opinion and Design Effectiveness. Some areas of good practice had been identified, along with opportunities for improvement.	Oversight and monitoring of recommendations would take place at Audit and Assurance Committee.
Learning from Deaths	Assurance on the governance systems in place for reviewing deaths	A detailed report into special

Report	and demonstrating compliance with national guidance was provided.	cause variation SHMI data would be reviewed at the Hospital Mortality Group.
Quality Account 2023-24	An iteration of the Account was provided; there were some challenges in obtaining necessary data, which meant that the Account would not be finalised in time for May's Board of Directors meeting.	Any additional comments to be sent to the Deputy Director of Quality. Delegated authority for committee to approve the Quality Account would be requested at Board.
<b>Items Rated Green</b>		
<b>Item</b>	<b>Rationale for rating</b>	<b>Actions/Outcome</b>
None.		
<b>Items not Rated</b>		
System feedback	Regulatory Update	
<b>Impact on Board Assurance Framework (BAF)</b>		
Work continued to ensure appropriate gaps in control were reflected and actioned.		

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

<b>REF</b>	05/23	<b>STATUS</b>	<b>OPEN</b>
<b>SUBMITTED</b>	20/04/23	<b>ACKNOWLEDGED</b>	20/04/23
<b>DEADLINE</b>	<b>09/05/23</b>	<b>RESPONDED</b>	15/05/23
<b>GOVERNOR</b>	Maggie Powell		
<b>LEAD</b>	Qadar Zada		
<b>THEME</b>	PJ Paralysis & Early Meds, Empty Beds		
<b>QUESTION</b>			
<p>As Governors, we have been told of two campaigns intended to change day-to-day staff practice: the re-launch of No PJ Paralysis and the launch of Early Meds, Empty Beds. How are these monitored and what has been the impact? How easy is it to maintain the messaging after the initial launch?</p>			
<b>ANSWER</b>			
<p>The 'Early Meds for Early Beds' Campaign is monitored by the 'Flow' Programme as it has contributed positively to the volume of discharges from the Hospital Sites. Getting TTOs as early as possible to Pharmacy, combined with improvements in reducing transaction time within Pharmacy have reduced the duration of time spend in non-ward based environments for patients as a result of earlier flow out of the hospital. Pharmacy use these data to allocate additional support as required to promote earlier TTOs and ward based education.</p> <p>The EM4EB Project Board reviews the data twice weekly, and has developed a comprehensive dashboard which includes Site, Division and Ward comparative data for use in complementing and improving flow generally, and where there may be opportunities for further improvement. The Surgical Division use these data to maximise the potential for improving patient experience and patient pathways, where the opportunity for planning discharge and TTOs should be optimal. This dashboard will support the ongoing work of the campaign, outcomes and awareness and will be complemented by access to merchandise and ward based support.</p> <p>The 'End PJ Paralysis' is currently a flow and AHP-led initiative, being led by David Taylor our Director of Operations for Hospital Flow and Simon Lovett our new Chief AHP. The initial impact was positive with a working group set up, patient information updated and targeted education within the emergency department delivered. Maintaining the messaging and impetus amongst the various challenges has been difficult and we have therefore not had the sustain impact we had hoped. With Simon now in post and supporting, the current conversations are focused on, with work already underway to bring together Nursing, AHP, training and education colleagues and patient representatives to ensure all our staff supporting care delivery have the appropriate skills to get people up and moving whilst on our wards.</p> <p>This work will focus on the following:</p> <ul style="list-style-type: none"> <li>● Addressing the training needs of our ward-based colleagues supported by our clinical experts in M&amp;H</li> <li>● Ensuring the appropriate equipment is promptly available should it be required to move people safely</li> <li>● Ensuring staff understand and recognise the impact inactivity has on our patients lives</li> <li>● Improving patient partnership working whilst in our care</li> <li>● Measuring our success through qualitative and quantitative means</li> </ul>			

The daily Site Safety and Flow meetings provide regularly opportunities to continue to push the messaging around both projects, whilst the data from the EM4EB dashboard is operationally used to focus on areas of opportunity when flow is compromised.

In addition to this, we have now set up a Discharge Improvement Steering Group which meets on a monthly basis to drive forward flow improvement and transformational work generally. Both projects are reported back through this route for governance, being a key feature of the groups work plan to ensure continued and renewed focus on improving the care and experience our patients receive. It is through this group that we will further develop the outputs of the campaigns, driving the cultural elements required to ensure both are embedded as sustained operationally and become standard clinical care. In addition to this, the work around EndPParalysis will also have oversight at Quality Delivery Group before feeding into Quality Performance Committee and the Trust Board to ensure its continued prioritisation and trust level reporting on progress.

Report to Council of Governors			
<b>Date</b>	8 June 2023		
<b>Title</b>	Governor's Log		
<b>Author /Sponsoring Director/Presenter</b>	Lisa Evans, Deputy Trust Secretary Kat Cleverly, Trust Secretary		
<b>Purpose of Report</b>			Tick all that apply ✓
<b>To provide assurance</b>	<input checked="" type="checkbox"/>	<b>To obtain approval</b>	<input type="checkbox"/>
<b>Regulatory requirement</b>	<input type="checkbox"/>	<b>To highlight an emerging risk or issue</b>	<input type="checkbox"/>
<b>To canvas opinion</b>	<input type="checkbox"/>	<b>For information</b>	<input checked="" type="checkbox"/>
<b>To provide advice</b>	<input type="checkbox"/>	<b>To highlight patient or staff experience</b>	<input type="checkbox"/>
Summary of Report			
<p><u>Purpose</u></p> <p>This report updates the Council of Governors on the themes raised via the Governors' Log since the last meeting of the Council of Governors in April.</p> <p><u>Key issues to note</u></p> <p>The Governor's Log is available to view at any time within the Governor Resource Centre on Admin Control.</p>			
Recommendation			
That the report be noted.			
Enclosures			
Governors Log			