

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
14.00, Thursday 13 June 2024
Lecture Hall, Redwood Education Centre, Gloucester
AGENDA

Ref	Item	Purpose	Paper	Time
1	Apologies			14.00
2	Declarations of interest			
3	Minutes of meeting held on 11 April 2024	Approval	Yes	
4	Matters arising	Information	Yes	
5	Chair's update <i>Deborah Evans, Chair</i>	Information	Yes	14.10
6	Chief Executive's Briefing <i>Mark Pietroni, Deputy Chief Executive, Director for Safety and Medical Director</i>	Information	Yes	14.25
7	Charity Launch <i>Richard Hastilow-Smith, Associate Director of Charity</i>	Information	Yes	14.40
8	Engagement and Involvement Update <i>Juwairiyia Motala, Community Engagement and Involvement Manager</i> <ul style="list-style-type: none"> • Governor Events • Young Influencers • REFRAME – Diverse Images for Healthcare <i>Stephanie Rowe, Clinical Photographer</i> 	Assurance	Yes	15.10
Break (15 minutes)				16.10
9	Key Issues and Assurance Reports: <ul style="list-style-type: none"> • Quality & Performance Committee, <i>Sam Foster, Non-Executive Director</i> • Finance & Resources Committee, <i>Jaki Meekings Davis, Non-Executive Director</i> • People & OD Committee, <i>Balvinder Heran, Non-Executive Director</i> 	Assurance	Yes	16.25
10	Notice of AMM <i>Kerry Rogers, Director of Integrated Governance</i>	Assurance	No	16.55
11	Update from Governance and Nominations Committee , <i>Kerry Rogers, Director of Integrated Governance</i>	Assurance	Yes	17.00
12	NED Appraisals & Reappointments <ul style="list-style-type: none"> • NED performance and appraisal update <i>Deborah Evans, Trust Chair</i> • Associate NED re-appointment, <i>Deborah Evans, Trust Chair</i> • Trust Chair's performance and appraisal update, <i>Jaki Meekings Davis, Senior Independent Director</i> 	Approval	Yes	17.05
13	Any other business			17.20

Close by 17.25

Date of next meeting: Tuesday 10 September @ 2pm, (Sandford Education Centre)

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
16.00, Thursday 11 April 2024
Redwood Education Centre, Gloucester

Present	Deborah Evans	Trust Chair (Chair)
	Matt Bishop	Public Governor, Forest of Dean
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Douglas Butler	Public Governor, Cotswold
	Mike Ellis	Public Governor, Cheltenham
	Pat Eagle	Public Governor, Stroud
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Jeremy Marchant	Public Governor, Stroud
	Peter Mitchener	Public Governor, Cheltenham
	Susan Mountcastle	Public Governor, Forest of Dean
	Asma Pandor	Staff Governor, Nursing and Midwifery
	Russell Peek	Staff Governor, Medical & Dental Staff (from item 09)
	Maggie Powell	Appointed Governor, Healthwatch
Olly Warner	Staff Governor, Other/Non-Clinical Staff	
Attending	John Cappock	Non-Executive Director
	Lisa Evans	Deputy Trust Secretary
	Sim Foreman	Trust Secretary
	Sam Foster	Non-Executive Director
	Marie-Annick Gournet	Non-Executive Director
	Balvinder Heran	Non-Executive Director
	Millie Holmes	Corporate Governance Apprentice
	Kaye Law Fox	Chair of GMS, Associate Non-Executive Director
	Kevin McNamara	Chief Executive Officer
	Jaki Meekings Davis	Non-Executive Director
	Sally Moyle	Associate Non-Executive Director
	Mike Napier	Non-Executive Director
	Claire Radley	Director for People and OD (for item 10)
	Alan Sheward	Chief Operating Officer (for item 09)
Apologies	Bryony Armstrong	Public Governor, Cotswold
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Matt Babbage	Appointed Governor, Gloucestershire County Council
	Ian Craw	Public Governor, Tewkesbury
	Bilgy Pelissary	Staff Governor, Nursing and Midwifery
	Vareta Bryan	Non-Executive Director
Ref	Item	
01	Welcome and Apologies	
	The Chair welcomed all to the meeting, particularly new Governors attending for the first time.	
	Apologies were noted as above.	
02	Declarations of Interest	

	There were no declarations of interest.
03	<p>Minutes of meeting held on 8 February 2024</p> <p>The minutes were approved as an accurate record, subject to an amendment to item 9, Cheltenham and Gloucester Hospitals Charity. This was around the tone of the CEO's comment in the penultimate paragraph.</p>
04	<p>Matters arising</p> <p>The Governors noted the updates and APPROVED the closed items.</p>
05	<p>Chairs Update</p> <p>Governors received a report setting out the Chair's activities since the last meeting. This included:</p> <ul style="list-style-type: none"> • A visit to Churchdown surgery in Gloucester to see their "Whiteboard" system in which they had identified the 500 (3%) most frail patients out of their 15,000 patient cohort. weekly multi-disciplinary team meetings were held to review and take action, and family members could raise concerns; this work was shown to help avoid hospital admissions. • The Chair also visited the Community Mental health service. This was the latest in a series of chair's visits, colleagues from a number of teams including crisis support, perinatal mental health, assertive outreach, and the recovery service joined the visit. • We received a visit from the Prime Minister and our local MP the Rt Hon Alex Chalk to see the new Chedworth day surgery unit and to visit theatres. Colleagues were pleased to meet the Prime Minister and it was a huge morale boost for staff. • Ambassadorial commitments included attending the Health Overview and Scrutiny Committee. The Chair had also attended positive meetings about the Big Space Cancer Appeal, and attended Iftar with colleagues in Cheltenham. • The Chair was involved in the recruitment of the new Chair of Gloucestershire Health and Care Foundation Trust. Graham Russell who was a current Non-Executive Director of that Trust was appointed to the role. • The Non-Executive Appraisal process was discussed, Governors noted that NHS England had provided a new Framework with 6 new domains. The Chair and NED appraisal process was more complicated than previously but the Chair assured the Governors that she and the NEDs valued the appraisals and welcomed the contributions of Governors.
06	<p>CEO Report</p> <p>The report provided by the CEO was taken as read. Kevin McNamara reported on the operational context and the Governors noted that there was a significant focus on the front door of the hospital. The Trust recognised the impact of flow and waiting times on patient and staff experience and safety. Colleagues continued to work hard to improve ambulance delays and waiting times in the Emergency Department.</p> <p>The Trust had also worked to support the safe discharge of patients with No Criteria to Reside (NCTR) and since the peak of 218 on 4 January 2024 this now stood at 156. The goal was now to continue to work with system partners to get this below 100 and a programme of 12 days of concerted effort was beginning next week. The challenge would be to ensure the corresponding improvement in the Emergency Department.</p>

	<p>Regarding the ongoing Industrial Action, Kevin McNamara reported that the British Medical Association had agreed the pay offer for consultants. The only outstanding issue now was the Junior Doctors and there was no sense of resolution there. Governors noted that around 1500 to 2000 appointments had been lost during each period of strike action.</p> <p>Cancer performance targets were discussed and Governors noted that this was a top priority for the Trust. The Trust was doing well overall; however, Urology was significantly behind where it should be.</p> <p>On 20 March the Care Quality Commission's published its report following their Inspection in December 2023 of Stroud Maternity Unit, which resulted in a rating of 'Requires Improvement.' This was the first time Stroud had been rated as a standalone unit. Governors noted that post-natal paediatric beds were closed 18 months ago and a review of how the service would be delivered going forward was taking place.</p> <p>Mike Ellis raised a concern about the performance targets in Urology. It was agreed that this would be discussed in more detail when Al Sheward joined the meeting. Jeremy Marchant noted the update on Stroud Maternity Unit, he asked if there was a feeling that unit was less important than the other hospitals. Kevin McNamara reported that he had visited the unit, there was a feeling that it was different to the other hospitals, and the team there felt disconnected with the Trust Leadership. The leadership in Maternity services and the Director of Nursing were addressing those issues. There was a need to consider whether the provision at Stroud was the best use of resources. There had been a call from a minister regarding the unit and it was high profile issue.</p>
07	<p>Update from Governance and Nominations Committee</p> <p>NED Appointments</p> <p>Sim Foreman reported that the Governance and Nominations Committee met on the 20 March and discussed a number of issues, including Governor elections. The Committee had supported the appointment of Mike Napier as Vice Chair of the Trust and approved the appointment of Jaki Meekings Davis as Senior Independent Director.</p> <p>Governor Election Update</p> <p>Sim Foreman reported that the election had closed the previous day. There was a 14% turnout and a good contest had taken place in the two staff constituencies. The next planned election would take place in the summer, that would include the Out of County constituency which had become vacant since this election began.</p> <p>The Council noted the election report, which confirmed the following elections:</p> <ul style="list-style-type: none"> • Public, Cotswold: Douglas Butler • Public, Forest of Dean: Susan Mountcastle • Staff, Allied Health Professionals: Samantha Bostock • Staff, Nursing and Midwifery: Asma Pandor <p>The Committee also noted that Emma Mawby had been elected unopposed as Public Governor for Gloucester and Ian Craw was elected unopposed to the Tewkesbury constituency.</p>
08	<p>Key Information and Assurance Reports (KIARs)</p> <p>Governors received the following reports for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee

John Cappock reported on the February meeting of the Audit and Assurance Committee. There were no red rated items; amber items were noted. The focus of the meeting was on looking forward to 2024/25. There was good focus on non-traditional audit work and some areas of limited assurance had been noted.

- Finance and Resources Committee

Jaki Meekings Davis reported that on the January and February meetings. There was one red item being monitored by the Committee around the Capital Programme. In January, the Committee had noted the seriousness of the position and received assurance that positive discussions were taking place with the Region. In February the Committee noted the risk with the forecast outturn. The Committee noted that Planning Guidance for the Operational Plan would not be received until the end of March, staff were preparing without the final guidance and a further submission would be made at the end of May. Issues around recruitment were noted, particularly for Gloucestershire Managed Services, with regard to the National Cleaning Standards. There was positive news that the Trust had almost achieved HIMSS Level 6, which was a rise from 0.2 previously. Capital would now be used to improve the digital estate and on backlog maintenance.

- People and OD Committee

Balvinder Heran reported that there were two red rated items from the January meeting, including recruitment and retention. This was a big area of focus and the time to hire trajectory was improving. Work was also being carried out on retention and reducing high cost agency staff. The other red area was the staff survey, three workstreams were underway. A meeting was to held to review that and the Committee was keen to ensure feedback from staff was received. Support had been put in place for staff affected by the BCC Panorama Programme and work was also taking place to reduce bullying and harassment of BME staff and around inclusion. The appraisal process was being reviewed, and the Committee noted that appraisals were valued by staff. The Committee also noted that the Chief Executive was now holding staff forums. Kevin McNamara reported that attendance in person had not been high yet but more people were viewing the content online and it was important that the messages were taken back to the teams.

- Quality and Performance Committee

John Cappock presented the KIAR for the extraordinary January meeting and the February meeting of the Quality and Performance Committee. The KIAR had been written by the former chair, Alison Moon and John Cappock had discussed the content with her. There were no red items highlighted. A general theme of plans being delayed was noted, issues had been flagged on the risk register and for regular reporting to the Committee. The Regulatory report was received, the paediatric hearing service had been rated red for consistency of care within current clinical guidelines, a further report would be provided at the next meeting. Violence and aggression toward staff and patients was noted as an area of concern. Improvement in Infection Control and fractured neck of femur was noted.

Maggie Powell asked if there were too many, over ambitious plans in place. Kevin McNamara reported that a framework would be taken to committees and he would be happy to share this with the Governors. There was a need to help the teams condense and focus. Mike Ellis noted that two never events were reported at the February meeting, there had been none for some time previously. Kevin McNamara reported that historically there had been a large number of never events in theatres and following lots of work carried out to

	<p>improve the position, there had been none for years. The two recent events had been reviewed and the teams had reconnected.</p>
<p>09</p>	<p>Discharges Update</p> <p>Al Sheward reported that updated guidance was released in January 2024 on Hospital Discharge and Community support guidance. Key changes were:</p> <ul style="list-style-type: none"> • A clear duty to co-operate • Involving families and carers • Care transfer hubs <p>The focus was on moving to an environment that could best meet the needs of the individual and on moving people home with appropriate support where safe to do so.</p> <p>The 4 pathways people left the Trust on were discussed. Al Sheward reported that anyone on the first 3 pathways were described as complex, although he did not feel this was always the case. 50% of patients left on the 2nd pathway, where they were discharged to a community bed-based setting which had dedicated recovery support. They were fewer discharges now to pathway 3, residential or nursing home settings. The Council noted that ward teams now held discussions with colleagues in the community who better understood patients needs. This avoided over prescribing.</p> <p>Al Sheward highlighted some issues under review, there were 50% fewer discharges at the weekend, and Governors noted that some care homes did not accept admissions at the weekend. The Governors also noted that since previous rewards offered to encourage use of the discharge lounge had ceased, discharges had reduced. Al Sheward echoed previous comments regarding No Criteria to Reside and said that there was a need for sustained improvement as the benefits of the reduction in numbers was not being seen across the Trust. The Trust would be submitting a target of 85 to the system. Patients who remained in the Hospital with No Criteria to Reside could experience deconditioning and may require additional care when they left.</p> <p>Fiona Hodder noted the good work but reported seeing some poor care in the community. Al Sheward noted the difficulty in assessing patients' needs while they were on the wards, it was agreed that Al and Fiona would discuss outside of the meeting. ACTION</p> <p>Mike Ellis noted the issues in Urology and Al Sheward agreed that there were issues, particularly around the 62 day cancer targets. He added that improvement work was taking place and it was agreed that a visit would be arranged to the new Urology Unit and the Urology Improvement Plan would be shared with Governors. It was agreed that the visit would be opened up to other Governors as part of the current programme of NED / Governor visits. ACTION</p>
<p>10</p>	<p>Staff Survey Results</p> <p>Claire Radley reported that the annual NHS Staff Survey results for 2023 were published nationally on 7 March 2024. This year the Trust saw a dramatic increase in the response rate, from 50% in 2022 to 68% in 2023, which was just below the highest response rate nationally of 69.5%.</p> <p>Claire Radley reported that overall, the Trust remained below the average for Acute Trusts for all People Promise scores. However, compared to 2022 all of those elements had seen a significant improvement. Governors noted that while last year the Trust was the most deteriorated, this year it was the most improved.</p>

	<p>Of the three 'net promoter' questions, two had seen an improvement (in line with the national average trend). However, the question 'Care of patients/service users is my organisation's top priority' had dropped by 0.5% compared to 2022, and this went against the national average trend.</p> <p>Claire Radley reported that a bold approach had been taken to cultural work in the Trust, focused on 3 key work streams, which were aligned with CQC well led. Russell Peek noted the improvement and asked if there was learning that could be taken from the Trusts above us. Claire Radley detailed the work taking place in this Trust, she reported that the work of the 'taskforce' had brought improvements. The taskforce had now been disbanded, however the wellbeing collective had clear principles around building better relationships. The importance of good communication was noted.</p> <p>Andrea Holder noted the encouraging work. She highlighted the long term strategy that had been discussed previously and asked if there was any evidence of people leaving rather than engaging in that. Claire Radley was unsure but noted that the Trust had previously had a high tolerance of poor behaviour. Governors noted that a restorative programme was in place which was looking at the environment which had allowed people to behave in that way. Emma Mawby asked how the work developed new managers. Claire Radley reported that a new leaders programme was in place, but there was more work to do.</p>
11	<p>Any other Business</p> <p>There was no further business for discussion.</p>
12	<p>Date of next meeting: Thursday 13 June 2024</p>
Close 18.30	

Actions/Decisions				
Item	Action	Lead	Due Date	Update
April 2024				
09a	Al and Fiona would discuss the care of patients who were discharged from the hospital.	Al Sheward	June	Complete. A meeting has been arranged to take place on the 12 th July at the Integrated Discharge Hub.
09b	A visit would be arranged to the new Urology Unit and the Urology Improvement Plan would be shared with Governors (the visit would be opened up to other Governors as part of the current programme of NED / Governor visits).	Al Sheward	June	Complete. A visit has been arranged for the 4 July.

Chairs Report to Council of Governors - June 2024

1. Purpose

This is the regular report from the Chair of the Trust about her activities since the last Council of Governors meeting and is for information.

2. Visits

My visits since April Council of Governors meeting have included:

- Community Assessment and Treatment Unit at Tewkesbury Community Hospital which is celebrating its second anniversary this month. CATU accepts referrals from Rapid Response, South West Ambulance, the Homeward Assessment Team and local GPs and aims to prevent acute hospital admission and reduce length of stay. The CATU offers a multi disciplinary assessment and initiates treatment before determining an onward treatment pathway.
- Woodmancote Ward – this was a joint visit with Governors to this stroke ward at Cheltenham General where we were able to converse with patients and nursing and AHP colleagues.
- The Perfect 12 Days of Spring – this was the ambitious title of an intensive 12 day programme to finesse the urgent and emergency care pathways across both hospitals. It looked especially at ambulance handover, flow through our short stay units, boarding and outliers on wards, the use of the GRH discharge lounge and frailty. I was struck by the multi-disciplinary collaboration and by the multiple incremental changes being made to many processes as well as some bigger initiatives.
- Quality Improvement Graduation Ceremony – Non executive directors are invited to join our regular quality improvement session where we hear presentations from each team who has completed a Quality Improvement project. There is great learning here and its always inspiring to hear how colleagues are improving care in imaginative and systematic ways.
- Maternity and Neonatal Independent Senior Advocate pilot – One Gloucestershire is one of twenty areas which has been chosen to pilot the new independent advocacy model for women and their families who use maternity services. Varetta Bryan (our NED maternity champion) and I met Joanna Garrett who is newly appointed to this post and Dawn Morrall from the Integrated Care Board. The pilot aims to provide an independent advocate for women and their families who has experienced difficulties with maternity and neonatal services and who feel they need support to be heard. The pilot supports quality and safety workstreams and will offer feedback to the Trust on how we can improve responsiveness.

3. Meeting new Governors

We have had a new cohort of governors and it is my practice to have Teams meetings with each person to understand their background and interests and to talk about the role of being a governor with the Trust. It is always heartening to witness peoples willingness to give their own time to support service users and colleagues experiences and perspectives.

4. Ambassadorial commitments

Since the last Council of Governors meeting I have undertaken the following:

- A meeting with Claire Marchant, the Vice Chancellor of the University of Gloucestershire. Claire's professional life has included working for the NHS and also as a local authority chief executive so she is very well sighted on the Trust's priorities, challenges and workforce issues.
- The launch of our Charity's lion themed walking trail for summer 2025 called Lions at Large – the Pride of Gloucestershire. This will capture the imagination of many, attract tourists and local people to explore Cheltenham and Gloucester and bring fantastic publicity for our Cancer Appeal
- Opened the Alstone Urology outpatients area and spent time with the multi-disciplinary urology team

5. Health Overview and Scrutiny

This month the County Council health Overview and Scrutiny Committee reviewed GP services across the county, received an update from the Trust on maternity services and considered a wide-ranging report of performance. Its always useful to hear Councillors reflections on the needs in their local areas and constituents experiences of the NHS,

Deborah Evans
Chair

May 2024

Chief Executive Report to the Council of Governors - June 2024

1. People and Culture

1.1 'Go and See' Service Visits

Since the beginning of March, I have visited almost 30 wards and services across both hospitals and continue to be impressed with the pride teams have in the care they provide for our patients, and the honesty in sharing where things need to be improved. I am grateful for colleagues who have been able to take time to walk myself and others through their service area, discussing their experiences, their patient journey and what they may need in driving forward any further changes.

Over the last eight weeks I have spent time with our Allied Health Professional Services, visited ED in Cheltenham, walked around the new Chedworth Suite and Theatres, met with the SACT Team who had relocated to Avening Ward (which had been their eighth move in just over 3 years). I have also met staff across Tivoli, Bibury, Snowhill and Dixon Wards and spent time on the Critical Care Units at both hospitals. In addition, I spent time with surgery and medicine leadership, visiting every ward from 2a to 5b, theatres on both sites, Oncology, Radiology, Pathology, Outpatients and our Mortuary Teams.

These visits are absolutely essential in being able to learn and listen to staff, what matters to them and what they are doing to care for our patients, and I look forward to more visits over the next few weeks.

1.2 Three Counties Medical School

In early May, I was also delighted to welcome the inaugural cohort of first year medical students from the newly founded Three Counties Medical School (TCMS) based in Worcester. The students are placed on a variety of wards across the Trust and the idea is for them to become embedded with the teams over the next four weeks.

The new Three Counties Medical School (TCMS) will serve the three counties of Gloucestershire, Herefordshire and Worcestershire and will open this September. Recruitment is underway for its Education Site Director, which will act as the interface between Gloucestershire Hospitals and the University of Worcester Three Counties Medical School and be responsible for the delivery and quality of clinical education and training to medical students while on clinical placement.

1.3 Health Care Support Workers re-banding

As part of ongoing discussions nationally, and representations from UNISON, NHS England has set out national guidance to Trusts to ensure the banding of Health Care Support Workers (HCSWs) aligns with the work undertaken and the Trust recognises that many of our Band 2 HCSWs have been carrying out work and task at a Band 3 level.

The Trust support that colleagues should be paid fairly and in line with evolving job evaluation criteria for the work undertaken. As a result, we have been working with our Trade Unions to develop a proposed re-banding offer and there is an agreement in principle with most of our recognised unions, however UNISON will ballot their members on the offer.

The proposed changes will apply to eligible Band 2 HCSWs, irrespective of any union membership status.

The Trust has written to all individuals affected and also recognise that other staff groups at Band 2 in our hospitals have raised questions if their roles are being looked at nationally or locally. We continue to work with our Staff Side partners to support all staff.

1.4 Body Worn Cameras

On 10 April the Trust introduced a 12-week trial for using body worn cameras in our Emergency Department (ED) in Gloucestershire Royal Hospital, with the aim to increase security and safety for patients, staff and the public.

The trial has been initiated in response to increasing incidents of abuse and aggression both within ED and across our hospitals more widely. This forms part of our commitment to the health, safety and welfare of our staff, patients and visitors, which the Trust takes very seriously. We are taking this step to support the de-escalation of incidents and support action that is taken following safety incidents in terms of identifying and prosecuting any offenders.

The cameras will be worn by key staff in ED and also by the GRH security response team and would be activated during an incident of abuse, violence, aggression or security risk. Individuals who are being aggressive or violent will be informed that the camera is recording and the body cameras will not be switched on during normal clinical activities.

There are stringent controls in place for the trial, where only our Risk, Health & Safety team can access any footage captured. All aspects of the trial will be compliant with Data Protection Impact Assessment (DPIA) requirements. Notices will be displayed in ED to confirm body worn cameras are present and may be in use during an adverse event. An evaluation will take place at the end of the trial.

We know there is more we can do to ensure everyone feels safe at work and a review is currently underway using an external provider to help us understand what actions we should be taking.

1.5 Sexual Safety Charter

There has been national focus on safety in the workplace, including sexual safety, and in September 2023 the Royal College of Surgeons produced a report that showed the shocking level of abuse and harassment many staff were experiencing.

The Trust has set out its commitment to sign up to the Sexual Safety Charter by the end of May 2024 and are working with staff and partners to ensure the principles of the charter are achievable and, if not, how to make them achievable.

We have established a Sexual Safety working group and their work is aligned to the Safe Learning Environment Charter (SLEC) we will also be signing up to. A Sexual Safety Policy is also currently being developed and will be going through all the relevant governance routes shortly.

We will be engaging with staff, through Schwartz rounds and other routes, so that staff can be involved on both charters, and also understand the results of the Staff Survey and NETS. We are extremely grateful to individuals who have given feedback about their personal experiences and we are clear what more we must and should do to ensure no one is subject to any form of sexual harassment or violence.

2. Operational context

2.1 Performance

The Integrated Flow Hub has improved patients' experiences since it launched in February. An integrated, multi-disciplinary and co-located trial Hub including Community, Social Care, Virtual Wards and System Partners was set up to support patient flow from Gloucestershire's acute hospitals.

It has improved patients' experiences based on the initial two aims:

- Ensuring Patients don't spend any longer in hospital than needed
- Ensuring Patients get their most independent outcomes

We will continue to monitor the success of the Integrated Flow up and the positive impact it is having.

The Trust has also been working closely as a system with partners from Newton Europe to help improve our flow position and has reduced wait times and ambulance handovers, but there is more we need to do to ensure safe care for our patients and a safe environment for staff.

We have reduced No Criteria To Reside (NCTR) patient numbers from a high of 216 on 4 January 2024 to 146 on 3 June 2024. We know there is a correlation between lower No Criteria To Reside and better flow and reduced delays for patients.

Four-hour performance across the Trust improved by 2% to 58% compared to February's position. The UEC team have also completed validation of all 4 hours breaches on a daily basis and are implementing live validation in April.

Handover delays deteriorated very marginally in March and April, from 66 mins to 79 mins. Dialogue with SWAST in place to address anomalies with XCAD system underway. The percentage of ambulances waiting more than 60 minutes reduced to 40% from 43% in March.

The number of patients waiting more than 78 weeks at the end of April was 3 patients, which consisted of two Oral Surgery and one ENT. The Trust has a focus on predicting patients who may get to 78 weeks and combined with the review of patients at 65 weeks, will drive fewer patients getting to 78 weeks.

Cancer performance against the 28-day faster diagnosis target has started to improve with 76.2% of people in April receiving a diagnosis or all clear following a suspected cancer referral against the 77% target. In order to maintain this standard of 77% Faster Diagnosis Standard (FDS), some planned actions include: a new escalation policy to support earlier identification of bottlenecks and concerns; Review of 2WW booking date and aim to bring this in line with 7 days or less.

The Trust acknowledges the size of the challenge and that many patients are still waiting longer than they would like. We recognise the impact this has on individuals and families and are working hard to improve this position for all concerned.

2.2 Integrated Urgent Care Service

Gloucestershire Health and Care NHS Foundation Trust (GHC) has been awarded the contract to provide an Integrated Urgent Care Service (IUCS) for local patients.

IUCS includes NHS 111 (telephone and online), a local Clinical Assessment Service offering patients access to general and specialist advice from clinicians where appropriate and the Primary Care Out of Hours service.

IUCS will play a key role in supporting joined up urgent care advice and support across the county 24/7.

Services delivered by community pharmacies, GP surgeries, dental practices, community minor illness and injury units and A&E departments in the county will continue to be provided.

GHC will be working in partnership with IC24, a not-for-profit social enterprise organisation that runs similar services in other parts of the country. This includes initial 111 phone service call handling/triage.

The single contract for IUCS is for a period of 7 years. 5 years, plus 2 additional years at the commissioner's (NHS Gloucestershire) discretion and will start in November 2024.

3. Quality & performance

3.1 The Perfect 12 days of Spring

Between 15–26 April, clinical teams audited and tested several initiatives to help improve flow across the system, which was called The Perfect 12 days of Spring.

The 12 Days is part of our work on developing the clinical vision of flow. It was to create space and capacity to see the patients who need us in the *right place first time*, and reduce ambulance waits, eliminate crowding in the Emergency Departments and SDECs, stop boarding and improve the overall experience and outcomes for our patients and staff.

Despite seeing significant pressure during the fortnight, front line staff were directly involved and able to influence how the initiatives ran and assess whether they improve patient flow. Throughout the 12 Days were daily huddles in the Incident Control Room (ICC) at GRH setting out the actions at the beginning of the day and review progress.

Clinical teams were supported by Business Intelligence (BI), Quality Improvement (QI) and the Strategy and Transformation teams, and daily communications with lessons learned and progress were shared with all staff. Focus on Frailty initiatives allowed record numbers of discharges to be realised across the period. Surgery established the Head & Neck Assessment facility meaning patients we seen more quickly by the specialty and spent less time in ED.

Initiatives tested included The Model Ward and the Integrated Flow Hub, protected AMU beds and launch of the new single discharge form. In addition, as part of the Clinical Vision of Flow (CVoF) Programme, four clinically-led workstreams were established: Emergency Departments; Assessment and Short Stay; General/ Specialty; and Frailty.

Over the next six months, these workstreams will be working to improve flow, supported by staff from across the Trust.

3.2 Industrial Action - BMA Pay Offer

The BMA's consultants committee has accepted the Government's offer on pay for consultants in England and reform to the pay review body, the DDRB. This brings to an end the current dispute with the Government that has continued for over a year, during which consultants have taken unprecedented industrial action.

The deal represents an improvement on a previous offer that was rejected by consultants in January and follows intensive negotiations between the BMA and the Government since then.

However, presently no resolution has been agreed between Junior Doctors and the Government and Junior Doctors have balloted in favour for more industrial action, extending the existing mandate into the autumn. No new dates for industrial action have been announced at this stage, but these are expected shortly.

In addition, NHS England has written to all NHS organisations setting out how it expects them to help in '*Improving the working lives of doctors in training*'. The aim is to ensure doctors are valued and involved in decisions that impact on them and their families, some of which has been exacerbated by the cost-of-living crisis. NHS England have outlined the need for better rota management and deployment and a focus on reducing duplicative inductions and pay errors by streamlining and improve the quality of HR support.

3.3 Young Influencers

In January 2024, the Trust undertook a review of our Young Influencer Group, with the aim of better realigning the work of programme to the Engagement and Involvement Strategy 2020-2024.

The Communications and Engagement Team met with a number of external organisations who also lead on similar projects, and held a focus group with young people to establish the new direction for our Young Influencers.

The Trust has recently recruited more members and currently have seventeen Young Influencers from a range of local communities. They have been meeting monthly with the aim of:

- improving quality of care and services
- improving patient safety
- improving patient experiences
- shaping services around what matter most to young people

In April 2024 the Young Influencers carried out the NHS 15 Step Challenge in Children's ED and have provided meaningful feedback, which is currently being pulled together to present to the department and Patient Experience team. They made some excellent observations and recommendations, including the lack of wheelchair spaces in the waiting room, and an idea to use country flags on name tags to identify if a member of staff can speak another language.

The group is currently working together to produce an information and wellbeing leaflet aimed at young people accessing the Children's ED and will update the Council of Governors in June.

4. Strategy

4.1 Patient Engagement Portal

The Trust launched a Patient Engagement Portal (PEP) in May, which, over the next two years, will improve how we communicate with our patients. The purpose of a 'PEP' is to enable direct communication with patients, through the NHS App, and help patients access more of their hospital information and improving accessibility to services.

Similar programmes have been implemented across most Trust and it is expected that the new portal will free up some clinical and operational time, as patients will be able to accept or decline appointments in real time.

The Trust has partnered with DrDoctor to provide our portal, where patients will be able to view their letters, manage their appointments, complete clinical assessments and establish a means of communication with our outpatient services.

It is expected that the full functionality will be phased in over the next two years, and in the initial phase, patients will be able to view their outpatient appointment letters digitally, via an SMS link and also be able to view their upcoming appointments.

Patients will also receive reminders on SMS of when their appointment is approaching to reduce Did Not Attends (DNAs) across our services.

4.2 Aquablation robotic technology

The Trust has treated its first patients using a new robotic procedure, designed to improve the outcomes of individuals with an enlarged prostate.

Aquablation therapy, designed to treat benign prostatic hyperplasia (BPH), is a robotically-assisted water-jet treatment which involves injecting a high-speed jet of water into the prostate to precisely destroy some of the prostate tissue and widen the urethra.

Living with an enlarged prostate can have a detrimental impact on a person's quality-of-life, including difficulty passing urine, a frequent need to urinate and difficulty fully emptying their bladder. If left untreated, it can lead to more severe symptoms such as acute urinary retention and infections.

The private provider supplying the equipment, Procept Bio-robotics, say it is the first and only image-guided robotically-assisted therapy for the treatment of BPH. The new equipment forms part of the Trust's wider centres of excellence vision. Patients will receive pre as well as post-operative care at the new Chedworth Surgical Unit.

The urology team treated the Trust's first day case patient on Thursday 18 April at Cheltenham General Hospital using the state-of-the-art equipment and the plan is to scale up the caseload over two years.

5 Regulators

5.1 CQC Report - Children's Centre CQC Inspection September 2023

In September 2023 the Trust contacted the CQC and request support and guidance in relation to the provision of care for young people within the hospital, who should be placed in an appropriate placement setting for their needs.

The CQC responded to this request and carried out an unannounced focused inspection of the Children's Centre to look at the safety and quality of the service, specifically for young people with complex psychosocial needs.

The concerns raised to the CQC by the Trust related to the care of young people with complex psychosocial needs on our children's ward. We informed the CQC that we had patients who were ready for discharge, but sadly remained inappropriately placed at the hospital due to lack of capacity in more appropriate settings, with no clear discharge pathway.

We also raised the concern that, in order to keep the patients and other children on the unit safe, the occasional use of physical restraint and administration of emergency sedation was required. This is something that is distressing for everyone involved, and the Children's Centre was not the right setting to be providing the specialist care needed.

Following the inspection, the CQC raised a number of areas of improvement for the Trust:

- The privacy and dignity of young people receiving care could sometimes be compromised.
- Care plans and records did not always reflect national guidance.
- Staff had not completed all mandatory training.
- Concerns over the competencies of registered nurses supplied by an agency to provide specialist mental health care.
- The Trust's medicines policy and procedures around emergency sedation were not always followed.

However, the CQC noted that:

- Staff were responsive when caring for young people.
- Staff took time to interact with the young people in a respectful and considerate way outside of clinical interventions.

Following the CQC inspection, the team have strengthened processes around appropriate hospital admissions, administration of emergency sedation, reviewed mandatory training and strengthened recruitment and use of Registered Mental Health Nurses.

The report is challenging and we recognise the patients at the heart of the Children Centre inspection should not have been in our hospitals, which is why the Trust took the decision to proactively raise the safety concern and seek support from the CQC.

5.2 CQC Report - Urgent and Emergency Care CQC Inspection December 2023

In December 2023 the CQC conducted unannounced focused inspections of Urgent and Emergency Care at Gloucestershire Royal Hospital.

The inspection looked specifically at the safety of the services following concerns raised to the CQC around cleanliness, however during the visit it was noted that the areas were clean. They also noted that there had been a small electrical fire in the department, but fire exits were blocked.

As a result, the CQC served a 29a Warning Notice on the service to make rapid and widespread improvements in fire safety to keep people safe, and the department was again rated as requires improvement.

Key findings in the CQC Report:

- Staff were not following national regulation and guidance in relation to fire safety.
- There were systems and processes in place to report and learn from incidents however local fire procedures were poor despite the recent fire in the department.
- Medical devices were not being tested in accordance with national regulation and guidance.

However, the CQC noted that:

- Although staff completion rates of infection prevention and control training were low, this improved in January 2024 following the inspection.

Since the inspection in December 2023 the Trust has completed a number of actions, including updating the fire plan and detailed planning for a full departmental fire evacuation for the new Emergency Department at Gloucestershire Royal Hospital. In addition, the services have completed refresher training for all designated fire wardens and increased mandatory training for fire safety for all staff across the department.

The Trust has reviewed and increased signage for fire exits and all fire exits are checked three times per shift and documented in shift reports. All Medical Devices will continue to be regularly tested and a register maintained by the Patient Safety Lead within our Emergency Department.

5.3 Maternity Services CQC Inspection March 2024 – Section 31

The CQC visited Maternity at Gloucestershire Royal Hospital to carry out an inspection on 26 March 2024 and the report is expected in the summer. The initial feedback was that there were no immediate safety concerns and improvements had been made in the culture within the department. However, there was a need to strengthen reporting processes and evidence of learning.

On 9 May the CQC issued an enforcement notice, putting a number of reporting conditions in place to ensure focused attention and improved pace, including:

- Stronger systems to provide and up to date and overarching view of quality and safety across the maternity service;
- Systems and processes to identify and action timely identification and learning from incidents across all teams in the department.

These include immediate actions that the Trust is expected to take and the service is required to report progress to the CQC on a monthly basis. There will also be additional system oversight and coordination in place through this next period, so we can ensure that improvements that need to be made are embedded.

The service is also reviewing internal process so there is an effective system of governance, aligned to Board reporting, to ensure improvements, including oversight of themes and trends from incidents and learning is acted upon and shared in a timely way.

5.4 CQC Next steps

The Trust expects the CQC to re-inspect the services in the near future and will be working with colleagues and partners to ensure improvements are made.

5.5 Independent thematic review – Maternity

The Trust has engaged with Maternity and Newborn Safety Investigations (MNSI), the national body for early investigating neonatal and maternal deaths in England, to establish an independent thematic review of maternal deaths. We anticipate this review will begin shortly and once the review is complete, the report will be made public and learning shared, in order to provide transparency in any findings and the independent process.

5.6 Care Quality Commission ICS Reviews on Hold

The Care Quality Commission's (CQC) assessments of integrated care systems has been put on hold, as the government paused the final approval to review some key elements.

They were due to begin in April 2024, following pilots in Birmingham and Solihull and Dorset ICSs, and the CQC has suspended planned assessments until it receives government approval.

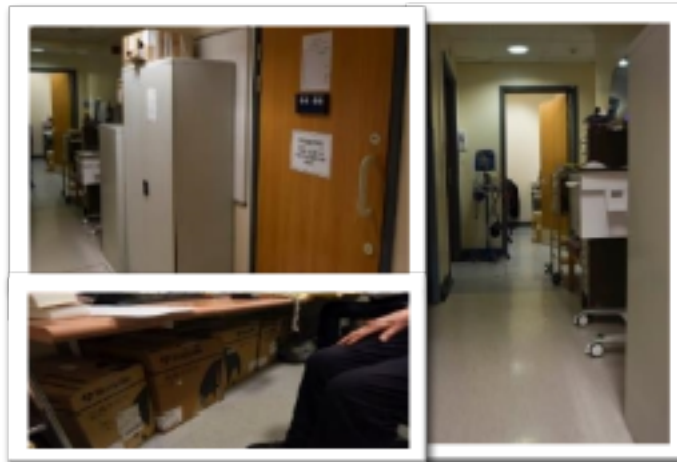
Under the legislation brought in when ICSs were set up in 2022, the CQC can review and assess systems, but ministers must approve its methodology. The CQC has written to all ICB Boards to confirm that there is a short delay to the introduction of the new reviews to allow for further refinements to the approach.

Kevin McNamara
Chief Executive

Big Space Cancer Appeal update



Gloucestershire Cancer Institute: vision & hope



Journey :

- **Gloucestershire Cancer Institute: strategic vision** to enhance established regional cancer centre serving 1m people
- **Case: Estate; activity; reputation; recruitment & retention.**

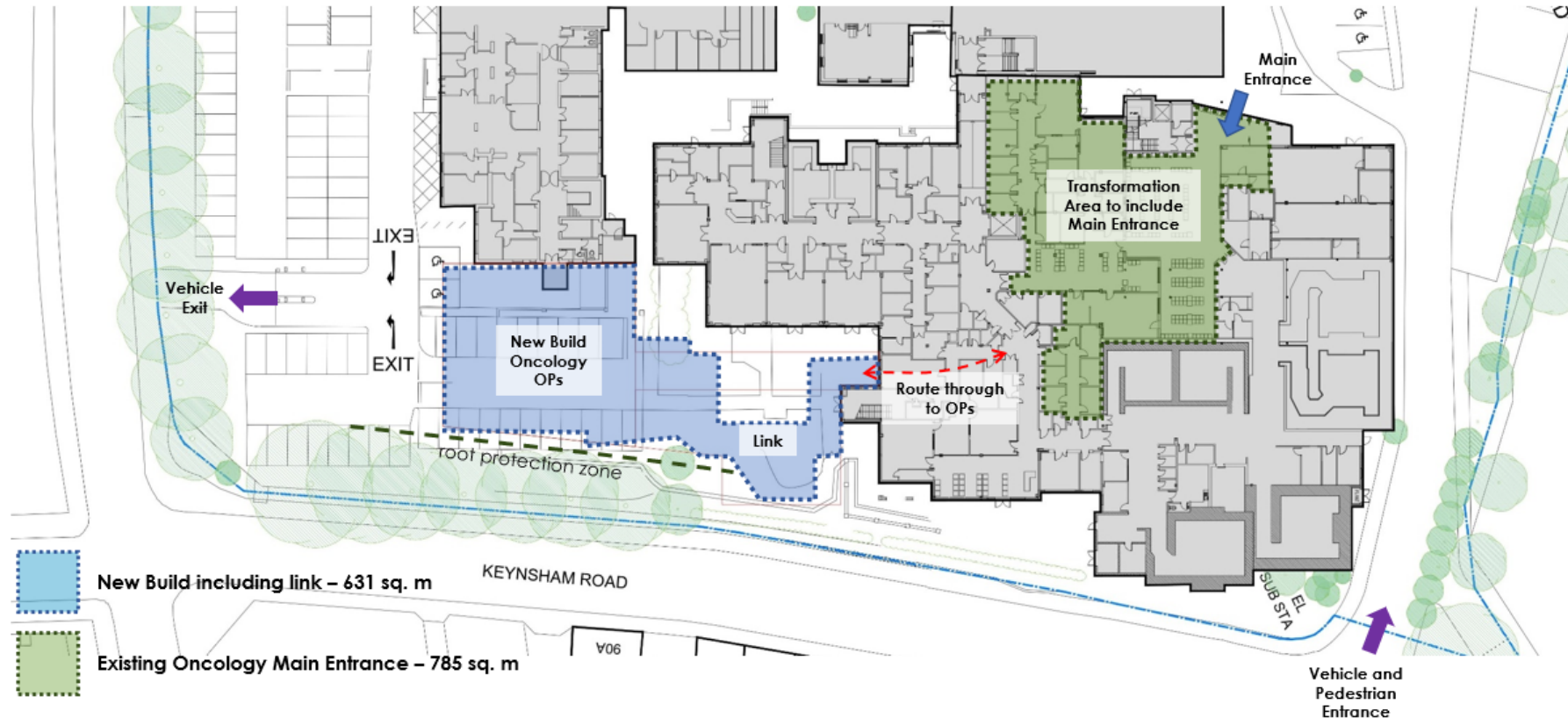
Journey :

- Gloucestershire Cancer Institute: strategic vision to enhance established regional cancer centre serving 1m people
- Case: Estate; activity; reputation; recruitment & retention.
- **GCI Project Board 2018: Strategic Outline Case approved 2019:** Phase 1 new build and Phase 2 transformation of estate
- **Fundraising & spatial 'envelope' with iterations: 2018 - 2023**
- **SACT suite development 2023:** Avening
- **Outline Business Case approved 2023:** high level plans with pre-planning discussions
- **Full Business Case 5/2024:** Trust Board approval to progress

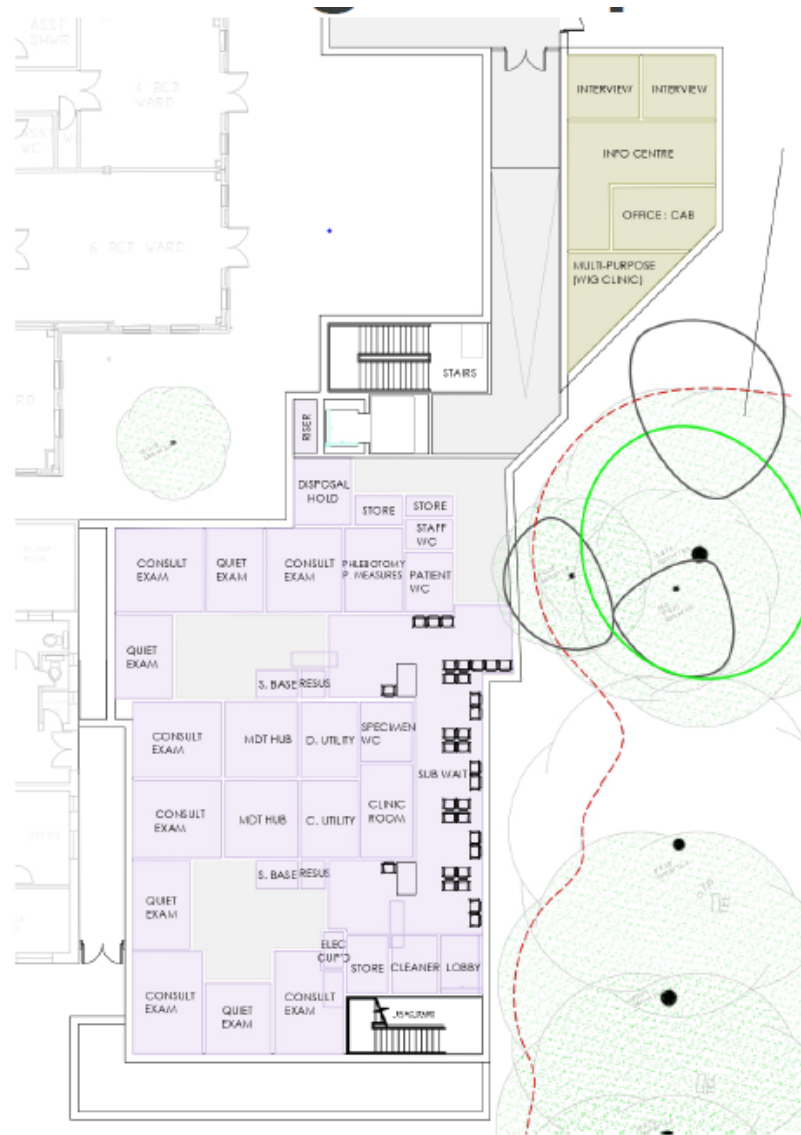
OBC Design

Development Zones: Existing and New Build

The image below shows the development zone for the new build and the area within the existing department which is earmarked for transformation.



Phase 1 Two Storey New Build

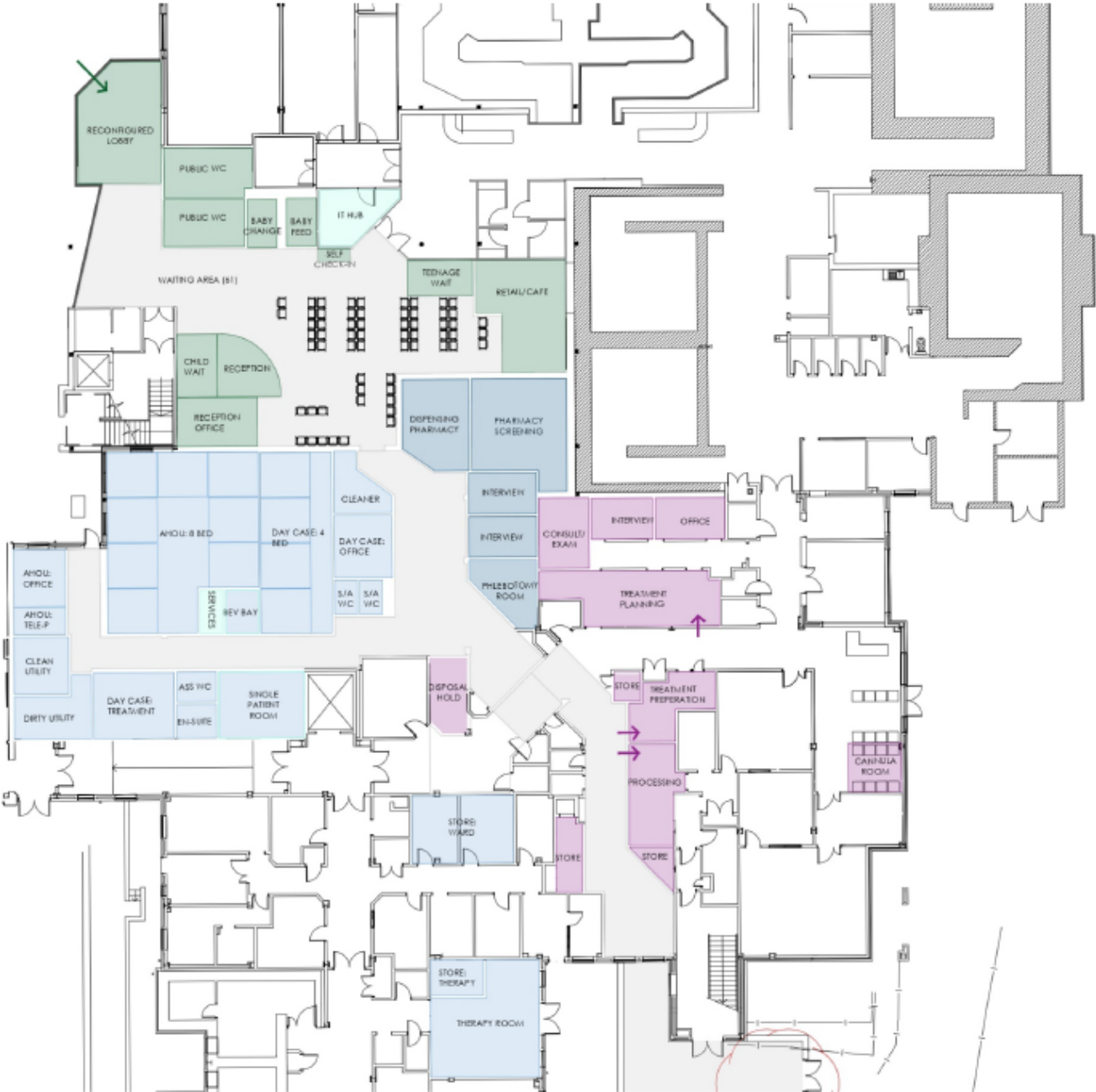


Ground Floor Plan



First Floor Plan

Phase 2 Transformation of the Existing Space





Making Hospital Life Better

THE BIG SPACE CANCER APPEAL



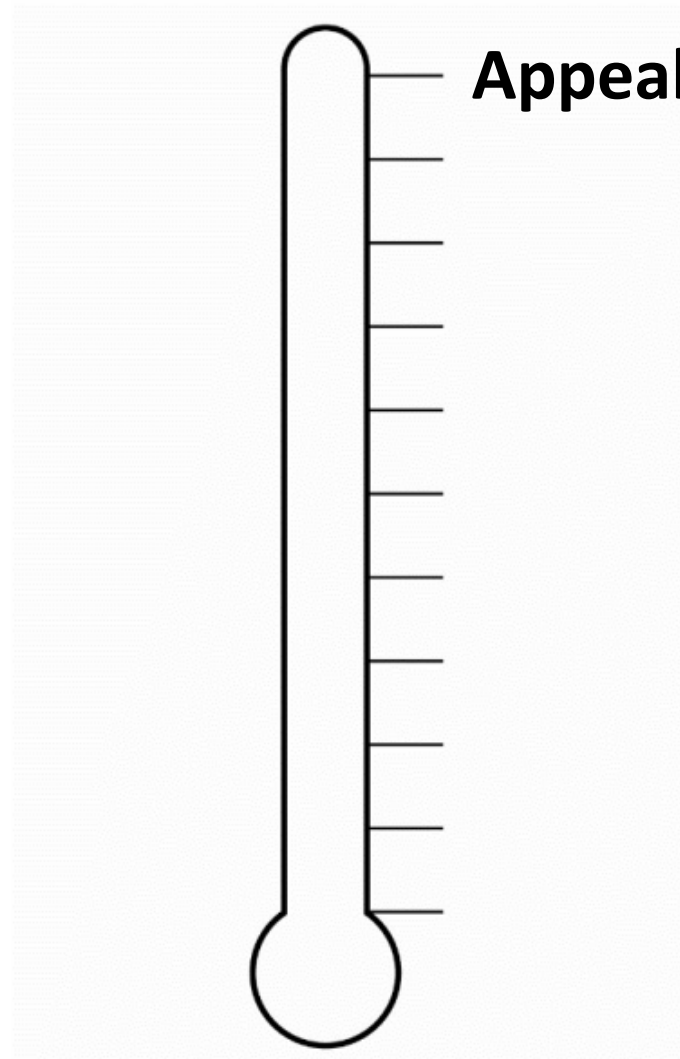
SPACE TO CARE.
SPACE TO RECOVER.
SPACE TO TALK.

SPACE TO THINK.
SPACE TO REST.
SPACE TO INNOVATE.

THE BIG SPACE CANCER APPEAL



Making Hospital Life Better



Appeal Target £17.5M

THE BIG SPACE CANCER APPEAL



Making Hospital Life Better



 [gloucestershirelive.co.uk](https://www.gloucestershirelive.co.uk) • 22/05/2024

New cancer facility for Cheltenham General Hospital confirmed

The new centre will transform cancer care in the county

THE BIG SPACE CANCER APPEAL



Making Hospital Life Better





TIMELINE

May 2024

Official launch and call to sponsors

August - November 2024

Call to artists and schools

September 2024

Big Space Cancer Appeal **Public Launch**

January 2025

Art selection event

February 2025

Sponsor activation event

March - May 2025

Sculptures painted

July - September 2025

Trail Live

September 2025

Farewell event

October 2025

Auction



Sponsorship Opportunities



Here's what you get from us

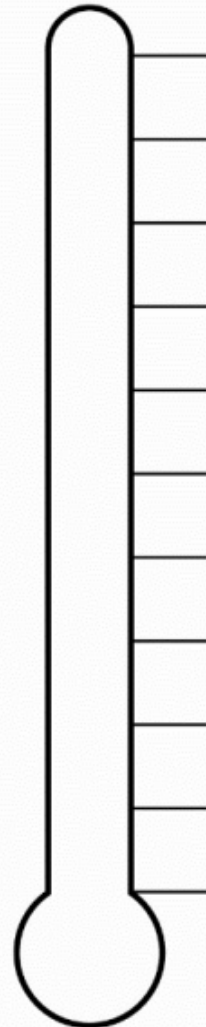
- 🐾 One sculpture on the 2025 trail with exclusive brand association with one of our amazing Lion sculptures
- 🐾 Your name and brand on the plaque with your sculpture
- 🐾 Selection of your Artist and design at our exclusive Art selection event
- 🐾 Your logo and link to your website on the Lions at Large



Here's what you get from us

- 🐾 Your own Little Lion for your school or community group to decorate
- 🐾 Fundraising advice and support
- 🐾 Inclusion of your Little Lion in the event's trail map and website
- 🐾 A cross-curricular creative learning resource pack
- 🐾 Exclusive invites to Lions at Large events
- 🐾 Once the trail has ended, your little Lion will be returned to your school to keep in its forever home!

THE BIG SPACE CANCER APPEAL



Appeal Target £17.5M

THE BIG **SPACE** CANCER APPEAL



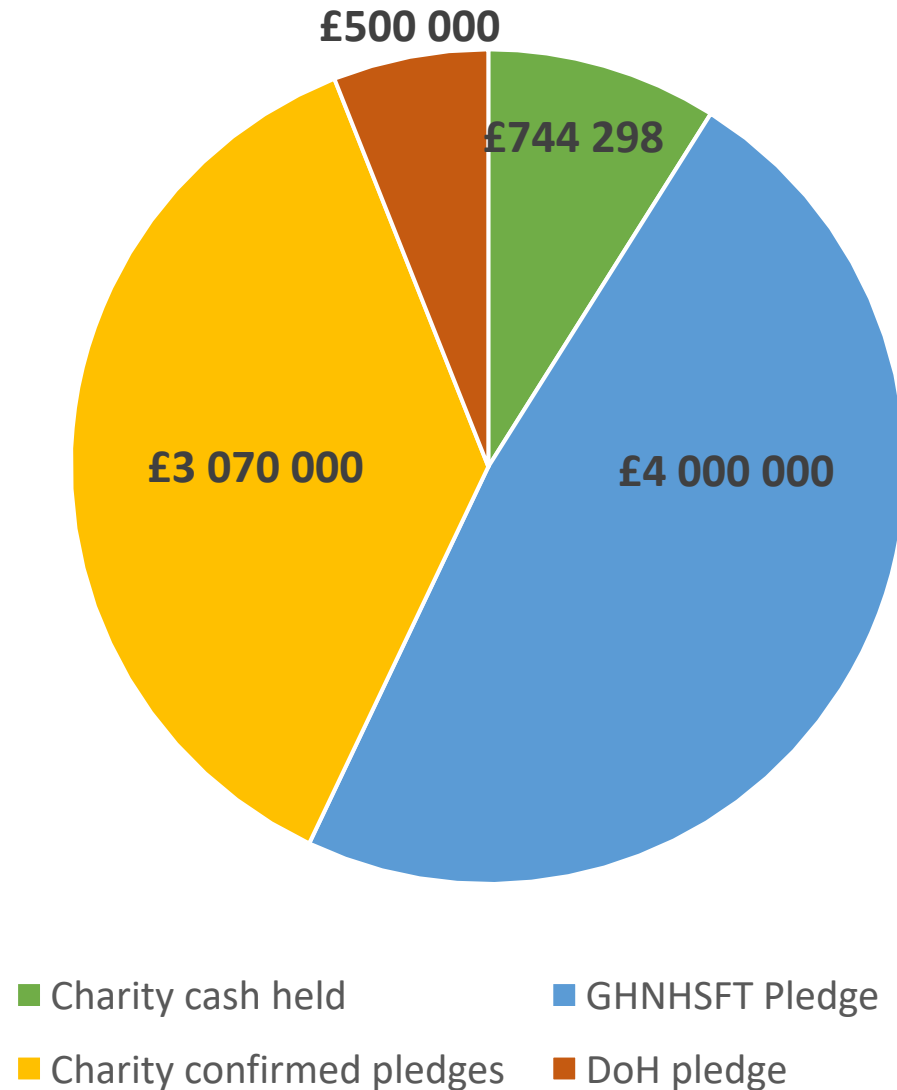
Appeal Target £17.5M

£8.3M pledged and given to date!

Financial position April 2024

- Funds held and pledged total £8,314,298.
- Cost includes contingency for inflation with construction starting in 2027, therefore an earlier build date may reduce the cost.
- Only pledges fully confirmed by organisations with capacity to do so are represented in the totals – other groups have voiced an intention to raise significant funding, but this is not represented in the above as the funding cannot be guaranteed.

Breakdown of funds held and pledged





Making Hospital Life Better

Engagement & Involvement



Engagement & Involvement Review



Young Influencers

- Talitha Blake has supported Bryony and team to review the Young Influencers Programme;
- Children's ED and PALS confirmed need to improve feedback from children and young people service users;
- The programme has moved away from a work experience/careers focus towards a core group of young people to feeding back on service provision and engaging more young people in the wider community;
- The group has been meeting monthly since March, face to face or via Teams
- The Young Influencers have carried out a 15 Step Challenge in Children's ED and the Patient Experience Team are working to fulfil their recommendations;
- The group is working on an information leaflet for young people accessing ED as well as working with the Hospitals Charities creating videos for use in local schools
- We have connected with Gloucestershire Young Carers and aim to build more relationships with local youth groups and organisations

Next steps:

- Recruit more patients and ex patients to the Young Influencers group

Young Influencers



Young Influencer meeting on 15 April 2024
Gloucester Hospitals Trust



Community Engagement Update

Community Engagement and Involvement Juwairiyia Motala



Community Engagement

- Information provided in multiple languages
- Improved communication methods implemented
- Increased outreach efforts to engage with seldom heard groups
- Building trust and relationships with community leaders and members
- Focus on health equity and ensuring equitable access to healthcare
- Strengthened collaboration between health providers, community groups, and individuals

Community Engagement Events 2024

Gloucestershire International Women:
Women's History Month 2024

March 31st 2024 **FREE EVENT**

All Nations Community Centre
Chase Lane off Eastern Avenue, Gloucester GL46PH
5.00pm - 9:30pm

FOR A SEAT AT THE TABLE

Connect with women from diverse backgrounds, share stories, and celebrate achievements with our panel guests

EMBRACE DIVERSITY | KNOW YOUR WORTH

also celebrating with

Instruments of Praise *Sista Shirley Goodness*

STORIES, POETRY, MUSIC, ART, HEALTH, WELLBEING, EMBRACE YOUR JOURNEY | CELEBRATE WOMEN

Buffet Refreshments

Accessories on sale by **ROYAL MASTERPIECE**

DESIGNER & CREATIVES: ARTS DIVERSE-CITY GLOUCESTER & ROYAL MASTERPIECE

contact Valerie: diversecity2005@gmail.com
www.arts-diverse-city.org.uk

One Gloucestershire
Transforming Care, Transforming Communities

BIG HEALTH DAY 2024

An inclusive event to promote health and wellbeing

When: Friday 14th June 2024 - 9.30am to 2.30pm.

Where: Oxstalls Sports Park, Plock Court, Tewkesbury Road, Longford, Gloucester, GL2 9DW.

120+ health and social care stalls from a range of partners

Come to our Free Event

Be active and have fun

This annual event features accessible activities designed to help people with a disability, a mental health condition, hearing or sensory loss to stay active and healthy.

Come and have a go at our interactive and inclusive sports – Boccia, golf, bikes and trikes, football, cricket, short tennis – and lots of other amazing attractions!

Gloucestershire Carers Hub Carer Aware

For more information scan the QR code or visit www.ghc.nhs.uk/big-health or call 0800 019 3346.

Big Health Day is organised by Gloucestershire Health and Care NHS Foundation Trust and supported and planned with our partner organisations.

FREE ENTRY LIVES OF COLOUR FREE ENTRY

Culture Fest

FACE PAINTING
KIZOMBA DANCING
AFRICAN DRUMMING
HOLI FESTIVAL OF COLOURS

LIVE MUSIC
FASHION SHOW
BANGRA AND BOLLYWOOD DANCING
SOUTH AMERICAN DANCE CLASSES

15th June 2024, 12 noon - 7.30pm
Pittville Park, Cheltenham

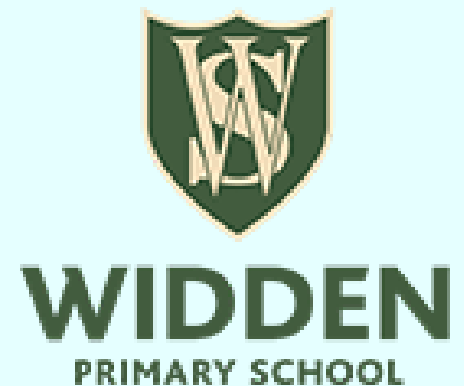
FOR MORE INFORMATION ON ACTIVITIES PLEASE CHECK UPDATES ON OUR SOCIAL MEDIA AND LIVES OF COLOUR CULTURE FEST INSTAGRAM ACCOUNT @LOCULTUREFEST OR EMAIL LOCULTUREFEST@GMAIL.COM

More Community Events in 2024



SHARING THE SAME ONE SKY
Gong Xiang Yi Pian Tian
共享一片天

Gloucester Guildhall
30 June, 4-8pm



Dates for your diary

Event	Date	Location	Team	More info
Polish Heritage day	11 th May (Past)	Gloucester Park	Polish Association	Next slide tells more.
Lives of colour – culture festival	15 th June	Pitville Park, Cheltenham	Lives of Colour	Leaflet can be shared
Eid in the community	22 nd June (12-8pm)	Widden School	Comms & Engagement and Glos Police	
Sharing the same one sky	30 th June (4-8pm)	Gloucester Guildhall	Gloucester Voices	Link to add
Community sports day	25 th July (2-7pm)	Ribston Hall school, Gloucester	Comms & Engagement and Glos Police	
Jamacia Day	4 th August	Gloucester Park	All Nations Clubs	
Barton & Tredworth Culture Fayre	17 th August	St James' Park, Gloucester	Friendship Café, Rev Pat Clifford (NHS Health and wellbeing tent)	Poster TBC
16 Days of Action	25 th Nov to 10 th Dec		DV Team Police	Calendar TBC

Translations

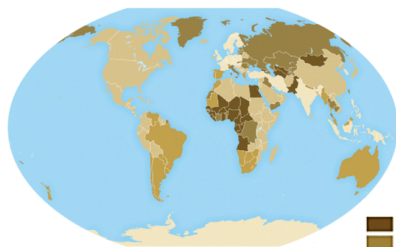
The community engagement supports NHS England's Health Promotion and priorities. GHT has launched polish-translated patient information leaflets at Polish Heritage Day.

I supported the hospital teams by engaging with communities where the prevalence is high, including communities from the Baltic countries.



Are you from a country with high rates of Hepatitis C?

Countries most affected by hepatitis C



Hepatitis C Prevalence
High: $\geq 5\%$
High Moderate: 2.0% - < 5.0%
Low Moderate: 1.5% - < 2.0%
Low: 1.0% - < 1.5%
Very Low: 0 - < 1.0%

Source: Centers for Disease Control and Prevention, CDC Yellow Book 2020: Health Information for International Travel. New York: Oxford University Press 2019.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Hepatitis C:

- ✓ Get tested.
- ✓ Get treated.
- ✓ Get cured.

You can get tested for Hepatitis C with a simple finger prick test. If you're positive we can help: more than 9 out of 10 people are cured.

Find out more overleaf ▶

the Best Care
for Everyone
care / listen / excel

< English version



Wirusowe zapalenie wątroby typu C:

✓ Wykonaj test.

✓ Podejmij leczenie.

✓ Wyzdrowiej.

W kierunku wirusowego zapalenia wątroby typu C możesz przebadać się wykonując prosty test z próbki krwi z palca. Jeśli jesteś nosicielem, możemy Ci pomóc: ponad 9 na 10 osób zostaje wyleczonych.

Więcej informacji znajdziesz na odwrocie →

- Wirusowe zapalenie wątroby typu C zwykle przenosi się poprzez zakażoną krew. Chorobą można się zakazić między innymi:
- używając zużytych niewysterylizowanych igieł – w tym igieł używanych do wstrzykiwania narkotyków, sterydów lub substancji wykorzystywanych do zabiegów kosmetycznych, takich jak botoks
- używając akcesoriów do zażywania narkotyków, z których korzystały inne osoby (łyżek, igieł, słomek, filtrów, wody)
- poprzez przypadkowe ułknięcie igłą
- tatuowanie i piercing ciała
- używając cudzych maszynek do golenia i szczoteczek do zębów
- od osoby zamieszkującej to samo gospodarstwo domowe zarażonej wirusowym zapaleniem wątroby typu C
- będąc bezdomnym lub przebywając w więzieniu
- poprzez transfuzję krwi, jeśli została ona wykonana przed wrześniem 1991 r.
- Choroba może zostać przeniesiona z kobiety w ciąży na jej nienarodzone dziecko
- Można się nią również w rzadkich przypadkach zakazić uprawiając niezabezpieczony seks
- W niektórych krajach zapalenie wątroby typu C występuje częściej, dlatego też leczenie stomatologiczne i chirurgiczne w takich krajach może wiązać się z ryzykiem zakażenia

Jeśli wystąpiło ryzyko zakażenia, wykonaj badanie

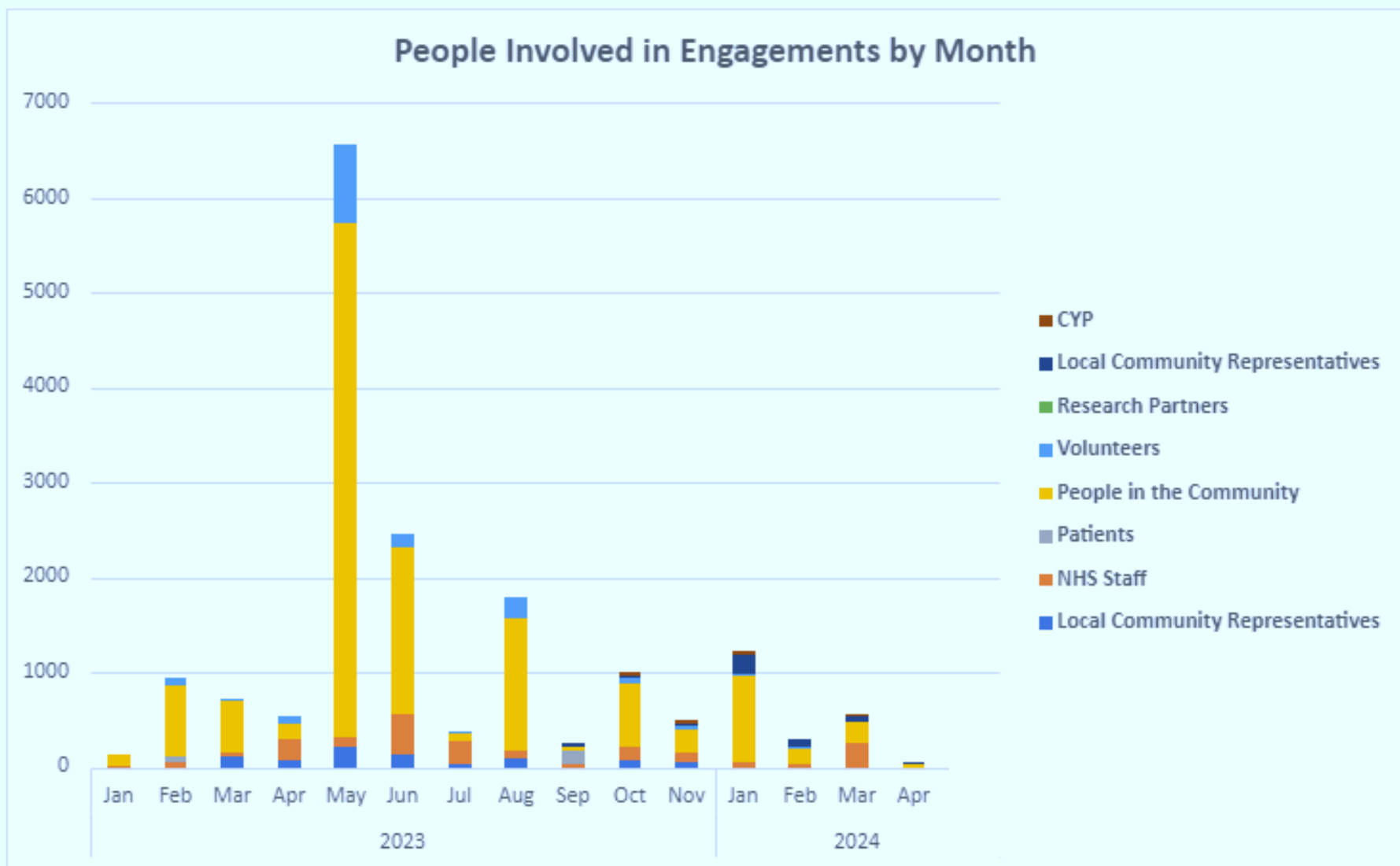
Wykonaj badanie krwi z nakłucia palca. Jeśli otrzymasz wynik pozytywny, możemy pomóc: dzięki nowoczesnym metodom leczenia, chorobę można zazwyczaj wyleczyć, a większość osób nią dotkniętych będzie miała normalną długość życia.

Jak się zbadać

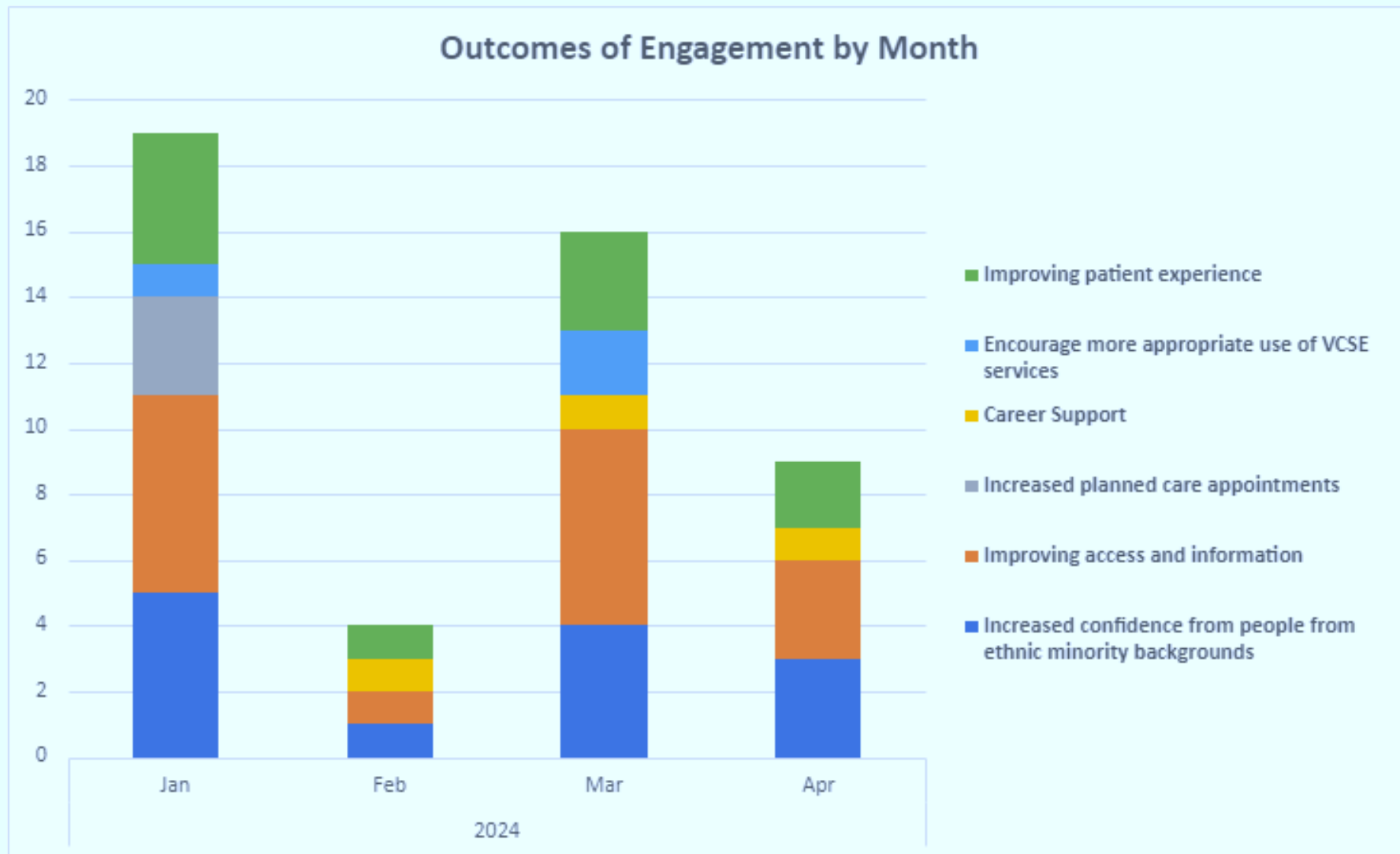
- Zamów bezpłatny zestaw zawierający test z próbki krwi z palca, wchodząc na stronę hepctest.nhs.uk/order-a-test lub skanując kod QR.
- Skontaktuj się z zespołem pielęgniarskim rejonowej poradni hepatologicznej w Gloucestershire (Gloucestershire Outreach Viral Hepatitis nurses). Zadzwoń na numer: 0300 422 6056, lub napisz e-mail na adres: ghn-tr.viralhepatitisnurses@nhs.net
- Skontaktuj się ze swoim lekarzem rodzinnym
- Udaj się do poradni zdrowia seksualnego lub centrum leczenia uzależnienia od narkotyków



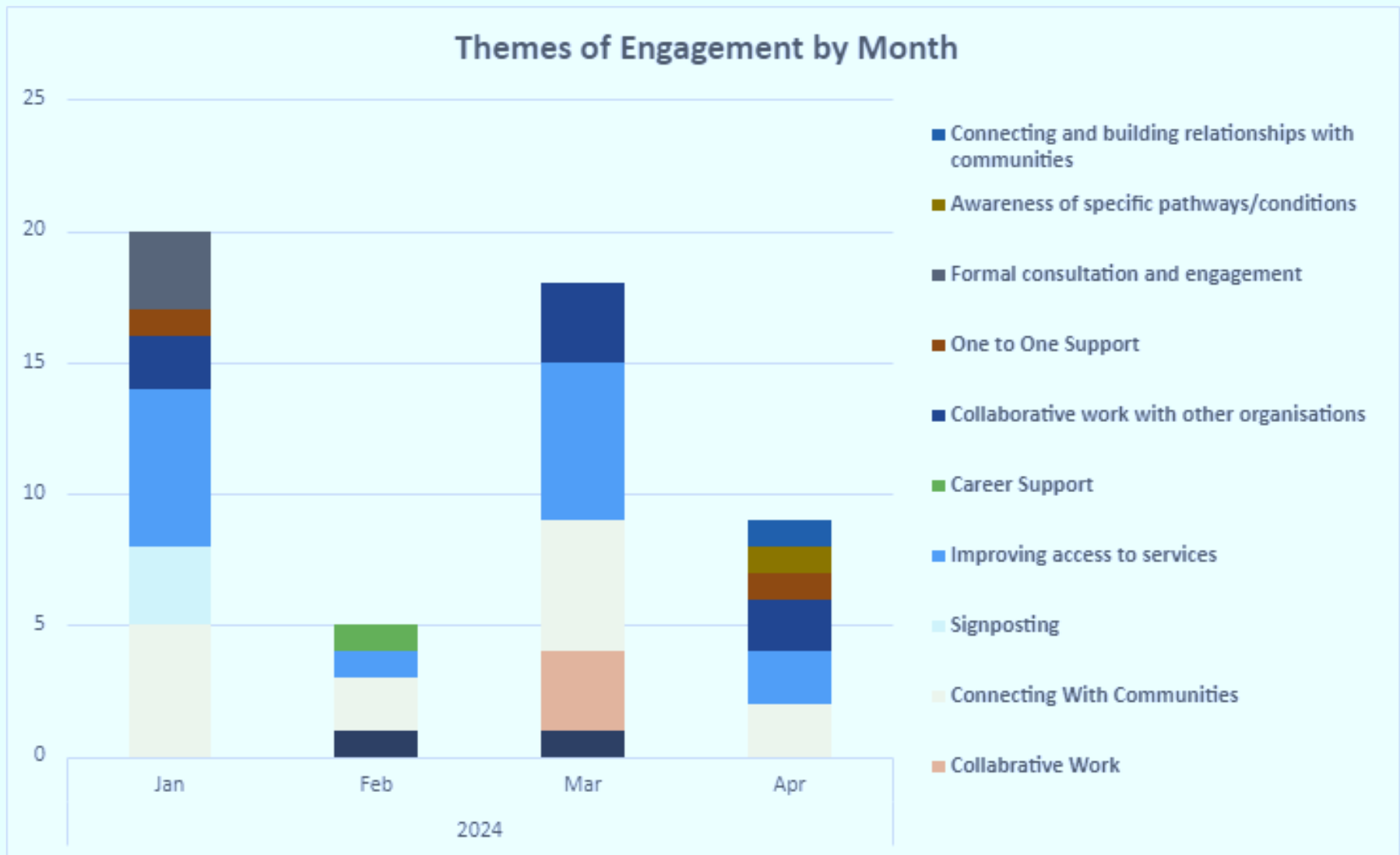
Our community engagement



Our community engagement



Our community engagement





Transforming cancer care in Cheltenham

£18M Charity appeal to fund both phase 1 new build and phase 2 internal transformation of existing facilities, with over £8M funds secured and pledged during private phase (includes GHNHSFT contribution).

Planned public appeal launch August 2024



Early stages of planning Gloucestershire's first Wild in Art event which will bring an artistic 'Lions at Large' Sculpture trail to Cheltenham and Gloucester and help contribute £500K towards the appeal.

In Summer 2025, the pride will arrive with over 30 large Lions standing strong. All the Lions will be individually designed and painted by an artist, celebrating Gloucestershire's rich cultural offer, extraordinary heritage and diversity.

The pride will be in Cheltenham and Gloucester for eight to ten weeks.

A learning programme for schools, youth groups and education settings will run alongside the trail. Each of these will receive a little Lion, which will join the trail.





Lion trail aims to raise funds for cancer care

STAFF REPORTER
wds@gloucestercitizen.com

BUSINESSES, schools and community groups can join the sculpture trail coming to Gloucestershire.

The trail will see more than 30 majestic lions individually decorated by artists talking to the streets of both Cheltenham and Gloucester next year.

Lions at Large – the Pride of Gloucestershire Trail will take place during the summer of 2025. It has been organised by Cheltenham and Gloucester Hospitals Charity to raise money for proposed new cancer care facilities in Cheltenham with digital consulting rooms, space for state-of-the-art research, as well as a therapeutic outside space.

Gloucester artist Christine Sadler was asked to put a design concept together for the lion and it was chosen to be created. Being the first large lion project, and is being used to launch the project, be the face of the campaign and attract interest in the event.

Businesses are being asked to help sponsor each of the animals which will take pride of place at a host of



Lions at Large outside Gloucester Cathedral and below, Westgate Street. Left, artist Christine Sadler

landmarks and interesting everyday locations. The lions will then be auctioned off to raise money for the project.

Cheltenham and Gloucester Hospitals Charity associate director, Richard Smith, said: "We are so excited to announce this art trail, Cheltenham and Gloucester. The trail features a lion as these incredible animals represent the courage of all those who face cancer not only as a patient but as a loved one."

"We will be launching a major fundraising appeal for the new facilities later this year."

The charity has partnered with Wild in Art, which has put on trails all over the world including for the London 2012 Olympics, to create and deliver Lions at Large.

Charlie Langhorne, managing director and co-founder of Wild in Art, said: "Lions at Large will bring colour and creativity to Cheltenham and Gloucester next year and we are excited to be teaming up with Cheltenham and Gloucester Hospitals Charity."

"Our public art trails enable thousands of people of all ages to experience art by taking it out of traditional places and putting it into everyday life. The trails encourage exploration



and drive football, benefit health and wellbeing and create a collective feeling of community and pride.

"It's a fantastic opportunity for businesses, the creative sector, children and young people and the wider community to be part of a highly visible, collaborative and captivating project which will have significant impact."

As well as the main sculptures, there will also be an opportunity to support a learning programme for schools and youth groups who will receive a little lion sculpture to decorate.

To find out more about how you can support the Lions, including sponsorship packages, please visit lionatlarge.co.uk or email karen.org@wils.net

Engagement Strategy Update

James Brown

Director of Engagement, Involvement & Communications



Membership & Governors

Strategy Objectives:

- Develop a membership that is representative of our diverse communities
- Support the Council of Governors to be reflective and representative of our diverse communities
- To improve the quality of engagement and communication with members
- To keep accurate and informative databases of members and tools to engage with people

Actions so far:

- Review Database and Communications Systems
- Monthly Governors Event Planner
- Support Governor Elections - Spring / Summer Recruitment
- Community Engagement Plan
- Refresh membership recruitment material

Engagement & Involvement Strategy

Pillar	Year 1	Year 2	Year 3	Year 4	Overall
Our Service Users & Supporters	Green	Green	Green	Orange	Orange
Our Colleagues	Green	Orange	Orange	Red	Orange
Our Partners	Green	Green	Green	Green	Green
Our Places & Communities	Green	Green	Green	Green	Green
Strategy	Green	Green	Green	Orange	Orange

Pillar - Our Service Users & Supporters

Domain	Milestone - Year 1	Year 2	Year 3	Year 4
Patient and carer involvement in service delivery, and service improvement and development	Establish a framework for involvement and engagement to support stakeholders and staff	Develop person-centred care charters with involvement of patients/carers	Evaluate quality of divisional decision-making and governance to assess how feedback from patients and service users has been captured and used	Patients and carers are involved in strategic planning, governance and in evaluating the Trust's performance and strategic progress
	Plan stakeholder engagement across all Journey to Outstanding enabling strategies		Increase feedback and response to surveys	
	Establish Engagement and Involvement tracker to monitor the activity and impact across services and programmes within the Trust	Embed use of patient and staff experience stories in divisional governance	Generate evidence on how engagement and involvement supports greater equality and inclusion for patients and colleagues	
	Establish annual impact report covering all engagement and involvement work			
Foundation Trust Membership	Develop new membership strategy and improve communication and engagement with Members	Maintain an accurate membership database which supports greater digital communication	Increase number of active members	Ensure the Trust membership is representative of the communities it serves in terms of disability, age, gender and ethnicity
	Promote the work of the Trust and Governors, encouraging greater attendance at Governor meetings and the Annual Members Meeting	Develop active two-way engagement between Members and Governors	Evaluate quality of member engagement	

Pillar - Our Colleagues

Domain	Milestone - Year 1	Year 2	Year 3	Year 4
Employee, volunteer and Governor engagement at all levels in the Trust	Establish an ongoing 'continuous listening' programme involving leaders at all levels	Ensure listening to staff and acting on feedback is reflected in divisional governance and is aligned to the staff related equality objectives	Strengthen pool of potential governor candidates - enhancing diversity and increase election turnout	Closure of the gaps outlined in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) - in line with the People and OD Strategy
	Undertake co-design programme to improve internal communications, establishing more tailored messaging and wider range of communication channels	Establish strategic programme for medical engagement, with programme support and co-ordination in place	Routinely triangulate colleague experience to identify areas of the Trust where more intensive support is required from People and OD team	
		Strengthen use of real-time experience data to influence priorities and action	Evaluate volunteer and governor experience through bespoke surveys and apply findings to support and development priorities	Be recognised as a Top 100 Employer for LGBT inclusion within the Stonewall Workplace Equality Index
Developing and supporting leaders and managers working at team, service and operational levels	Launch and deliver compassionate leadership training to strengthen the way in which leaders listen to and engage with colleagues	Build competency in listening to, giving and responding to feedback through leadership and management development programmes	Develop regular reporting of staff experience data into divisional and corporate governance, and agree actions required from leaders and managers	Achieve higher staff engagement scores in the NHS staff survey, 7.6/10. Focus particularly on improving the scores relating to the opportunity staff have to contribute to improvements and Net Promoter
	Review arrangements for briefing and cascading information to staff within each division	Use triangulation of staff experience data and themes to prioritise leadership development	Review governance arrangements within the Trust to ensure strong staff and patient representation	
Decision-making	Work in collaboration with the Pathways Programme to establish staff councils, across professional disciplines	Support leaders and managers to strengthen their approach to leading organisational change to better involve staff	Services have established staff Councils and achievements are widely shared	Trust achieves accreditation for Pathways Programme

Pillar - Our Partners

Domain	Milestone - Year 1	Year 2	Year 3	Year 4
Integrated Care System and Integrated Locality Partnerships	Develop programme to map system changes and plan joint approach to stakeholder engagement and ensuring consultation requirements are met	Establish and embed shared best practice model for engagement, involvement and consultation	Further integrate system level strategic and operational planning of engagement, involvement and communications activities	Ensure partnership approach to engaging stakeholders in reviewing/improving care pathways that span organisational boundaries
	Engagement and Involvement Impact Report developed and shared with partners	Ensure system and service leaders understand legal obligations for involvement and engagement	Improved partnership working and communications recognised by the CQC	Insights from patients and communities identify system as well as service priorities for improvement
	Stakeholder survey undertaken annually that invites partners to offer feedback on working with the Trust as a partner			
Academic and Education Partners	Ensure that we play a key role in the development of the Three Counties Medical school	Use engagement and involvement infrastructure to support increased patient and staff participation in research trials and the visibility and awareness of research activity across the organisation	Ensure that engagement supports the further development of a system wide research strategy	Increase the number of research collaborations with universities and commercial partners
	Ensure we have a strong voice in the development of Research 4Gloucestershire as the research arm of the Integrated Care System			
Clinical Networks, Alliances and Programme Groups	Influence the development of the clinical networks across the South West and the Midlands		Triangulation of system wide experience data and stakeholder insight and involvement shapes priorities for clinical collaboration and improvement across the One Gloucestershire Integrated Care System	
Hospitals Charity	Support the Trust Charity in enhancing the visibility of the brand and increase fundraising	Support further market and stakeholder research work to inform plans to increase fundraising		

Pillar - Our Places & Communities

Domain	Milestone - Year 1	Year 2	Year 3	Year 4
Healthwatch Gloucestershire	Develop proactive briefing programme whereby key stakeholders are kept informed on strategic programmes and developments – via GiG	Develop arrangements for joint projects on specific themes where strategic priorities are shared across the partnership		
Voluntary, Community and Social Enterprise Sector Involvement Network	Establish Involvement Network and regular programme of meetings, conversations and events	Agree role of the network in supporting the development of person-centred care charter	Share feedback and equality data routinely to prioritise where improvement is needed most in quality, access or experience for different groups or communities	Evaluate impact of the network to inform further development
	Map out our population and the communities we serve that we want to reach	Share annual impact report of Engagement and Involvement work	Collaborate on capacity building for engagement, involvement and improvement	Real-time experience and insight data is used to shape priorities for collaboration

Next Steps

- New Engagement and Involvement Strategy – co-designed
- New (separate) Staff Engagement and Experience Strategy – co-designed
- Build on success of Young Influencers
- Core Priorities set, linked to CORE 20+5
- Continue to build representative membership
- Work in partnership with Governors on engagement opportunities



KEY ISSUES AND ASSURANCE REPORT
Quality and Performance Committee 24 April 2024

The Committee fulfilled its role as defined within its terms of reference, noting that they remained under review following GGI review. 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
Regulatory Update	<ul style="list-style-type: none"> NHSE National Review of Paediatric Hearing Services received a 'Red' rating – serious risk- The CQC have requested that Trust Boards are made aware of progress. The service developed an action plan to respond to the inspection- This was reviewed by CMO who reported that he was not assured by delivery progress. 	Outcome of review from CMO to be received at the next QPC
Patient Safety investigation and complaint report	103 complaints had been received in March; year-end figures indicate that highest for the last three years – assurance was sought regarding timeliness and handling of complaints – this had been noted as an area requiring grip and delivery by the CEO.	Request that a detailed report on complaints to come back to the May Committee for assurance.
Patient Safety and Risk Assurance report	A Never Event task and finish group had been established following two wrong side blocks in theatre – The committee were not assured that action had been taken to prevent recurrence given previous never events.	Assurance to be provided at next QPC
Water safety	<ul style="list-style-type: none"> The Committee were informed that the water safety group are not assured that legionella assessment risks are being undertaken in a timely manner therefore missing the statutory requirement. GMS colleagues had been able to demonstrate assurance with an audit of all the PPM (Planned Preventative Maintenance) expected in these areas which were now prioritised for completion by an external company. The missing legionella assessments had been added to the Trust risk register. Disruptions in GMS staffing had been noted with interims coming in to replace key roles and some longstanding members of staff leaving the organisation. 	The Executive were progressing actions to ensure oversight of improvements required

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Regulatory Update	Section 29a warning notice issued for Urgent and Emergency Care (UEC).	Action plan in development to be monitored through QDG.
	<ul style="list-style-type: none"> NHSE - Annual Peer Review of Trauma Units highlighted concerns about high rates of unexpected deaths. A recent update from the specialty director on the progress being made was positive. 	Action plan delivery Update requested to come back to Committee.

	<ul style="list-style-type: none"> The Committee noted that an external review into the endoscopy service was underway with an update planned to come to Committee in May. 	Update due at committee in May
Quarterly Infection Prevention Committee (IPC) update	The Committee continue to seek assurance regarding a full picture of assurance regarding cleaning audits	Improvements to presenting this data are in progress
Board Assurance Framework (BAF)	Noted that the BAF requires a review as some areas out of date	Plans to work with new Director of Integrated Governance.
Board Assurance Framework - SR1	The Trust is being managed in Tier 2 for Urgent and Emergency Care.	The committee were updated in relation to the 'clinical vision of flow' work in which the organisation was in the middle of the '12 Days of Spring' Our discharge quality improvement programme and the virtual ward model.
Board Assurance Framework SR2	Meetings with the CQC to discuss progress against section 29a's continued, with dates for maternity and the emergency department planned for the following week.	The Committee will be updated on progress
Quality and Performance Report / Integrated Performance report	Revised Integrated performance report presented in full to provide greater clarity in reporting to committee.	Recommendation approved to cease the use of QPR – with agreement to develop a forward plan of deep dives into the five key domains of operational performance.
	There should be no 65wk waiters after September of this year and no 52wk waiters after March 2025.	
	Five cases over 78wks were reported at the end of March.	
	For 62-day patients, the standard from 1 April is for 85% of patients to be seen within 62-days. In March the performance was 64.8%. A non-compliance position was still being reported, but the backlog had gone down to 162 patients from 230, with the national tolerance at 150 of 8% of the total waiting list.	
	The faster diagnostic standard was currently unvalidated for March at 70.8% against a target of 75. The new target for 2024/25 was to achieve a 77% for patients told their diagnosis before day 28.	Committee noted that issues with diagnostic performance sat in the non-radiological services; mitigations were in place to resolve this along with elective recovery bids this year largely targeting areas such as gastroenterology and endoscopy to address investigations that contribute to the 28-day faster diagnosis.

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	<p>The Trust was challenged with achieving histopathology sample reports within 10 days which would be monitored through the relevant performance Committee.</p> <p>Committee were informed of a performance risk related to interventional cardiology patients waiting for cardiac catheters. There was significant challenge in this area, with an ambition to achieve a diagnostic test within six weeks at 95%. Currently achievement was at 35% with concerns with capacity in comparison to demand and an additional third catheter lab that was delayed until November. Performance within the three DMO1 domains highlighted challenge within endoscopy and gastroenterology.</p> <p>Following a urology deep dive in response to the number of patients waiting over 62-days which had demonstrated effective governance to understand what was driving the issue.</p>	<p>Mitigations need to be put into place, as some patients were waiting up to 18 months which was resulting in inpatient admissions.</p> <p>Four key areas were highlighted; estate, staff and the availability of staff to treat patients, changes to the service and funding streams. The future plans for urology were sound and the forecast for this including getting the waiting list down, achieving 65wks by July and to manage the waiting list in a better way by reconfiguring their clinical staff and centralising services in Cheltenham.</p>
Maternity Services	The year 5 Maternity Incentive Scheme (MIS) had received full compliance which was indicative that internal governance was starting to do what was needed for the organisation.	The Trust Chair commended the MIS achievement, gave suggestions for the presentation of information, and raised concern that antenatal screening remained a significant concern. – Maternity Delivery Group will continue to report monthly to QPC
Items Rated Green		
Item	Rationale for rating	Actions/Outcome
Patient Safety and Risk Assurance Report	Patient Safety Incident Response Framework (PSIRF)	Plan on track
Adult Inpatient Safer Staffing report	<ul style="list-style-type: none"> The CNO presented an oversight of process used to review staffing levels and an outline of actions required by the Trust to ensure the right level of nursing care was provided to inpatient wards, assessment areas and the emergency department. There were no risks or concerns detailed in reporting and there were no financial requirements 	Next steps included the incorporation of the Safer Nursing Care tool (SNCT and Professional Judgement Framework into establishment settings and to incorporate 'Red Flags' as part of staff deployment.

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		<p>The CNO agreed to revise wording in budget setting narrative to enable for clarity.</p> <p>The CNO agree to report the extent and impact of boarding in future papers as a narrative to give patient and workforce perspective.</p> <p>The CNO agree that future papers would triangulate data from the staff survey and patient feedback.</p>	
	Learning from Deaths Report – Q2	The Committee requested that more of the learning needed to be brought out in reporting for assurance for Q3.	
OPERATIONAL PLAN 2024/25:	A detailed overview of the operational plan submission process was presented	Committee noted that the final submission would be presented at the Finance and Resources Committee	
QUALITY ACCOUNT:	The CNO shared the quality account with the committee and requested feedback		
Items not Rated			
SYSTEM FEEDBACK No further business to note, key issues picked up in various reports.			
GOVERNOR OBSERVATION – Maggie Powell and Helen Bowen- The Committee was commended for its interesting discussions and the highlighting of the ‘so what’ factor. The switch from the QPR to the IPR were significant and interesting, but background and explanation of the process would be welcomed by the Governors.			
Investments			
Case	Comments	Approval	Actions
Impact on Board Assurance Framework (BAF)			
All strategic risks discussed. Challenge given on current and target risk scores			

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.

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KEY ISSUES AND ASSURANCE REPORT
Quality and Performance Committee 27th March 2024

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, including planned, cancer and urgent care reports	These reports were withdrawn from committee papers at short notice due to executive lack of confidence in providing the right data in the right way. Therefore due to a lack of data, committee could not take any assurance on those areas of performance in month.	Work being led by the Chief Operating Officer (COO) to ensure confidence in the data being reported to next committee and next Board. COO actions welcomed and supported by committee

Items rated Amber

Item	Rationale for rating	Actions/Outcome
Patient safety and risk assurance report	Risk of care for fractured Neck of Femur patients added to trust risk register. Committee had previously heard that this was improving so questions raised about the timeliness of the risk addition. Updates provided on progress against safety alerts, implementation of PSIRF and national standards.	Committee to continue to review whilst on trust risk register. Confidence of timeliness around some of the actions noted, whether in identifying a lead to progress in a specific area or the additions to the trust risk register.
Regulatory report	Comprehensive report outlining extensive regulatory action and need for timely action plans. Noted that a full unannounced maternity inspection had taken place the previous day. Inconsistent timeliness of completing plans noted, including actions in 'well led' domain, reassurance by executive that improved governance will help mitigate this.	Reported monthly into committee.
Quality Delivery Group report	Poor performance nationally regarding food quality noted, committee concerned and surprised by this. Executives arranging a food summit to progress improvements. Patient property update, policy now in place – action plan complete.	Assurance needed back to committee on plans and timescales for improvement.
Maternity Delivery Group report	External maternity mortality review being planned. Reset meeting with NHSE and Improvement Advisors taken place. Improvements noted in midwifery services although still challenged, more work to do in obstetrics. Specific improvements noted, although wide range of issues still requiring progress and continued assurance of provision of a safe service.	Monthly reporting into committee.

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.			
Items not Rated			
Potential emerging risk for patients and secondary care if GPs reject the new proposed contract.			
Links with System Mortality Group described and welcomed. Areas of concern needing system solutions raised at system level.			
Investments			
Case	Comments	Approval	Actions
N/A			
Impact on Board Assurance Framework (BAF)			
SR 1, 2, 5 and 6 reviewed in committee and updates noted.			

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KEY ISSUES AND ASSURANCE REPORT FINANCE AND RESOURCES COMMITTEE – MARCH 2024

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 – No items were rated red this month

Item	Rationale for rating	Actions/Outcome
Items rated Amber		
Item	Rationale for rating	Actions/Outcome
Model Hospital ERIC return	This report compares Trust performance against peers and identifies opportunities for improvement/savings. The level of potential savings falls short of existing FSP targets – thereby increasing pressure on GMS budgets.	The Committee noted the contents of the return. Further work to be undertaken in liaison with Director of Finance to assess impact.
Contract Management Group exception report	The Committee received an update on the strategic review of GMS arrangements including Terms of Reference of the Contract Management Group. A number of areas of concern and remedial actions were discussed. Of particular concern was the commitment of Trust HQ representatives to Contract Management Group business and meetings.	The Committee noted the risks outlined in the report. Chief Executive to review current arrangements and engagement from Trust HQ with Contract Management Group and related business.
Estates Risk Register	Concern remains around the levels of risk and the ability to clear/mitigate them to an acceptable level. The risk of business interruption to theatres due to potential failures in ventilation was noted.	The Committee noted the position, remaining risks and mitigating actions. A Trust wide workshop to review estates risks is to be convened with the aim of identifying any further risks and updating in the light of the 2024/25 capital programme. The Committee noted the position including risks surrounding delivery and mitigating actions.
Financial Sustainability Report	Performance at M11 was behind plan by £4.6m and the likely year end under achievement against target was subject to system wide risk management. £26.3m of efficiencies had been delivered in year of which £8.9m was non-recurrent. 2024/25 plans continued to be developed with £20m identified to date – final plans were to be agreed by early May. Particular focus was	Consideration to be given to a focus on controls over establishment at the next meeting and whether “deep dives” into projects at committee could be helpful (as per the productivity initiative).

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.

	needed on controls of establishment if savings targets were not to increase in year.	
Productivity Deep Dive	The Committee received an update on the Creating Capacity to Care programme with particular reference to the Outpatient Transformation and Theatre Utilisation Programmes. There had been significant improvements in information availability, working practices and achievement of targets – the task now is to convert the new methods of working into measurable additional capacity etc.	The Committee noted the report and the improvements taking place. Costs and outputs would be included in future reports.
Operational Plan 2024/25	This was the latest version of the plan – national guidance had just been received. It excluded high risk schemes which were the subject of further work. The current position was a circa £28m deficit. Elective activity targets at 5% was considered to be ambitious as was the target for No Criteria to Reside numbers – substantial concern remained around the system wide risks in these areas.	The Committee APPROVED the changes to the Full submission made since the March Board meeting and noted the work remaining prior to final sign off.
2024/25 Budget Setting Sign Off	The proposed 2024/25 budget remained unchanged from the position reported in February – a £45.5m deficit budget. Cost pressures and high risk investments continued to be considered within the system. Financial Sustainability schemes to the value of £20.3m had been identified against a target of £26.2m.	The Committee received the report as a source of assurance that the financial position was understood.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
GMS Strategic Review	The Committee received an update which was focussed on the contractual relationship between the Trust and GMS.	Consideration be given to a workshop/similar prior to presentation of recommendations to the Committee.
Financial Performance Report 2023/24	At month 11 there was a surplus of £1,890k which was £3,819k favourable to plan. The forecast year end position for the Integrated System was for a £50k surplus. Gloucestershire Hospitals forecast was a £1,490k deficit.	
Capital Plan 2024/25	two changes had been made to the Plan since the March Board meeting – the Hardware Refresh project had been dropped and the “right of use” calculation updated.	The Committee APPROVED the draft plan and agreed that funding could begin to be committed in order that schemes could commence.
M11 Capital Programme report	M11 Capital Programme report – At the end of M11 capital expenditure was £47.1m against a	the Committee noted the month 11 position and the

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	planned spend of £55.8m. Overall, the forecast outturn for the system was a potential overspend of £200k.	risks around the forecast outturn.	
Commercial and Innovations Group KIAR	The Committee received the KIAR and noted the work in progress around gaps in assurance, risks and the establishment of a new Medical Advisory Committee. Commercial activities, including new rates of payments for insurers of private patients were making a positive contribution to the Trust finances.		
Items not Rated			
GMS Dividend Approval 2023/24	GMS Workforce Action Plan	GMS Legal Fees	
New Finance System	GMS Business Plan 2024/25		
Investments			
Case	Comments	Approval	Actions
None			.
Impact on Board Assurance Framework (BAF)			
SR9: Failure to deliver recurrent financial sustainability - agreed to incorporate a longer term perspective to the next iteration.			
SR10: Condition of the estate – to be redrafted in the new financial year			
SR11: Sustainable healthcare – to be revisited with particular reference to the realism of achieving 2040 targets			

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KEY ISSUES AND ASSURANCE REPORT FINANCE AND RESOURCES COMMITTEE – APRIL 2024

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 – No items were rated red this month

Item	Rationale for rating	Actions/Outcome
	There were no items rated red.	

Items rated Amber

Item	Rationale for rating	Actions/Outcome
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Trust Operational Plan 2024/5 sign off	<p>NHS performance targets are challenging and the current rating for delivery of planned Urgency and Emergency Care Services activity targets was Amber.</p> <p>The Financial Plan was for a £41.6m deficit for the Trust after including for delivery of a Financial Sustainability Plan of £30.3m – this would be exceedingly difficult to achieve.</p> <p>Workforce – delivery of the target of 8083 whole time equivalents would require a step change in controls over establishment levels.</p>	<p>Full submission due w/c 2/5/24, delegated to Trust Chair, Chief Executive, Chief Operating Officer and Director of Finance.</p> <p>The Committee supported the system’s proposed submission of a c£19.6m deficit plan and noted the significant risk to delivery and to the Trust’s own financial position.</p>
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Financial Sustainability Report 2023/24	<p>Performance at M12 was behind plan by £6m - £28.7m of efficiencies had been delivered in year of which £8.9m was non-recurrent.</p> <p>2024/25 plans continued to be developed with £22m identified to date – final plans were to be agreed by early May. Particular focus was needed on controls of establishment if targets were not to increase in year.</p>	<p>Consideration to be given to a focus on controls over establishment at the next meeting and whether “deep dives” into projects at committee could be helpful (as per the productivity initiative).</p>
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Productivity Deep Dive	<p>The Committee received an update based on Month 11 reports. Work continues to improve reporting and identifying and sharing successes.</p> <p>There was optimism around reaching 85% theatre utilisation in line with NHSE targets – the true measure of success will be to maintain or exceed this rate continually.</p> <p>A presentation from the Ophthalmology team about their positive experiences of the Engagement Value Outcome work demonstrated the potential contribution of this approach to service rationalisation initiatives</p>	<p>The Committee noted the progress underway in improving productivity and the vital importance of performing at these new levels as “business as usual” once the focus moved to other areas.</p>
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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.

Cyber Security Report	The Committee received assurance on cyber security actions and an update on the current picture, performance and risk indicators and the ICS wide cyber related projects programme.	The Committee received assurance on a number of cyber security actions and the wider support to the ICS system provided by the Trust.
Learning from Pathology System Implementation	The Trak Care Lab Enterprise system in Pathology went live in 2021. The implementation had been problematic and the “go live” and following period had proved difficult. This review of this “lessons learned” project identified a number of problems around planning, delivery and ownership of decisions.	The Committee welcomed the report, the honesty of all involved and acceptance of recommendations for improvement.

Items Rated Green

Item	Rationale for rating	Actions/Outcome
Financial Performance Report 2023/24.	An outturn deficit of £536K and 100% delivery of 19/20 activity levels	
Capital Plan 2023/24	An outturn position of £35K underspend on a budget of £56m.	
Digital Transformation Report 2023/4	Successful delivery of a large digital programme.	
Information Governance Bi-Annual Report	A positive report was received.	
HIMSS/EMRAM Digital Maturity Level	The Trust has a positive digital maturity level of almost 6, the highest level. The Committee congratulated the various teams on their achievement of these outcomes.	

Items not Rated

Planning and Budget Setting	Costing Update	Provider Selection Regime	Digital Risk Register
Committee End of Year Annual Report			

Investments

Case	Comments	Approval	Actions
New Finance System	The tender process had been considered at an earlier meeting and a preferred supplier appointed in January. Due to the nature of the scheme, it was not yet clear whether it was to be a charge to revenue or capital – this remained to be resolved but was an issue requiring national guidance.	The Committee Agreed to proceed to contract signing stage	A number of preferred options for implementation were agreed including a “go live” date of 1/4/25. A full summary of costs to be provided.

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Gloucestershire Cancer Institute	The Committee received a confidential briefing on progress to date in securing funds for this scheme.	The Committee supported the move to Full Business Case stage	Clarity over source of funding to be confirmed. Recurrent revenue implications needed to be worked up.
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Impact on Board Assurance Framework (BAF)

SR 9: Failure to deliver recurrent financial sustainability - agreed to incorporate a longer term perspective to the next iteration.
SR 10: Condition of the estate – to be redrafted in the new financial year – next meeting
SR 11: Sustainable healthcare – to be revisited with particular reference to the realism of achieving 2040 targets – June/July meeting

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KEY ISSUES AND ASSURANCE REPORT
People and Organisational Development Committee, 28th March 2024

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
Recruitment and Attraction	<p>Recruitment Transformation project</p> <ul style="list-style-type: none"> • Digitalisation of processes showing improved timelines to hire with assurance around sustaining them. • EVP being evaluated with stakeholders. • Workforce controls framework developed to drive improved conversations, reporting and budget sustainability. <ul style="list-style-type: none"> • Concerns remain around international nurses reporting bullying and harassment and the need for improved pastoral support. Assurance provided that increased work around support during recruitment and onboarding is being undertaken. • Improvements noted around the objective structured clinical examination process where changes to training had seen first time pass rate go from 17% to 65% but now in mid 50s due to not having access to clinical areas for training and which was being addressed. • FTSU reported very low comments from black or minority staff, a concern, which could be linked to concerns around getting visa applications. • Detailed overview of time to hire journey since 2022 provided on consultant recruitment including reductions in time to hire. Feedback from candidates positive and by end April, revised arrangements to be in place across all divisions in relation to recruitment campaigns including 'join Gloucestershire Hospitals' brochure setting out benefits, improved verification process and support for hard to recruit areas. 	<p>This item remained RED. Whilst assurance was provided on projects showing improvements across several key areas, issues set out leave the overall item RED.</p> <p>Review how an integrated establishment to provide single view of workforce, interims and agency linked back to the finance system to be logged as a future improvement and added to the risk register.</p> <p>Further report on concerns in relation to bullying and harassment to be bought back including impact of actions.</p> <p>Further updates to be provided to provide assurance that customs and practices around cultural nuances were considered, along with updates on impact of anti-discrimination work and creating psychological safety.</p> <p>Further updates to be received around areas which remained challenging in respect of time to hire, i.e., admin and clerical.</p>

Items rated Amber

Item	Rationale for rating	Actions/Outcome
FTSU	Annual report deferred	Special PoDC to review Annual Report to be arranged.
People Performance Dashboard	<p>Detailed review of people performance dashboard: -</p> <ul style="list-style-type: none"> • Appraisals compliance remains an issue. • Agency recruitment saw improvement due to improved controls around rotas. Bank use continued to be high but preferred to agency use. • Review of safeguarding training underway due to difficulties around clear understanding of what training is required across separate roles. Whilst this is a safety issue it was noted CQC (Care Quality Commission) reported good clinical practice. Committee noted safeguarding would be monitored through the Quality Delivery Group (QDG). 	<p>Update on work being undertaken to improve this area including ensuring staff understand their own responsibilities to comply with this mandatory requirement.</p>

Assurance Key

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

<p>Health and Safety</p>	<ul style="list-style-type: none"> • Security issues continued to be a concern. • 2-year plan for fire safety being drafted, with concerns around resourcing to complete required actions. • Total of thirteen risks for health and safety and mitigation plan over next two to five years in development. • Increase in violence and aggression incidents – body worn cameras to be trialled within ED to promote of deterrence and recordings sent to the police, along with training for staff on de-escalation planned. • Impact of exposure of a formalin spillage still under investigation. 	<p>Full report on key issues to come back to May Committee. Chair to discuss how escalation are managed for assurance.</p> <p>Plan to come to Committee</p> <p>Committee to receive updates on impact</p> <p>Committee to receive update.</p>
<p>Audits</p>	<ul style="list-style-type: none"> • Organisational Readiness - several improvement areas including future Board development. • Recruitment and workforce planning. • FTSU audit planned - terms of reference being established 	<p>Action plan to come back to Committee</p> <p>For assurance, it has been requested for all actions to be completed by the end of March.</p>

Items not Rated

<p>Risk Register</p> <ul style="list-style-type: none"> • No new emerging risks. • Existing risks update <ol style="list-style-type: none"> 1) International nurses visa risk and actions being taken to be bought back to committee. 2) Staff immunisation records - occupational health had full oversight allowing the risk to be closed. 3) Backfill issues for Oliver McGowan training – still open until review had concluded and assurance provided. 4) Longstanding accommodation risk scored at 6 - expenditure in place. Accommodation group collaborating with Associate Director Estates to be established. <p>No closed risks to report.</p>
