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| **GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST****Minutes of the Annual Members Meeting****28 September 2023, 15:00****Lecture Hall, Sandford Education Centre, Cheltenham General Hospital** |
| **Present** | Deborah Evans | DE | Trust Chair |
| Deborah Lee  | DL | Chief Executive Officer  |
| Dr Mark Pietroni  | MP | Medical Director and Director of Safety and Deputy Chief Executive Officer |
| Claire Radley  | CR | Director for People and OD |
| **Governors** | Matt Babbage | MB | Stakeholder Governor, Gloucestershire County Council |
|  | Anne Davies | AD | Public Governor, Cotswolds |
|  | Mike Ellis | ME | Public Governor, Cheltenham |
|  | Pat Eagle | PE | Public Governor, Stroud |
|  | Andrea Holder | AH | Lead Governor, Tewkesbury |
|  | Fiona Hodder | FH | Public Governor, Gloucester |
|  | Pat LeRolland | PL | Stakeholder Governor, Gloucestershire Age UK |
|  | Jeremy Marchant | JM | Public governor, Stroud District |
|  | Peter Mitchener | PM | Trust Governor, Cheltenham |
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| **Attending** | James Brown | JB | Director of Engagement, Involvement & Communications |
| Patricia Blackwood  | PB | Corporate Governance Officer  |
| Lisa Evans | LE | Deputy Trust Secretary |
| Sim Foreman | SF | Interim Trust Secretary  |
| Mary Hutton | MH | Chief Executive (NHS Integrated Care Board) |
| Katherine Holland | KH | Head of Patient Experience |
| Rayna Kibble | RK | GHT Staff Side Chair and Lead rep, Unison Glos Branch Chair |
| Rachel Lowings | RL |  Staff Governor, Nursing and Midwifery Staff |
| Craig MacFarlane | CF | Head of Communications  |
| Juwairiyia Motala | JM | Community Engagement and Involvement Manager |
| Sarah Mather | SM | Staff Governor, Nursing and Midwifery Staff |
| Rebecca Pritchard | RP | Non-Executive Director, GMS |
| Juliette Sherrington | JS | Staff Governor, Allied Healthcare Professionals |
| Merleen Watson | MW | Out of County Governor |
| **Ref** | **Item** |
| **1** | **Chair’s Welcome and Introduction**The Chair, welcomed attendees and introduced the agenda, which included highlights from the annual report, financial matters, and a short film presentation. There would be a presentation on the Annual Report and Accounts, the role of Governors, followed by a Question-and-Answer session. The Chair explained the use of Slido for advance questions, noting that some questions had already been submitted and would be addressed during the session. Attendees were encouraged to ask additional questions during the meeting. |
| **2** | **Annual Report 2022-23**The Chief Executive, presented highlights from the annual report. She acknowledged the challenges faced over the past seven years, including those arising from the pandemic, and expressed pride in the achievements of the Trust despite ongoing difficulties. The Chief Executive highlighted the significant impact of COVID-19 on health inequalities and waiting times, and noted her disappointment with recent staff survey feedback. She emphasised her commitment to addressing these concerns in her remaining months with the Trust. The Chief Executive outlined key achievements, including the development of two centres of excellence and improvements in stroke care outcomes, following the centralisation of services at Cheltenham General Hospital. She reported a notable increase in timely stroke care and a decrease in stroke-related mortality. The Trust’s strong performance in elective care was noted.The Chief Executive provided a presentation which updated on:* Reflections on my time (and the last year 2022/23)
* Highlights from 2022/23
* The Challenges ahead
* Priorities for the year ahead

Key achievements included improvements in the 28-day cancer diagnosis standard and progress in stroke care. The challenges and cultural changes made to improve theatre safety were noted, particularly around the absence of 'never events' for 551 days. The Chief Executive praised the Trust's performance in maternity care and digital advancements, particularly in electronic observation systems. She also discussed initiatives including the tobacco dependency scheme and mental health crisis care improvements. Despite facing challenges such as staff retention and financial pressures, there was confidence that these issues would be addressed. |
| **3** | **Annual Accounts 2022-23**The Director of Finance presented the financial review of 2022/23. The following headline financial results were noted:* In 2022/23 the Trust ended the financial year with a surplus of £0.51m against a planned breakeven position. The ICS received a fixed level of funding and a was required to breakeven as a system - all system partners worked collaboratively to deliver this.
* Financial sustainability schemes delivered £16m which enabled the Trust to manage demand and breakeven.

The Director of Finance set out how the Trust had received and spent its income in 2022/3. The Trust received income of £740m, including £667m from NHS England and Clinical Commissioning Groups. £475m of this income was spent on pay and £265m on non-pay.Looking ahead to 2023/24, the Trust faced a £10 million shortfall in its £34 million efficiency target. A reduction in non-recurrent benefits and immense operational pressures, particularly within the medicine division, exacerbated financial difficulties. Challenges around high demand and flow led to additional financial pressures.The Director of Finance reported that in 2023/24 the Integrated Care System had received a fixed funding allocation to operate within the whole year. This funding was used to provide day to day operational services and support elective recovery. To enable the Trust and the system to operate within these resources there was a requirement to deliver Financial Sustainability Schemes and the Trust had a c£34.7m requirement.For 2023/24 the Trust was likely to face pressures which would require a continued focus on reducing levels of spend to pre-pandemic levels. Pressures around expected industrial action would increase existing challenges faced by operational teams to deliver urgent care and to reduce waiting lists. The Director of Finance confirmed that the Trust would continue working to deliver the very best for patients within the confines of funding. |
| **4** | **NHS 75**The NHS had celebrated its 75th anniversary this year. The occasion provided an opportunity to reflect on the Trust’s significant milestones and achievements over the past year. The anniversary highlighted the enduring commitment of the NHS to improving patient care and services, and it was acknowledged as a pivotal moment for the Trust to celebrate its contributions and progress within the NHS framework. |
| **5** | **Council of Governors Membership**The Chair advised that the following Governor had just been newly elected to the Council of Governors.* Bryony Armstrong, Public Governor, Cotswold
* Matt Bishop, Public Governor, Forest of Dean
* Bilgy Laurence Pellissery, Staff Governor, Nursing and Midwifery
* Oliver Warner, Staff Governor, Other/ Non-Clinical

Helen Bown had been newly appointed as a stakeholder governor for Age UK, Gloucestershire.The following Governors continued: * Mike Ellis, Public Governor, Cheltenham
* Peter Mitchener, Trust Governor, Cheltenham Bill Evans, Public Governor, Forest of Dean
* Fiona Hodder, Public Governor, Gloucester
* Jeremy Marchant, Public governor, Stroud District
* Pat Eagle, Public Governor, Stroud
* Merleen Watson, Out of County Governor
* Juliette Sherrington, Staff Governor, Allied Healthcare Professionals
* Rachel Lowings, Staff Governor, Nursing and Midwifery Staff
* Sarah Mather, Staff Governor, Nursing and Midwifery Staff

Stakeholder Governors:* Matt Babbage, Stakeholder Governor, Gloucestershire County Council
* Pat LeRolland, Stakeholder Governor, Gloucestershire Age UK

**Council of Governors’ Report**The Lead Governor provided an overview of the work of the Council. She thanked retiring governors for the work they had undertaken on behalf of the Council and welcomed new governors.The Lead Governor acknowledged ongoing change within the NHS, highlighting a year of farewells and new appointments among the Governors. During the past year the work the Governors had undertaken over the past year was noted. This had included:* Appointing new non-executive directors and a Chief Executive.
* Collaborating with the Communications and the Corporate Governance teams to develop a revised membership strategy and a new Governor handbook.
* Governors had worked on the new membership strategy, which aimed to attract more members from diverse backgrounds.
* The Governors were focused on enhancing engagement with the public and patients. Governors had challenged and supported senior colleagues and the Board.
* They participated in the Health and Wellbeing Partnership Board

The Lead Governor also reported that the Council was updated on planning and actions to meet regulatory and external agency requirements. Non-Executive Director and Governor visits, which had been paused since the pandemic, were set to resume. The significant contributions of the outgoing Chief Executive were acknowledged. |
| **6** | **Question and Answer Session****Can we get an update on Cheltenham A&E, and what is the current status of maternity services?** Mark Pietroni discussed the "Fit for the Future" initiative, which included Fit for the Future One and Two. These initiatives had undergone public engagement and consultation, with all current changes based on this process. He clarified that Cheltenham A&E was not included in the Fit for the Future plans, and there were no intended changes to Cheltenham A&E. The Trust’s position on Cheltenham A&E remained unchanged.Regarding maternity services, Mark Pietroni acknowledged nationwide pressures, particularly with midwifery staffing, which were affecting many trusts. Despite government investment in midwifery training, it would take years to address the shortages. As a result, Cheltenham’s birth unit had been temporarily closed to ensure one-to-one care during labour. Significant investments had been made in a new obstetric theatre and birthing unit in Cheltenham. The unit would reopen as soon as staffing levels allowed, though no specific timeline could be provided due to recruitment challenges.**Can you provide an update on the current staffing numbers, particularly in emergency departments?**Deborah Lee reported that the Trust would produce and publish staffing information on its website within a week. The data would be categorised by staff group and would show trends over time.**What routes are available for staff to raise concerns about wrongdoing within the Trust, whether these are clinical or administrative?**Claire Radley reported that the Trust had been reflecting on its systems for staff to raise concerns. For detailed information, Claire Radley recommended reviewing Deborah Lee's paper from the last public board meeting, which covered the Trust's reflections on this issue.The discussion also touched on the "Freedom to Speak Up" initiative, which had been a focus within the Trust, including the appointment of a full-time Freedom to Speak Up Guardian, Louisa Hopkins. This role was created to enhance the Trust’s systems and provide assurance regarding staff concerns.**Are there protections in place for staff who whistle blow? Can they raise concerns without risking their job, professional registration, or promotion prospects?**Claire Radley explained that staff were advised to first approach their line manager, but if this wasn’t feasible, they could contact the counter-fraud team or use the Freedom to Speak Up service, which advocated for staff facing barriers to reporting concerns. She assured that whistleblowing protections were in place, and no detriment would result from speaking up, a protection upheld by Louisa Hopkins, the Freedom to Speak Up Guardian.**What happened with the staff who, in 2021, took their concerns about patient safety to the national media? How does the Trust handle situations where staff feel their concerns aren’t being heard?**Mark Pietroni noted that people often felt they were not being heard or, as in the Letby case, that their concerns were not acted upon as expected. While going to the media was one way to highlight issues, the speaker noted that direct discussions typically led to better outcomes. The Freedom to Speak Up Guardian, could assist colleagues in accessing external support if necessary and could escalate concerns to external bodies without involving the media, though it was encouraged to seek solutions internally first.**Given the recent Lucy Letby case, is there a need for professional accreditation for NHS managers and executives?**Deborah Lee addressed concerns about regulating professional bodies and suggested that it might be divisive to regulate some groups but not others. She supported reviewing this issue and noted the difference between accountability and professional regulation. Although she wasn’t professionally regulated, she was accountable to the board and the Care Quality Commission. She believed that registration would not be problematic for managers and suggested exploring appropriate regulation.**With the recent media coverage about potential 'Martha's Law' or 'Martha's Rule,' what is the Trust’s stance on empowering patients to request and receive second opinions?**Mark Pietroni explained that the ability to request a second opinion had always been part of NHS practice, though its application varied. In paediatrics and intensive care, second opinions were common and well-managed. If formalised as a legal right, it would align with existing good practice. He also mentioned the "Call for Concern" pilot programme, which provided patients and relatives with a contact number for the Acute Care Response Team if they had concerns about care that were not addressed by ward staff.An attendee expressed gratitude for the cancer treatment she received two years ago, crediting the exceptional care for her continued well-being.**Can you provide more information on the efforts to improve hospital accessibility for individuals with disabilities?**The Chair acknowledged the impact of cochlear implants and praised James Brown, Director of Engagement, Involvement & Communications and Katherine Holland, Head of Patient Experience for their work in making services more accessible.**Are there still financial penalties imposed on hospital trusts if they fail to meet sustainability targets?**Karen Johnson clarified that the system no longer imposed penalties as it had in the past. The system now focused on collaborative efforts with commissioners and providers to address financial pressures. Karen Johnson added that while direct financial penalties no longer applied, the NHS faced increased financial pressure and oversight for deviations from financial plans.With no further questions, the meeting concluded. The Chair thanked everyone for their attendance and productive discussions and looked forward to the next meeting. |
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