NHS
Gloucestershire Health and Care
NHS Foundation Trust

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COUNCIL OF GOVERNORS MEETING

Wednesday, 13 November 2024
10.30 – 1.00pm
MS Teams

AGENDA

ITEM	TIME		LEAD	FORMAT
1	10.30	Welcome, Introduction, Apologies	Chair	Verbal
2		Declarations of Interest	Chair	Verbal
3		Minutes of the Previous Meetings: • 18 September 2024 • 24 October 2024 (Extraordinary Meeting)	Chair	**Paper**
4		Matters Arising and Actions	Chair	Verbal
Engaging with the Trust & Representing the Interests of Trust Members and the Public				
5	10.40	Chair's Report • Governors Ways of Working Update	Chair	Verbal
6	10.55	Chief Executive's Report	Dep. CEO	Verbal
In preparing the forward plan, the Board must have regard to the views of the Council				
7	11.15	Trust Business Planning Process 2025/26 and Trust Strategy Refresh	Lisa Proctor	**Presentation**
Information about performance of the Trust's functions				
8	11.35	Review of the Working Together Advisory Committee – Governor engagement	Julie Mackie	**Presentation**
BREAK – 11.55am				
Holding NEDs to Account for the performance of the Board				
9	12.05	Governor Dashboard	Trust Secretariat	**Paper**
10	12.15	Board Committee Updates and Key Issues	NEDs	Verbal
Governance (Papers to Note for information Only)				
11	NOTE	Governor Membership and Election Update	Trust Secretariat	**Paper**
12	NOTE	Governor Questions Log	Trust Secretariat	**Paper**
Closing Business				
13	12.25	Any other business	Chair	Verbal
PRIVATE SESSION				
14	12.30	Culture and Leadership Programme	Dep. Director of HR&OD	**Presentation**
15	1.00	**Date of next meeting** The next meeting will take place on Wednesday 22 January 2025 – 10.30 –1.00pm at Churchdown Community Centre. *This will be a development session.*	Chair	Verbal

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Meeting Dates

COUNCIL OF GOVERNORS

Date of Meeting	Pre-meet (Governors only)	Time	Venue
2025			
Wednesday 22nd January (Development Session)	9.30 – 10.15	10.30 – 1.00	Face to Face Churchdown Community Centre
Friday 31st January (Extraordinary session – External Audit Appointment)		10.00 – 11.00	Microsoft Teams
Wednesday 19th March	12.00 – 12.45	1.00 – 3.30	Face to Face
Wednesday 14th May	9.30 – 10.15	10.30 – 1.00	Microsoft Teams
Wednesday 9th July (Development Session)	12.00 – 12.45	1.00 – 3.30	Face to Face
Wednesday 17th September	12.00 – 12.45	1.00 – 3.30	Microsoft Teams
Wednesday 19th November	9.30 – 10.15	10.30 – 1.00	Face to Face

NOMINATIONS AND REMUNERATION COMMITTEE
(Governor Committee – only committee members need attend)

Date of Meeting	Time	Venue
2024		
Wednesday 23rd October	15:30 – 16:30	MS Teams
2025		
Wednesday 8th January (if required)	*15:00 – 16:00*	*MS Teams*
Wednesday 5th March	15:00 – 16:00	MS Teams
Wednesday 30th April	15:00 – 16:00	MS Teams
Wednesday 25th June	15:00 – 16:00	MS Teams
Wednesday 3rd September	15:00 – 16:00	MS Teams
Wednesday 5th November	15:00 – 16:00	MS Teams

TRUST BOARD MEETINGS
(Governors and members of the Public welcome to attend as observers)

Date of Meeting	Time	Venue
2024		
Thursday 28th November	10.00 – 13.00	The Board Room, EJC
2025		
Thursday 30th January	10.00 – 13.00	
Thursday 27th March	10.00 – 13.00	
Thursday 29th May	10.00 – 13.00	
Thursday 31st July	10.00 – 13.00	
Thursday 25th September	10.00 – 13.00	
Thursday 27th November	10.00 – 13.00	

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS MEETING

Wednesday 18 September 2024
Via MS Teams

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PRESENT:

Graham Russell (Chair)	Kizzy Kukreja	Bob Lloyd-Smith
Steve Lydon	Peter Gardner	Andrew Cotterill
Penelope Brown	Mick Gibbons	Chris Witham
Ismail Surty	Sarah Nicholson	Cath Fern
Neil Hubbard	Tussie Myerson	

IN ATTENDANCE:
Douglas Blair, Chief Executive
Anna Hilditch, Assistant Trust Secretary
Sumita Hutchison, Non-Executive Director
Nicola de Iongh, Non-Executive Director
Jason Makepeace, Non-Executive Director
Jan Marriott, Non-Executive Director
Kate Nelmes, Head of Communications
Lavinia Rowsell, Director of Corporate Governance / Trust Secretary

1.	WELCOMES AND APOLOGIES

1.1   Graham Russell welcomed colleagues to the meeting.

1.2   Apologies had been received from the following Governors: Chas Townley, Alicia Wynn, Alison Hartless, Paul Winterbottom, Jenny Hincks, Rebecca Halifax, and Laura Bailey. Apologies had also been received from Steve Alvis, Bilal Lala, and Vicci Livingstone-Thompson, Non-Executive Directors.

1.3   Graham Russell welcomed newly appointed Public Governors for Cheltenham, Tussie Myerson and Neil Hubbard. Both had commenced in post on 1 September 2024.

1.4   The Council noted that Dr Paul Winterbottom had been re-appointed unopposed for a second term as a Staff Governor representing Medical Dental & Nursing colleagues.

2.	DECLARATIONS OF INTEREST

2.1   There were no new declarations of interest.

3.	MINUTES OF THE PREVIOUS MEETING

3.1   The minutes from the previous meeting held on 10th July were agreed as a correct record.

4.	MATTERS ARISING AND ACTION POINTS

4.1   The actions from the previous meetings were complete or progressing to plan.

4.2   In response to a question from Steve Lydon, Graham Russell informed the Council that a meeting would be taking place later that week with one of the new Gloucestershire MPs. Meetings for the Chair and Chief Executive with all local MPs had now been scheduled in the diary.

5.   NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY REPORT

5.1   The purpose of this report was to provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration Committee meeting held on 4th September 2024, for information.

5.2   Those items covered within the summary included an update on NED recruitment, confirmation that objective setting had now been completed for the NEDs and Chair, an update on the appointment of an Associate NED representing the University of Gloucestershire, and an update on discussions around NED remuneration.

5.3   The Council was asked to note that it is within the Nominations and Remuneration Committee terms of reference to review the pay and conditions of the NEDs annually. The Committee considered remuneration in 2019 at the point of merger, and it was agreed in November 2019 to increase NED remuneration to £14k per annum. There had been no further increase since that time despite inflation and cost of living increases for other NHS colleagues. Despite being anticipated there had also been no further national guidance published on which to guide Trusts. The annual NHS Providers Remuneration Survey had now been completed and the Committee agreed to receive a more detailed NED remuneration report at its next meeting for consideration. It was confirmed that any matters relating to NED remuneration, terms and conditions, and appointments would be brought to the full Council for final approval, following Committee consideration and scrutiny.

5.4   This report was noted by the Council of Governors.

6.   CHAIR'S REPORT

6.1   Graham Russell said that he wanted to use this time for Governors to raise any questions they may have.

6.2   Andrew Cotterill asked for an update on Berkeley House. Graham Russell said that the Board had received good assurance on the progress taking place. Douglas Blair advised that the Trust continued to provide regular updates to the CQC on progress, and a further inspection was being scheduled. The testing and learning around the development of community-based services was continuing and a full review of this was due shortly.

6.3   Andrew Cotterill welcomed receiving the schedule of visits undertaken by the Chair. He asked whether it would be possible for Governors to participate in some of those visits. Graham Russell said that he would be happy to be joined by Governors and invited colleagues to make contact either with himself directly, or with Anna Hilditch to express an interest.

6.4   The Governors discussed the publication of the Darzi Review. Lord Darzi's report provided an expert understanding of the current performance of the NHS across England and the challenges facing the healthcare system. Graham Russell said that GHC was trying to look at how it could become a better designer of services, rather than just a provider. More was needed to push the commissioning of mental health services higher up the ICS agenda and to get the right levels of investment. It was noted that the County Council had a new leader in post and meetings had been scheduled for the Chair and Chief Executive to meet with them. It was hoped that this would offer a good opportunity to develop the relationship. Douglas Blair said the Trust had a different type of relationship with the Council, however, at a senior level he said that colleagues did have honest and open discussions about key issues which was positive.

7. CHIEF EXECUTIVE'S REPORT

7.1 Douglas Blair provided a verbal update on key matters to the Governors, including the publication of the Darzi Review, the proposal for a 10-year health plan, and the lessons learned from Nottingham.

7.2 Douglas Blair said that NHSE had carried out and published a rapid review of Nottinghamshire Healthcare NHS Foundation Trust, following the conviction of Valdo Calocane in January 2024 for the killings of Ian Coates, Grace O'Malley-Kumar, and Barnaby Webber. All ICBs have been asked to carry out a full review of the care and treatment of people requiring Assertive Outreach treatment and it was noted that GHC would be receiving the output from this review at its November Board meeting.

7.3 In response to this, Bob Lloyd-Smith said that people with paranoid schizophrenia had been given the label of being violent and a danger to others which was untrue, and he asked whether the Trust planned to send out any form of public messaging about this to help in tackling the stigma and inaccurate messages. Douglas Blair agreed that all patients needed to be viewed on a case-by-case basis and there certainly should not be one approach to all. However, he said that the Trust had not felt the need to issue a statement at this time but was very supportive of the review taking place.

7.4 Neil Hubbard said that it felt as though people with mental health needs could only access services when they got very ill and said that more needed to be done nationally around the development of preventative services.

7.5 Penelope Brown said that she had experience of people being discharged too quickly from inpatient mental health services, who had then been involved in an incident. Douglas Blair said that the Trust, as well as all other Trust's with inpatient provision, had a Length of Stay metric that was reported upon. This was used to ensure we could manage our bed base and was monitored to ensure appropriate use. He said that the Trust kept a balanced approach to meet capacity requirements and was clear that the clinical need of the patient was always the top priority.

7.6 Douglas Blair provided an update on Board member changes. David Noyes, the Chief Operating Officer would be retiring at the end of September. Two new Executive Directors would be commencing on 4th November, Rosanna James (Director of Improvement and Partnership) and Sarah Branton (Chief Operating Officer). Douglas Blair advised that the Director of Primary Care and Locality Development had been a joint Director role with GHC and the ICB. The decision had been made that this joint role would cease at the end of September, with the postholder, Helen Goodey focussing on her work at the ICB.

8. WAYS OF WORKING

8.1 Following the appointment of a new Chair in May 2024, it was agreed that it would be helpful to take some time for the Council of Governors to carry out a review of ways of working in order to understand how best to maximise the contribution of Governors to the Trust. These discussions commenced at the May 2024 Council of Governors meeting, with two further discussions subsequently taking place at a Staff Governors meeting (20 June), and at the Membership & Engagement Committee (25 June).

8.2 This paper summarised those most recent discussions, highlighting the key themes arising and looking at what might be put in place to achieve these.

8.3 The Council of Governors supported this report and the proposed way forward. It was noted that work would be carried out to shape the proposals further, and Governors would be consulted on different elements of this over the coming months.

9. INTEGRATED URGENT CARE SERVICE (IUCS)

9.1 The Council of Governors welcomed Nicola Moore, IUCS Programme Director to the meeting who was in attendance to provide a presentation on the new Integrated Urgent Care Service.

9.2 The new service will launch on 19th November 2024 and will include:
- NHS 111 – telephone and online support
- A new Clinical Assessment Service (CAS) giving the public access to general and specialist clinical advice
- An out of hours face to face service – Clinicians seeing people in person either at a local hospital/treatment centre or in their own homes

The service will be provided by Gloucestershire Health and Care NHS Foundation Trust in a partnership with social enterprise organisation Integrated Care 24 (IC24).

9.3 The key aims of the Integrated Urgent Care Model were presented, and included:
- Reducing ambulance response times and handover delays
- Reducing long waits in the ED
- Improving patient experience
- Stream Mental Health Calls to GHC's MH Urgent Care Services via IVR
- Locally defined outcomes required
  - o Increased use of NHS 111
  - o A clear and concise patient experience
  - o Reduced duplication of triage
  - o Effective navigation through the urgent care system

9.4 Nicola Moore advised that the service would employ approximately 100 people and will be managed out of GHC's Headquarters, Edward Jenner Court, in Brockworth, Gloucester. NHS 111 colleagues will be employed by IC24. CAS and out of hours clinicians will work for GHC and be based either at EJC or work in hospital sites, such as Gloucestershire Royal Hospital, Cheltenham General Hospital, or Stroud, Cirencester and Forest of Dean. Out of hours home visits will also be available. NHS111 and the CAS will operate 24 hours a day, seven days a week.

9.5 Chris Witham said that this was an exciting opportunity. He said that there had been a real decline in the number of people using the NHS111 service so there needed to be a push on the communications of this new service, promoting it and getting people to use it.

9.6 The Council noted that work was still underway as part of the consultation around staffing and TUPE arrangements.

9.7 Nicola Moore said that KPIs and performance thresholds were currently in development for the service, for things such as call volumes, answer times etc to be able to monitor performance going forward.

9.8 Douglas Blair said that it was not common for a community trust like GHC to provide these services, but it was fully in line with the Trust's values. This was a brand new service providing things such as 24/7 GP triage which did not currently exist in Gloucestershire. A lot of the key benefits had been set out within the presentation, but Douglas Blair said that it was important to acknowledge that there would be bumps in the road and the Trust would address these as and when they may arise. He said that it was really helpful to have Governors sighted on the new service, and it

was agreed that a follow up presentation would be brought back to a future Council meeting once the service had gone live. **ACTION**

10.	**GOVERNOR DASHBOARD**

10.1   The Council of Governors received the Governor Dashboard for information and assurance. The purpose of the Governor Dashboard is to provide a high-level overview on the performance of the Trust through the work of the Board and Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board and ensuring that people that use our services are receiving the best possible care.

10.2   Chris Witham made reference to the workforce indicator presented in the dashboard for vacancy rates, noting that performance had remained at approx. 10% for some time. However, he noted that the threshold for this indicator was 20% and he suggested that this didn't reflect individual teams and therefore queried whether a 20% threshold was helpful. Sandra Betney suggested that turnover would be a more helpful indicator to monitor as what was manageable in terms of vacancies within one team wouldn't be in another. It was agreed that future Dashboard reports would include the measure for staff turnover rather than vacancy rates. **ACTION**

10.3   The Council noted the content of the Dashboard report.

11.	**BOARD COMMITTEE UPDATES**

11.1   Due to time pressure at the meeting, Graham Russell suggested that it would be helpful for Governors to receive the Board Committee summary reports which would be issued later in the week as part of the board paper pack. This would provide Governors with the most up to date summary of activity.

12.	**COUNCIL OF GOVERNOR MEMBERSHIP AND ELECTION UPDATE**

12.1   The Council received and noted this report which provided an update on changes to the membership of the Council of Governors and an update on progress with any upcoming Governor elections.

13.	**GOVERNOR QUESTIONS LOG**

13.1   The Governor Questions Log is presented at each Council meeting, and any questions received between meetings are presented in full, alongside the response for Governors' information.

13.2   It was noted that no new questions had been received since the last meeting in July.

14.	**ANY OTHER BUSINESS**

14.1   Governors were reminded that the Trust's Annual General Meeting would be taking place on Thursday 19th September and all colleagues were invited to attend.

14.2   Chris Witham made Governors aware that the GHC Charity had recently been rebranded and relaunched. It was agreed that further information would be circulated to Governors providing an update on what the Charity was, how people could donate and any fundraising activities coming up. **ACTION**

15.	**DATE OF NEXT MEETING**

15.1   The next meeting would take place on Wednesday 13th November 2024 at 10.30 – 1.00pm via MS Teams.

16. EXTERNAL AUDITOR APPOINTMENT

16.1 The Council welcomed Sandra Betney, Director of Finance who was in attendance to provide an update to the Governors on the provision of External Audit services and the need for the Trust to carry out a competitive tendering process. The Council of Governors are responsible for the appointment of the Trust's External Auditors and a Governor task and finish group was proposed to ensure Governor involvement in the process. It was agreed that a follow up invitation would be sent out after the meeting to all Governors inviting expressions of interest in participating in the process. **ACTION**

COUNCIL OF GOVERNORS – ACTION LOG

Date	Ref	Action	Update
18 Sept 2024	9.8	Follow up presentation on the IUCS to be scheduled for a future Council meeting once the service had gone live	**Complete**. Provisionally booked for March 2025 meeting.
	10.2	Future Governor Dashboard reports to include the measure for "staff turnover" rather than vacancy rates	**Complete**.
	14.2	Information would be circulated to Governors providing an update on what the GHC Charity was, how people could donate and any fundraising activities coming up.	**Complete**. Information emailed out to Governors on 7 November
	16.1	Invitation to be sent to all Governors inviting expressions of interest in participating in External Auditor tendering process.	**Complete**. 3 Governors selected to participate, with the first meeting having taken place on 6 Nov to agree timeline and specification

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
Thursday 24 October 2024
Via MS Teams

PRESENT:	Graham Russell (Chair)	Kizzy Kukreja	Bob Lloyd-Smith
	Steve Lydon	Mick Gibbons	Chris Witham
	Martin Pittaway	Sarah Nicholson	Neil Hubbard
	Tussie Myerson	Sarah Waller	Marcia Gallagher
	Jenny Hincks	Amy Aitken	Alicia Wynn

IN ATTENDANCE: Anna Hilditch, Assistant Trust Secretary
Lavinia Rowsell, Director of Corporate Governance / Trust Secretary
Neil Savage, Director of HR & Organisational Development
Juliet Taylor, CEO of Starfish Recruitment

1. WELCOMES AND APOLOGIES

1.1 Graham Russell welcomed colleagues to the meeting.

1.2 Apologies had been received from the following Governors: Cath Fern, Andrew Cotterill, Peter Gardner, Penelope Brown, Michelle Kirk, Ismail Surty Chas Townley, Paul Winterbottom, Rebecca Halifax, and Laura Bailey.

2. DECLARATIONS OF INTEREST

2.1 There were no new declarations of interest.

3. APPOINTMENT OF A NON-EXECUTIVE DIRECTOR

The Council of Governors appoints the Trust's Non-Executive Directors (NEDs). The Council's Nominations and Remuneration Committee has delegated authority from the Council of Governors to undertake the related recruitment process.

3.1 The Council of Governors received this report which set out a recommendation from the Nominations and Remuneration Committee on the appointment of a new Non-Executive Director.

3.2 The report set out the recruitment process that had been agreed and followed, and provided a summary of the specific skills and experience that had been sought from candidates as part of this round of recruitment.

3.3 It was noted that the formal interviews and focus groups took place on Monday 21st October. It was confirmed that Governor members of the Nominations and Remuneration Committee made up the majority on the interview panel.

3.4 Three candidates were initially shortlisted; however, one candidate withdrew from the process the week before.

3.5 In advance of the final interviews, candidates participated in three online Focus Group sessions with Governors, Board Members, and Experts by Experience. The feedback from the Focus Groups was collated and shared directly with the interview panel in advance of the formal interview commencing. Seven Governors participated in these focus groups.

3.6 It was noted that the panel carried out their deliberations following the interviews, and taking on board the performance at interview, and feedback from the focus groups, a preferred candidate was identified.

3.7   The Council was advised that the Trust's Constitution had been considered, noting the specific clause with regard to Non-Executive Directors holding substantive Executive Director or Non-Executive Director positions in other NHS organisations. The preferred candidate's substantive position is as Chief Nursing Officer for the BNSSG ICB. Further to the panel outcome, the Chief Executive and Chair considered this in depth and also discussed with the NHS England Regional Chief Nurse who did not raise any concerns about the appointment. It has been concluded that both the Chief Executive and Chair are satisfied that the existing concurrent appointment would not constitute a conflict of interest which could not be managed or avoided, as set out within the Trust's Constitution. However, the Council noted that this issue would be kept under review by the Chair within the first 6 months of appointment as an extra protection.

Recommendation

3.8   The Council of Governors was asked to **approve** the appointment of **Rosi Shepherd** as a Non-Executive Director of the Trust from a date to be confirmed, for a period of 3 years (with possible extension), at an annual remuneration of £14,000. The appointment was subject to completion of all nationally required Fit and Proper Person and Standard Employment Checks.

Discussion

3.9   Chris Witham said that this had been a robust and rigorous process, and despite only having 2 candidates present for interview, the Trust was lucky that both were strong and appointable candidates. In making a decision, the interview panel had considered the high level of Board turnover over the past 6 – 9 months and this had given the opportunity to really focus on what the Board needed. Chris Witham said that he felt Rosi Shepherd would make a great NED, and he particularly welcomed her up to date and current clinical perspective and knowledge, noting that she still worked at a senior level in the NHS.

3.10   Kizzy Kukreja informed the Council that it was not a unanimous decision at first, with both candidates presenting well. However, she felt that there had been excellent debate and challenge and was confident in the recommendation that had been made.

3.11   Mick Gibbons agreed that the process had been robust. He said that he welcomed Rosi's up to date clinical knowledge and her dynamic personality. He said that she would be a good fit with the existing Board.

3.12   Marcia Gallagher asked about capacity, noting that Rosi Shepherd was continuing in a busy Executive Director position for the ICB. Chris Witham advised that Rosi was planning to reduce her hours from January 2025 and from the discussions, the interview panel felt assured in her ability and flexibility to carry out the NED role effectively. Chris Witham said that something for future consideration of the Nominations and Remuneration Committee might be how we can make NED roles more inviting for people who do have full time positions.

3.13   Amy Aitken raised a query about diversity. Chris Witham provided assurance that Rosi Shepherd had provided some strong answers in this area, and it was of real interest to her.

3.14   Steve Lydon said that he felt that the recruitment process had been very robust and that GHC went over and above when it came to Board recruitment. He suggested that the process had been followed correctly as set out within the report, and it was the Council's role to approve the recommendation put before them.

Approval

3.15   The Council of Governors **approved** the appointment of **Rosi Shepherd** as a Non-Executive Director of the Trust from a date to be confirmed, for a period of 3 years (with possible extension), at an annual remuneration of £14,000.

4.	ANY OTHER BUSINESS

4.1   There was no other business.

5.	DATE OF NEXT MEETING

5.1   The next meeting would take place on Wednesday 13th November 2024 at 10.30 – 1.00pm via MS Teams.

Ways to help Governors to gain a better understanding of the Trust and services:

- Reinstate rolling programme of monthly visits to community hospitals / MH Inpatient units – NED to attend with 4-5 Governors (Jan 2025)

- Governor areas of interest and ad hoc requests – <u>Purpose:</u> to gain a better understanding of services provided. Trust Secretariat to coordinate any contact / visit with team manager on behalf of Governor

- Governors undertaking visits / meetings – to be asked to provide an activity report to Trust Secretariat to get an understanding of who has been where etc

- Schedule a service presentation at each CoG meeting – schedule to be guided by Ops, in consultation with Governors

Membership Proposal

- Rebranding of Membership materials – leaflet, website, form, banners – to include key messaging on "why become a Member?" (CYPS)
- Hosting of Governor-led Membership stands at Community Hospital locations (look to commence in late January with new materials)
- "Signposting" guidance to be produced for Governors – assist in directing questions from the public to appropriate Trust services
- Engagement timeline with Members – newsletters, key news items (IUCS), Governor comms – **monthly** engagement to be scheduled
- Linking with partner organisations and networks to promote Membership
- **Draft proposals to be made available to Governors for comments and feedback early December**

Who are our Governors?

- Governor profiles – new template being developed for all Governors to complete, to include personal statement, picture, membership of existing networks, skills and experience etc. Can be shared with Teams across the Trust to encourage further Governor involvement in projects/consultation/QI/research (circulate to Governors for completion – Nov 2024)

- Develop and promote the Governor role by developing a clear (plain English) role description for Governors – why would someone contact their Governor?

- Refresh Governor pages on the website – emphasise importance of Governor role and how to make contact (Dec 2024)

Trust Strategy Refresh & Priorities

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Our Strategy for the Future 2021 – 2026: Better Care Together

🚀 Enabling people to live the best life they can

👁 Working together to provide outstanding care

Our Strategic Aims

Strategic Aim One: **High Quality Care**

- The people who use our services and their carers report high levels of satisfaction and 'being heard'

- We co-produce quality outcome measures that demonstrate good care

- We achieve an overall CQC rating of 'Outstanding'

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Strategic Aim Two: **Better Health**

- To work in partnership with our communities to improve the health outcomes of those who are most disadvantaged

Strategic Aim Three: **Great Place to Work**

- A healthy and happy high-quality workforce, performing well in all local and national performance standards

Strategic Aim Four: **Sustainability**

- Demonstrate that we are reducing our total carbon footprint

Supporting strategies

Plan for Strategy Refresh / options for timeline & approach

- 3-year review (2024) was planned of strategic context / major changes in operation environment, align to annual Business Planning to support monitoring against strategic aims.

- Development of new service delivery framework by end of 2024 to cover 3-year high level transformation priorities.

- Strategy refresh planned for Summer 2024 has not been pursued due to significant board member transition and imperative to engage full board in future strategy development

Consideration of Options

- Main headings of strategy still hold true – no need for radical immediate change at a high level

- System working means increasingly we are making a contribution to a wider strategic ambition, rather than setting our own unique path

- Emerging national strategy / 10-year Health Plan is likely to be in line with Trust's preferred direction of travel

- Need to develop more strategic thinking in relation to specific areas of service delivery, rather than add similar high-level thinking - this is a work in progress

➢ Led to Board's preference for a '**Strategic Delivery Framework'** reset against national plans and linked to system strategy – to be completed by **September 2025**.
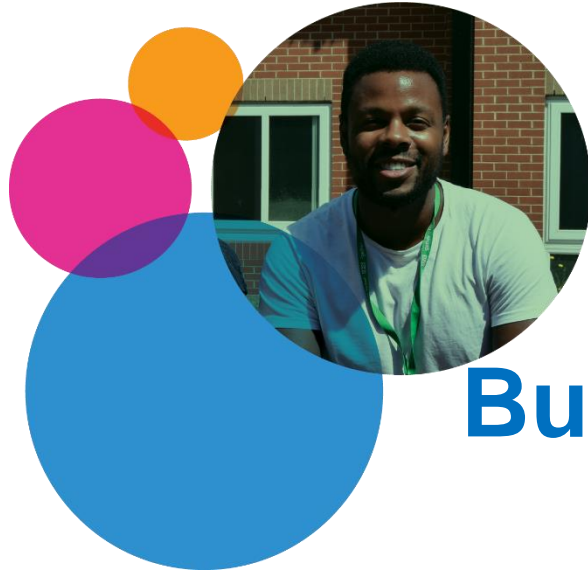
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What would this mean?

- 5 years in scope

- 'Modular' in style – ability to develop more detailed strategy in relation to specific areas within the same broad framework

- Alignment in timelines and approach between us, GHT and ICB as a minimum

- Would come to Council of Governors for engagement and input

Integrated Business Planning & Budget Setting Update 2025/26

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Gloucestershire Health and Care
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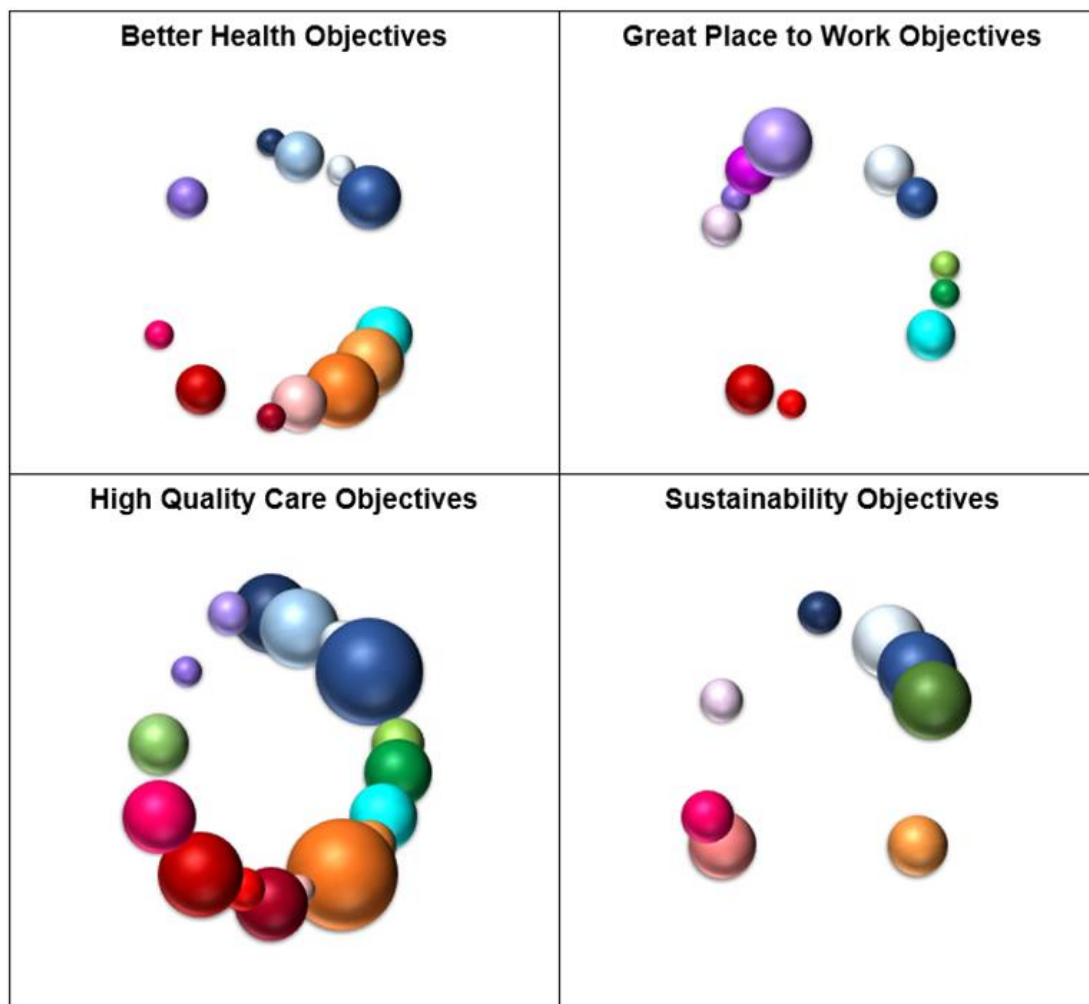
Integrated Business Planning & Budget Setting

- Creates alignment with the Trust Strategy

- Creates a process aligning objectives and budgets including cost improvement across the Organisation

- Creates a framework to allow and encourage prioritisation in the context of scarce resources

- Encourages links between Support Services and Operational Objectives

- Creates and maintains consistency between internal and external requirements

Trust priorities

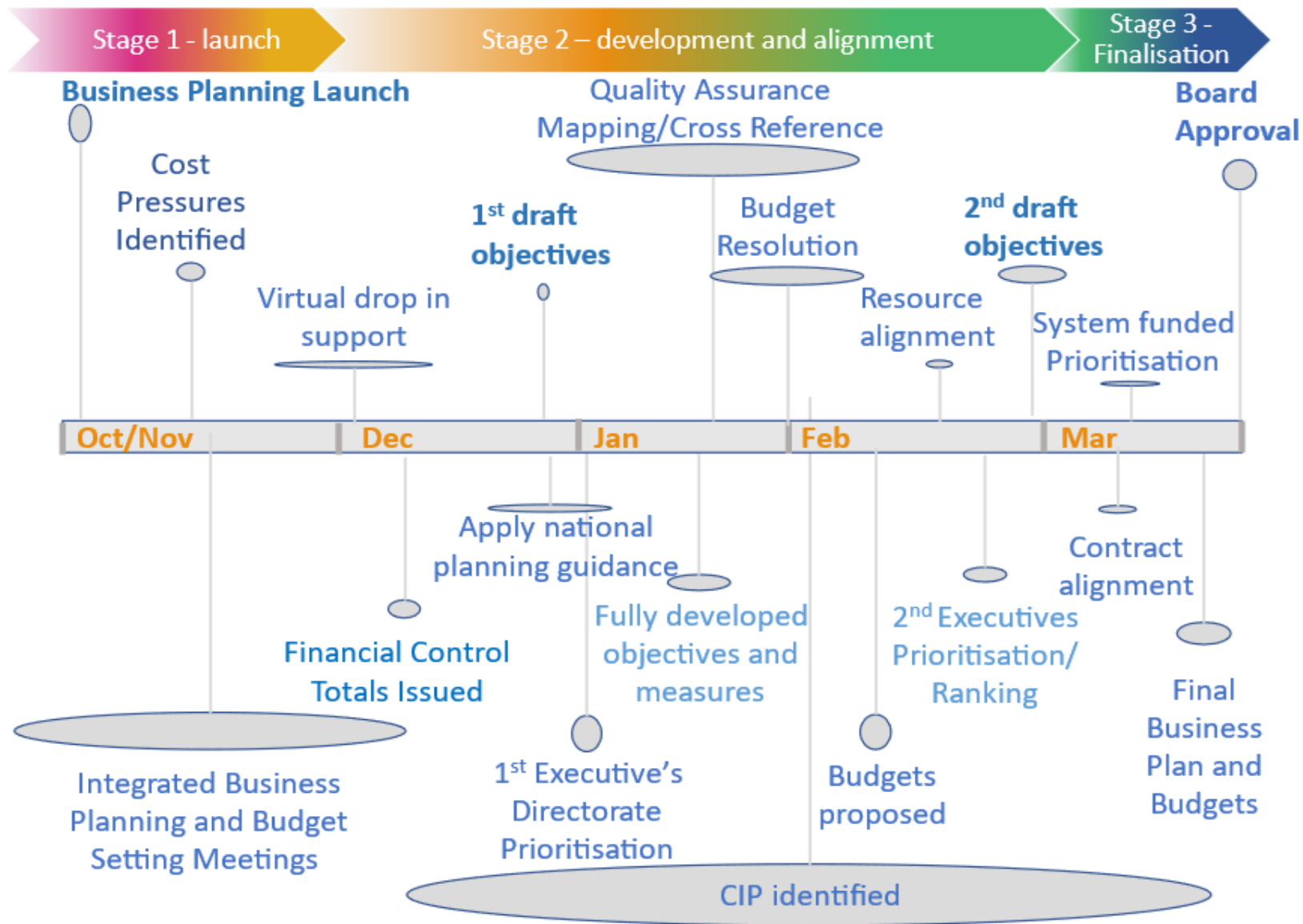Budget Setting

Delivering Value → Business Planning

Workforce Planning

Quality

working together | always improving | respectful and kind | making a difference

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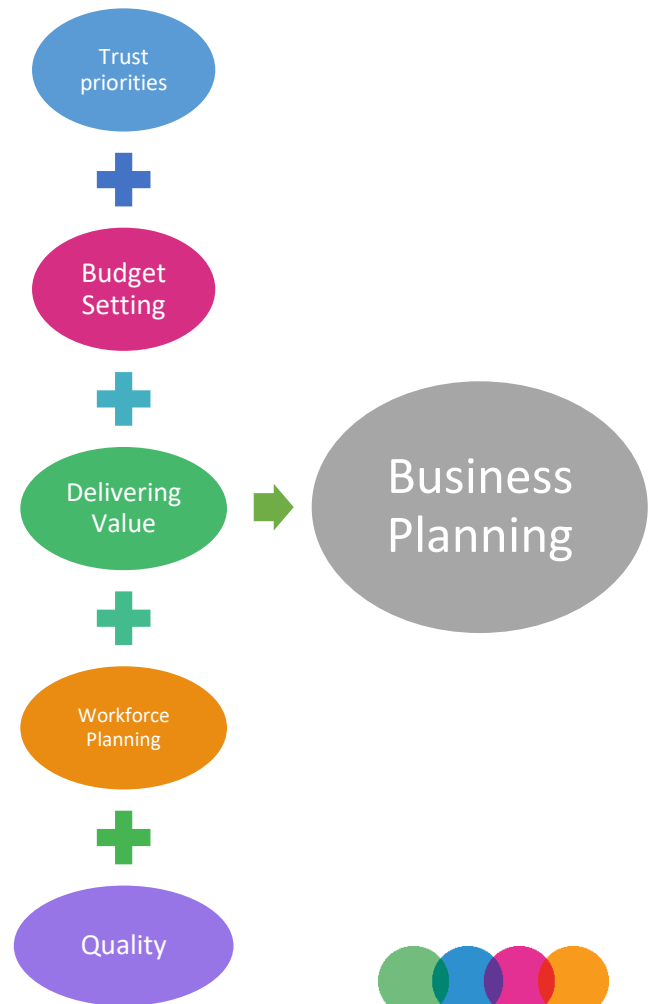
2024/25 Q2 Progress

RAG-Ratings					
Themes	**Red**	**Amber**	**Green**	**Q2 YTD Total**	**%**
Better Health	-	13	51	**64**	**18%**
Great Place to Work	-	9	37	**46**	**13%**
High Quality Care	4	62	126	**192**	**53%**
Sustainability	1	20	40	**61**	**17%**
TOTAL	**5**	**104**	**254**	**363**	
	1%	**29%**	**70%**		

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Improvements to Business Planning

- Multiyear objectives are embedded within the plans and the template

- 'Business as usual' tasks are not a requirement of the business plan but helpful for resource planning

- Quality Assurance – well established with a wider group to ensure the business plans are consistent across the Trust

- Resource requirements are to be clearly stated in the draft business plans to help inform our new Resource Allocation Tool. Feedback will be shared with Business Planning Leads and actions signed off
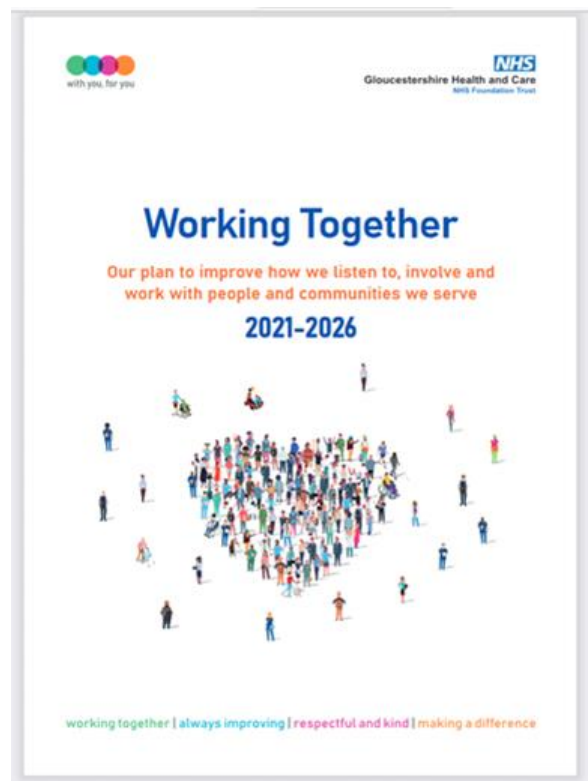
Stage 1 - launch | Stage 2 – development and alignment | Stage 3 - Finalisation

Business Planning Launch

Quality Assurance Mapping/Cross Reference

Board Approval

Cost Pressures Identified

1st draft objectives

Budget Resolution

2nd draft objectives

Virtual drop in support

Resource alignment

System funded Prioritisation

Oct/Nov | Dec | Jan | Feb | Mar

Apply national planning guidance

Fully developed objectives and measures

2nd Executives Prioritisation/ Ranking

Contract alignment

Financial Control Totals Issued

Integrated Business Planning and Budget Setting Meetings

1st Executive's Directorate Prioritisation

Budgets proposed

Final Business Plan and Budgets

CIP identified

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with you, for you

Questions?

Working Together Plan: Our aims and objectives

NHS
Gloucestershire Health and Care
NHS Foundation Trust

Inspire each other by working together to make improvements that matter and make a difference to everyone we serve.

- To involve people and communities at the earliest stages of service design and improvement planning.
- To embed a culture of decision making where all people are included, valued and respected.
- To involve more people and community groups to reduce health inequalities and focus on local priorities.

Developing forums

Big I Little i QI projects

Embedding Personalisation

Develop skill sharing training

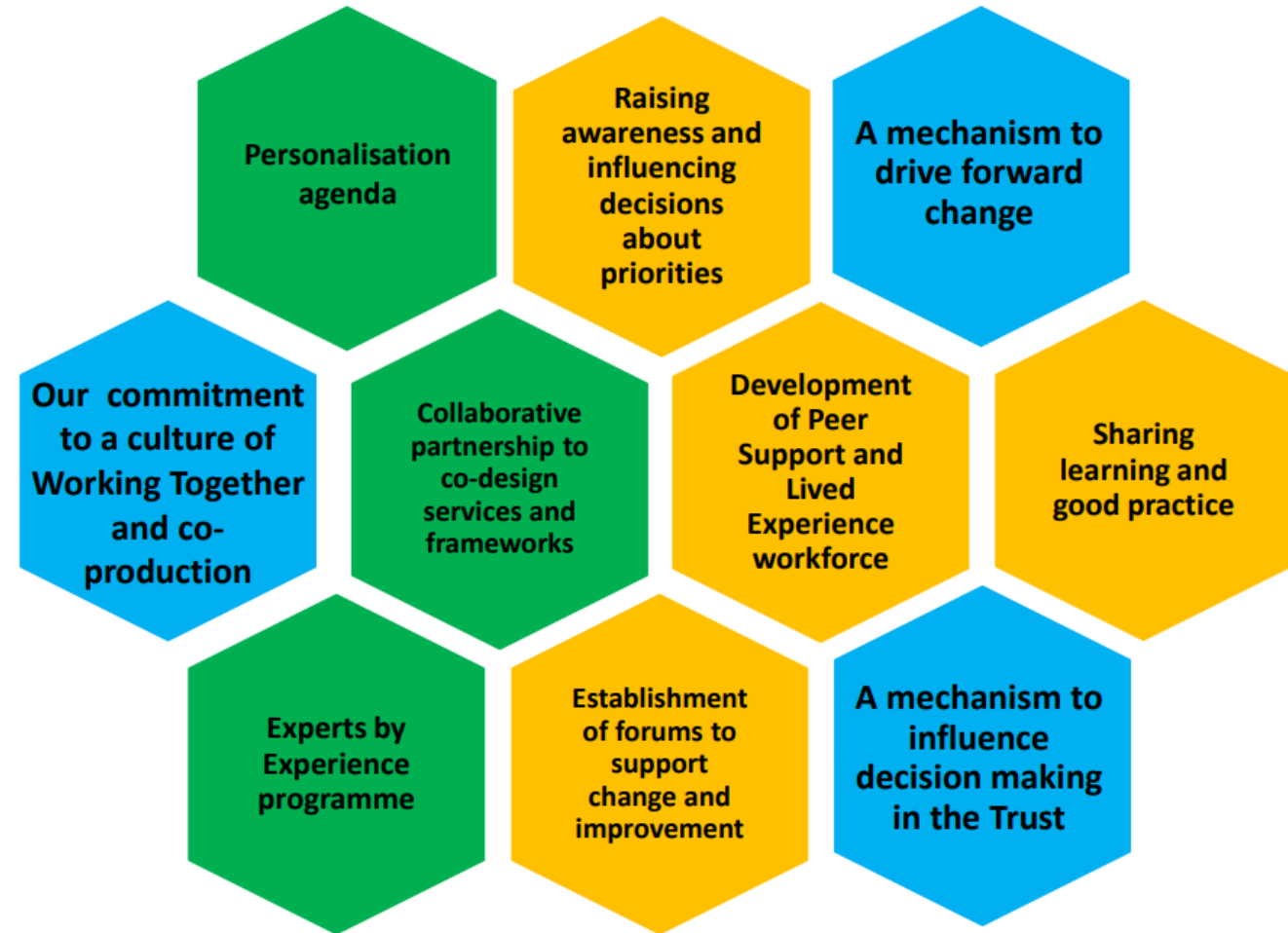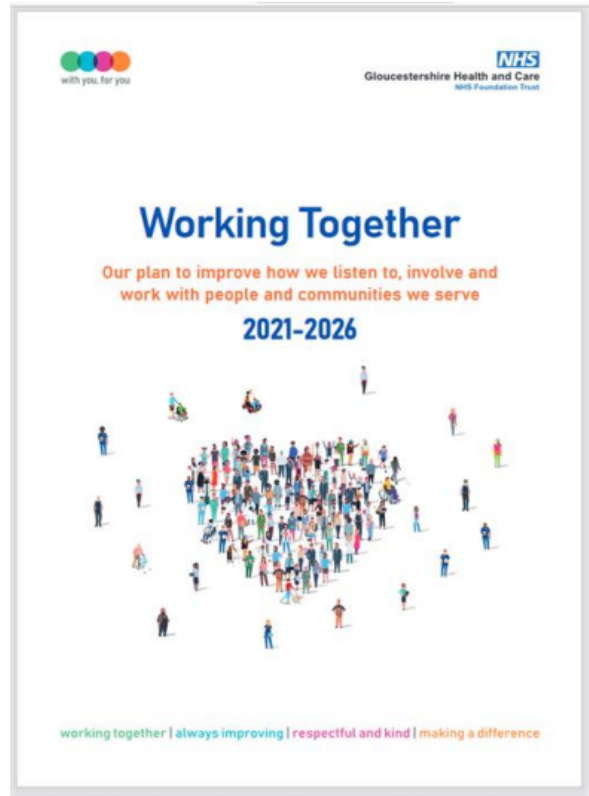Embed principles & practice within ICS projects & groups

Include everyone by making it easy for all people and communities to have their say, get feedback and be involved in ways that suit them

- To enable more people to be involved by providing a range of options, support and training.
- To ensure communication is consistently clear, open and honest, and provided in ways that people can understand.
- To ensure communities and people who are often marginalised or ignored are listened to and involved.

Expand EbE programme

Measure our maturity

Build our partner and community networks

Support ICS projects involve local people & communities

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What went well and should continue
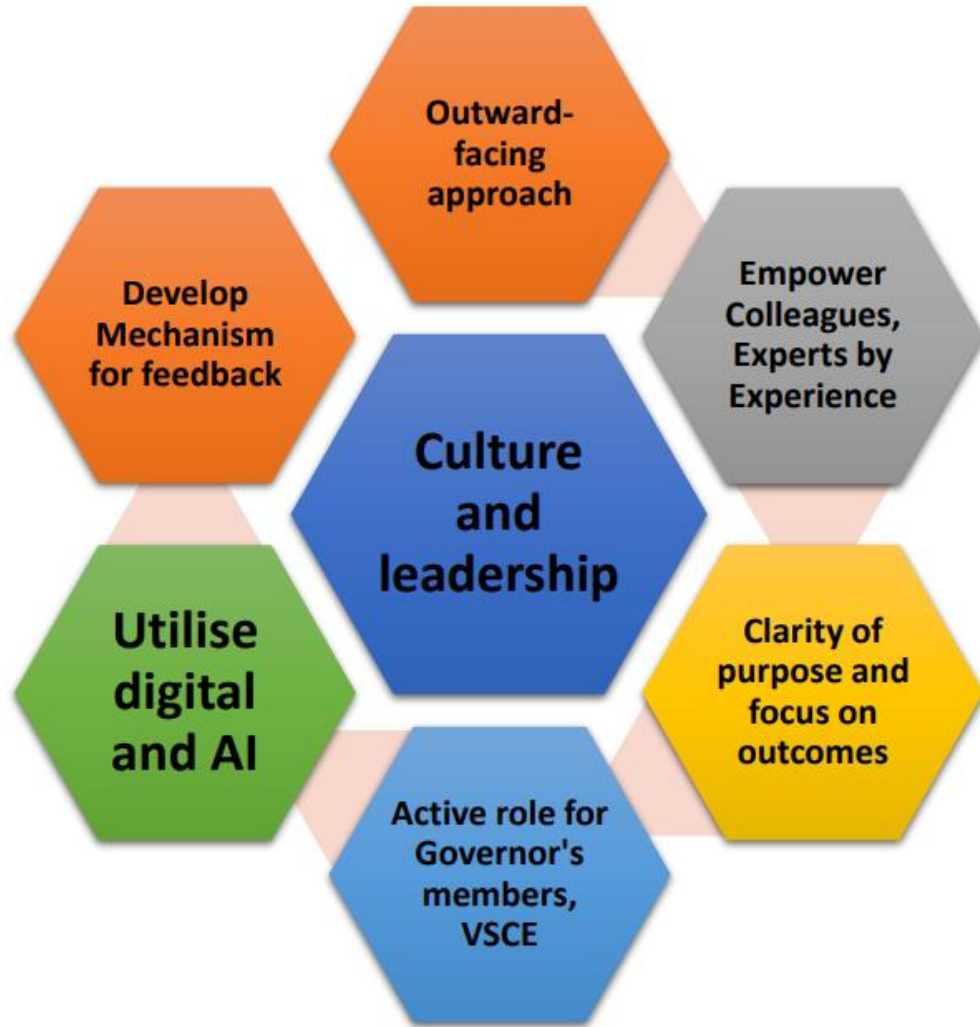
Current barriers and key concerns

Process & GHC agenda driven

Duplication and silo'ed boards

Voice of the people missing

Culture change

Capacity and change fatigue

Change ideas for our Working Together approach included:

- Outward-facing approach
- Develop Mechanism for feedback
- Empower Colleagues, Experts by Experience
- Culture and leadership
- Utilise digital and AI
- Clarity of purpose and focus on outcomes
- Active role for Governor's members, VSCE

What next: the proposal…

Re-launch a new look Working Together Advisory Committee

Design and consider what a more radical model and approach that is community focused & facing looks like.

Co-produce our objectives to align our aims and goals with a re-energised, community centric purpose.

Activate outward-facing engagement

Improve how we can involve our members and communities to inform our decision making and priority setting.

Workshop 2: 5th December

What does this mean for you as Governors?

- **Rename and Re-design the WTAC**: We recognise we still need a mechanism to support and drive change agendas that reflect internal GHC objectives and local community priorities and concerns. We propose a more radical format that fosters more listening and discussion, including proactively reaching out to our lived experience groups, Trust membership and community groups for advice and opinions, to support Trust decision making, and pulse check on key issues. We recommend renaming the Committee and changing membership, to reflect the purpose of a more vibrant and intentional group that fosters stronger partnership working.

- **Co-production is Trust wide agenda**: We propose that co-production should be an agenda item on all on established governance structures and Committee's, not just the remit of one group. The Trust will need a mandate for all Committee's, leaders and teams to demonstrate how coproduction featured as part of the work undertaken. This dispersed leadership approach aims to support coproduction cultural change and spread understanding of the benefits of meaningful involvement of the people and communities we serve.

- **Involving Governors and Members**: We propose finding innovative ways to better engage our governors and members, ensuring they play a more active role as representatives of the communities represented. For example, we propose that we ask people to identifying levels of membership involvement, for example: Information & Update; Consultation; and Collaboration, so that we can engage with people on key issues in a range of ways.

What are your thoughts and ideas for how governors can support Working Together ambitions?

What do you think needs to be considered or be in place to support you in our plan to have a more ambitious role for Governors and Members?
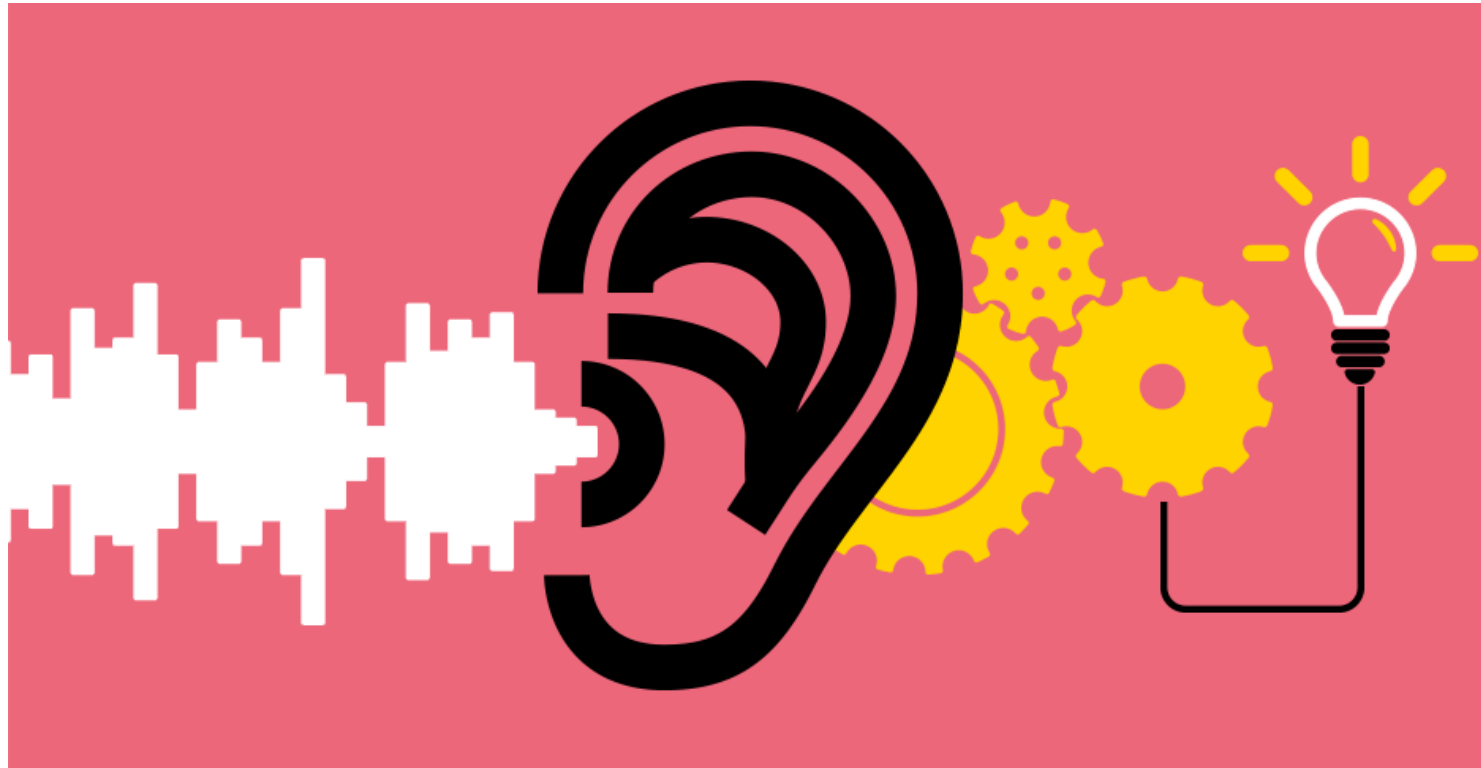
Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	Council of Governors – 13 November 2024
PRESENTED BY:	Anna Hilditch, Assistant Trust Secretary
AUTHOR:	Anna Hilditch, Assistant Trust Secretary
SUBJECT:	**Governor Dashboard – November 2024**

If this report cannot be discussed at a public meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐   Endorsement ☐   **Assurance**   **Information**

The purpose of this report is to:

Present the Governor Dashboard to the Council for information and assurance.

Recommendations and decisions required

The Council is asked to:
- note the content of the Dashboard

Executive Summary

The purpose of the Governor Dashboard is to provide a high-level overview on the performance of the Trust through the work of the Board and Committees, with particular focus on the core responsibilities of governors in holding the NEDs to account for the performance of the Board and ensuring that people that use our services are receiving the best possible care.

The dashboard provides a high-level snapshot to ensure governors have an ongoing sense of how the Trust is performing. This includes key Trust statistics, the achievement of Trust targets (focussing on the patient experience and quality indicators and workforce targets), and a summary of the business discussed at the Board and its Committees.

The Board and Board Committee information is included for Governors to get a feel for the broad range of important topics discussed, challenged, debated and approved by our Board and Committees.

It is important to note that information is already available to Governors via public Board papers on the full range of Quality and Performance measures reported by the Trust, so this dashboard is not designed to duplicate this information, simply to highlight some of the key measures that Governors may wish to take assurance from.

We want the dashboard to be a useful tool for Governors so continue to seek feedback and comment on the content and future considerations.

New Additions
Changes to the Dashboard this month include:
- Inclusion of Public Membership statistics
- Change of workforce indicators – metric for Staff Turnover now included, rather than vacancy rate, as per agreement at the September 2024 meeting
- Inclusion of the new Director of Nursing, Therapies & Quality report, as presented as part of our Performance Dashboard report at Public Board.

Corporate considerations	
Quality Implications	
Resource Implications	
Equality Implications	

Where has this issue been discussed before?
Council of Governors

Appendices:	Governor Dashboard

Council of Governors
November 2024

Governor Dashboard

Data up to 30 September 2024

GHC GOVERNOR DASHBOARD – November 2024

Purpose: To provide a high-level overview on the performance of the Board and Committees, with particular focus on the core responsibilities of governors in relation to views of stakeholders, to support the governors in holding the NEDs to account for the performance of the Board.

Where can we gain further assurance – Committee Feedback summaries, NEDs, triangulation with public Board papers

Core Facts – 2023/24

2023/24
388,082
REFERRALS

2023/24
1,022,366
CONTACTS

BUDGET
£298.6
MILLION

2023/24
6,084
COLLEAGUES

2023/24
3,179
PUBLIC MEMBERS

RATED
✓ **GOOD**
BY THE CQC

GHC Long term Overview

Quality – Care Quality Commission Grading (2022 inspection) – **Good**

Staff Views – recommend GHC as a place to work (2023 national survey) – **73.3%** *(2022 - 69.2% / 2021 - 68.2%)*

Staff Views – recommend GHC as a place to receive treatment (2023 national survey) – **76.7%** *(2022 - 73.9% / 2021 - 78.6%)*

Finance – Annual Financial Statements – **unqualified external audit opinion received on 2023/24 accounts**

Public Membership Statistics – at 7 November 2024

Constituency	
Cheltenham	525
Cotswolds	245
Forest of Dean	311
Gloucester	702
Stroud	522
Tewkesbury	349
Greater England & Wales	554
Total	**3208**

Ethnicity	
White British	2789
Mixed	57
Black/Black British	68
Asian/Asian British	94
White Other	99
Chinese/Other	6
Not Stated	88
Any Other	7
Total	**3208**

Disability in Gloucestershire	
Percentage disabled as of Census 2011	0.5%
Public membership	445 of 2654 members (20%)

Age Profile	
11-16	3
17-19	15
20-44	1001
45-64	1088
65-74	493
75+	376
Did not disclose	232

Gender	
Male	1000
Female	2100
Transgender	4
Prefer not to say	100
Not Stated	1

Preferred Contact	
Email	2858
Post	350

	New Members	Removed
June	13	12
July	16	3
August	13	16
September	5	1
October 2024	12	7

Indicators 2024/25 (at 30 September 2024)

Quality *(Data found in monthly Quality Dashboard Reports to Trust Board)*

Patients Friends and Family Feedback (Target – 95%) *(FFT analysis by team can be seen on page 10)*

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 – 94% (1960)	July 2024 – 93% (2274) May 2024 – 93% (3093) March 2024 – 93% (2390) January 2024 - 94% (2469) November 2023 – 94% (2356)	2021/22 Outturn – 94% (16,581) 2022/23 Outturn – 94% (20,256) **2023/24 Outturn – 94% (30,519)**

Number of Complaints

The new NHS Complaints Standards, introduced from 1 August 2023, are designed to ensure that the right structures and systems are in place to capture and act on feedback, provide timely resolutions and deliver better patient and carer (and staff) experience. Data reporting has changed in a number of areas – for example, feedback is now either an "enquiry" (other contact) or a complaint. "Concerns" are no longer reported and therefore will no longer be included within this report.

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 – 13 Complaints / 149 enquiries	July 2024 – 9 Complaints / 149 enquiries May 2024 – 9 complaints / 172 enquiries March 2024 – 12 Complaints / 113 enquiries January 2024 – 13 Complaints / 160 enquiries November 2023 – 8 Complaints / 121 enquiries	2021/22 Outturn – 120 Complaints / 459 Concerns 2022/23 Outturn – 136 Complaints / 692 Concerns **2023/24 Outturn – 159 Complaints / 1,222 enquiries*** * This includes feedback that may have been categorised as a concern before 01/08/2023

Data now includes ALL complaints (closer look complaint / early resolution complaint)

Number of Open Complaints

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 - 30	July 2024 - 29 May 2024 - 21 March 2024 - 27 January 2024 - 23 November 2023 - 36	*N/A*

Includes ALL complaints (closer look complaint / early resolution complaint). This data now includes feedback that may previously have been categorised as a concern. Detailed analysis of timeframes and response times for open complaints is included in monthly Quality Dashboard reports.

Number of Compliments

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 - 173	July 2024 – 203 May 2024 - 241 March 2024 - 138 January 2024 - 181 November 2023 - 210	2021/22 Outturn – 1644 2022/23 Outturn – 2081 **2023/24 Outturn - 2506**

Finance *(Data found in monthly Finance Reports to Trust Board)*

Financial Performance better than or in line with plan? – YES/NO

Workforce *(Data included in Workforce KPIs report received at GPTW Committee and Performance Dashboard received at Trust Board)*

Staff Sickness (Threshold – 4%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 – 5.17%	July 2024 – 4.96% May 2024 – 4.27% March 2024 – 4.62% January 2024 – 5.67% November 2023 – 5.37%	**N/A**

Mandatory Training completion (Target – 90%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 – 95.6%	July 2024 – 95.5% May 2024 – 95.7% March 2024 – 94.1% January 2024 – 94.4% November 2023 – 95.9%	2021/22 Outturn – 90.3% cumulative 2022/23 Outturn – 92.4% cumulative **2023/24 Outturn - TBC**

Staff with Completed Personal Development Reviews (Appraisals) (excluding bank staff) (Target – 90%)

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 – 87%	July 2024 – 87% May 2024 – 87% March 2024 – 86% January 2024 – 87% November 2023 – 86%	2021/22 Outturn – 67.7% 2022/23 Outturn – 85% **2023/24 Outturn - TBC**

Turnover Rate

Whilst the linear trendline for the monthly turnover rates demonstrates a stable turnover rate, the 12 monthly rate shows a declining line suggesting that the trusts workforce is becoming more stable. The turnover rate of 1.36% seen in October 2023 being identical to the rate seen in September 2024 whilst over the same period the 12 monthly rate has fallen from 12.07% to 11.48%

Current Month Performance	Previous Report	Previous year Outturn/monthly comparison
September 2024 - 11.48%	July 2024 – 11.20% May 2024 – 11.70% March 2024 – 12.27% January 2024 – 11.78% November 2023 – 11.87%	**N/A**

Performance

There are approximately 260 indicators across all domains within the Performance Indicator Portfolio. The performance dashboard is presented within the four-domain format:

- Nationally measured domain

- Specialised & directly commissioned domain

- Locally contracted domain

- Board focus domain

The Performance Dashboard Report is available to view as part of the public Board papers. It should be noted that the Trust's Resources Committee carries out a robust review of the Performance Dashboard and receives assurances on those indictors in exception at each of its meetings. Focus is given to those indicators not achieving target, but it is important to take account of those indicators/services where performance is being achieved or overachieving.

The Governor Dashboard now includes the monthly **Chief Operating Officer report** and the **Director of Nursing, Therapies & Quality Report** that are received within the Performance Report. This is a public document and provides narrative on system flow, new service developments, key challenges and achievements. The reports have been lifted as presented within the most recent Performance Report. It is hoped that this will give Governors a helpful overview.

Chief Operating Officer's Report – For period up to 30 September 2024

A further period of steady performance across the system and pleasingly our community offer has remained consistently strong, with low numbers in the acute waiting for our services and good flow generated, albeit we continue to see the Average LoS increase slightly month on month since May 2024, now sitting at 35.7 days with work to support the flow of patients through our community hospitals continuing alongside a review of social care provision with GCC. The vacancy rate within the community hospitals is currently at 9.5% and the sickness rate has increased which we are monitoring closely, but mainly attributed to seasonal issues. Our agency usage is higher than what we would want, in part also due to sickness and vacancy rates alongside a number of patients requiring higher levels of observation. Our response rate for the Rapid Response Service to see patients within 2 hours was reported as 65.6% against the target of 70%. On review of the data, it is understood that this relates to late data entry rather than a true breach, and therefore the service are working with colleagues in the Business Intelligence Team to understand this.

Demand for mental health inpatient beds remains high and unfortunately this has resulted in 4 patients being cared for in out of county provision, albeit at the time of writing, 3 are now back in our care; and there is a plan for the other. The mobilisation of the Integrated Urgent Care Service is taking priority and gathering pace as we head towards go-live on 19th November, which is cutting across both the Ops team and corporate services. Sickness absence rates have increased at Charlton Lane Hospital and we are currently observing this area to understand any issues, however at this time there does not appear to be any specific theme. Service leads have been asked to keep a close on this to understand any themes as this has increased from 6.2% in July, to 11.7% in September.

For the First Point of Contact Centre we have identified some performance issues relating to low supervision, personal development review compliance, vacancy rate turnover and sickness. Arrangements are in place to address compliance rates. Additionally, two weekly review meetings are taking place in respect of recruitment to the service and we will keep an eye on this team and review the data next month as we expect to see improvements.

Monitoring the length of stay for patients in our mental health inpatient hospitals is a focus for us and the service have been asked to review the 10 patients who have experienced the longest stays. We will take a deeper look at this to understand if there any issues to help support our work on reducing the length of stay for patients and also help us to understand the patient's pathway within our services, whether they have been in hospital for one episode, or transferred between other inpatient services.

We have been reviewing our long waiters for our services and we have started discussions around how we manage and understand any harm that our patients may be experiencing, whilst they are on our waiting list, waiting for a service. Discussions are planned with our colleagues in the Nursing, Therapy and Quality Team to support us with this work.

Moving on to community teams, in terms of performance this month, of note is that we performed at 33.3% against a target threshold of 60% for new psychosis cases to be treated within 2 weeks of referral. To offer context, this relates to a very small numbers of patients who require this service and meant that 2 patients (out of 3 patients in total) were treated after 2 weeks. 1 of these related to a patient not attending their planned appointment and the second patient was initially out of area, however they were seen promptly within 2 weeks when they were in area.

For Adult Eating Disorders Service waiting time for adult assessments within 4 weeks, we met 73.6% against the target of 95%. We recognise that performance has dipped over the last 3 months, from 93.4% in July and therefore the service have reviewed all of the 10 patients who were not seen within 4 weeks. There are a variety of reasons why the patients were not seen and the service will continue to proactively monitor performance and review the patients waiting for an assessment as we did see improvements in September with the level of patients waiting for a service, 40 patients waiting, compared to 49 in August.

The Perinatal Service again missed its KPI for routine referrals to assessments within 2 weeks, meeting 22.3% against a threshold of 50%. Of note, the capacity of the team is challenged by sickness, maternity leave and high numbers of vacancy, and this coupled with a change in national guidance which has extended the perinatal period by one year to two years, has further compounded the issue. A service recovery plan has been put forward and will be monitored closely.

For the ICT physiotherapy and occupational therapy service, there was a decline in performance in both of these services which have a KPI of 95% to see patients within 18 weeks. For physiotherapy we met 83.5%, (89.9% in August 2024) and in occupational therapy we met 77.5% (83.1% in August). Within the occupational therapy service this is due to the occupational therapy review, together with some workforce challenges due to sickness.

On a positive, we have seen a significant decrease in our vacancy rate within our community nursing teams from 19% in August, to 10% across the service.

We are in the process of seeking accreditation for the Sexual Assault Referral Centre service, however at the present time it is worth highlighting that there are delays to the building work needed at the Swindon site which may impact our original timescale of October 2025. Additionally, for the SARC service, we missed our 100% target for people to access the service, meeting 88% which affected two patients due to the planned closure for the service.

We are pleased to report a positive update in respect of the under 16 STOP service as training is now being delivered across our paediatric service. We are also working collaboratively with colleagues at GHFT and commissioners to ensure we have robust system wide pathways in place for patients. Across in sexual health, we are pleased to report that for the first time since monitoring compliance for those people who wish to take up the offer of a HIV test that this has been met this month, 74% against a KPI of 73%.

Last month we reported the concerns about the performance of our dental services and these concerns remain. We shared last month that the longest waiting time for the minor dental surgery was 37 weeks, which has now increased to 42 weeks. Recruitment has been successful as reported last month, and additional recruitment processes have commenced for additional surgeons which we hope will be successful, to ultimately support us in seeing more patients through this service to reduce the waiting times. Our performance for the CDS specialist care and paediatric service relates to the availability of a dentist and we are working with medical colleagues to understand the skill mixing of the services.

In line with previous reports about the GHFT ECHO performance, this remains an ongoing concern for us and there has been a further deterioration in our compliance with this, from 58% in August, to 28% in September against the 95% target. We remain anxious to resolve these issues which have been ongoing for some time and intend to discuss further with our system partners.

Our performance for assessing patients urgently within 5 working days for both our adult wheelchair service and under 18 wheelchair service was met, 100% against a KPI of 95%. The adult wheelchair service met their 8 week assessment at 94.9%, against a KPI of 90%. However, we did not meet our target of the 18 week handover, meeting 74.3% against the 92% KPI. This related to 10 patients out of 39 and the service are looking at this further to understand the issues.

Within the under 18 wheelchair service, we narrowly missed the 90% target at 88.2% for the 8 week assessment and the reasons to understand this have been explored, one was due to the request for a later appointment and the other related to a longer wait due to the specialist seating. The 18 week handover for wheelchairs for under 18s was also not met at 85.7% against a target of 92% and related to 2 out of 14 children. The first required additional appointments to assess their home environment and the second was due to later appointments being requested by the family.

The MSK service missed their KPI at 92.3% against 95% and the service are now focussing on the long waiters for the pelvic health and hand therapy element of the service. We are reviewing bank staff and locum options with a focus on these specialisms to support meeting the demand.

The Adult Speech and Language Therapy Service also missed their target of 95%, meeting 85.5%. The caseload has been reviewed to understand the issues and the long waiters are due to the reduced staff cover for the voice caseload element of the service. One staff member has now returned to work following an absence and the locum has increased their hours to help support us in reducing the wait. We are also in discussions with colleagues at GHFT to look at how improvements can be made and the need for re-assessments be reduced through the patient pathway for those longer waiters.

We just missed the 95% target for Podiatry, at 93.3% in month as a result of some long-term sickness within the team and we are looking to see how we can support this service from other service areas to help us to address this decline.

Clinical supervision rates are monitored through the operational governance processes and all services have been asked to look at their areas, where compliance with clinical supervision is low. We will keep an eye on this moving forward and directorates will provide additional information through our governance processes for ongoing monitoring.

Director of Nursing, Therapies & Quality Report – For period up to 30 September 2024

The Nursing, Therapies and Quality services, alongside Business Intelligence team aim to develop an integrated performance report that will reduce duplication and ensure we have a blended approach to reporting. The long-term ambition is to integrate the Performance and Quality Dashboards into a single report. The aim of this work will broaden the understanding and the impact our performance has on people who use our services. We will include in future iterations of this report a focus on safety, effectiveness, and experience for those services/ team where a performance indicator is in exception. We can use these exceptions to triangulate any safety and clinical risks associated with the performance.

NTQ have reviewed with Operational colleagues the exceptions in this month's performance report. We are supporting the enhancement of the recovery plan for Perinatal Services to include more detail around the workforce challenges, specific timeframes to recover the routine referral to assessment and evaluation of any harm/patient experience impact by the delays to assessment. This will include a new risk on the register for the directorate.

NTQ have supported the change in the KPI for ICT Physiotherapy with the assurance that weekly reviews are being completed to ensure adequate safety netting is in place to support patients waiting for treatment.

We aim to develop in collaboration with Operational colleagues, measures to determine the impact of appointment cancellations and DNA's across services and this links with wider system work around delayed related harm, which currently only has a limited focus of those waiting in hospital beds for onward placement. In the immediate we will be working with Community Hospitals who are in the early stage of developing metrics to determine the impact of those clinically ready for discharge resulting from onward packages of care delay.

Drawing on the information currently available in Tableau we have removed the following items from the dashboard to avoid duplication:
o Staff Statutory & Mandatory Training
o Essential to Role Training
o Clinical Supervision
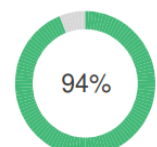o Inpatient Ward Sickness and Vacancy Rates
o Ward Fill rates

Additional work is currently underway to improve the Clinical Supervision policy, overall compliance remains at 54%. Changes have been made to the Care2Learn system to simplify the recording of supervision and additional measures in place to remind colleagues to record after an episode of supervision. This is being discussed at divisional governance forums and feedback from colleagues will inform the changes in the revised policy.

The next milestone for Q3 is to develop a plan to map out the phases and milestones to realise an integrated Performance and Quality Report over the coming years.
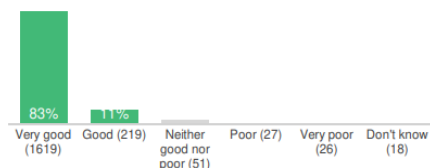
Overall experience of our service | September 2024

94%

94% 'Very good' or 'Good'

83% — Very good (1619)
11% — Good (219)
Neither good nor poor (51)
Poor (27)
Very poor (26)
Don't know (18)

Key indicators (% positive) | September 2024

99%
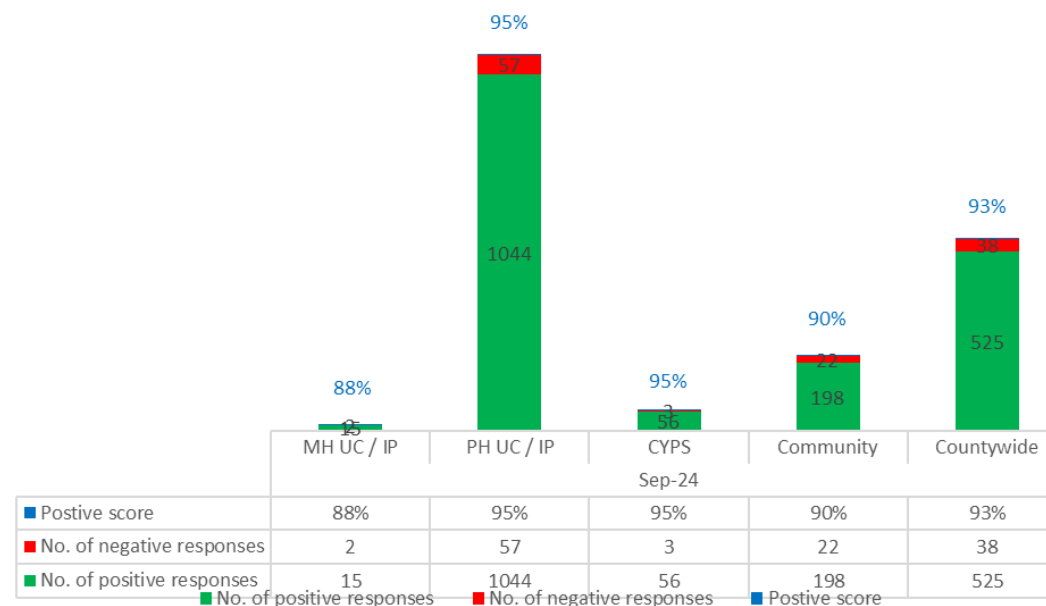Did you feel you were treated with respect and dignity?

97%
Were you involved as much as you wanted to be in decisions about your care and treatment?

98%
Did you feel the service was delivered safely and protected your welfare?

Sep-24	MH UC / IP	PH UC / IP	CYPS	Community	Countywide
■ Postive score	88%	95%	95%	90%	93%
■ No. of negative responses	2	57	3	22	38
■ No. of positive responses	15	1044	56	198	525

■ No. of positive responses ■ No. of negative responses ■ Postive score

The overall positive experience rating is 94% which is slightly lower than last month but in line with historic data. We are continuing to work with services where responses are low to promote a variety of survey methods, such as iPads, QR codes and paper where this is appropriate.

Feedback from the new FoD hospital – Positive rating of 100% from Inpatients (7 responses) and 90% for MIIU (73 responses).

A pilot to share feedback through 'You Said, We Did' Boards is being evaluated as part of the FFT QI project.

Service users made 12 requests for contact/action through the FFT which were managed as enquiries.

Board and Board Committee Activity

Trust Board

The next Trust Board meeting will be held on **Thursday 28th November 2024** at 10.00 – 1.00pm at Trust HQ, Edward Jenner Court. All Governors are invited to attend our Board meetings to observe. The papers for this meeting will be made available from Friday 22nd November and notification will be sent out to Governors at that time. These papers will include the full minutes from our previous meeting held in September 2024, and Governors are encouraged to read these to keep up to date with Board discussion, developments and focus areas.

Board Committees

Summary reports setting out the key items of business discussed at our Board Committee meetings are presented at each Board meeting. Since our last Council of Governors meeting in September, the following Committee meetings have taken place:

- Mental Health Legislation Scrutiny Committee (16 October)
- Resources Committee (22 October)
- Quality Committee (7 November)
- Great Place to Work Committee (8 November)

The key agenda items received, discussed, and noted at these meetings are included below for information and reference. Governors are invited to ask questions on any items of interest picked up from the agenda items listed.

Mental Health Legislation Scrutiny Committee (16 October) **Chair: Steve Alvis**	Resources Committee (22 October) **Chair: Jason Makepeace**
- Mental Health Legislation Operational Group Update Report - Waiting Times for Second Opinion Appointed Doctors Requests - MHAM Forum Update – Minutes of the meeting held 13 June 2024 - Mental Health Act Managers Policy - Review of CQC Monitoring Visits - Reports of Issues Arising at MHAM Reviews - Review Legal Updates - Review of Detention Issues and Identification of Lessons Learned and Actions Undertaken - MHA Policies - Receipt & Scrutiny - Renewal of Detention & Extension of CTO - Update on Patient & Carers Equality Framework - AMHP Update Report - Review of MCA Practice, DoLS Applications & LPS Update Report - Risk Report	- Finance Report – Month 6 - Performance Report – Month 6 - Performance Indictor Portfolio Review - Service Development Report - Business Planning Report – Quarter 2 - Transforming Care Digitally Update - Green Plan Strategy Update - Draft ICS Cyber Security Strategy - Quarter 2 Risk Report - Summary Reports of Management Groups: - Digital Group - Capital Management Group - Business Intelligence Management Group - Strategic Oversight Group - Community Mental Health Transformation Programme
Quality Committee (7 November) **Chair: Jan Marriott**	Great Place to Work Committee (8 November) **Chair: Sumita Hutchison**
- Quality Dashboard Report: - NED Audit of Complaints (Q2) - NED Quality Visits - Patient Safety Data - Safeguarding - Clinical Incidents & Alerts Report - Restrictive Practice Deep Dive - Gloucestershire Suicide Prevention Strategy 2024-29 - Inpatient Zero Suicide Plan - IUC Service Integrated Governance Framework - IUC Clinical Safety Report & Risk Management - Berkeley House Update - Clinical Issues Report - Quarter 2 Risk Report - Quality Assurance Group Summary Report - Medicines Optimisation Annual Report - Committee Evaluation Process Review & Timeline	- Staff Story: Freedom to Speak Up – Promoting Change - Freedom to Speak Up Report - BDO Internal Audit Health & Wellbeing - People Strategy Updates Report - Performance Report - Workforce KPIs - Risk Report - Quarterly People Pulse Survey Results - Leadership & Culture Programme - Summary Report of Management Groups & ICS Meetings: - Workforce Management Group - Joint Negotiating and Consultative Forum - LNC (Medical Staff) Committee - NHS Gloucestershire People Committee

REPORT TO:	**Council of Governors – 13 November 2024**
PRESENTED BY:	Anna Hilditch, Assistant Trust Secretary
AUTHOR:	Anna Hilditch, Assistant Trust Secretary
SUBJECT:	**Governor Membership and Election Update Report**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:

Decision ☐   Endorsement ☐   Assurance **X**   Information **X**

The purpose of this report is to:

To brief the Council on any changes to the membership of the Council of Governors, to provide an update on progress with Governor elections and to update on other Council of Governor matters.

Recommendations and decisions required:

The Council is asked to:
- **Note** the content of this report for information

Executive summary

GOVERNOR ELECTIONS UPDATE

The recent Governor elections closed on 19th September and the Trust has been successful in filling all vacant positions. We are very pleased to welcome our new Governors who commenced in post on 22nd September:
- PUBLIC: Forest of Dean – **Marcia Gallagher**
- PUBLIC: Cheltenham – **Tussie Myerson and Neil Hubbard** *(1st Sept start date)*
- PUBLIC: Greater England and Wales – **Sarah Waller**
- STAFF: Management & Administration – **Amy Aitken and Martin Pittaway**
- STAFF: Health & Social Care Professionals – **Michelle Kirk**
- STAFF: Medical, Dental & Nursing – **Paul Winterbottom (reappointed)**

The Council of Governors is asked to note that Alison Hartless (STAFF: Management & Administration) tendered her resignation in September due to personal commitments. As this resignation was received before the close of the elections, it was possible to appoint 2 new Staff Governors for this constituency, ensuring the vacancy was filled immediately. We would like to send our thanks and

best wishes to Alison.

An election for ONE Governor position is currently being scheduled, noting that Steve Lydon (PUBLIC: Stroud) will be coming to the end of his first term on 15 February 2025. A nomination process is likely to commence for this at the end of November/early December 2024.

GOVERNOR MEMBERSHIP
The current list of Trust Governors, along with appointment dates is included as an appendix to this report for reference.

Risks
None identified

Corporate considerations	
Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

Where has this issue been discussed before?
N&R Committee and Council of Governors

Appendices:	Appendix 1 – Governors and Appointment Dates (as at 25 September 2024)

Gloucestershire Health and Care
NHS Foundation Trust

Governors and Appointment Dates (as at 25 September 2024)

Governors				
Name	**Constituency**	**Sub-constituency**	**Date Appointed**	**End of Term***
Neil Hubbard	Public	**Cheltenham BC (2 posts)**	1 Sept 2024	31 Aug 2027
Tussie Myerson	Public		1 Sept 2024	31 Aug 2027
Jenny Hincks*	Public	**Cotswold DC (2 posts)**	1 July 2022	**30 June 2025***
Peter Gardner	Public		7 Sept 2023	6 Sept 2026

			Governors		
Name	Constituency	Sub-constituency	Date Appointed	End of Term*
Marcia Gallagher 	Public	**Forest DC (2 posts)**	22 Sept 2024	21 Sept 2027
Chris Witham* ** 	Public		7 Sept 2023	**6 Sept 2026***
Ismail Surty 	Public	**Gloucester City (2 posts)**	1 July 2022	30 June 2025
Penelope Brown 	Public		1 January 2024	31 Dec 2026

Governors				
Name	**Constituency**	**Sub-constituency**	**Date Appointed**	**End of Term***
Steve Lydon	Public	**Stroud DC (2 posts)**	15 Feb 2022	14 Feb 2025
Michael Gibbons	Public		1 July 2022	30 June 2025
Chas Townley	Public	**Tewkesbury BC (2 posts)**	1 January 2024	31 Dec 2026
Laura Bailey*	Public		1 January 2024	**31 Dec 2026***

Governors				
Name	**Constituency**	**Sub-constituency**	**Date Appointed**	**End of Term***
Sarah Waller CBE	Public	**Greater England and Wales**	22 Sept 2024	21 Sept 2027
Kizzy Kukreja*	Staff	**Medical, Dental & Nursing (3 posts)**	1 January 2024	**31 Dec 2026***
Dr Paul Winterbottom*	Staff		22 Sept 2024	**21 Sept 2027***
Cath Fern	Staff		4 April 2023	3 April 2026

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NHS Foundation Trust

Name	Constituency	Sub-constituency	Date Appointed	End of Term*
Governors				
Michelle Kirk	Staff	**Health and Social Care Professions (2 posts)**	22 Sept 2024	21 Sept 2027
Sarah Nicholson*	Staff		9 March 2023	**8 March 2026***
Amy Aitken	Staff	**Management, Admin & Other (2 posts)**	22 Sept 2024	21 Sept 2027
Martin Pittaway	Staff		22 Sept 2024	21 Sept 2027

Governors				
Name	**Constituency**	**Sub-constituency**	**Date Appointed**	**End of Term***
Rebecca Halifax	Appointed	**Glos County Council (1 post)**	1 July 2021	n/a
Alicia Wynn	Appointed	**Young Gloucestershire (1 post)**	1 Sept 2022	31 August 2025
Bob Lloyd-Smith	Appointed	**Healthwatch Gloucestershire (1 post)**	3 January 2023	2 January 2026
Andrew Cotterill	Appointed	**Inclusion Gloucestershire (1 post)**	1 Sept 2023	31 August 2026

* Second term - Cannot stand for election again
** Lead Governor

Gloucestershire Health and Care
NHS Foundation Trust

REPORT TO:	**Council of Governors – 13 November 2024**
PRESENTED BY:	Anna Hilditch, Assistant Trust Secretary
AUTHOR:	Anna Hilditch, Assistant Trust Secretary
SUBJECT:	**Governor Questions Log**

If this report cannot be discussed at a public Board meeting, please explain why.	*N/A*

This report is provided for:
Decision ☐   Endorsement ☐   Assurance **X**   Information **X**

The purpose of this report is to:

Present the Governor Question Log to the Council for information and reference.
No new questions have been received since the September 2024 Council meeting.

Recommendations and decisions required:

The Council is asked to note the content of this report.

Executive summary

Since 1 April 2022, all questions received from Governors are added to the log, with the questions and responses provided made available to all Governors for information.

The log will continue to be updated, and those new questions received between Council meetings presented in full at the following meeting.

Governors are reminded that all questions should be sent directly to Anna Hilditch, Assistant Trust Secretary who will be able to coordinate a response and ensure all questions are appropriately logged.

Appendices:	N/A

Governor Question Log

Ref	Question	Date Presented to CoG
2022		
01/2022	Catering for Staff	14 Sept 2022
02/2022	Staff Survey Performance	14 Sept 2022
03/2022	Serious Incident Reporting	14 Sept 2022
04/2022	Cost of Living Crisis on Staff	14 Sept 2022
05/2022	Podiatry Services	14 Sept 2022
06/2022	Change of Pay Arrangements and Communication	1 Dec 2022
2023		
01/2023	Stroud Signage and Parking	15 March 2023
2024		
01/2024	Virtual Wards	13 March 2024
02/2024	Community MH Transformation	13 March 2024
03/2024	Forest Hospital Communications	13 March 2024
04/2024	Support for Overseas Recruits and Family	13 March 2024
05/2024	Cyber Security	15 May 2024
06/2024	Medical Education – Dental Education	15 May 2024
07/2024	Appraisals	15 May 2024