

COUNCIL OF GOVERNORS MEETING

Wednesday, 12th May 2021

10.00am – 12.30pm

via Microsoft Teams

AGENDA

Item	Time		Lead	Format
1	10.00	Welcome, Introduction, Apologies	Chair	Verbal
2		Declarations of Interest	Chair	Verbal
3	10.05	Minutes of the Previous Meeting and Actions <ul style="list-style-type: none"> 10 March 2021 	Chair	Paper
4		Matters Arising	Chair	Verbal
5	10.10	Meeting Evaluation from the Previous Meeting	Chair	Paper
Engaging with the Trust & Representing the Interests of Trust Members and the Public				
6	10.15	Chair's Report	Chair	Paper
7	10.20	Chief Executive's Report	Chief Executive	Verbal
8	10.40	Membership Update Report	Trust Secretariat	Paper
9	10.45	Governor Engagement and Pre-meeting Update	Lead Governor	Verbal
Decide remuneration, allowances and other terms and conditions of the Chair and NEDs				
10	10.55	Nominations and Remuneration Committee Summary Report – 28 April 2021	Lead Governor	Paper
Holding NEDs to Account for the performance of the Board				
11	11.05	NED Portfolios	Chair	Paper
12	11.10	Holding to Account Presentation <ul style="list-style-type: none"> Quality Committee 	Maria Bond, Chair of Quality	Presentation
BREAK – 11.35am				
Information about performance of the Trust's functions				
13	11.45	Staff Survey Results 2020	Dir. of HR&OD	Presentation
Governance				
14	11.55	Change to Trust Constitution	Trust Secretariat	Paper
15	12.00	Council of Governors Annual Workplan	Trust Secretariat	Paper
16	12.05	Annual Governor Declarations Review	Trust Secretariat	Paper
Receive the Trust's Annual Accounts and any report of the Auditor on them				
17	12.10	Provider Licence Declarations	Trust Secretariat	Paper
Appoint and, if appropriate, remove the NHS Foundation Trust's Auditor				
18	12.20	External Audit Contract Timeline	Dir. of Finance	Paper
Closing Business				
19	12.25	Governor Activity Update	Governors	Verbal
20	12.30	Any other business	Chair	Verbal
21		Date of next meeting The next meeting will take place on <i>Wednesday 14 July 2021 – 5.00–7.30pm (Development Session)</i>	Chair	Verbal

Meeting Dates 2021

COUNCIL OF GOVERNORS

Date of Meeting	Pre-meet (Governors only)	Time	Venue
Thursday 21 st January <i>Training and Development Session</i>	13:00 – 13:45	14:00 – 16:30	MS Teams
Wednesday 10 th March	16:00 – 16:45	17:00 – 19:30	MS Teams
Wednesday 12th May	09:00 – 09:45	10:00 – 12:30	MS Teams
Wednesday 14th July <i>Training and Development Session</i>	16:00 – 16:45	17:00 – 19:30	MS Teams
Wednesday 8th September	09:00 – 09:45	10:00 – 12:30	MS Teams
Wednesday 10th November	13:00 – 13:45	14:00 – 16:30	MS Teams

NOMINATIONS AND REMUNERATION COMMITTEE

(Governor Committee – only committee members need attend)

Date of Meeting	Time	Venue
Wednesday 6 th January	15:00 – 16:30	MS Teams
Wednesday 24 th February	15:00 – 16:30	MS Teams
Wednesday 28 th April	15:00 – 16:30	MS Teams
Wednesday 30th June	15:00 – 16:30	MS Teams
Wednesday 25th August	15:00 – 16:30	MS Teams
Wednesday 27th October	15:00 – 16:30	MS Teams

TRUST BOARD MEETINGS

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

Date of Meeting	Time	Venue
Thursday 28 th January	10:00 – 13:00	MS Teams
Wednesday 31 st March	10:00 – 13:00	MS Teams
Thursday 27th May	10:00 – 13:00	TBC
Thursday 29th July	10:00 – 13:00	TBC
Thursday 30th September	10:00 – 13:00	TBC
Thursday 25th November	10:00 – 13:00	TBC

GLOUCESTERSHIRE HEALTH AND CARE NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS MEETING

Wednesday 10 March 2021

Held via Microsoft Teams

PRESENT: Ingrid Barker (Chair) Nic Matthews Sarah Nicholson Katie Clark
Brian Robinson Jo Smith Mervyn Dawe Julie Clatworthy
Dan Brookes Chris Witham Graham Hewitt Tracey Thomas
Ruth McShane June Hennell Jenny Hincks Said Hansdot
Juanita Paris Anneka Newman Laura Bailey

IN ATTENDANCE: Graham Russell, Non-Executive Director/Deputy Chair
Marcia Gallagher, Non-Executive Director
Maria Bond, Non-Executive Director
Steve Alvis, Non-Executive Director
Steve Brittan, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Paul Roberts, Chief Executive
Neil Savage, Director of HR & OD
Lavinia Rowsell, Head of Corporate Governance & Trust Secretary
Anna Hilditch, Assistant Trust Secretary
Gillian Steels, Trust Secretary Advisor
Kate Nelmes, Head of Communications
Lauren Edwards, Deputy Director of Therapies and Quality (Item 12)
Sandra Betney, Director of Finance (From Item 10)
Lisa Proctor, Associate Director of Contracts and Planning (Item 13)

1. WELCOMES AND APOLOGIES

1.1 Apologies were received from Karen Bennett, Alison Feher, Anne Roberts, Kizzy Kukreja, Dawn Rooke and Katherine Stratton.

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 meetings held on 19 November 2020 and 21 January 2021 were agreed as a correct record.

4. MATTERS ARISING AND ACTION POINTS

4.1 The actions from the previous meeting were either complete, on-going or included on this meeting's Agenda.

5. CHAIR'S REPORT

5.1 The Council received the Chair's Activity Report. It was noted that this report had been written and presented to the Trust Board at their 28 January meeting and was presented to the Council for information and reference. This report and its content were noted.

6. CHIEF EXECUTIVE'S REPORT

6.1 Paul Roberts, Chief Executive presented a verbal report to the Council.

Covid

- 6.2 The peak from the second wave of Covid was on 18 January and it was noted that this had been far more intense than the first wave. There had been 148 admissions to the acute hospital in the first wave, with 240 admissions recorded during the second. Paul Roberts reported that the death rates had been lower during the second wave, however, there had been longer admissions. The position was improving but the pressure was still on.
- 6.3 GHC runs 94 services and all services continued to operate during wave 2, with the use of digital interface. Some services were scaled back during that time as staff were redeployed into those services directly responding to Covid. Innovation and the use of technology had come to the fore and the Trust would continue some of this practice going forward.
- 6.4 It was noted that GHC continued to provide the "Pillar 1" testing service for Gloucestershire. The service could test up to 100 people a day, and included GHC staff and family members, and other local NHS and Social Care organisations. A service was also provided for elective patients.
- 6.5 GHC had been very involved in the mass vaccination programme, with the Trust's focus being on frontline staff and supporting the Primary Care Networks (PCN) to vaccinate patients. GHC had also focused on the homeless and rough sleepers, as it was important to ensure equitable access to all communities. To date, 80% of all frontline Trust staff had been vaccinated, which equated to 70% of all staff. The aim was to achieve over 90% and messages to staff continued to be sent out regularly inviting eligible colleagues to attend for vaccination.
- 6.6 The next step would be the focus on recovery, which had already commenced. Paul Roberts said it was important to get the balance of recovery right and this was being looked at within 3 key themes: Individual Recovery, Service & Team Recovery and a Refocus on Ambitions and Transformation.
- 6.7 Chris Witham asked whether there were any key challenges that had been identified as part of the Covid recovery planning. Paul Roberts said that staffing was a real challenge. There had been Inpatient and Community nursing shortages before Covid hit, and the Trust had been able to adapt with different working models during Covid, but there was a real need to review the staffing models as demand for services was increasing.
- 6.8 Said Hansdot joined colleagues in thanking the Trust and staff for the huge amount of work that had been carried out to continue running quality services during Covid. He referred to the earlier point about making vaccinations available to all communities and asked whether there were any specific groups that had been identified where more work was needed to promote the vaccinations. Paul Roberts said that a number of communities had been identified and the Trust and its partners were working closely with community and faith leaders to get specific communications out, as well as setting up roving vaccination clinics to make access available to as many people as possible.
- 6.9 Brian Robinson noted that we were coming out of the second wave of Covid, and it was likely that a third wave would hit. He asked whether planning for future waves and longer term was taking place. Paul Roberts assured the Governors that the Trust's recovery plan had been developed in a Covid secure way, with the possibility

of future waves taken into account. He said that this would hold the Trust in good stead and would ensure the Trust could adapt quickly.

- 6.10 Brian Robinson referenced the proposed 1% pay uplift for NHS staff and asked how it was felt that this would sit with Trust colleagues given the existing challenge of addressing nursing staff shortages. Paul Roberts said that on a personal level he felt that this could affect the morale of lower paid staff who had worked tirelessly through the Covid pandemic. He also had some concerns on how this would impact on future recruitment which the Trust needed to be mindful of.

Staff Survey 2020

- 6.11 Paul Roberts said that the staff survey was a significant measure for GHC of what we do, with the Trust's key focus on staff health and wellbeing. This was the first survey carried out as a combined Trust, following the merger in 2019. The Council noted that the results from the National Staff Survey would be published tomorrow, and unfortunately the results were embargoed until that time. However, Paul Roberts presented some headlines to the Council, noting that the response rate had increased and that 80% of the ratings had improved or stayed the same. There had been a 10% improvement in the rating for "The Trust takes positive action around staff health and wellbeing" which was excellent, and there had also been an increase in the measures for staff recommending GHC as a place to work and place to receive treatment. Overall, the results were very positive, which following a merger and taking place during Covid was excellent.

- 6.12 The full results would be made available to Governors and would include the one-page infographic. A full presentation of the results was scheduled for the next Council meeting taking place in May.

- 6.13 Chris Witham said that Governors were looking forward to seeing the staff survey results and added that it was pleasing to hear that there had been improvement in the scores considering the very testing year that staff had experienced.

Forest of Dean Hospital Consultation

- 6.14 Paul Roberts advised that the Trust had received the feedback from the formal FoD Hospital consultation process at the January Board meeting and will be proceeding with the proposals. Work will continue on the finer details, with the Full Business Case being presented to the May Board for approval.
- 6.15 Brian Robinson said that there were some concerns in Lydney about the removal of a primary health hub in the south of the Forest. Paul Roberts advised that proper dialogue had taken place with people in the Forest of Dean and the CCG had been leading on this, with a series of engagements events planned. It was acknowledged that it would be difficult to please everyone but it was hoped that the new state of the art hospital in Cinderford would be a fantastic facility for the whole Forest population.

7. MEMBERSHIP AND ENGAGEMENT STRATEGY

- 7.1 The Council received the Membership and Engagement Strategy 2021-2024 for approval. The purpose of the Strategy and its related action plan was to build a membership which is engaged and reflects the breadth of the communities the Trust serves.
- 7.2 It was noted that the Membership and Engagement Committee had met twice since it was agreed to establish it at the November Council of Governors meeting. The Strategy was considered and updated in the light of feedback from the Committee who highlighted the need to clearly communicate the benefits of membership, to target our communications effectively to different audiences and to use partnership

working to help spread the message of membership. An Action Plan was developed to put in place some of the key foundations needed to support this strategy and the work on this is now ongoing. A Partnership Methodology had also been produced to reflect how the Membership and Engagement Strategy plans to work with partners to achieve its aims.

- 7.3 Ruth McShane said that there was a lot of work taking place and exciting ideas were being generated from the strategy. She added that it was excellent to see practice from other Trusts being considered such as the Young People's Council in Bristol.
- 7.4 It was noted that a briefing session for Staff Governors was in the process of being arranged and the date would be circulated to all staff Governors once confirmed.
- 7.5 Ingrid Barker expressed her thanks to all those who had attended the Membership and Engagement Committee meetings and had contributed to the development of the strategy.
- 7.6 The Council of Governors approved the Membership and Engagement Strategy 2021-24, for onward endorsement by the Trust Board at their meeting on 31 March.

8. MEMBERSHIP AND ENGAGEMENT COMMITTEE – TERMS OF REFERENCE

- 8.1 The Council received the Terms of Reference for the newly established Membership and Engagement Committee. These were approved.

9. REPORT FROM THE NOMINATIONS AND REMUNERATION COMMITTEE

- 9.1 Chris Witham, Lead Governor presented this report to the Council, summarising the key business conducted at the meeting of the Nominations and Remuneration Committee held on 24 February. It was noted that this was the first meeting that Chris had attended in his role as Lead Governor and he provided strong assurance to the Council that the Committee ensured best practice that was in line with national guidance.
- 9.2 The Committee received a report which set out the process of recruitment for a Non-Executive Director. Over the next 24 months, two NEDS will have completed their second term on the Board. In order to inform future NED recruitment, a skills audit was undertaken of the current NEDs, including the Chair. The purpose of the audit was to identify the skills currently on the Board and, what if any, gaps exist, or will be created when individual NEDs retire. Maria Bond's agreed term of office would be completed on 30 September 2021, thus creating a vacancy on the Board for a 7th NED. Marcia Gallagher's second term of office would conclude on 30 September 2022, and in the absence of another Non-Executive Member of the Board with an appropriate financial qualification and/or experience to take on the role of Chair of the Audit and Assurance Committee, it was agreed that the forthcoming round of NED recruitment focus on succession planning in this area. The Committee endorsed the generic role description and person specification for the NEDs, including the specific requirements for this round of recruitment to seek the necessary financial experience. It was planned that recruitment would commence on 11 March, with a recommendation for appointment being presented to the Council of Governors at its 8 September meeting. The Council of Governors supported this direction of travel.
- 9.3 The Committee received and endorsed the process and proposed timelines for the 2020/21 Chair and Non-Executive Director appraisals, noting that these would be carried out using nationally set guidance.

- 9.4 The Committee received the Terms of Reference for the Nominations and Remuneration Committee, noting that the content of these remained largely the same as those previously approved by the Committee, and the Council of Governors in November 2019. However, the TOR had been reformatted and reordered to ensure that they were consistent with those of the other governance Committees within the Trust. The Council of Governors received and approved the TOR.
- 9.5 The Committee also received an update on the upcoming round of Governor elections.

10. GOVERNOR ROLE IN HOLDING TO ACCOUNT – PROPOSED PROCESS

- 10.1 The purpose of this report was to provide an update on the Trust's proposals for Governors to carry out their statutory duty of "Holding the NEDs to account for the performance of the Board".
- 10.2 As part of the Council of Governor Review and Refresh work, focus has been placed on developing effective methods for the Governors to carry out one of their key statutory duties - Holding the non-executive directors to account for the performance of the board. The Council of Governors' primary means of holding NEDs to account is through:
- Receiving the annual report and accounts
 - Receiving the quality report
 - Receiving performance appraisal information for the Chair and NEDs
 - Receiving in-year information updates from the Directors
- 10.3 In 2015, the Trust introduced a pilot of Governor observation at the Board Committees. However, the Trust has reconsidered national guidance from NHS Providers who have been clear that opening Board committee meetings to Governors is not deemed as good practice. The Trust is aware that Governor observation at the Board Committees has reduced over recent years, with only 3 Governors actively carrying out this role.
- 10.4 In looking at alternative and more effective ways for Governors to collectively hold the NEDs to account, the outcome of the Review and Refresh work has proposed a number of ways of doing this moving forward to include Holding to Account Presentations at Council Meetings, the development of a Dashboard Report and Locality NED/Governor Links. More work would also be carried out to look at how links could be made for the NEDs with the Staff Governors.
- 10.5 In light of this it was proposed that from the 1 April 2021, the Governor role in Holding NEDs to account is delivered via the activities set out above and that the current practice of governor observation on Board committees ceases. A review of the holding to account process will be carried out in a year's time to see whether the proposed activities have been successful.
- 10.6 Nic Matthews said that he welcomed this report and the planned approach. He said that as a current Board Committee observer he did not feel that this effectively covered the HTA role and therefore welcomed this being revisited.
- 10.7 June Hennell said that she had found attending the Committee meetings very interesting and informative and it had enabled her to gain a greater understanding of the work of the Trust. She said that she had appreciated the opportunity to do this.
- 10.8 The Council of Governors endorsed this report and supported the proposed HTA activities going forward.

- 10.9 Ruth McShane asked whether there was any information available about what the Board discussed at their private session meetings. Ingrid Barker said that the Trust always reviewed its agenda to ensure that as many items as possible could be presented at a public meeting; however, some items would need to be taken privately if they were, for example, politically sensitive, HR related or contain patient identifiable information.

11. HOLDING TO ACCOUNT SESSION

- 11.1 The Council received the first HTA presentation from Graham Russell, NED and Vice Chair. Graham is the Chair of the Resources Committee and his presentation provided Governors with an overview of the purpose of the Committee, the key-ways of working, those things that had worked well and a summary of the areas where development was underway.
- 11.2 Chris Witham said that the Trust had placed high importance on ensuring that there was a focus on staff and being a great employer. He asked how the line of sight to the patient was considered. Graham Russell advised that service user engagement was vital. The Trust Board always received a service user presentation at the start of its Board meeting which was an excellent way of reminding the Board of what was important and to ensure that the focus was on the patient. In terms of Board Committee oversight, Graham Russell advised that the Quality Committee had a remit to focus on service user involvement, however, some elements of engagement were considered at the Resources Committee.
- 11.3 Graham Hewitt noted that the Resources Committee had a very wide remit, with only 6 meetings annually. He picked up on an earlier point about the Committee now receiving more focussed reports at its meeting and he asked how Graham Russell as Chair, and the other Committee members could be assured that these shorter, focussed reports covered the significant issues and that nothing of significance was being omitted. Graham Russell used the Trust's Finance Report as an example. He said that the report had been developed over time, so members had seen the previous versions and had been consulted on the revisions being made. The reports had evolved alongside Committee input, not independently.
- 11.4 June Hennell asked whether the Resources Committee was the Trust's key assurance Committee. Graham Russell said that all of the Board Committees had an important role in providing assurance to the Trust Board, not just the Resources Committee. However, the Resources Committee did provide good assurance around finance and performance.
- 11.5 Mervyn Dawe asked whether Graham Russell had ever felt worried or not listened to as Chair of the Committee, or whether there had been any conflicts. Graham said that there had been occasions where he had been worried about a certain issue, but he would seek out guidance from the lead Executive as soon as possible to ensure that this did not require escalation. He said that there had not been any conflicts arising in his memory, only good and constructive challenge by the NEDs to the Executives.
- 11.6 Nic Matthews referred to "The Committee would be better if....." slide within the presentation and confirmed that this felt like an accurate summary from his time as an observer at the Resources Committee.
- 11.7 Sarah Nicholson first thanked Graham for his presentation and supported this new way of HTA. She asked about Covid expenditure and whether this additional spend would impact on future service delivery and development. Graham Russell advised that the Resources Committee received and scrutinised the Finance Report at each of its meetings, and this report provided good assurance around Covid costs. He said that

the Trust would use the experience of Covid to learn and reconfigure how things are done. The aim of this was not to save money, but to do things in a better and more effective way. A huge amount had been learned through the Covid experience, including a lot of good and innovative practice and this would be taken on board as part of developing our services going forward.

- 11.8 The Council thanked Graham Russell for his presentation which had been informative and helpful. Governor feedback on the format of the session was welcomed.

12. CQC NATIONAL COMMUNITY MENTAL HEALTH USER SURVEY RESULTS

- 12.1 The purpose of this report was to summarise the results of the 2020 CQC National Community Mental Health survey. These results provide assurance of the quality of adult community mental health services delivered by GHC.
- 12.2 In 2019, Quality Health was commissioned by GHC to undertake the 2020 Survey, which is a requirement of the Care Quality Commission. Within the results report, the CQC makes comparison with 55 English NHS mental health care providers' results of the same survey. It was noted that the full results were published on the CQC website. A summary of the key points was as follows:
- The Trust's results are 'better' than the expected range for 13 of the 28 questions (45%) and 'about the same' as other Trusts for the remaining 15 questions (54%) These results represent a further improvement on our results from last years' service user feedback (Better = 38%, about the same = 62%)
 - The Trust is categorised as performing 'better' than the majority of other mental health Trusts in 8 of the 11 domains (73%) (last year: 7 out of 11, 64%)
 - The scores for feedback are disappointing, although are 'about the same' as other Trusts (the highest score in England was only 3.5). This will continue to be a significant area of focus for development, with the work being led by the Patient and Carer Experience Team.
 - An action plan will be co-developed with senior operational and clinical leaders and seeking input from Experts by Experience.
 - An infographic has been produced to support effective dissemination of findings to colleagues and local stakeholders.
- 12.3 The Council received and welcomed this report, which demonstrated that the Trust was performing well. The report did identify some challenges but offered significant assurance that the Trust's strategic focus and dedicated activity to deliver best service experience was having a positive effect over time. Assurance was also received that the results of the survey would be used to identify the key areas of focus for practice development activity over the next 12 months.
- 12.4 Given the limited time available at the meeting, it was suggested that a small working group meeting would be helpful for Governors to discuss the results in more detail. This was supported and a date would be sought and circulated. **ACTION**

13. BUSINESS PLANNING 2021/22

- 13.1 The purpose of this paper was to set out the Business Planning approach for 2021/22 to ensure the Council of Governors were appropriately involved in the process and have an opportunity to give views for Board consideration.
- 13.2 The business plan is key to the delivery of the Trust Strategy and the business planning structure is underpinned by the agreed strategic aims linked to each business planning objective. Directorates and Teams are currently developing their

business planning objectives as part of the initial stages of the business planning process for 2021/22.

- 13.3 The Council was asked to note that the business planning process had been slightly delayed for 2021/22 due to Covid. The aim was for the business plan to be finalised in line with our original planning timescales and presented to the Trust Board for approval at the end of March 2021.
- 13.4 The National Planning guidance had been published for 2021/22 for Quarter 1 and further guidance was expected in April for the remainder of the year. A business planning refresh is therefore proposed at the 6-month mid-point to allow for further national guidance and in-year changes.
- 13.5 Lisa Proctor informed the Governors that producing the business plan had been challenging, however, the Trust was supporting colleagues to identify service objectives that were realistic. Graham Hewitt acknowledged that this was a difficult time to be developing the business plan and he therefore fully supported the proposal for a 6-month review and refresh. He asked whether there had been any impact on the quality of the objectives being identified this year. Sandra Betney informed the Governors that colleagues could update their objectives as and when they needed to via the Trust's online portal. This meant that people were not required to finalise everything before the end of March. However, there was a need to ensure that business planning was tied in with budget setting so there may be some issues identified when reconciling plans versus budget at the mid-year point.
- 13.6 Sarah Nicholson informed the Council that she felt that carrying out business planning at this time had actually focussed people and from her perspective it had been quite well received by colleagues.

14. GOVERNOR ACTIVITY UPDATES

- 14.1 Chris Witham said that he had spoken to Becca Shute, Assistant to the Chief Operating Officer about the Trust's vaccination programme to get a better understanding of activity taking place locally. He said that the energy and enthusiasm of colleagues for what was being delivered was exemplary and there was some excellent work being carried out. An update on this had been shared with the Governors at the pre-meeting.
- 14.2 Mervyn Dawe noted that the Governors had a received a briefing note on the current position with Out of Area Placements. He said that this briefing did not cover the specific areas that he had previously requested assurance about. Mervyn would send a further email to Anna Hilditch setting out those issues that he would welcome being addressed. **ACTION**

15. ANY OTHER BUSINESS

- 15.1 Governors were asked to note that due to Covid, there was no longer a requirement to carry out an external audit of the Trust's Quality Report for 2020/21. Governors would normally receive a set of key indicators within the Quality Report and select a local indicator to be audited. It was planned that this process would resume for 2021/22.

16. DATE OF NEXT MEETING

- 16.1 The next meeting would take place on Wednesday 12 May 2021 at 10.00am.

**COUNCIL OF GOVERNORS
ACTIONS**

Item	Action	Lead	Progress
10 March 2021			
12.4	A small working group meeting for Governors to discuss the MH Service user survey results in more detail to be arranged.	Anna Hilditch / Lauren Edwards	Complete. Session held on 22 April 2021
14.2	Mervyn Dawe to email specific points requiring assurance around Out of Area placements to Anna Hilditch, for action.	Mervyn Dawe / Anna Hilditch	Complete

COUNCIL OF GOVERNORS MEETING held on 10 March 2021
EVALUATION RESPONSES - 9 responses received

		YES	NO	PARTIAL	N/A	Comments to No or Partial
Seeing from a service user's perspective						
1	Did we consider relevant topics from a service user perspective? <i>If no describe what we missed</i>	6	1	2		Would like to discuss the annual Service User feedback at a separate meeting and before the next scheduled governors meeting. It's an important document.
Excelling and Improving						
2	Did we hear both expert and non-expert perspectives in our meeting? <i>If no, please describe what we could have done to ensure other perspectives were heard:</i>	8		1		
Response						
3	Did we deliver on actions that were due?	8		1		Partial - Out of Area placements
Valuing and Respectful						
4	Did the language we use demonstrate respect for others?	9				
Inclusive, open and honest						
5	Was the debate at the meeting inclusive and non-judgmental? <i>If no, what needs to be different:</i>	9				
6	Did you feel able to contribute to debate and decision making at the Council of Governors meeting? <i>If not please explain what prevented you from doing so</i>	9				
Can do						
7	Did we identify opportunities and innovations? <i>If we should have done but didn't, say what stopped us</i>	5	1	3		

		YES	NO	PARTIAL	N/A	Comments to No or Partial
Efficient, effective, economic and equitable						
8	Did the agenda and papers arrive in plenty of time? (at least 4 working days before the meeting)	9				
9	Were the agenda and papers:					
	i) Concise?	8		1		
	ii) Informative?	9				
	iii) Easy to follow?	8		1		
	iv) At an appropriate level of detail?	8		1		
	v) Clearly state the recommendations?	9				
10	Were the items submitted to Council appropriate for the discussion / decision making?	9				
11	Was the right amount of time spent debating the right issues? <i>If no, and too much time was spent debating a particular issue, which one</i>	7	2			The agenda is rather full and it is perfectly natural to talk more about the items at the beginning of the agenda. By the time we reach the end of the agenda there is less time to talk about the items and we are also tired. My proposal would be that certain identified items in the calendar year, such as the annual report, staff survey and service user survey are registered as received by the governors but automatically go out to a working group who can spend time discussing it and then feedback the main points at the next governors meeting. So, in other words I am suggesting a procedural change.
12	Were you clear about the facts, evidence, or points of view that were used to enable the Council of Governors to make decisions? <i>If no, how could we make this clearer?</i>	8		1		

Please amplify your answers or provide any other comments/concerns/future agenda items or training/development needs or ideas to improve the Council.

BEST ASPECT OF THE MEETING

- 1) The Holding to Account section was very interesting and thank you for putting so much time and effort into the presentation, I found this helpful and a great way of getting to know the person as well as the role.
- 2) Chief Executive's update.
- 3) Getting a better understanding of how GHC works through the Business Planning item and Holding to Account item.
- 4) Regarding HTA, it would be useful to have actual examples of how NEDs seek assurance on the Board's performance in addition to how the Committees operate.
- 5) The clear and consistent delivery of the presenters – was able to clearly understand the points that they were trying to make.
- 6) Presentations/Overview was and will be useful to get a flavour of what challenge the NEDs are presenting at committee level. More of an enabler to allow Governors to ask questions or elaborate on points. Sense of Trust.
- 7) Looking forward to Dashboard, visual accountability will be useful.
- 8) Governors need to consider and evaluate their local context and ask questions relevant to Service Delivery, Benefit of Patient.
- 9) Lovely atmosphere.
- 10) Although the timing of the meeting was affected extra time was given to the Chief Executive report- these were important issues and this was entirely right.
- 11) Zoom worked!
- 12) Communicating with others.
- 13) Graham's presentation welcomed.
- 14) Really like Graham's presentation. I think this format will work for us going forward.

WORST ASPECT of the meeting

- 1) It was a very long meeting, I'm so sorry that it was at the end of the day as I had pushed for this time, however it was the only time that day I could have made the meeting. I am now torn between if meetings should now be office hours only with the understanding that those governors working are given some grace for not attending all meetings and possibly have a quick overview meeting for those that could not attend. I firmly believe you should have Governors in full time employment to widen the Governorship knowledge & skills + contacts, however I see the problems that arise from this.
- 2) Concerned that the Action Plan to address issues from the CQC Survey did not contain any timelines.
- 3) Technical difficulties – but there is nothing that can be done about that.
- 4) None. We need to be reassured that we are doing what is presented and not just saying.
- 5) Timing.
- 6) The presentations were shortened (for good reason) but it was a shame for the presenters.
- 7) Too late in the day.
- 8) Observation that Governors Pre-meets could be more focussed, reducing length of time spent on pre-meets and formal Governor meetings.
- 9) Run meetings assuming everyone has read the papers.
- 10) We only had slides from Graham's presentation and no formal report before the meeting so it wasn't possible to discuss lines of questioning or areas to see assurance before the meeting. Don't want to create lots more paperwork and work but something I am pondering.

AGENDA ITEM: 06

REPORT TO: Council of Governors – 12 May 2021

PRESENTED BY: Ingrid Barker, Chair

AUTHOR: Ingrid Barker, Chair

SUBJECT: REPORT FROM THE CHAIR

If this report cannot be discussed at a public Board meeting, please explain why.	N/A
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This report is provided for: Decision <input type="checkbox"/> Endorsement <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/>

The purpose of this report is to

To update the Council of Governors and members of the public on the Chair's activities and those of the Non-Executive Directors to demonstrate the processes in place to inform our scrutiny and challenge of the Executive and support effective Board working.

The Council of Governors are asked to note that this report was presented to the Trust Board at its 31 March 2021 meeting.

Recommendations and decisions required

The Council is asked to:

- **Note** the report and the assurance provided.

Executive summary

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board developments
- Governor activities
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

Inevitably how we, as a Board work, and where we are focusing continues to be impacted by the need to respond to the very significant challenges of the ongoing COVID pandemic.

At the same time, we continue to balance the need to take forward our ongoing development as a Board and an organisation.

I would like to again formally record my thanks to both my fellow Board members, Executive and Non-Executive, and my colleagues throughout the organisation who continue to prioritise meeting the needs of our community despite their own worries and the heavy demand we are experiencing. The progress Gloucestershire is making with its vaccination programme is an area of activity which the Trust is actively supporting and championing and I have been pleased to hear about how we are engaging with colleagues and our communities to support its roll out across our communities, demonstrating once again how the NHS can work collectively.

Since my last report there has been significant stakeholder engagement in relation to health care provision in the Forest and the planned new hospital. We are keen to listen to the community in the Forest and respond to concerns highlighted and the meetings detailed demonstrated the time and energy I and the wider GHC management team are committing to this important development.

Risks associated with meeting the Trust's values

None.

Corporate considerations

Quality Implications	None identified
Resource Implications	None identified
Equality Implications	None identified

Where has this issue been discussed before?

This is a regular update report for the Trust Board.

Appendices:

APPENDIX 1

Non-Executive Director – Summary of Activity – 1st January to 28th February

Report authorised by:

Ingrid Barker

Title:

Chair

REPORT FROM THE CHAIR

1. INTRODUCTION AND PURPOSE

This report seeks to provide an update to the Board on the Chair and Non-Executive Directors activities in the following areas:

- Board developments
- Governor activities
- Working with our system partners
- Working with our colleagues
- National and regional meetings attended and any significant issues highlighted

2. BOARD

2.1 Non-Executive Director Update

The Non-Executive Directors and I continue to hold our monthly meetings and virtual meetings were held on 25th February and 23rd March. These meetings have been helpful check in sessions as well as enabling us to consider future plans and reflect on any changes we need to put in place to support the Executive at this difficult time and to continuously improve the way we operate.

I continue to have regular meetings with the Vice-Chair and Senior Independent Director, along with individual 1:1s with all NEDs. During this time when in person meeting is not possible these sessions are virtual, but continue to support us to work effectively together as a team.

2.2 Board Updates:

COVID briefings:

Board COVID briefings have been held on 10th February, 9th March and 23rd March. These sessions ensure the Board is up to date with the latest challenges, and can support, and where necessary challenge, and understand the difficult decisions the Executive is needing to action.

Board Development:

We continue to devote significant time to considering our Board ways of working and how we ensure that transformation remains central to the way we work, whilst the necessary focus is maintained on ensuring clinical safety and colleagues' wellbeing. The following session has taken place:

- **10th February - Board Seminar – Digital** - ensuring we have an understanding of how digital can improve the ways we work and understand how this can be progressed. It was a hugely valuable session which drew out the digital

developments which have been put in place to support the pandemic response but also looked at what next, and checks and balances required recognising that connectivity varies across the county and in different communities.

I chaired a meeting of the **Appointments and Terms of Service Committee** (ATOS) on 17th March which is a key part of our performance management processes for our Executive Team.

As part of my **rotational attendance at the Trust's Board Committees**, I attended a meeting of the **Resources Committee** on 25th February and a meeting of the **Quality Committee** on 4th March. I plan to attend other committee meetings over the course of the next few months.

3. GOVERNOR UPDATES

- I continue to meet on a regular basis with the **Lead Governor Chris Witham**, and we met on 2nd February, 10th February and 3rd March.
- A **Membership and Engagement** meeting took place on 23rd February. The level of engagement of Governors in ensuring that the membership of the Trust is actively engaged, growing and reflects our communities was extremely positive. The Membership and Engagement Strategy was updated to reflect feedback, taken forward to the Council of Governors where it was approved and it has been brought to the Board for endorsement.
- I chaired a meeting of the **Nominations and Remuneration Committee** on 24th February, which included consideration of succession planning for current Non-Executive Directors.
- A meeting of the **Council of Governors** was held on 10th March. Over the last year the Council has been reviewing its ways of operation through a number of review and refresh working group sessions and through development sessions from Governwell. This has led to some revised way of working including consideration of new ways of holding the Non-Executives to account for the performance of the Board. As an element of this Graham Russell, Vice Chair of the Board and Chair of the Resources Committee, gave a very useful presentation on the role of the Resources Committee and how it in turn holds the Executive to account. The engagement of the Governors in this first of a planned series of sessions demonstrated that this approach provided very helpful assurance to the Council.
- The Trust currently has 3 Governor vacancies - 1 public Governor vacancy for Tewkesbury and 2 vacancies for staff Governor positions - one Health and Social Care Professions Governor and one Medical, Dental and Nursing. A virtual Q&A session for potential Governor applicants was held on 30th March.

4. NATIONAL AND REGIONAL MEETINGS

Since the last meeting of the Trust Board in January, I have attended a breadth of national meetings, all of which considered COVID plus more routine business:

- **NHS Providers Board** – 3rd February and 24th March, where we discussed important policy and national operational issues and current challenges and opportunities.
- **NHS Providers Chairs and CEOs Network** – 16th March – where we received a policy and strategic update from the CEO of NHS Providers; an update from the Chief Operating Officer for NHS England and Improvement; and an update from the Chief People Officer for NHS England and Improvement..
- **NHS Confederation NHS Reset Webinars** continue to take place on a regular basis and attended by some of the Non-Executive Directors. These recognise the continuing challenges faced by the NHS and the need to move effectively to a new normal taking with us the learnings from the past months.
- **South West Region NHS Provider Chairs meeting** – 10th February.
- **NHS Confederation Mental Health Network** – meetings take place weekly and I attend when my diary permits.
- **NHSE/I COVID-19 webinar for community health services** – 12th February
- To mark **International Women’s Day on 8th March**, I was invited to take part in a nationwide celebration about **Women in health and care: Achieving an equal future in a COVID-19 world**, hosted by Prerana Issar, Chief People Officer of the NHS; and Samantha Allen, Chair of the Health & Care Women Leaders Network
- Two online virtual events arranged by the **Good Governance Institute**:

16th February where “**The New NHS: ICS Series 'The White Paper'**” was debated. An interesting starting point as we wait to see how the proposals are developed and how we can contribute to the process.

11th March where we discussed ‘**Governance of Mental Health Trusts' Commissioning Role: How Boards can assure best practice'**

5. WORKING WITH OUR PARTNERS

I have continued my regular virtual meetings with key stakeholders and partners where views on the working of the health and care system and the way we can mutually support each other are key issues for consideration. Highlights are as follows:

- Paul Roberts (CEO), Angela Potter (Director of Strategy and Partnerships) and I attended a meeting of the County’s **Health Overview and Scrutiny Committee** (HOSC) on 2nd March where the Committee received an update on changes to the Community Phlebotomy Services; an update on temporary service changes introduced in response to the COVID-19 pandemic; an

update on the performance of the Gloucestershire Clinical Commissioning Group against NHS Constitutional and other agreed standards; an update on the work of the One Gloucestershire Integrated Care System (ICS) Partnership, including updates on COVID-19 response, Fit for the Future Consultation and the Forest of Dean Community Hospital Consultation.

- **An extra meeting** of the County's **Health Overview and Scrutiny Committee** took place on 22nd March to discuss the Output of the Fit for the Future Consultation and the decisions made at the NHS Gloucestershire Clinical Commissioning Group Governing Body meeting on Thursday 18 March 2021. The Trust was represented at this meeting by Angela Potter (Director of Strategy and Partnerships).
- Bi-monthly meetings with the **County's Health Chairs** continue to take place and we met on 2nd March. These sessions are very helpful in supporting our partnership working.
- The **Chair of Gloucestershire Hospitals NHSFT**, Peter Lachecki, and I continue to meet virtually on a regular basis to discuss matters of mutual interest.
- I also continue to have regular meetings with the **Independent Chair of the ICS Board (Integrated Care System)**, **Dame Gill Morgan**.
- **ICS Board** meetings were held on 18th February and 18th March. A number of important operational and strategic issues were discussed. Partnership work is a key aspect of the County's response during the pandemic and this group helps ensure effective working is supported.
- Paul Roberts (CEO) and I met with a wide group of colleagues from across the Trust on 4th February for **potential partnership scoping discussions with the University of Gloucestershire**. A working group is now being put together to further discuss options.

6.0 WORKING WITH THE COMMUNITIES AND PEOPLE WE SERVE

- I have attended **several meetings** over the last few weeks in relation to developments with the new **Forest of Dean Community Hospital**. These are detailed below:
- 4th February, Angela Potter (Director of Strategy and Partnerships) and I met with the CEO and Corporate Director (Operations) from **Two Rivers Housing** based in Newent to discuss Forest of Dean hospital developments.
- 12th February – Paul Roberts (CEO) and I, along with colleagues from the Gloucestershire Clinical Commissioning Group, met virtually with **Mark Harper, MP for the Forest of Dean**, where we specifically discussed matters

relating to health care in the south of the Forest of Dean.

- 22nd February - Angela Potter (Director of Strategy and Partnerships) and I were invited by the **Forest of Dean District Council** to attend a meeting to discuss developments with the new hospital.
- Following a request from **Sir Geoffrey Clifton Brown, MP for the Cotswolds**, for a further virtual meeting where he could thank Cotswold colleagues for all the work undertaken during the latest wave of COVID-19, I was pleased to be able to chair the conversation which took place on 11th February which included a cross-section of colleagues from across the Cotswolds who gave an overview of their work undertaken during the pandemic.
- I was very pleased to be invited to attend one of the regular “**Experts by Experience get together**” meetings on 18th February. I very much look forward to joining the group again when my diary allows.
- On 12th March I was represented by Non-Executive Director, Steve Brittan, at a virtual meeting with **Richard Graham, MP for Gloucester**, who spoke with Gloucester based staff about their work during the latest Coronavirus wave.
- Along with a variety of organisations, MPs, media, education professionals, youth workers, members of Child Friendly Gloucestershire and leaders from various sectors and organisations in Gloucestershire, Sarah Birmingham (Deputy Chief Operating Officer), Melanie Harrison (Service Director, Children and Young People’s Services) and I took part in **The Bishop of Gloucester’s Youth Forum** on 15th March. This particular event was arranged to hear from young people across Gloucestershire and beyond about how COVID-19 has impacted their lives and their concerns and hopes for the future. Mental health is a big issue and there is a need to think about how we better hear and respond to young voices.
- Paul Roberts (CEO), Angela Potter (Director of Strategy and Partnerships) and I held a quarterly meeting with the **Chairs of the County’s Leagues of Friends** on 18th March. This was an opportunity for the Trust to give updates on a number of important activities that have been taken place over the last few months, including COVID-19. The next meeting will be held in June.

7.0 ENGAGING WITH OUR TRUST COLLEAGUES

- Along with Non-Executive Directors Steve Brittan and Marcia Gallagher, a meeting was held with Director of Finance Sandra Betney for an update about **Digital planning** which helped us understand the drivers and challenges of taking forward this agenda.
- I attended a meeting of the **Women’s Leadership Forum** on 1st March

- As part of my regular activities, I continue to have a range of **1:1 meetings with Executive colleagues**, including a weekly meeting when possible with the Chief Executive and the Trust Secretary/Head of Corporate Governance.

Whilst drop in chats with services and colleagues need to be virtual I continue to try to make myself available to support colleagues and recognise their endeavours. I have an active presence on social media to fly the GHC flag and highlight great work and issues across the county.

8.0 NED ACTIVITY

The Non-Executive Directors continue to be very active, attending virtual meetings across the Trust and where possible visiting services.

See Appendix 1 for the summary of the Non-Executive Directors activity for January and February 2021.

9.0 CONCLUSION AND RECOMMENDATIONS

The Board is asked to **NOTE** the report and the assurance provided.

Appendix 1

Non-Executive Director – Summary of Activity – 1st January to 28th February 2021

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Graham Russell	NEDs meetings (2) 1:1 with Trust Chair (2) Quarterly meeting with Trust Chair and Senior Independent Director ICS NEDs and Lay Members meeting 1:1 with Medical Director	Council of Governors Governors Membership and Engagement meeting (2) Resources Committee agenda planning Good Governance Institute meeting ref NHS White Paper	GHC Board ICS Board (2) COVID briefing (2) Board Seminar (2) ATOS Committee Audit Committee Nomination and Remuneration Committee Resources Committee
Marcia Gallagher	Quarterly meeting with Chair and Vice-Chair 1:1 with NED 1:1 with Trust Chair (3) Meeting with Trust Chair, Director of Finance, Director of Strategy & Partnerships 1:1 Chief Operating Officer ICS NEDs and Lay Members meeting Pre-meet with Internal and External Auditors MHAM Hearings (2) NEDs meetings (2) 1:1 with Trust Secretary/Head of Corporate Governance 1:1 with Director of Finance 1:1 with Associate Director of Quality Assurance and Compliance 1:1 with CEO Meeting with NED and Lead Governor	Council of Governors Council of Governors Governwell Training session NHS Reset Chairs meeting (2) FoD CH DQI Review NHSI Good Governance Institute	Quality Committee COVID briefing (2) Board Seminar (2) NHLSC GHC Board Audit Committee Resources Committee

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Dr. Stephen Alvis	<p>NEDs meetings (2) 1:1 with Associate Director of Quality Assurance and Compliance 1:1 with Director of Strategy and Partnerships Senior Leadership Network ICS NEDs and Lay Members meeting 1:1 with Director of Strategy and Partnerships CYPS Delivery and Governance Forum Consultant CEO Meeting</p>	<p>Council of Governors Governwell training session Good Governance for NEDs (8 meetings) NED Audit of Complaints FoD CH DQI Review NHS Reset: Chairs meeting (2) Good Governance Institute White Paper event NHSP Digital Transformation meeting</p>	<p>Quality Committee COVID briefing (2) Board Seminar (2) ATOS Committee MHLS Committee GHC Board Ethics Committee Mental Health Operational Committee Audit Committee</p>
Maria Bond	<p>Meeting with NHSI 1:1 with Trust Chair Meeting with Expert by Experience and Governors post-Quality Committee 1:1 with Associate Director of Quality Assurance and Compliance NEDs meetings (2) 1:1 with Director of Nursing, Quality & Therapies Senior Leadership Network ICS NED and Lay Members meeting 1:1 with CEO Governor meeting with Graham Hewitt Meeting with External Auditors Meeting with Internal Auditors Governor meeting with Jenny Hicks</p>	<p>FoD CH DQI Review NHS Reset Chairs meeting Council of Governors Governwell training session Good Governance meeting Good Governance Institute meeting ref BAME Good Governance Institute meeting ref Clinical Negligence Good Governance Institute meeting ref NHS White Paper Good Governance Institute ICS breakfast meeting Good Governance Institute meeting ref Wellbeing Guardian NHS Providers Digital Boards NHSP Chairs meeting</p>	<p>Quality Committee COVID briefing (2) Board Seminar (2) ATOS meeting GHC Board Audit Committee</p>

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Steve Brittan	<p>NEDs meeting (2) 1:1 with NED GHFT (2) Introductory meeting with Lead Governor 1:1 with Senior Independent Director (2) ICS NED and Lay Members meeting 1:1 with Head of Sustainability Meeting ref scoping a potential partnership with University of Gloucestershire Meeting with Governors Josephine Smith and Laura Bailey Meeting with NED and Lead Governor Meeting with Chair, Vice-Chair and Senior Independent Director</p>	<p>Council of Governors FoD CH DQI Review Mentoring meeting Oxevision Project Group NHS Chairs Reset meeting (2) HSJ Digital Transformation Virtual Series Digital Strategy Community Health Services Workshop Good Governance Institute NHS White Paper briefing</p>	<p>Board Seminar (2) ATOS meeting GHC Board COVID briefing (2) Resources Committee Audit Committee</p>
Jan Marriott	<p>1:1 with FTSU Guardian 1:1 with Director of HR 1:1 with Associate Director of Quality Assurance and Compliance 1:1 Trust Chair 1:1 with MCA/MHA Manager, Gloucestershire County Council Meeting with Clinical NEDs – GHT and CCG NEDs meetings (2) Farewell event Marianne Bubb-McGhee ICS NED and Lay Members meeting Meeting ref MHLSC ToR, Committee feedback and workplan ICS Clinical Council 1:1 with Vice-Chair Mental Health Operational meeting</p>	<p>FoD CH DQI Review Council of Governor's Governwell training session Good Governance Institute</p>	<p>Quality Committee Board Seminar (2) MHLSC GHC Board COVID briefing (2) Audit Committee Resources Committee</p>

NED Name	Meetings with Executives, Colleagues, External Partners	Other Meetings	GHC Board / Committee meetings
Sumita Hutchison	NED meetings (2) 1:1 with Director of Finance 1:1 with Medical Director 1:1 with Associate Director of Quality Assurance and Compliance 1:1 with Trust Chair Health and Wellbeing meeting with Marie O'Neil Trust staff wellbeing core project team 1:1 with Director of Strategy and Partnerships 1:1 with Director of HR 1:1 with Linda Gabaldoni 1:1 with Head of Sustainability Senior Leadership Team Meeting with Governor, Juanita Paris	Organisational Development training course – “reinventing organisations” Meeting with NHSE/I re Health and Wellbeing Guardian Role 1:1 with Jane Ginnever Council of Governors Governwell Training Session Wellbeing in the Workplace webinar	GHC Board Ethics Committee Board Seminar (2) COVID briefing (2) Resources Committee Quality Committee

AGENDA ITEM: 08

REPORT TO: Council of Governors, 12 May 2021

PRESENTED BY: Anna Hilditch, Assistant Trust Secretary

AUTHOR: Anna Hilditch, Assistant Trust Secretary

SUBJECT: Membership Report

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:

Provide an update on Trust membership, including progress with the Membership & Engagement Strategy action plan.

Recommendations and decisions required

The Council of Governors is asked to:

- Note the content of this report.

Executive Summary

Membership Engagement

The Trust's Membership & Engagement Strategy was approved at the March Council of Governors meeting. This was subsequently approved by the Trust Board at their meeting on 31 March. The associated action plan is progressing well, and this will be monitored and reviewed by the Governors Membership & Engagement Committee, the next meeting of which will take place on 23 June.

During 2020/21 it has not been possible to carry out our normal levels of membership engagement, specifically in relation to attending events, networking and hosting information sessions for members. However, the Trust has continued to produce its quarterly Membership Magazine and has recently launched a bi-monthly e-newsletter for members.

Processes to support engagement, as agreed within the membership action plan are ongoing with an updated flyer being reviewed for issue and plans to promote

membership in liaison with the Partnership and Inclusion Team and Governors on the Membership and Engagement Committee ongoing.

Membership Statistics

An overview of Trust membership is attached at Appendix 1 for information. This data includes a breakdown of Public members by constituency, ethnicity, disability and age profile.

As of 6 May 2021, the Trust had 5926 Public members, of which 4971 are in Gloucestershire. The last membership report received by the Council in November reported the total number of Public members at 6096, of which 5110 were in Gloucestershire. This represents an overall reduction in Public members of 170.

Work to develop and increase the functionality of the Trust’s in-house membership database has taken place, and as of 1 March 2021 it is now possible to accurately see how many Public members join and how many leave the Trust each month. A record is also kept of those members leaving the Trust to get an understanding about the reasons why people no longer wish to remain as a Trust member.

In March, 11 new Public members registered, and 28 left. In April, 19 people joined and 88 left.

It is important to note that the Trust records a higher level of members leaving immediately following a mailout such as the Membership magazine or newsletter. 80% of all Public members removed from the database are due to people moving to a different address and the Trust receiving “Return to Sender” information. In these instances, if it is not possible to contact the members concerned, they will automatically be removed from the database.

Membership newsletters are also circulated via email to those members who have registered an email address with us. If we receive an “undeliverable” notification, it is common practice to edit that members details to remove the email address and ensure that they receive postal communications from us. Work is underway however, to increase communication and encourage more Public members to register an email address with us and this is being taken forward as part of the Membership action plan.

Risks associated with meeting the Trust’s values

Working together – need to consider new ways to engage with members due to Covid constraints

Corporate considerations

Quality Implications

An active and representative group of members will assist the Trust in understanding patient and service



with you, for you



Gloucestershire Health and Care

NHS Foundation Trust

	users' experience of its service and contribute to the goal of inclusion and engagement.
Resource Implications	Membership activity requires continued resource to realise the benefits of a strong membership engagement and contribution, both through the administration of the membership database and ongoing engagement with members.
Equality Implications	Our membership needs to represent the communities that we serve as a Trust.

Where has this issue been discussed before?

Council of Governors

Appendices:

Appendix 1 – membership data

Appendix 1

Public Membership Stats

Report generated on Thursday, 06 May 2021

Constituency			
Cheltenham	Cotswolds	Forest of Dean	Gloucester
899	383	608	1508
Stroud	Tewkesbury	Greater England & Wales	Not stated
877	696	952	3
Ethnicity		Gloucestershire	Public
White British		4556	5415
Mixed		57	66
Black/Black British		79	92
Asian/Asian British		121	144
White Other		94	115
Chinese/Other		5	6
Not Stated		56	83
Any Other		3	5
Total		4971	5926
Disability in Gloucestershire			
Percentage disabled as of Census 2011		0.5%	
Public membership		690 of 4971 members (14%)	

Age	
11-16	8
17-19	82
20-44	1648
45-64	1892
65-74	873
75+	852
Did not disclose	571
Gender	
Male	1883
Female	3944
Prefer not to say	98
Not Stated	0
Interests	
Mental Health	301
Physical Health	249
Learning Disabilities	201

Report to: Council of Governors – 12 May 2021

Presented by: Chris Witham, Lead Governor

Author: Anna Hilditch, Assistant Trust Secretary

SUBJECT: **NOMINATIONS AND REMUNERATION COMMITTEE SUMMARY REPORT**

This report is provided for:			
Decision <input checked="" type="checkbox"/>	Endorsement <input checked="" type="checkbox"/>	Assurance	Information

Can this subject be discussed at a public Governor meeting?	Yes
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The purpose of this report is to:

To provide a summary to the Council of Governors of the business conducted at the Nominations and Remuneration Committee, held on 28 April 2021.

Role of the Nominations and Remuneration Committee
The Committee is a committee of the Council of Governors and will advise the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors of the Board. The Committee has delegated authority to manage and oversee the appointment and appraisal processes for the Chair and Non-Executive Directors on behalf of the Council.

KEY POINTS TO DRAW TO THE COUNCIL’S ATTENTION

REAPPOINTMENT OF A NON-EXECUTIVE DIRECTOR

The Committee noted that Jan Marriott’s term of office would come to an end on 30 September 2021. As set out in the Trust’s Standing Orders, Jan is eligible to be re-appointed for a further 3-year term. Jan has confirmed that she does wish to be considered for reappointment.

In considering its decision, the Nominations and Remuneration Committee received a review of Jan’s experience, performance and attendance during 2020/21. Jan was a valued and experienced Non-Executive Director who has the confidence of fellow Directors on the Board and who brings an independent clinical and quality focus to the Board and its Committees. Jan had received a positive appraisal and had a very good attendance record at Trust Board and Committee meetings.

The Committee considered this report and was happy to recommend to the Council of Governors that Jan Marriott be reappointed for a period of 3 years, beginning on 1 October 2021.

CHAIR AND NON-EXECUTIVE DIRECTOR APPRAISAL 2020/21 - PROCESS

At the February meeting of the Nominations and Remuneration Committee a report was presented setting out the process and timeline for both the Chair and Non-Executive Director appraisals for 2020/21. It was proposed that these processes would both be carried out during March/April, with the outcome being reported to the April meeting of the Nominations and Remuneration Committee.

The Committee noted at the previous meeting that NHS England/Improvement (NHSEI) had advised that they would be issuing revised guidance, specifically related to the Trust Chair appraisal process. It was therefore proposed that the process for seeking multisource feedback from external stakeholders and partner organisations would be paused until this new guidance was received. Despite this delay, the Committee supported the decision for the Trust to proceed with its internal systems for seeking feedback, self-assessment and objective setting.

The revised guidance was received on Friday 9th April. This was reviewed, and no fundamental changes to the appraisal process were identified. A decision was made that the Trust would now proceed with seeking external feedback as part of the Chair's appraisal. Considering this delay, it was agreed as sensible that the outcome of both the Chair and the NED appraisal processes be delayed until the June meeting of the Nominations and Remuneration Committee to allow sufficient time to receive and evaluate this valuable external feedback. The Committee supported this proposal.

COUNCIL MEMBERSHIP AND ELECTION UPDATE

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

No new Governors had joined the Council since the last meeting. One Public Governor (Forest of Dean) had tendered her immediate resignation, and the Committee was made aware of a staff Governor (Management & administration) who would be stepping down from the Council at the end of June.

The Trust had now completed the nomination process for its current elections. The results of this were as follows:

Public: Tewkesbury (1 post) – 1 nomination received – To be appointed unopposed.

The Public Governor post for Tewkesbury has been filled and the new Governor will commence in post from 15 July 2021 (current Governor will come to the end of their final term on 14 July).

Staff: Health & Social Care Professions (1 post) – 3 nominations received – Election required. The election for the Health & Social Care Professions post will commence on 5 May, with the results known by 31 May.

Staff: Medical, Dental & Nursing (1 post) – No nominations received

No nominations were received on this occasion for the Medical, Dental & Nursing staff class. The Trust was required to target this upcoming vacancy at medical staff only due to a provision within the constitution. The current Governor will be in post until 3 August. The Trust will carry out a further nomination process commencing in June and will work in the interim to strengthen communication and engagement with medical colleagues to encourage nominations.

In terms of future Election requirements, the nomination process will commence in June to seek nominations for the Management & Administration post and the Medical, Dental & Nursing post. With regard to the Forest Public Governor vacancy, the Trust's constitution states "*Where membership of the Council of Governors ceases within 12 months of election, public and staff governors shall be replaced by the candidate in the same constituency and class with the next highest number of votes at the last election. If the vacancy cannot be filled by this method the governor will be replaced by holding a by-election, in accordance with the Election Rules*". Contact was attempted with the 3rd place candidate in this constituency to see whether they would wish to take up the post. No response has been received to date and it is proposed that this post will also go out for election.

The Committee noted this update report and supported a proposed amendment to the constitution, to be presented to the Council of Governors at its next meeting for approval (*on agenda as a separate item*).

ANNUAL BOARD MEMBER DECLARATIONS 2020/21

The Health and Social Care Act requires that Trusts ensure that all Executive and Non-Executive Director positions are filled by people that meet the requirements of the Fit and Proper Persons Regulations.

In line with the legislation, an annual process for monitoring and reviewing the ongoing fitness of existing directors to ensure that they remain fit for their role, has been undertaken. All Directors have been asked to complete a FPPT self-declaration and annual conflicts of interest return. In addition, the Trust Secretariat has checked the insolvency register and register of disqualified Directors. The declarations register was presented to the Committee for information. It was noted that there were no issues to be brought to the attention of the Committee following the checks.

RECRUITMENT OF A NON-EXECUTIVE DIRECTOR – PROGRESS REPORT

The purpose of this report was to update the Nominations and Remuneration Committee on progress and current timelines for the recruitment for a Non-Executive Director.

The Trust commissioned Gatenby Sanderson, an Executive Search agency, who have worked closely with the Chair and other officers within the Trust to refresh the candidate application information pack, and the search process commenced at the start of April with the launch of the advert for the role.

The Committee received an update on potential candidate numbers and contacts made so far. Neil Savage reported that this presented very positive progress in the given timeframe. The Committee also received the updated recruitment timeframe, noting that it was proposed to have a preferred candidate identified for approval by the 14th July Council of Governors meeting.

The Committee discussed and agreed the membership of the interview panel and supported the planned make up of discussion groups. It was proposed that the discussion groups and interview panels would be held virtually, and the Committee sought assurance that people would receive the necessary support to join and participate in the process via virtual means. This assurance was received.

Recommendations and Decisions Required

The Council of Governors is asked to:

- **Note** the content of this report
- **Approve** the reappointment of Jan Marriott, Non-Executive Director for a further term of 3 years, commencing 1 October 2021

Report authorised by: Chris Witham	Date: 6 May 2021
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Where has this issue been discussed before?

Previous Council of Governor meetings

Appendix to this Paper	
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Non-Executive Director Portfolios

Updated April 2021

NON-EXECUTIVE DIRECTOR	LOCALITY	CHAMPION	AUDIT *	CHARITABLE FUNDS	MENTAL HEALTH ACT	QUALITY	RECOM / ATOS	RESOURCES	FOREST ASSURANCE
Graham Russell (Vice-Chair) Graham.russell@ghc.nhs.uk	Stroud		✓	✓			✓	✓ Chair	✓
Marcia Gallagher (Senior Independent Director – SID) Marcia.gallagher@ghc.nhs.uk	Forest	<ul style="list-style-type: none"> Counter-fraud, Security and Procurement Health & Safety 	✓ Chair	✓ Vice-Chair			✓		
Dr Stephen Alvis (Associate) Steve.alvis@ghc.nhs.uk	Greater England & Wales	<ul style="list-style-type: none"> Primary Care Networking county-wide 			✓ Vice-Chair ✓ Chair Mental Health Act Managers Forum	✓	✓		
Steve Brittan Steve.brittan@ghc.nhs.uk	Tewkesbury	<ul style="list-style-type: none"> Technology and Innovation 	✓				✓	✓	✓ Chair
Maria Bond Maria.bond@ghc.nhs.uk	Cotswold	<ul style="list-style-type: none"> Emergency Planning Safeguarding 	✓ Vice-Chair			✓ Chair	✓		✓
Sumita Hutchison Sumita.hutchison@ghc.nhs.uk	Gloucester	<ul style="list-style-type: none"> Equality and Diversity Climate Protection Wellbeing Guardian 		✓ Chair		✓	✓	✓ Vice-Chair	
Jan Marriott Jan.marriott@ghc.nhs.uk	Cheltenham	<ul style="list-style-type: none"> FTSU Learning Disabilities Learning from Death 			✓ Chair	✓ Vice-Chair	✓	✓	

*All NEDs are members but 4 are nominated as regular attendees

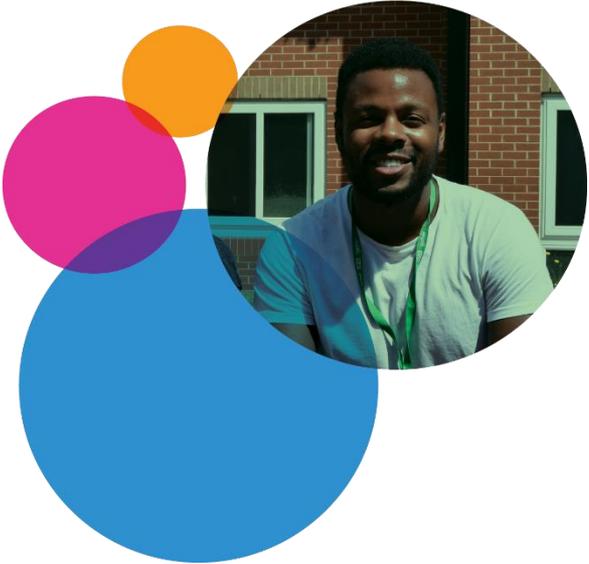


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NHS

Gloucestershire Health and Care
NHS Foundation Trust

AGENDA ITEM: 12



Council of Governors

Wednesday, 12 May 2021

The Work of the Quality Committee

Maria Bond, Chair of
Quality Committee



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

Bit about me...

Joined 2gether NHS Foundation Trust in 2016 and previous to that I was a NED at GHT for 7 years. At 2g I was Chair of Delivery Committee and Vice Chair of Governance Committee.

Appointed to the Shadow Board and then joined GHC in October 2019. Chair of Quality Committee and Vice Chair of Audit and Assurance Committee.

Also, an appointed lay-member of Council at The University of Bath. Chair Redundancy Committee.

I was born at GRH and have lived in Gloucestershire all my life. I now live in Stroud with my husband, three daughters and two dogs.

One of the NHS Values...

Commitment to quality of care

We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

Purpose of the Quality Committee

The purpose of the Quality Committee is to hold the Executive Directors to account for the establishment, maintenance and monitoring of appropriate integrated systems, processes and reporting arrangements for the management of all aspects of clinical governance and associated risk, and to provide onward assurance to the Board on all aspects of the Committee's work.

Non Executive Members of the Committee – Maria Bond (Chair), Jan Marriott (Vice Chair), Sumita Hutchison (Provides Triangulation between Resources and Quality Committees) and Steve Alvis

So how do we measure Quality and how do we know they are the right measures?

We look at three areas which are nationally mandated:

- Patient Experience
- Patient Safety
- Patient Outcomes

We have a range of reports that provide assurance against these headings such as our monthly Quality Dashboard which is reported monthly either to Board or Quality committee

How do we get feedback about the Quality of Care we offer?

Friends and Family Test (FFT)

Our patient experience Team through Compliments, Concerns and Complaints

CQC – Monthly monitoring meeting, formal and informal feedback

NHSE/I – Regular meetings

Our Commissioner – Clinical Quality Reference Group etc

Local Medical Council

Experts by Experience

Carers forum

League of friends

and many other forms ...

What should the Quality Committee be proud of?

Successfully merged two reporting streams into one with sign-off from both CQC and the CCG

Continue to hold the Trust to account for high standards and a learning culture.

Having an Expert by Experience at every meeting

Providing oversight and assurance for quality and in particular for COVID related matters such as PPE. Only one meeting was stood down during the pandemic.

Clinical presentations at every meeting

Challenges ahead...

To achieve CQC rating of 'Outstanding'

To improve outcome measures

To improve evidence of high quality care

To provide quality care closer to home.

Thank you

We would like to express our thanks to June Hennell and Josephine Smith for their attendance and participation as Governor observers at the Quality Committee up to April 2021.

Questions and Discussion



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Gloucestershire Health and Care
NHS Foundation Trust

Staff Survey – Council of Governors May 2021



OUR 2020 STAFF SURVEY



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

Headlines



Gloucestershire Health and Care

NHS Foundation Trust

Background

Biggest employee survey in the world! 1.2 m staff across 280 NHS organisations invited to take part & over 25,000 more responses were received than in 2019. Over 595,000 staff responded to the 2020 survey.

Local Response rate

46.3% (+10/13% improvement on 2019) - 2,023 employees.

80% of staff ratings improved or remained unchanged, with 56% improved & 24% unchanged. 20% scored a little lower.

Ten Survey Themes - next slide for details

7 of these improved, 2 remained the same & 1 had reduced rating. C80 questions inform the Themes. GHC were higher in 9/10 Themes compared to the national “all NHS organisation” scores. New benchmark group – “Mental Health & Learning Disability & Mental Health, Learning Disability & Community Trust”’s – better on 4 themes, average on 3 and lower on 3.

Other Key Results

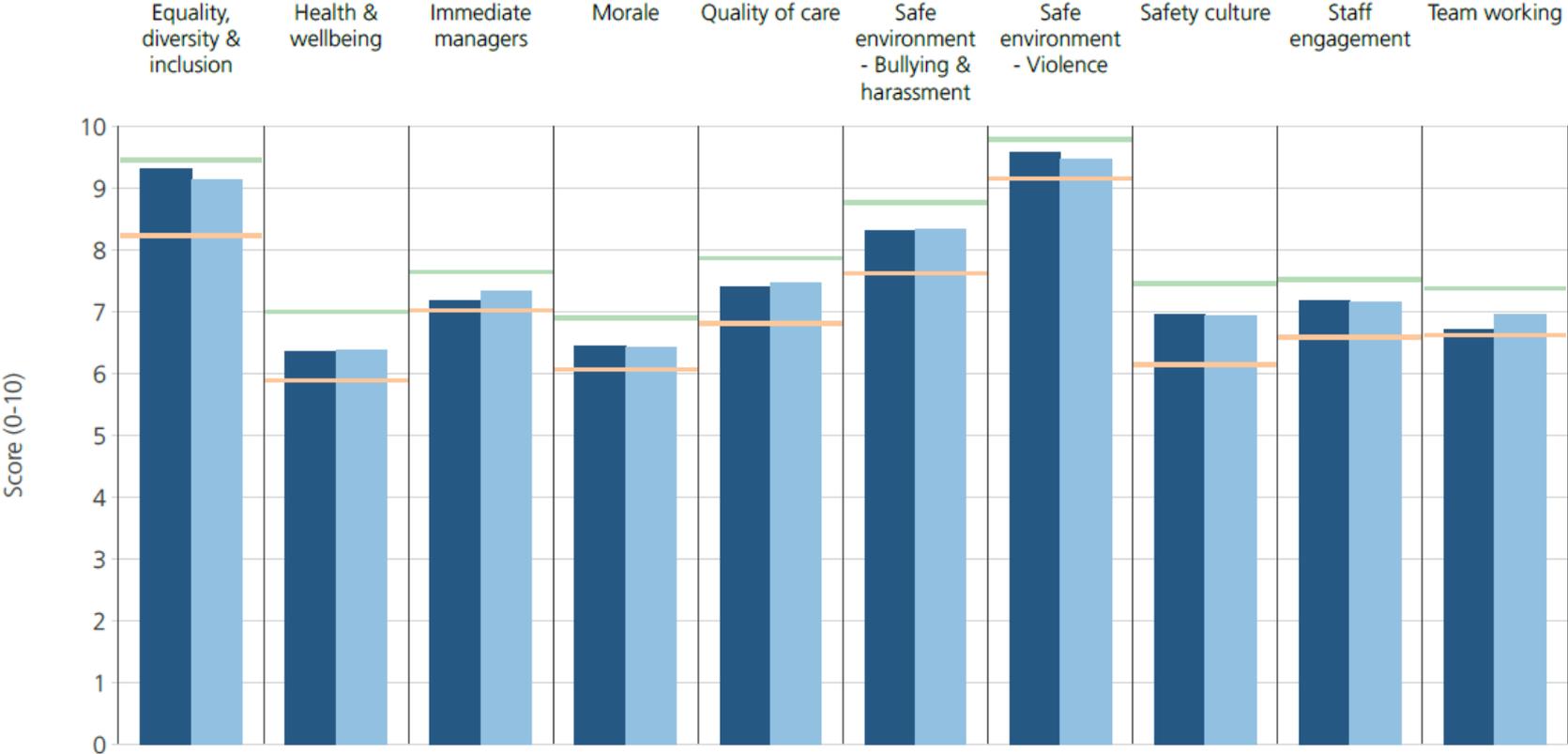
10% improvement - Trust takes positive action on Health and Well-being

71% recommend the Trust as a place to work & 79.5% recommend for care provision

Largest reduced rating is ‘During the last 12 months have you felt unwell as a result of work related stress?’



Our Themes at GHC



Best	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
Your org	9.3	6.4	7.2	6.5	7.4	8.3	9.6	7.0	7.2	6.7
Average	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
Worst	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6

How we compare with last year's results

Theme	2019 score	2020 score
Equality, diversity and inclusion	9.1	9.3 ↑
Health and wellbeing	6.0	6.4 ↑
Immediate managers	7.2	7.2 =
Morale	6.3	6.5 ↑
Quality of care	7.4	7.4 =
Safe environment - Bullying & harassment	8.2	8.3 ↑
Safe environment - Violence	9.5	9.6 ↑
Safety culture	6.8	7.0 ↑
Staff engagement	7.1	7.2 ↑
Team working	6.9	6.7 ↓

A Themes Infographic

Gloucestershire Health and Care
NHS Foundation Trust



How our 2020 scores compare to our 2019 scores:

- Higher
- Same
- Lower

How our scores compare to other mental health and learning disability and mental health, learning disability and community trusts:

- Same or better than
- Worse than

How we compare within the NHS & Gloucestershire ICS



Gloucestershire Health and Care
NHS Foundation Trust

	NHS	GHC	GHT	CCG
1. Equality, diversity & inclusion	9.0	9.3	9.0	9.3
2. Health & wellbeing	6.1	6.4	6.1	7.1
3. Immediate managers	6.9	7.2	6.8	7.4
4. Morale	6.2	6.5	6.2	6.6
5. Quality of care	7.5	7.4	7.3	7.1
6. Safe environment- Bullying & harassment	8.1	8.3	8.0	8.9
7. Safe environment- Violence	9.5	9.6	9.5	10
8. Safety culture	6.8	7.0	6.5	7.1
9. Staff engagement	7.0	7.2	6.9	7.2
10. Team working	6.5	6.7	6.4	6.7

- **GHC were higher in 9/10 Themes compared to the national NHS scores.**
- **GHC was higher than GHT on all 10 Themes,**
- **GHC were higher than the GCCG on 1, equal on 3 and lower in 6.**



Gloucestershire ICS some headlines

Response Rates – NHS 49.1% GHC 46.3% GHT 47.6% GCCG 72.3% . We need to improve response rates despite significant improvement on last year.

All NHS organisations - 66.8% would recommend their organisation as a place to work (up by 3.4 per cent). While GHC's rate was **71%** while GHT's was **64.3%**

- **38.4%** reported that '**there are enough staff at this organisation for me to do my job properly**' (up by 6.1%). GHC's rate was **41.3%** while GHT's was **33.6%**

- **33.4%** said their organisation definitely takes positive action on health and wellbeing (up by 4%). GHC's rate was **40.3%** while GHTs was **31.9%**

- % working when unwell fell from 56 to **44%**. GHC's rate was **45.7%** while GHT's was **46.1%**

- **69%** of ethnic minority staff said their organisation provided equal opportunities compared to 87.3% of White staff. GHC's rate was **74.1%**(ethnic minority) and 87.8% (White), while GHT's was **60.7%** (ethnic minority) and 84.6% (White)



Directorate Comparisons



Gloucestershire Health and Care
NHS Foundation Trust

Strongest Performance

Forest of Dean Community Hospitals
Finance And Executive departments
Medical staff
CYPS
Adult Physical Health Care
Hospital physical health (Community Hospitals)
Human Resource & Organisational Development
Strategy and Partnerships

Lower Performance

Integrated Community Teams (ICTs)
Mental health inpatients
Adult mental health
Specialty Services
Operational Management



Additional “Values” questions

Value questions	Often/ always	Sometimes
Do managers demonstrate the values at work?	69%	5%
Do other colleagues demonstrate the values at work?	75%	2%
Do you feel you demonstrate the values?	89%	0%

Additional “COVID” questions



Gloucestershire Health and Care
NHS Foundation Trust

COVID questions	Yes	No
Have you worked on a Covid19 specific ward or area at any time?	28%	72%
Have you been redeployed due to the Covid-19 pandemic at any time?	20%	80%
Have you been required to work remotely/from home due to the Covid-19 pandemic?	54%	46%
Have you been shielding?	10%	90%

South West NHS Comparisons



Gloucestershire Health and Care
NHS Foundation Trust

Theme	All SW NHS Trusts (total of 22 organisations)	SW MH, LD & Community (total of 5 organisations)
Equality & Diversity	2 nd =	2 nd
Health & Well-being	4 th =	2 nd
Immediate Managers	4 th =	3 rd =
Morale	6 th =	2 nd =
Quality of Care	8 th =	2 nd
Safe Environment – Bullying & Harassment	3 rd =	2 nd
Safe Environment – Violence	2 nd =	2 nd
Safety Culture	1 st =	1 st =
Staff Engagement	6 th =	2 nd
Team Working	6 th =	3 rd =

Staff Survey Actions

Organisational priorities are:

1. Improving Engagement & response rates
2. Improving Health and wellbeing
3. Focus on Leadership and Management Development (including Team working)
4. Workforce Race & Disability Schemes (WRES and WDES)
5. Professional, Local & Directorate Actions

Survey action plan –

Theme	Action	Action	Action
Engagement and response rate	Set a survey theme as a “hot topic” for each Staff Forum	Commence new quarterly FFT (Pulse Survey) - new “engagement” questions.	Locality Engagement events, and share with colleagues interactive ‘rewards’ on the intranet
Health and Wellbeing	Improve diversity of HWB Hub & agree new HWB Strategy	Wellbeing induction for new colleagues	HWB conversations in appraisals and 121s.
Leadership and Management	Launch of Brilliant Essentials and Leading Better Care Together programmes	Executives and senior leaders to ensure visible and accessible to their wider teams	Work with National leadership academy on reciprocal mentoring scheme and leadership compact
WRES and WDES	EDI consultant to progress & support Network whilst lead is appointed	Ensure Diversity Networks and sub groups are embedded and supported with workplans	Participation in 3 ICS wide Positive Action Development programmes (stepping up) - LGBTQ+, EM and Disability
Local / Directorates	Focussed support to identified areas.		



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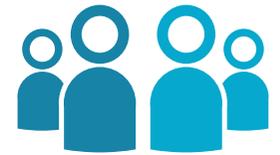
Gloucestershire Health and Care NHS Foundation Trust

2020 NHS Staff Survey

Summary Benchmark Report

Gloucestershire Health and Care
NHS Foundation Trust

2020 NHS Staff Survey



Organisation details

Completed questionnaires **2,023**

2020 response rate **46%**

[See response rate trend for the last 5 years](#)

Survey details

Survey mode **Mixed**

Sample type **Census**

This organisation is benchmarked against:

Mental Health & Learning
Disability and Mental
Health, Learning Disability
& Community Trusts



2020 benchmarking group details

Organisations in group: **52**

Median response rate: **49%**

No. of completed questionnaires:

109,280

Key features

Question number and text (or the theme) specified at the top of each slide

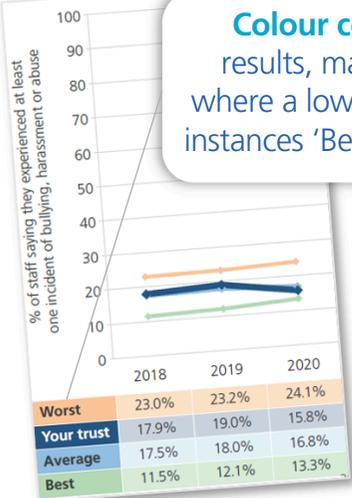
Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Themes are always on a 0-10pt scale where 10 is the best score attainable

Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is better – in such instances 'Best' is the bottom line in the table

Keep an eye out!

Number of responses for the organisation for the given question

'Best', 'Average', and 'Worst' refer to the **benchmarking group's** best, average and worst **results**



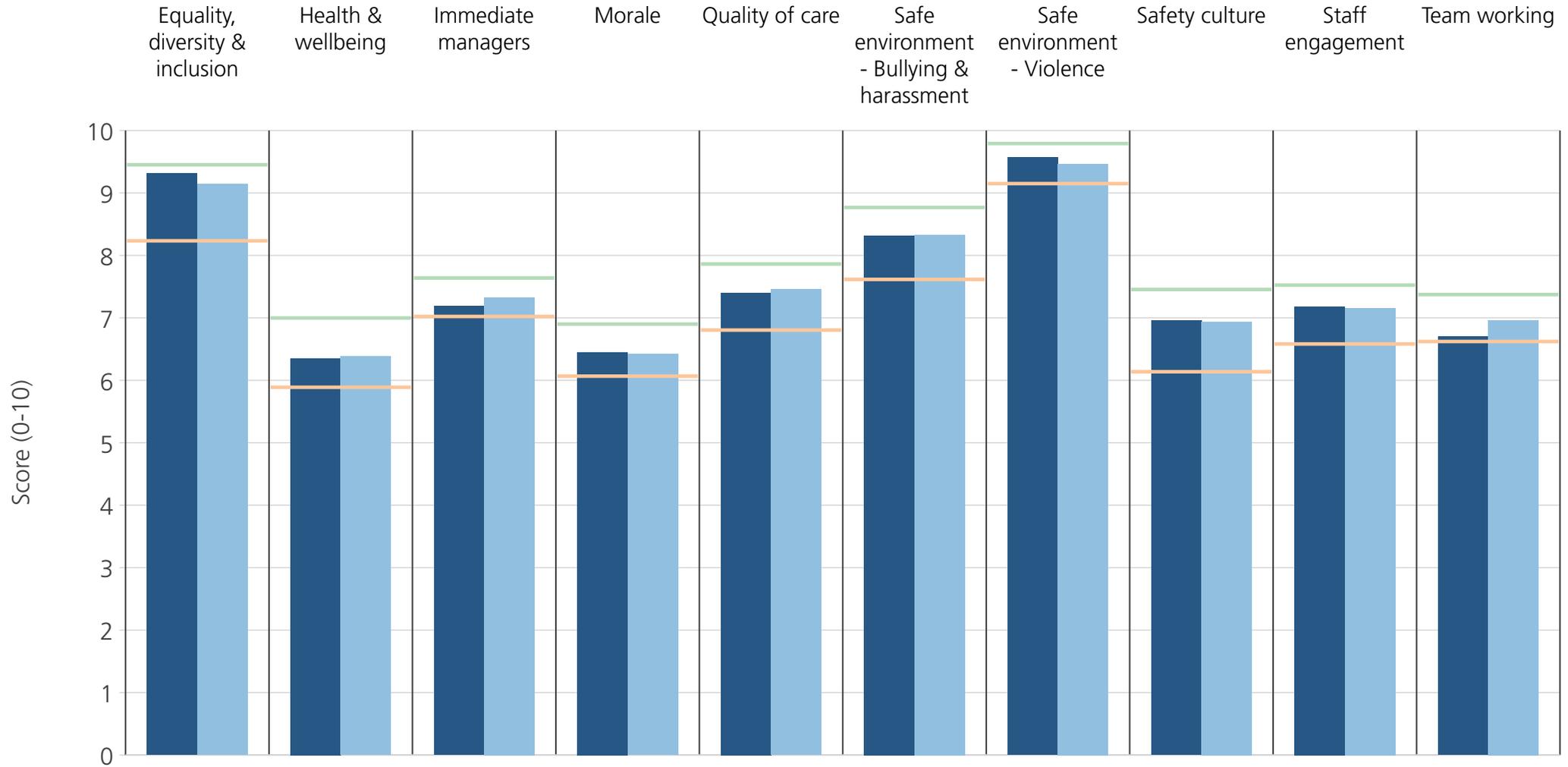
Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our [results page](#)

Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Gloucestershire Health and Care NHS Foundation Trust

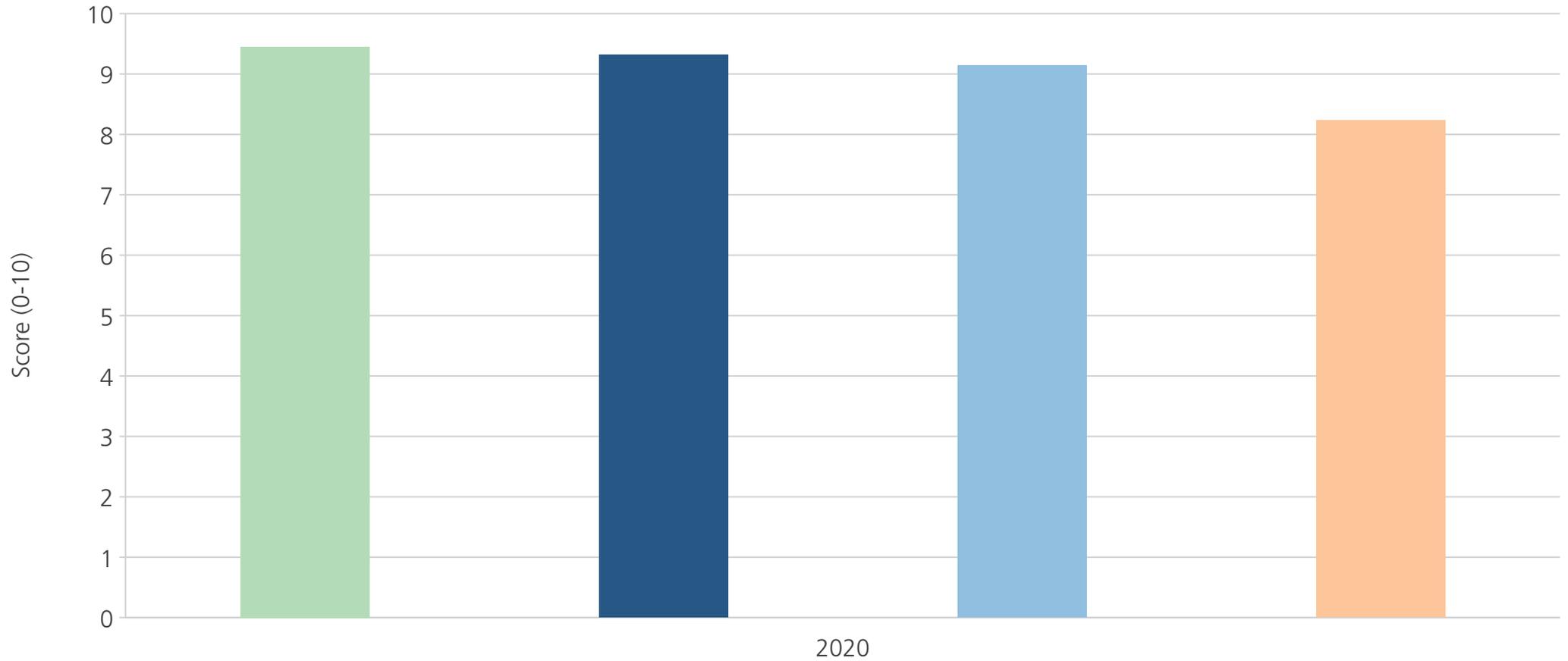
2020 NHS Staff Survey Results



Best	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
Your org	9.3	6.4	7.2	6.5	7.4	8.3	9.6	7.0	7.2	6.7
Average	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
Worst	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6
Responses	2,012	2,016	2,017	2,013	1,684	2,008	2,016	2,019	2,022	1,995

Theme results – Trends

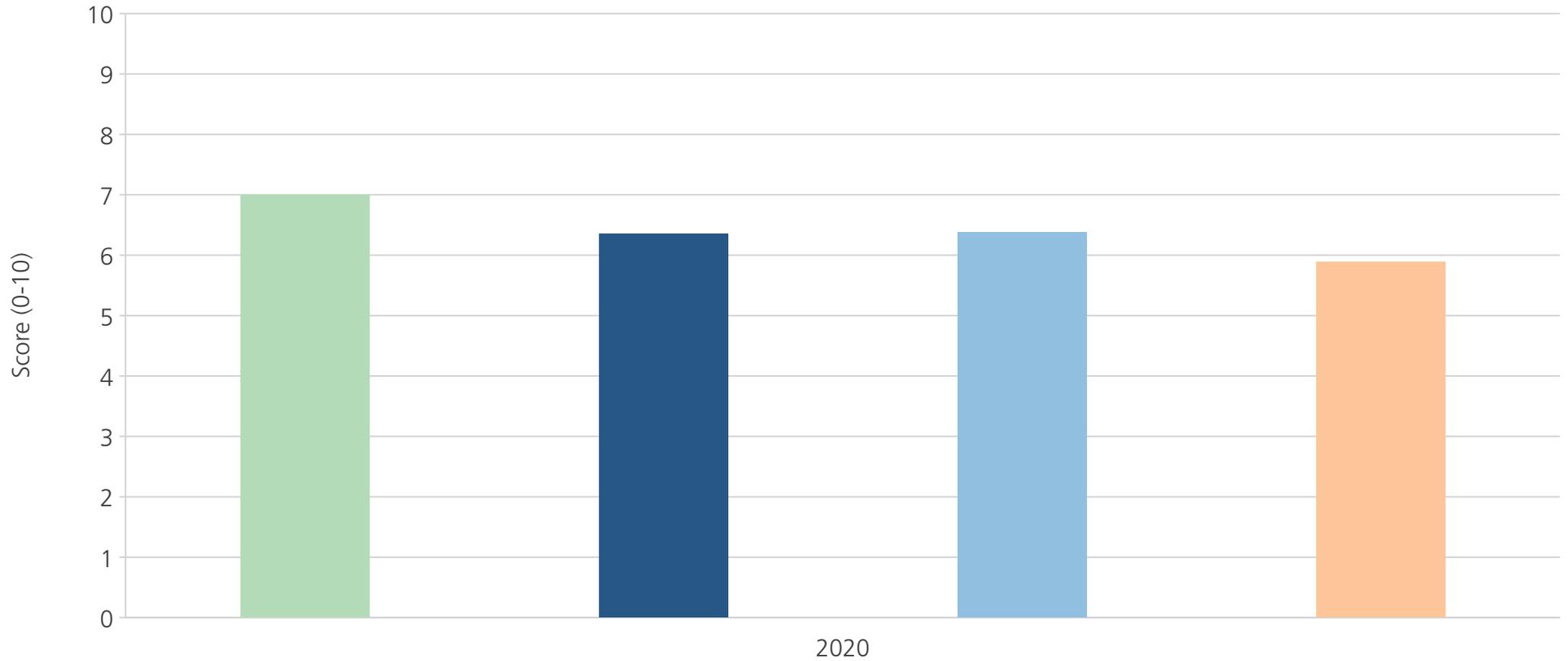
Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results



Best	9.5
Your org	9.3
Average	9.1
Worst	8.2

Responses

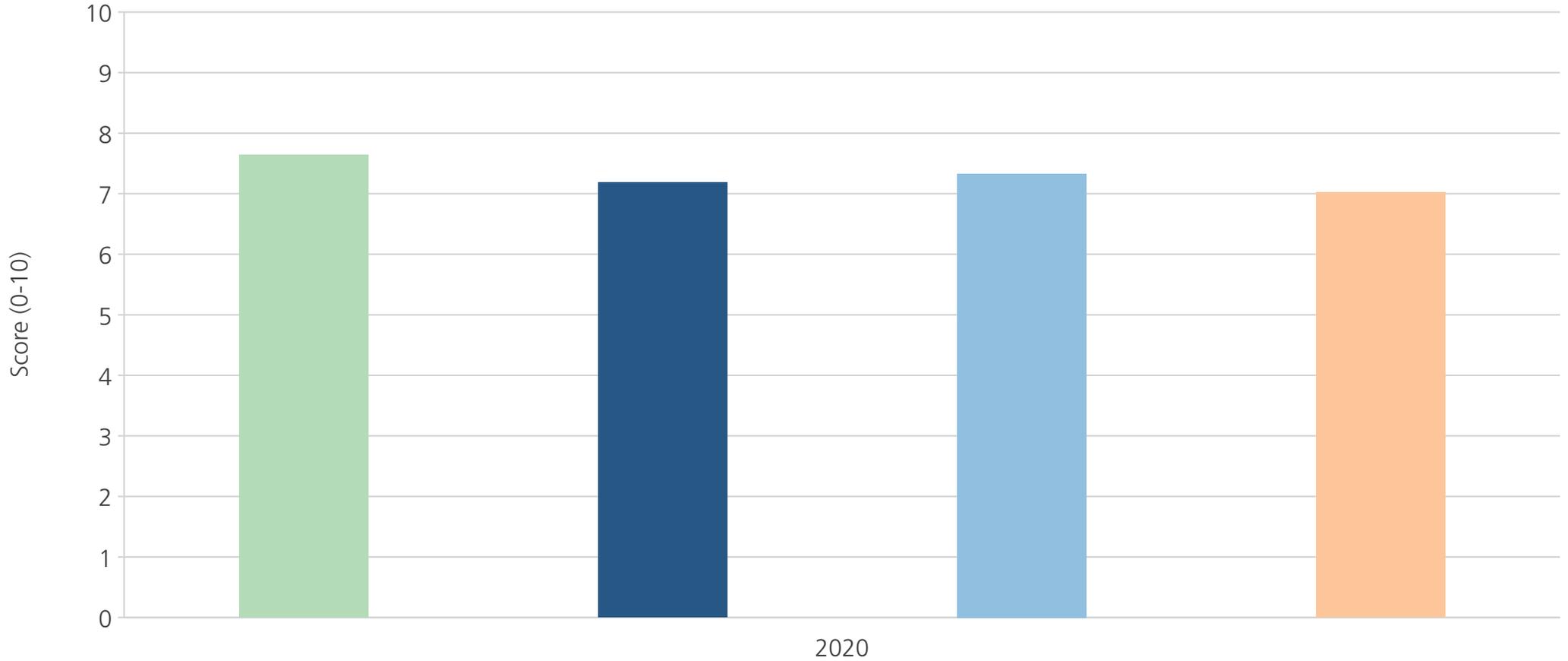
2,012



Best	7.0
Your org	6.4
Average	6.4
Worst	5.9

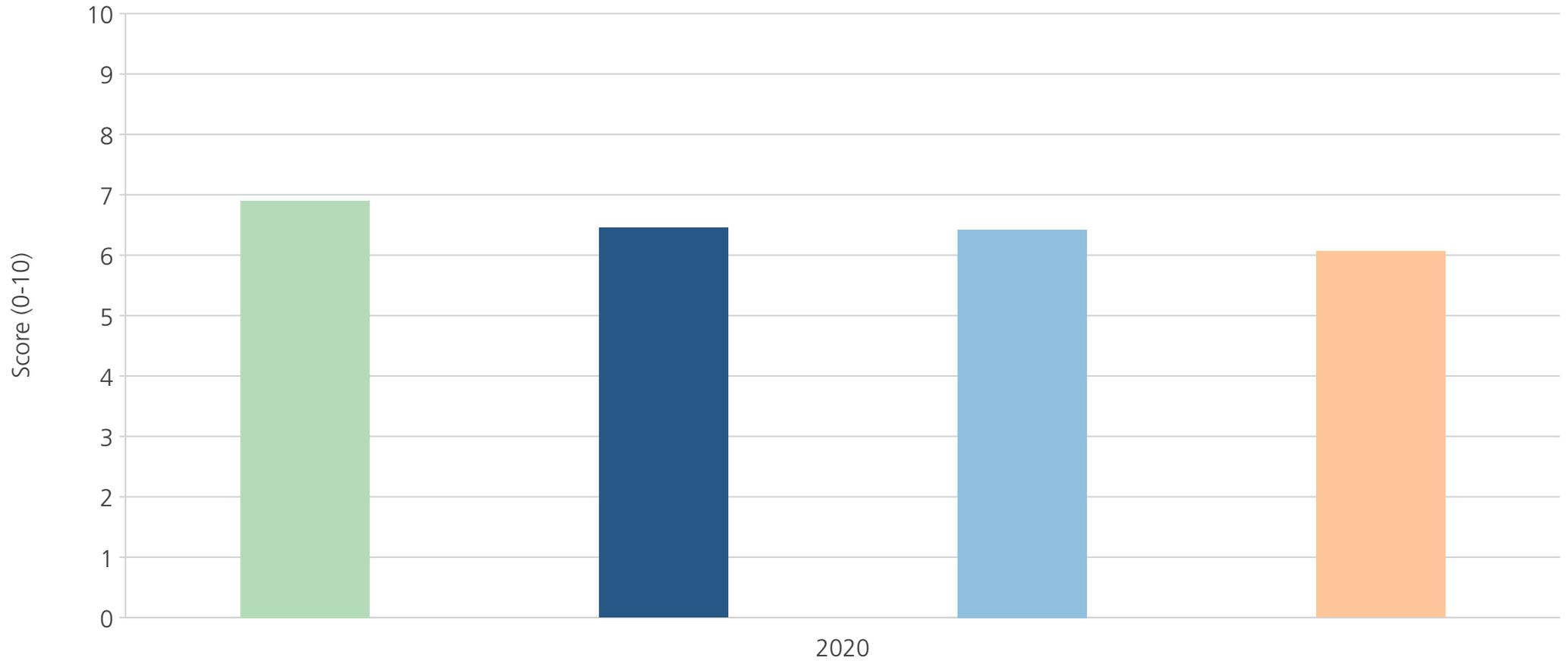
Responses

2,016



Best	7.6
Your org	7.2
Average	7.3
Worst	7.0

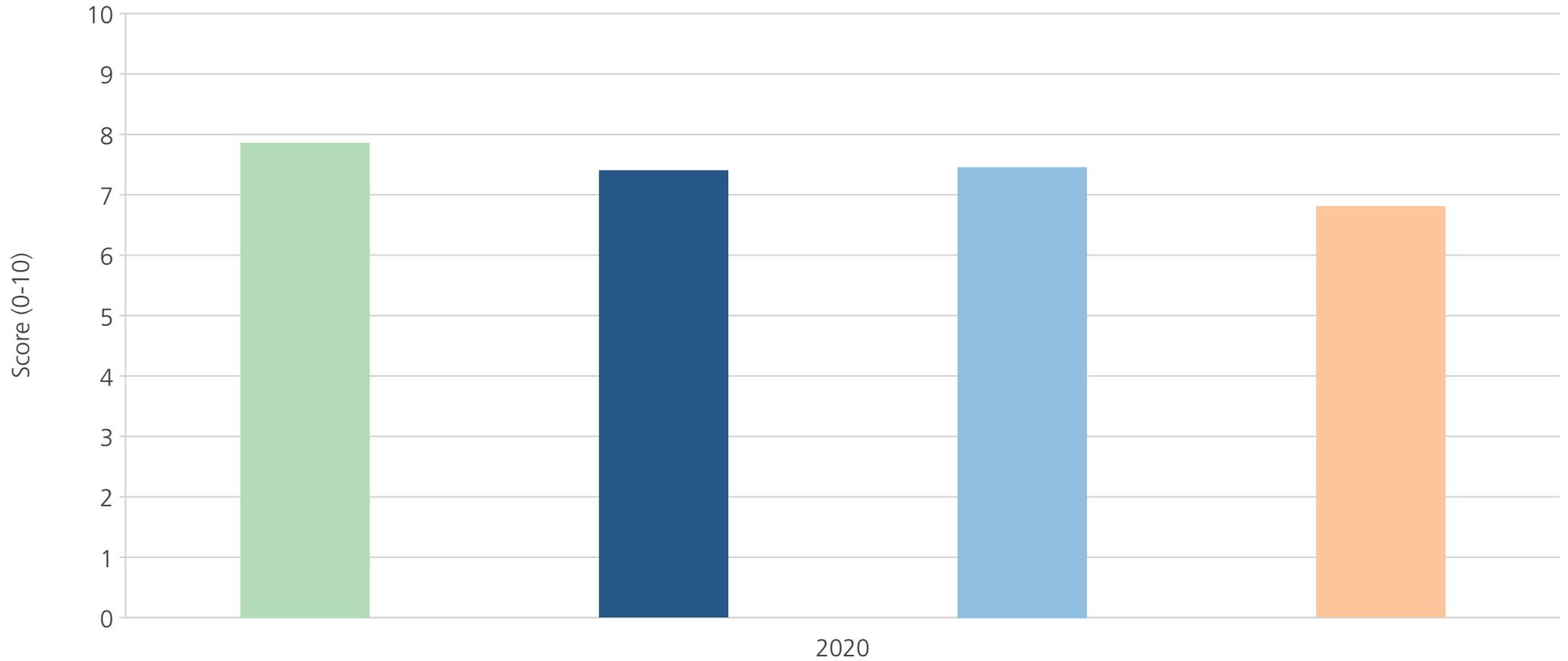
Responses 2,017



Best	6.9
Your org	6.5
Average	6.4
Worst	6.1

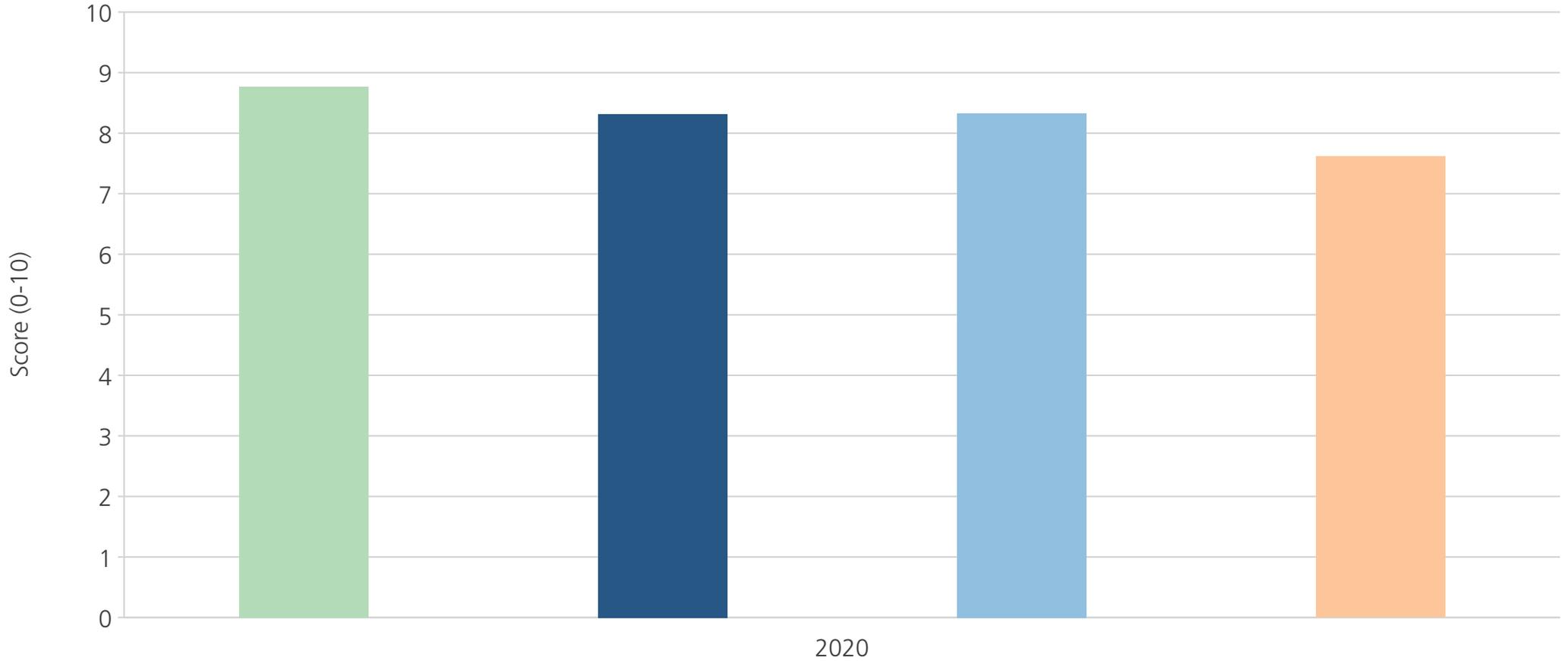
Responses

2,013



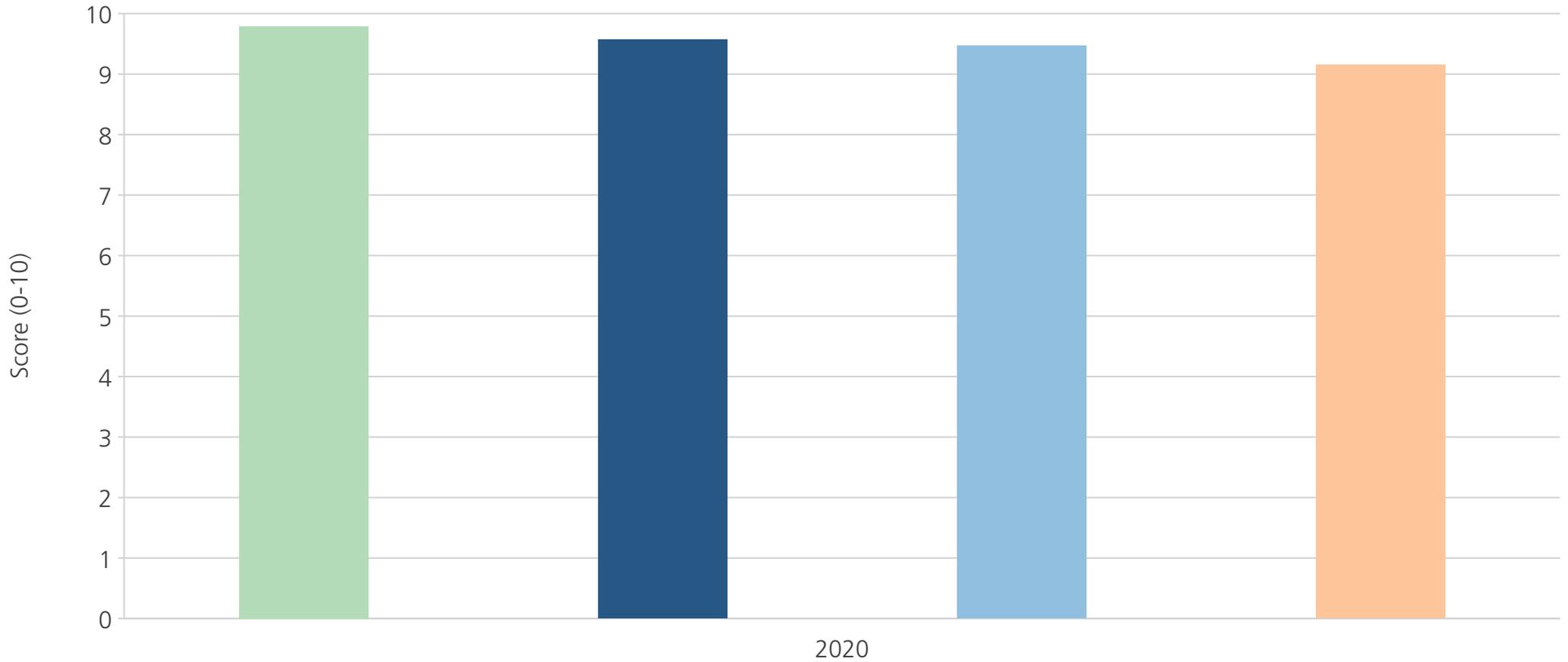
Best	7.9
Your org	7.4
Average	7.5
Worst	6.8

Responses 1,684



Best	8.8
Your org	8.3
Average	8.3
Worst	7.6

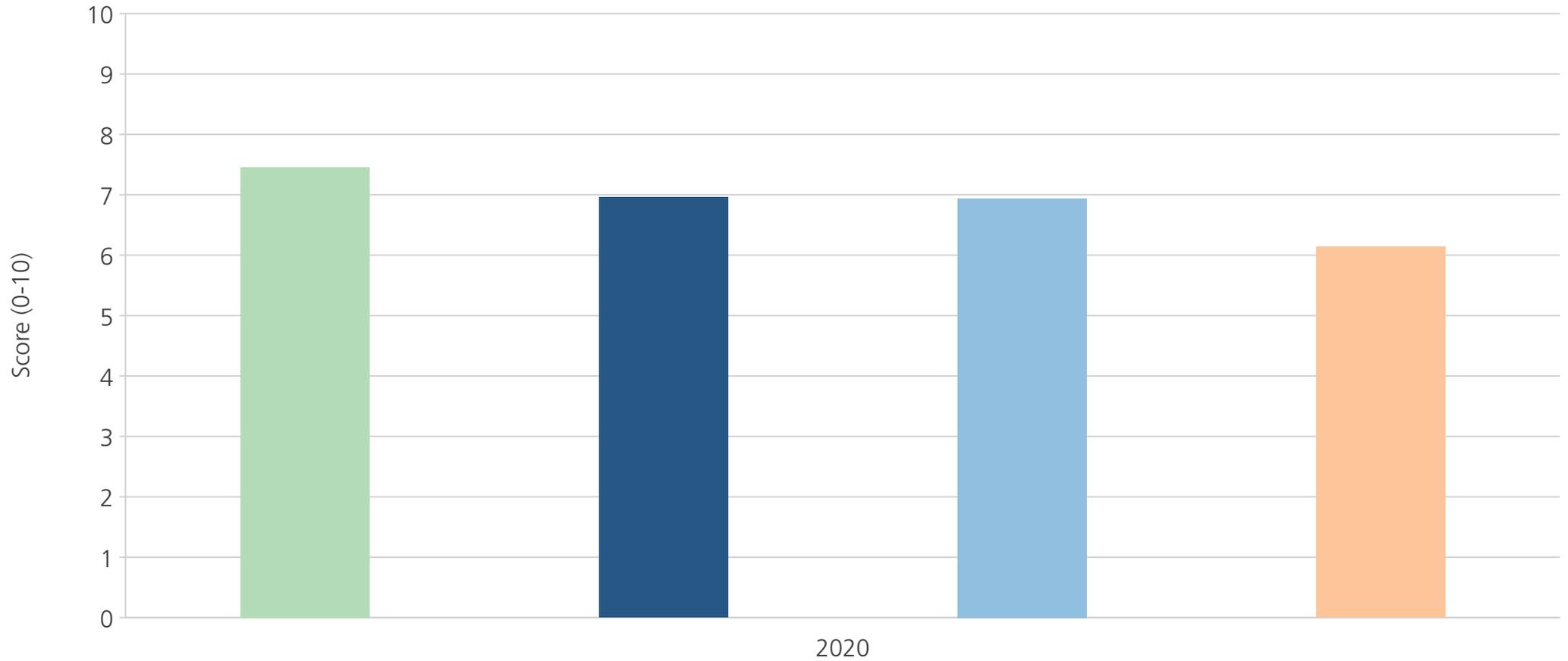
Responses 2,008



Best	9.8
Your org	9.6
Average	9.5
Worst	9.1

Responses

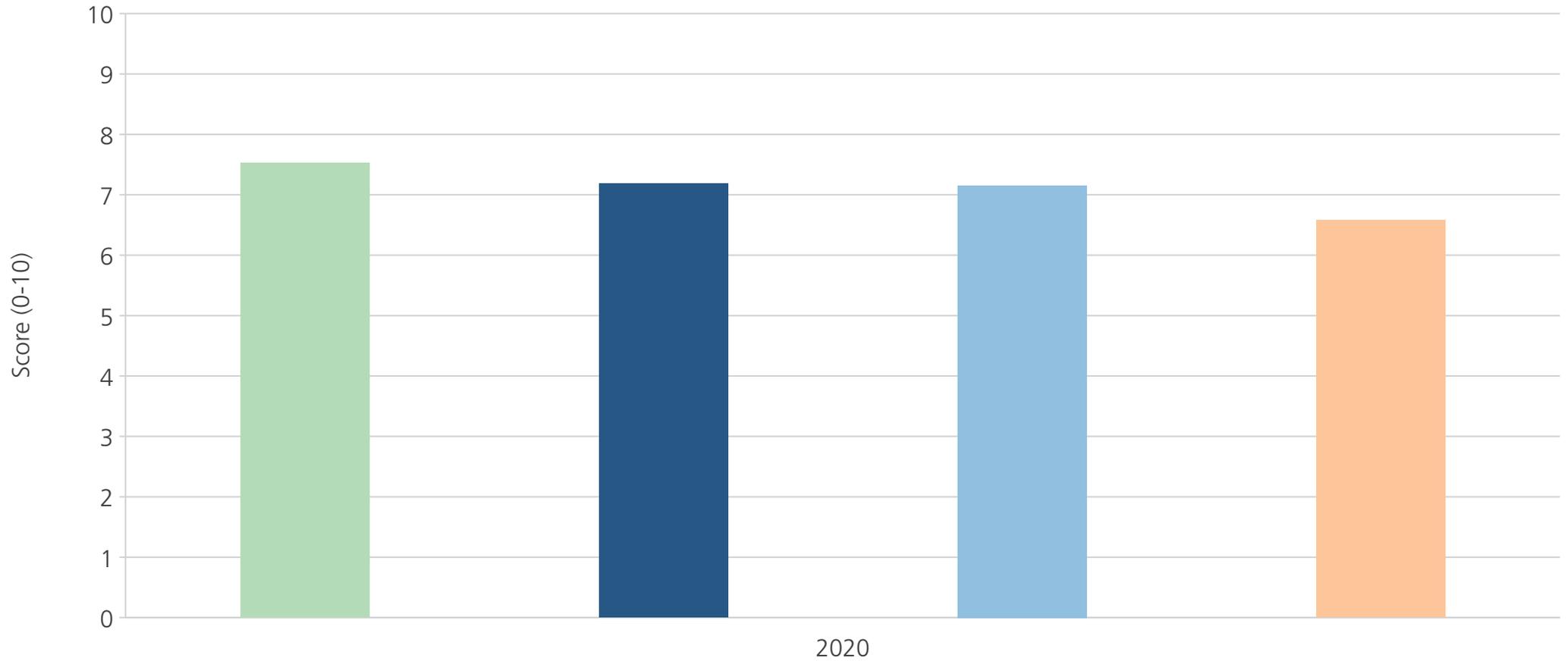
2,016



Best	7.5
Your org	7.0
Average	6.9
Worst	6.1

Responses

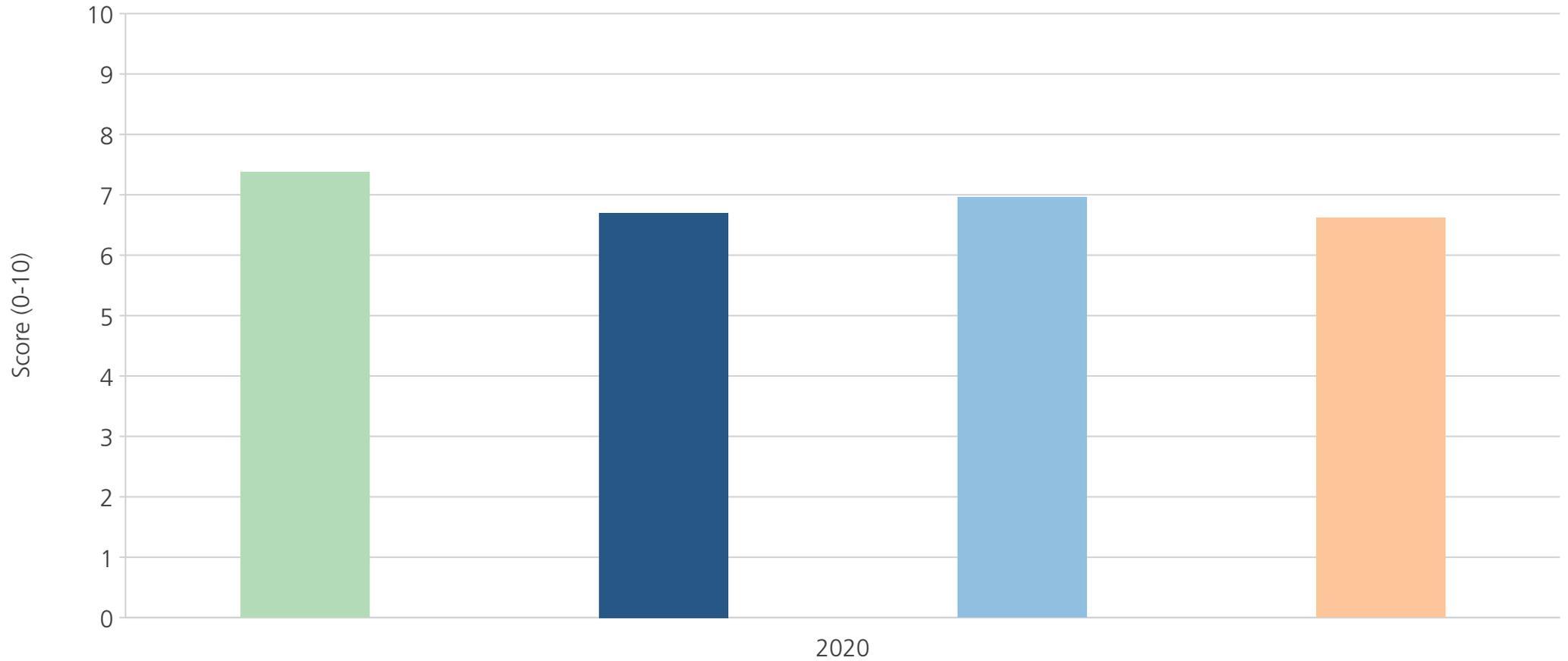
2,019



Best	7.5
Your org	7.2
Average	7.2
Worst	6.6

Responses

2,022



Best	7.4
Your org	6.7
Average	7.0
Worst	6.6

Responses 1,995

Theme results – Covid-19 classification breakdowns

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results

Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

- | | | | |
|--|--|--|-----------------------------|
| a. Have you worked on a Covid-19 specific ward or area at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. Have you been redeployed due to the Covid-19 pandemic at any time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. Have you been shielding? | <input type="checkbox"/> Yes, for myself | <input type="checkbox"/> Yes, for a member of my household | <input type="checkbox"/> No |

The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

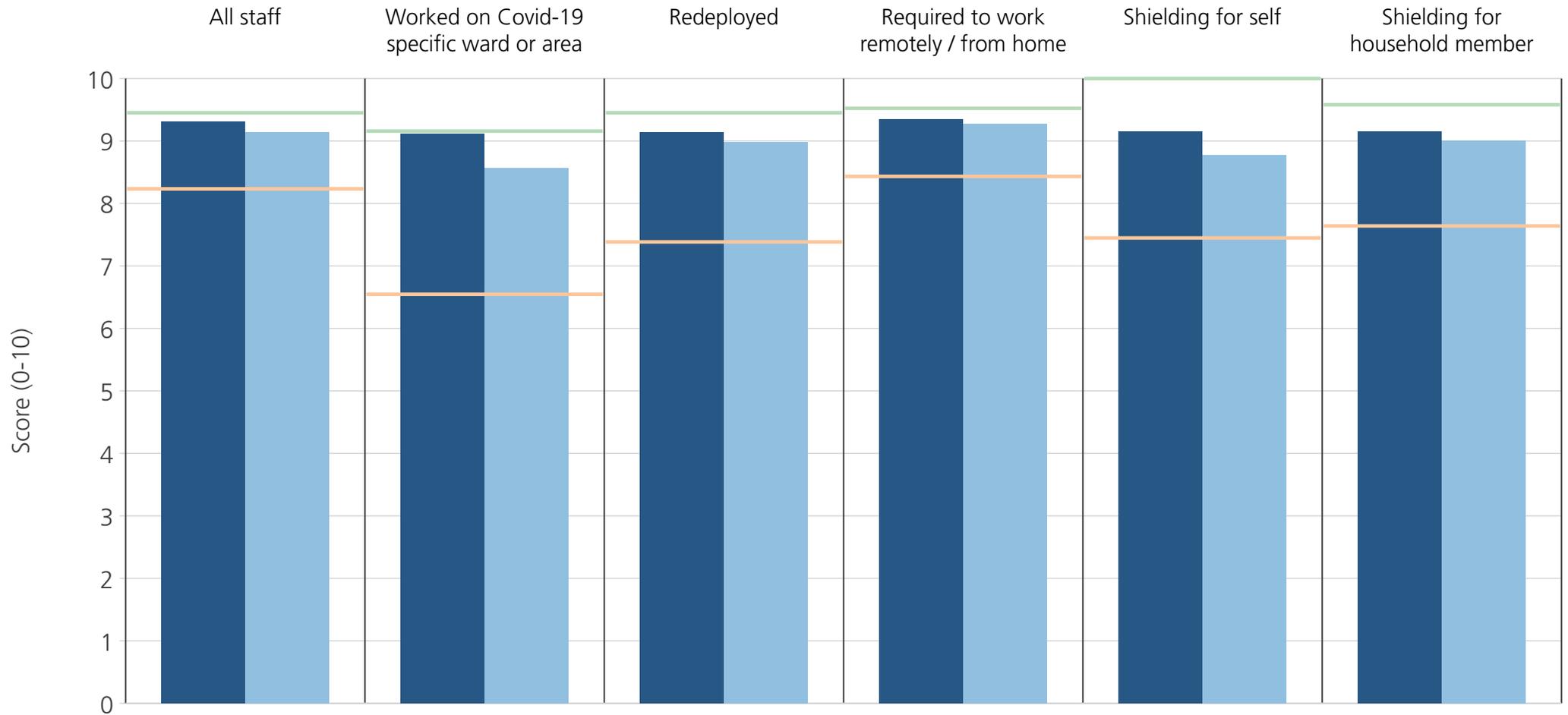
Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

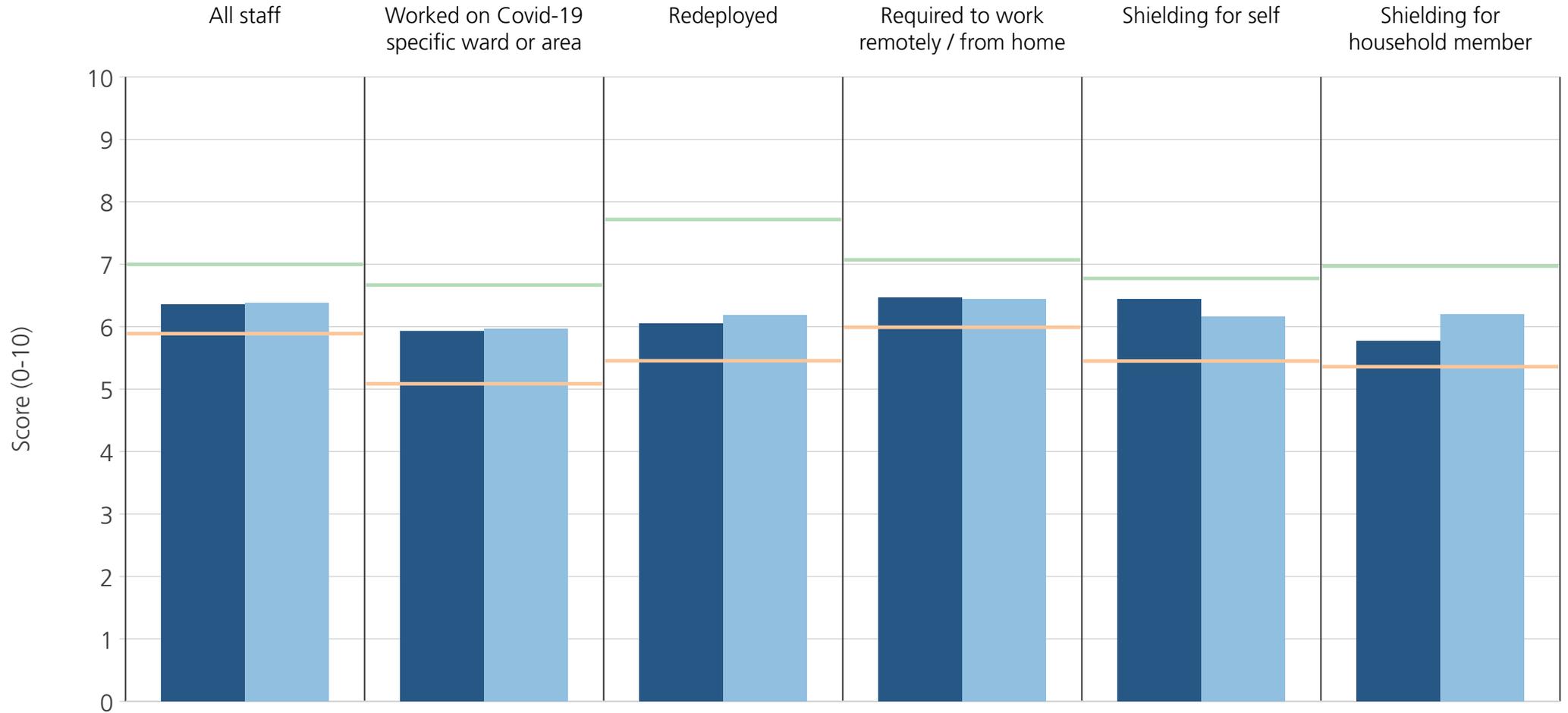
Further information

Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

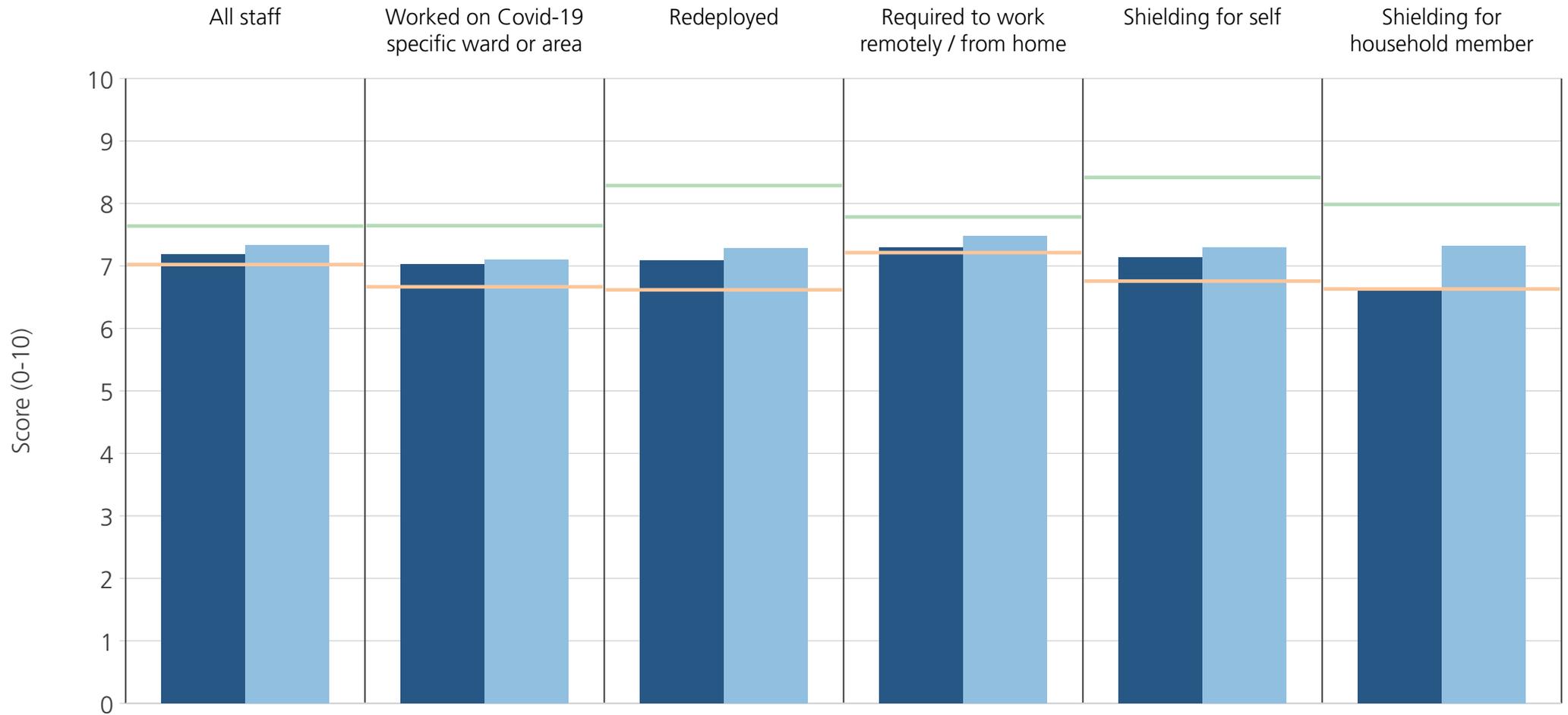




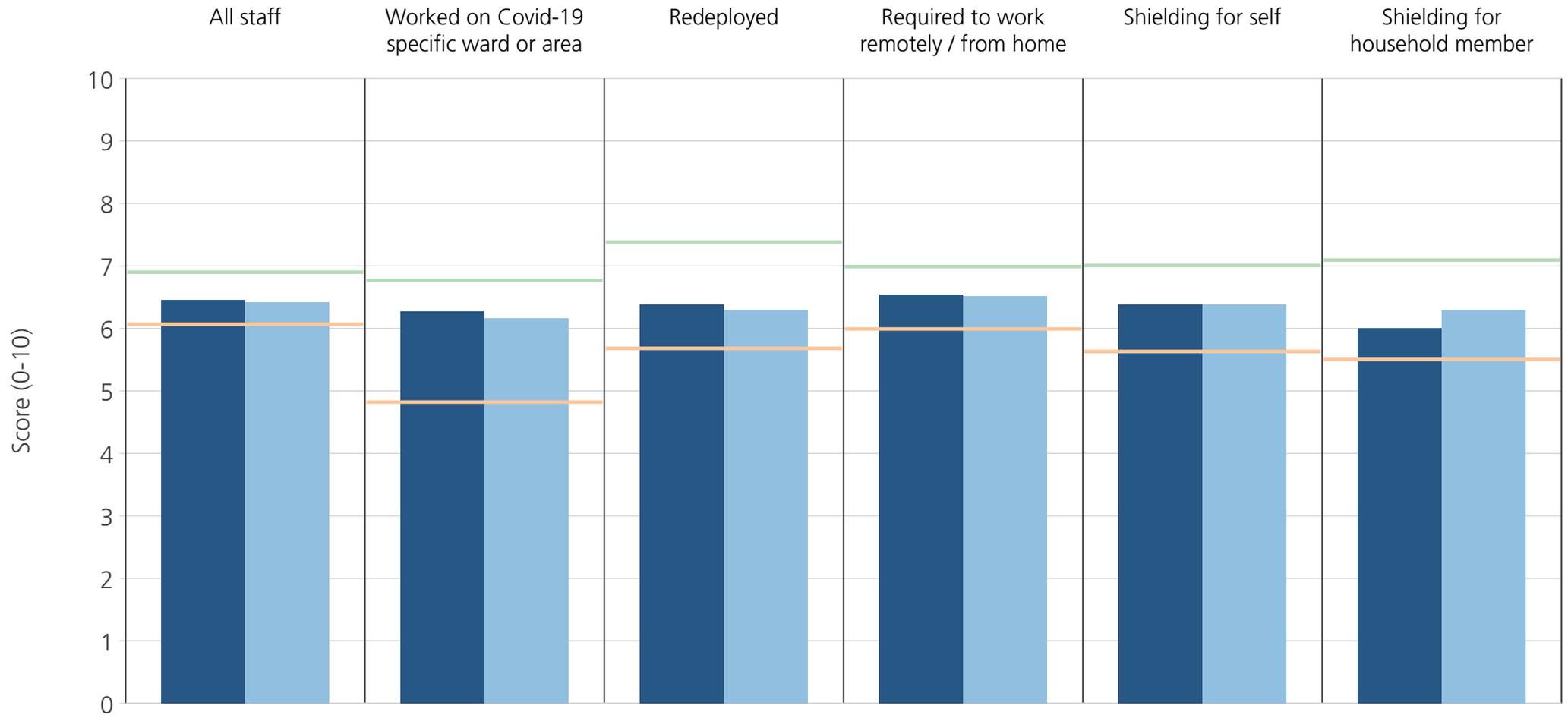
Highest	9.5	9.2	9.5	9.5	10.0	9.6
Your org	9.3	9.1	9.1	9.3	9.2	9.2
Average	9.1	8.6	9.0	9.3	8.8	9.0
Lowest	8.2	6.5	7.4	8.4	7.4	7.6
Responses	2,012	555	398	1,083	137	84



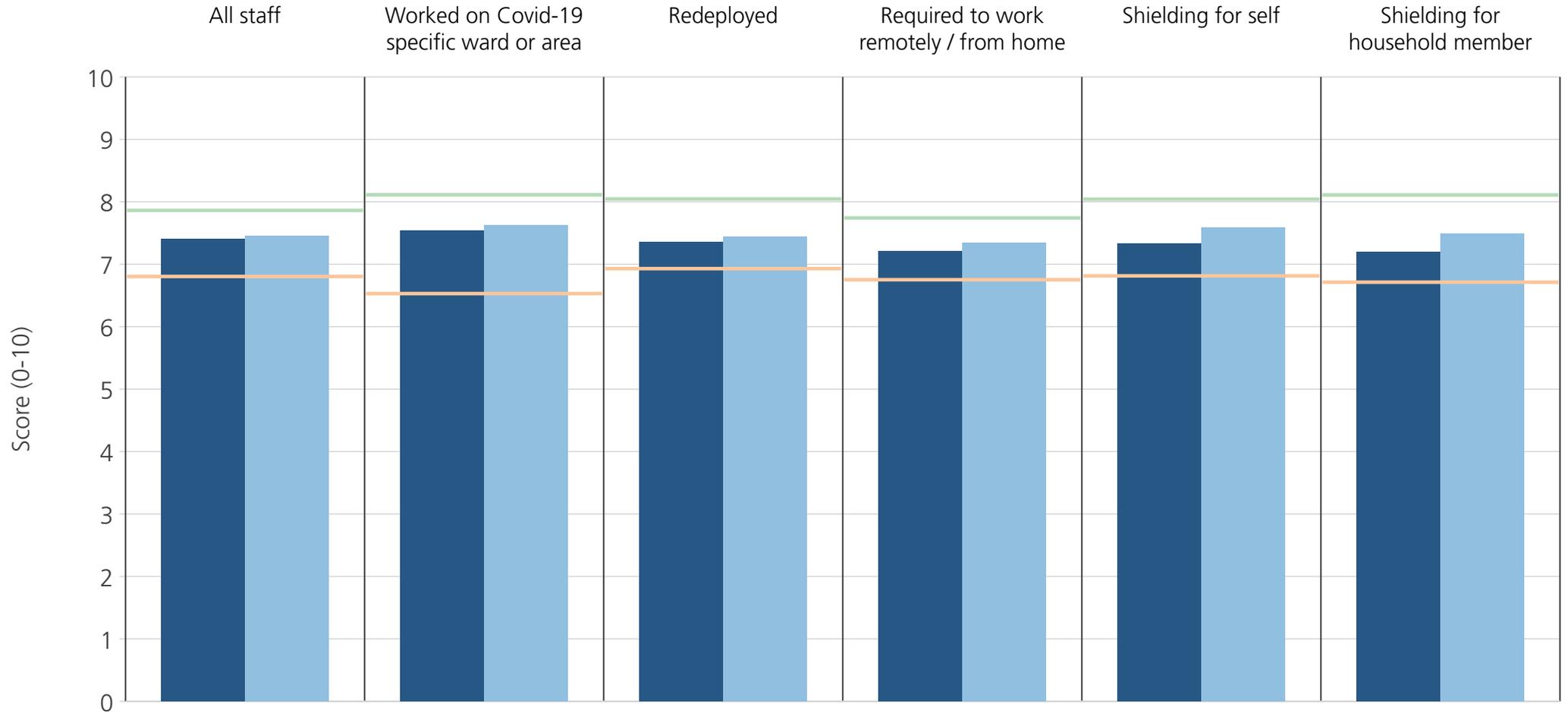
Highest	7.0	6.7	7.7	7.1	6.8	7.0
Your org	6.4	5.9	6.1	6.5	6.4	5.8
Average	6.4	6.0	6.2	6.4	6.2	6.2
Lowest	5.9	5.1	5.5	6.0	5.5	5.4
Responses	2,016	559	400	1,086	136	84



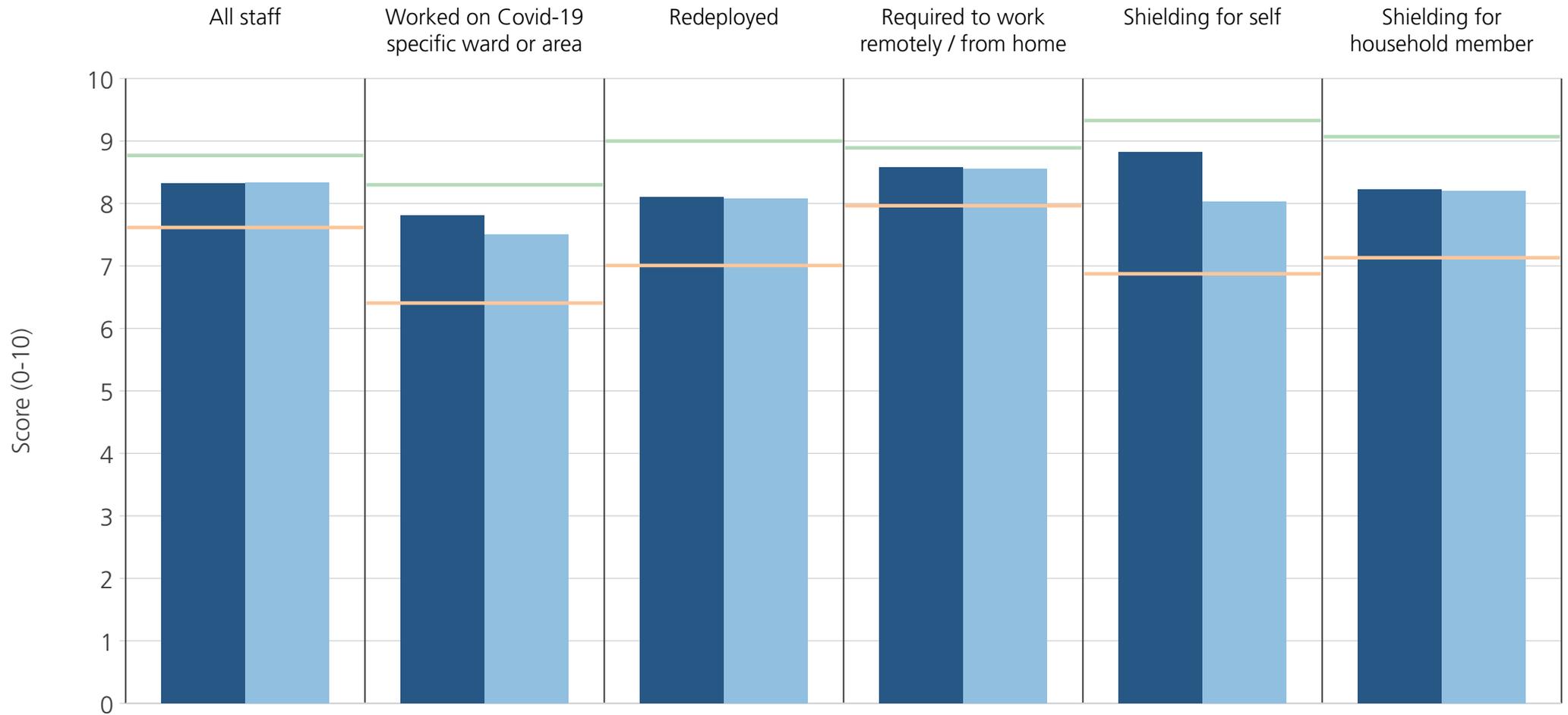
Highest	7.6	7.6	8.3	7.8	8.4	8.0
Your org	7.2	7.0	7.1	7.3	7.1	6.6
Average	7.3	7.1	7.3	7.5	7.3	7.3
Lowest	7.0	6.7	6.6	7.2	6.8	6.6
Responses	2,017	558	399	1,084	137	83



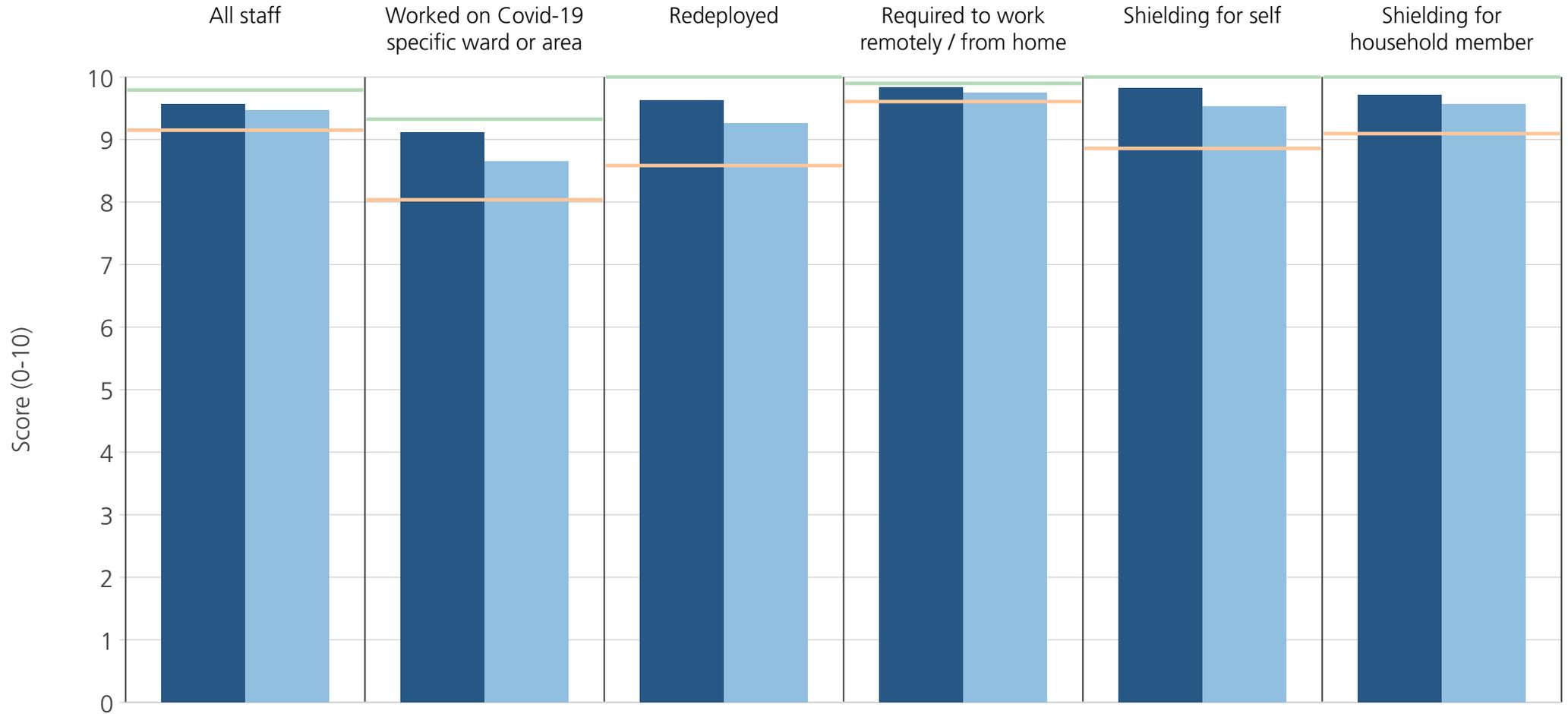
Highest	6.9	6.8	7.4	7.0	7.0	7.1
Your org	6.5	6.3	6.4	6.5	6.4	6.0
Average	6.4	6.2	6.3	6.5	6.4	6.3
Lowest	6.1	4.8	5.7	6.0	5.6	5.5
Responses	2,013	556	399	1,086	137	84



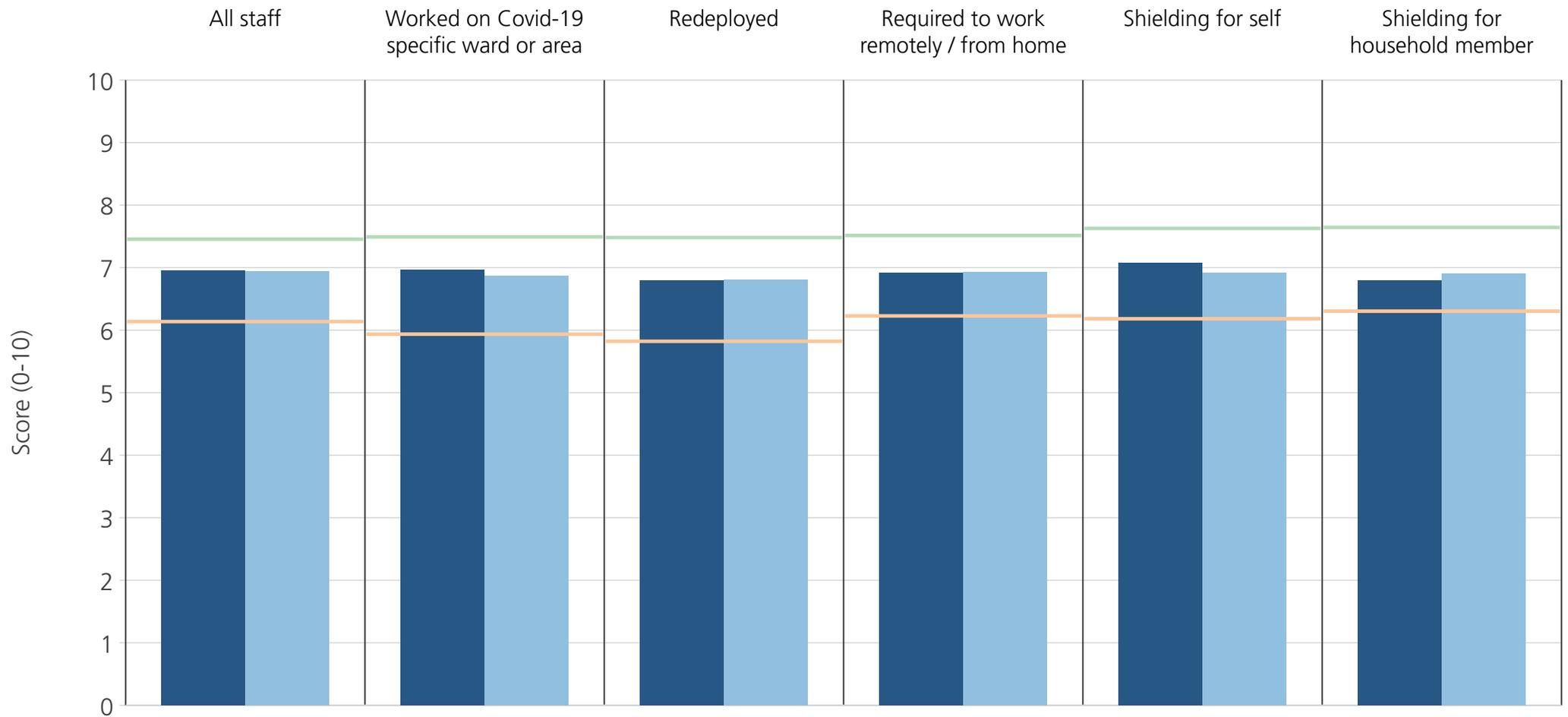
Highest	7.9	8.1	8.0	7.7	8.0	8.1
Your org	7.4	7.5	7.4	7.2	7.3	7.2
Average	7.5	7.6	7.4	7.3	7.6	7.5
Lowest	6.8	6.5	6.9	6.8	6.8	6.7
Responses	1,684	517	354	855	109	69



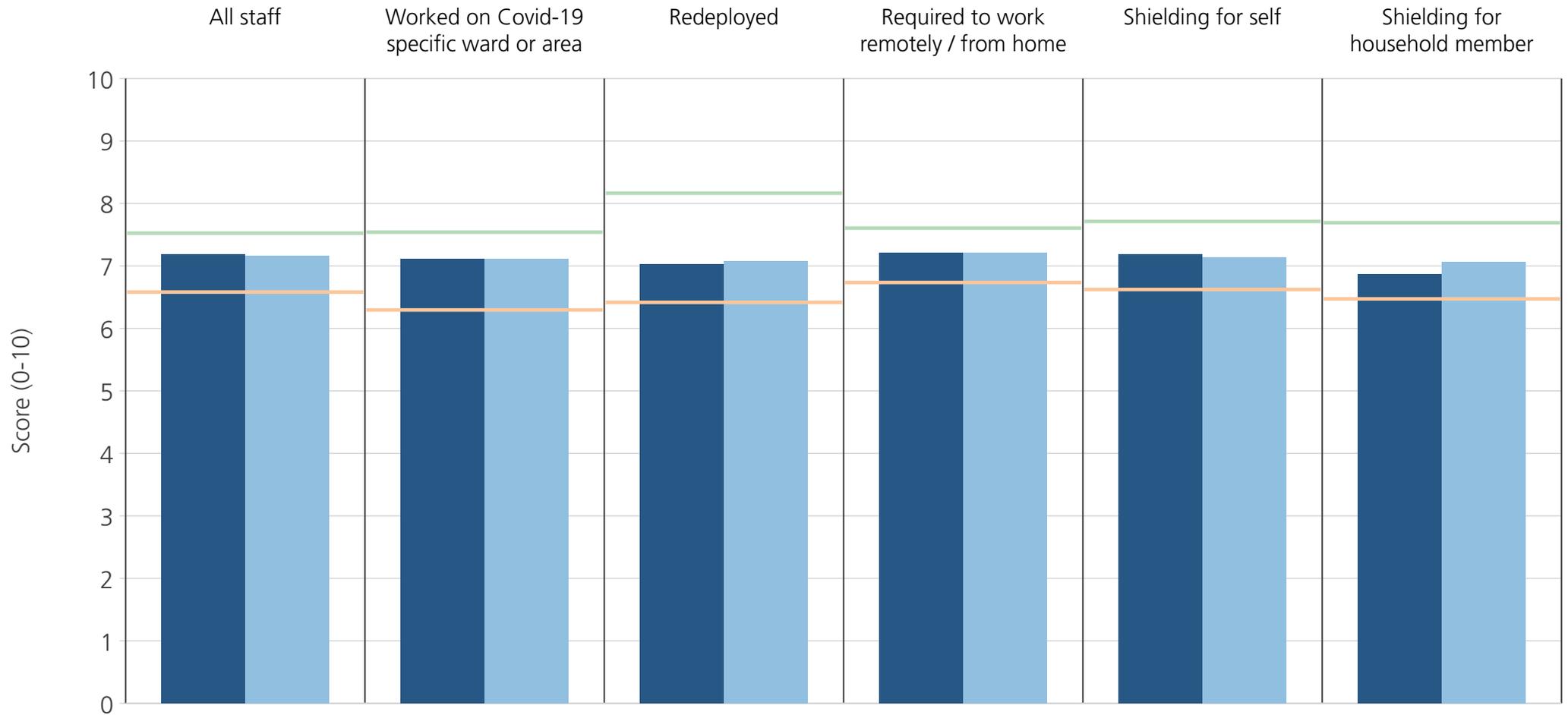
Highest	8.8	8.3	9.0	8.9	9.3	9.1
Your org	8.3	7.8	8.1	8.6	8.8	8.2
Average	8.3	7.5	8.1	8.6	8.0	8.2
Lowest	7.6	6.4	7.0	8.0	6.9	7.1
Responses	2,008	556	398	1,081	136	84



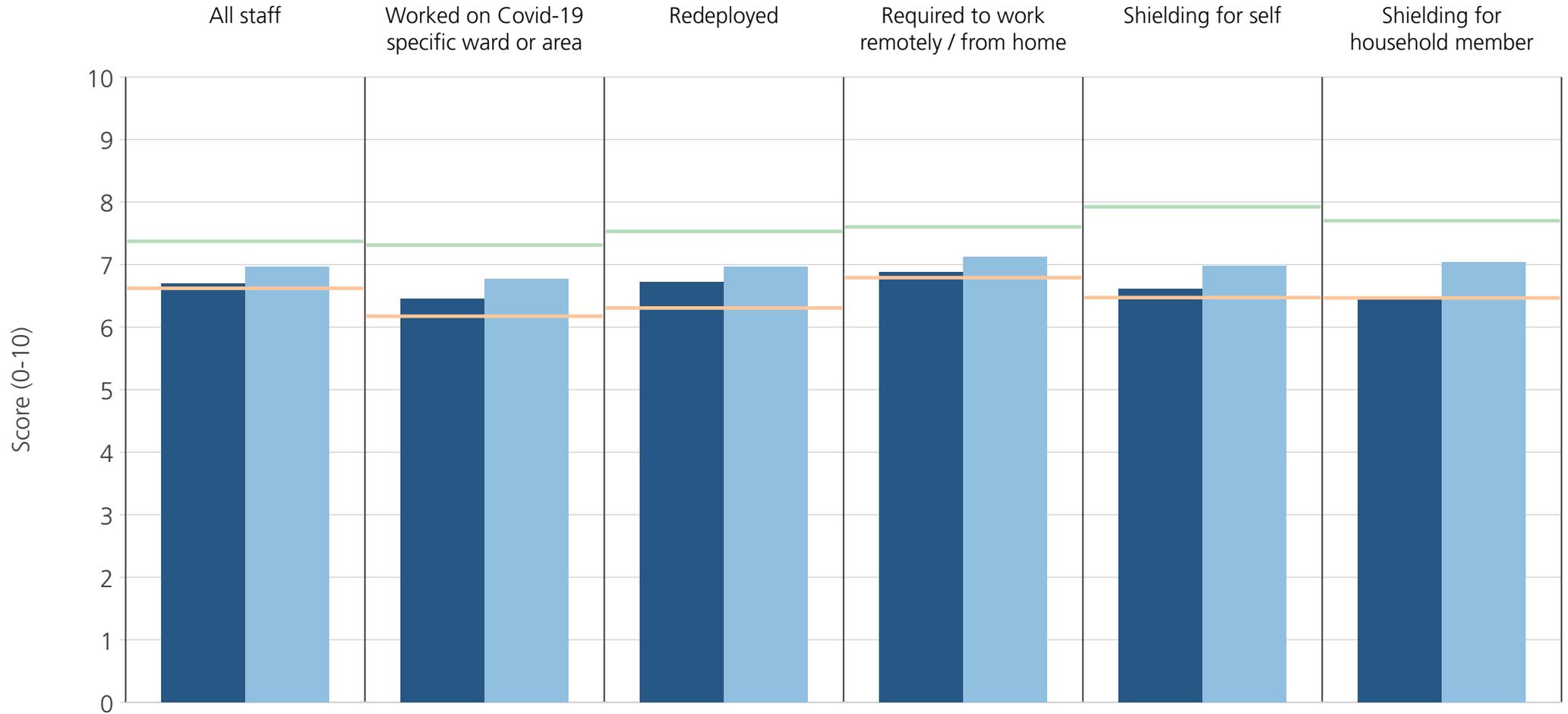
Highest	9.8	9.3	10.0	9.9	10.0	10.0
Your org	9.6	9.1	9.6	9.8	9.8	9.7
Average	9.5	8.6	9.3	9.8	9.5	9.6
Lowest	9.1	8.0	8.6	9.6	8.9	9.1
Responses	2,016	558	401	1,083	135	84



Category	All staff	Worked on Covid-19 specific ward or area	Redeployed	Required to work remotely / from home	Shielding for self	Shielding for household member
Highest	7.5	7.5	7.5	7.5	7.6	7.6
Your org	7.0	7.0	6.8	6.9	7.1	6.8
Average	6.9	6.9	6.8	6.9	6.9	6.9
Lowest	6.1	5.9	5.8	6.2	6.2	6.3
Responses	2,019	560	401	1,086	137	84



Highest	7.5	7.5	8.2	7.6	7.7	7.7
Your org	7.2	7.1	7.0	7.2	7.2	6.9
Average	7.2	7.1	7.1	7.2	7.1	7.1
Lowest	6.6	6.3	6.4	6.7	6.6	6.5
Responses	2,022	560	401	1,086	137	84



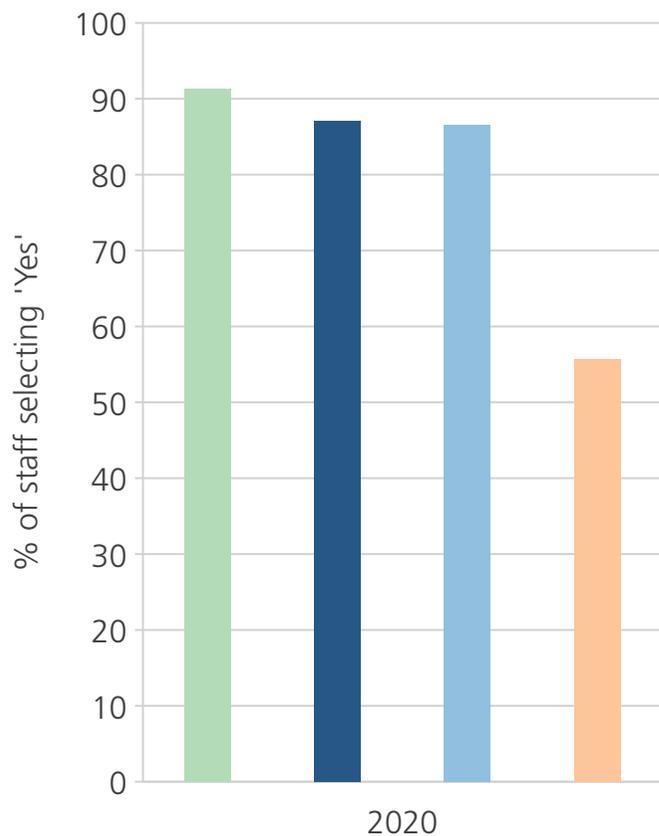
Highest	7.4	7.3	7.5	7.6	7.9	7.7
Your org	6.7	6.5	6.7	6.9	6.6	6.5
Average	7.0	6.8	7.0	7.1	7.0	7.0
Lowest	6.6	6.2	6.3	6.8	6.5	6.5
Responses	1,995	552	398	1,075	134	83

Theme results – Detailed information

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results

Q14

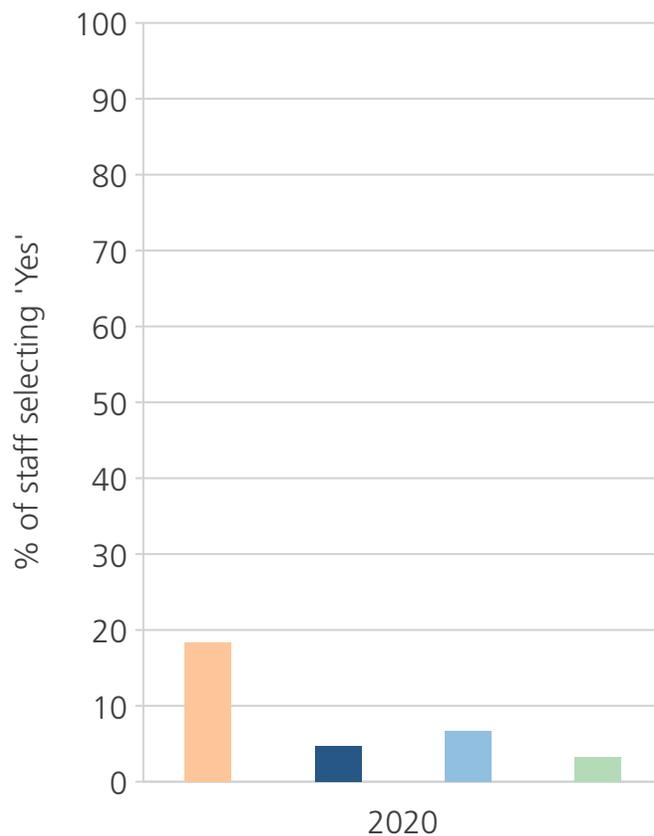
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



Best	91.4%
Your org	87.1%
Average	86.6%
Worst	55.7%

Q15a

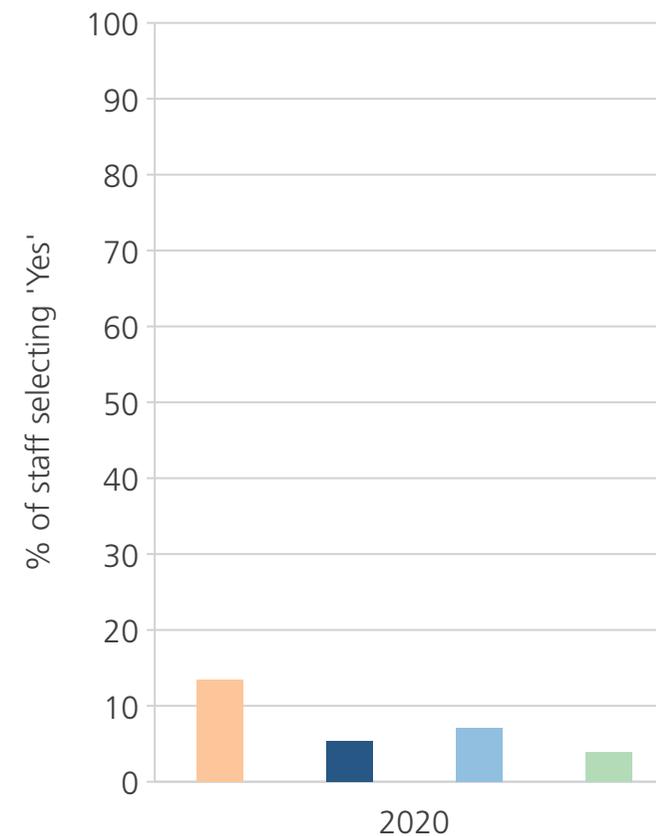
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



Worst	18.3%
Your org	4.7%
Average	6.7%
Best	3.2%

Q15b

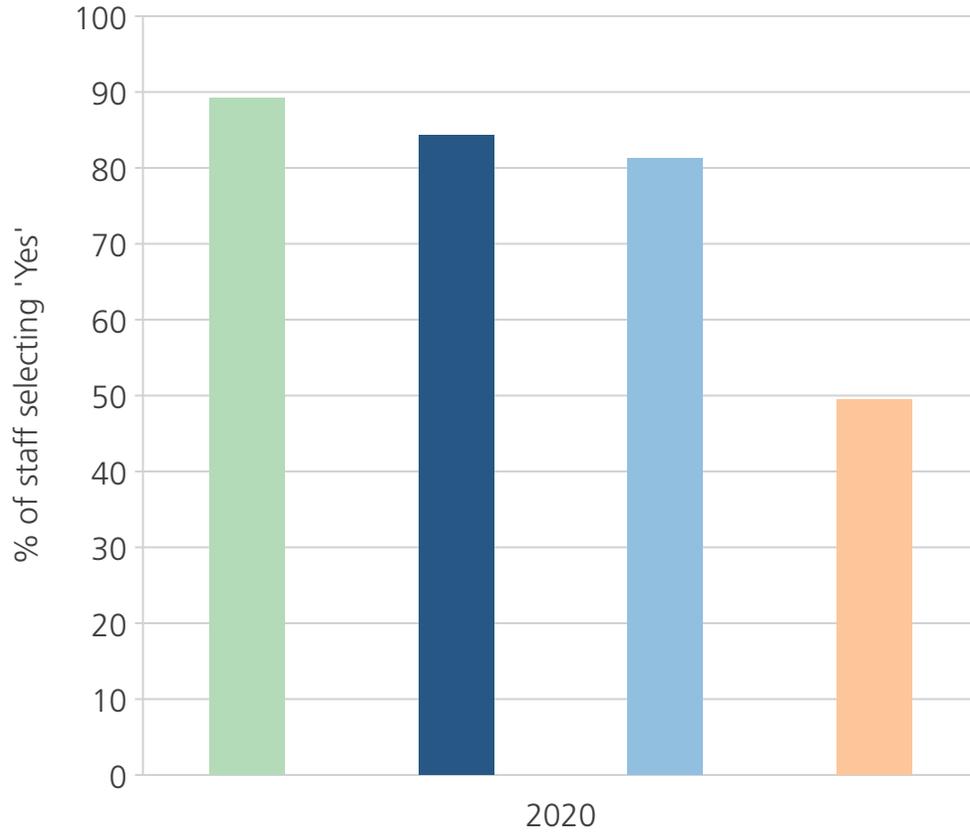
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



Worst	13.4%
Your org	5.3%
Average	7.1%
Best	4.0%

Q26b

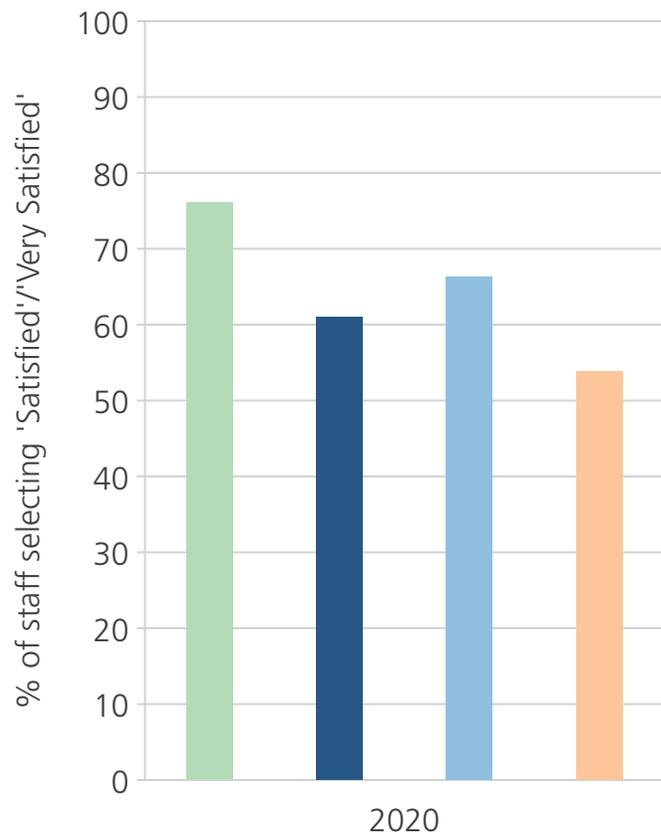
Has your employer made adequate adjustment(s) to enable you to carry out your work?



Best	89.2%
Your org	84.3%
Average	81.2%
Worst	49.4%

Q5h

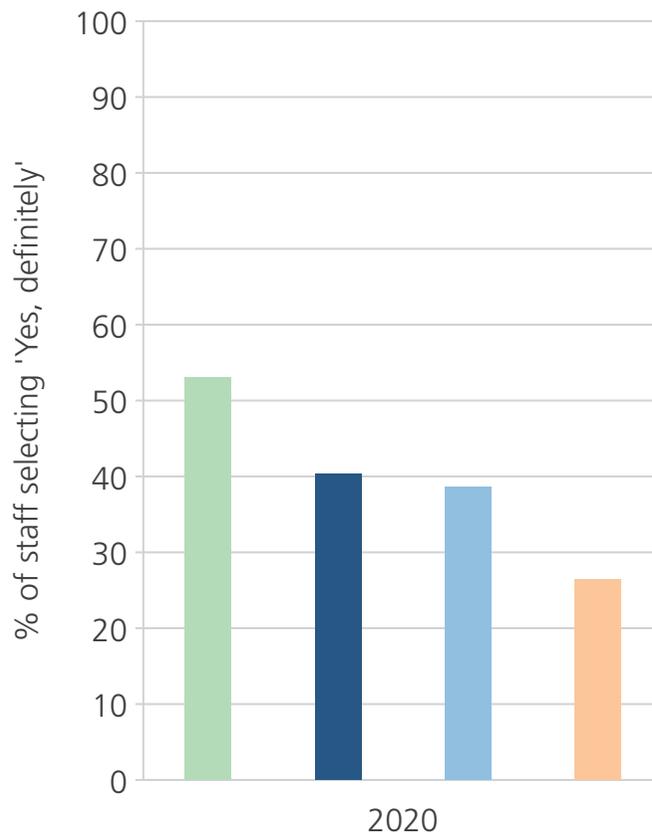
The opportunities for flexible working patterns



Best	76.1%
Your org	61.0%
Average	66.2%
Worst	53.8%

Q11a

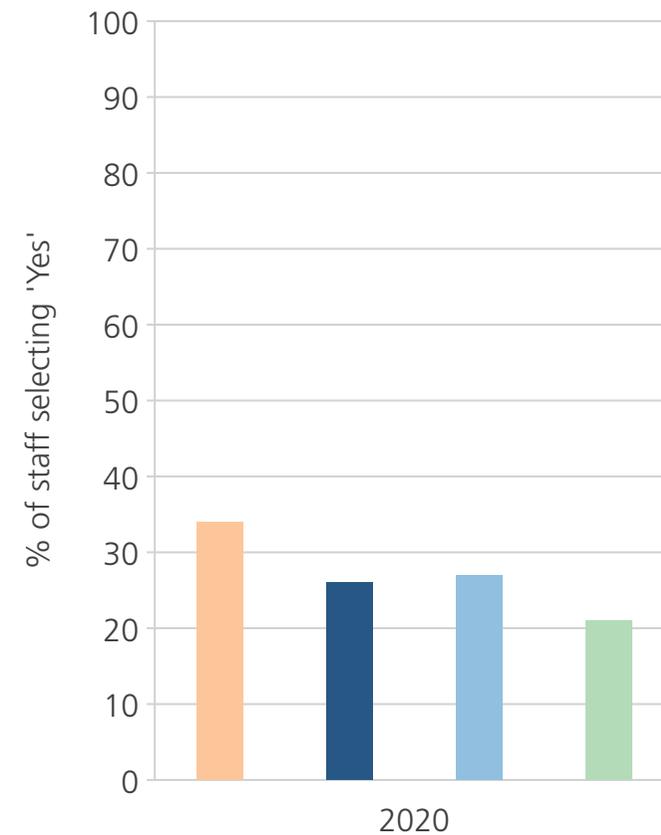
Does your organisation take positive action on health and well-being?



Best	53.1%
Your org	40.3%
Average	38.6%
Worst	26.5%

Q11b

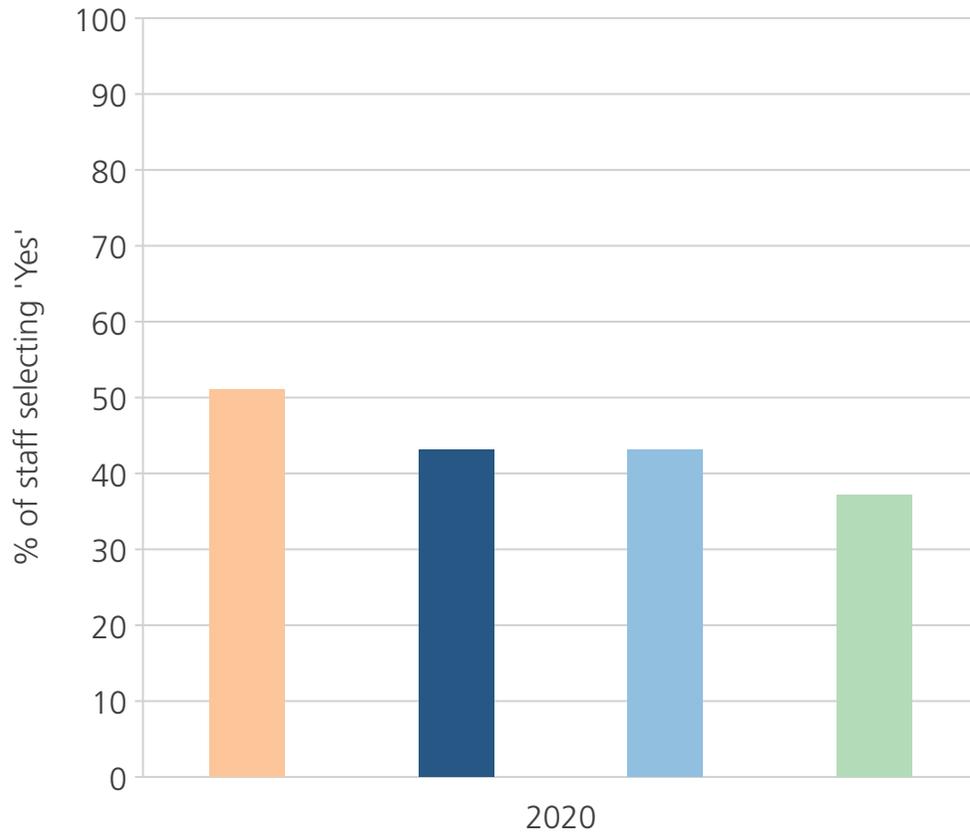
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Worst	33.9%
Your org	26.0%
Average	26.9%
Best	21.0%

Q11c

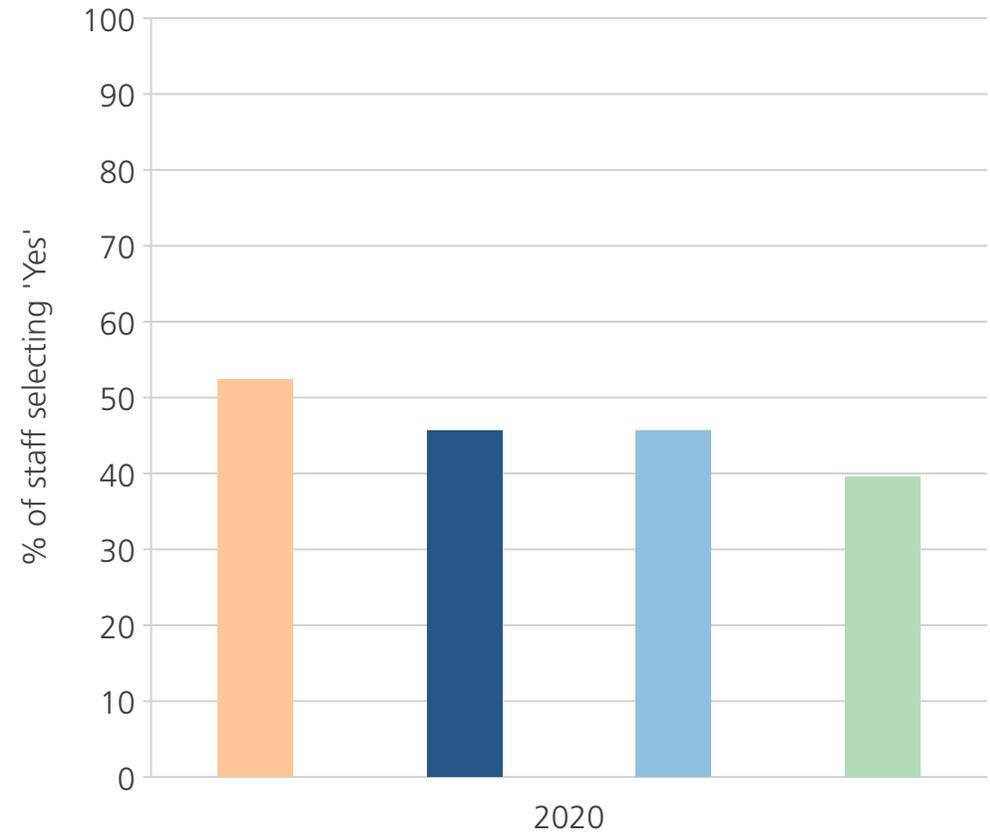
During the last 12 months have you felt unwell as a result of work related stress?



Worst	51.0%
Your org	43.1%
Average	43.2%
Best	37.1%

Q11d

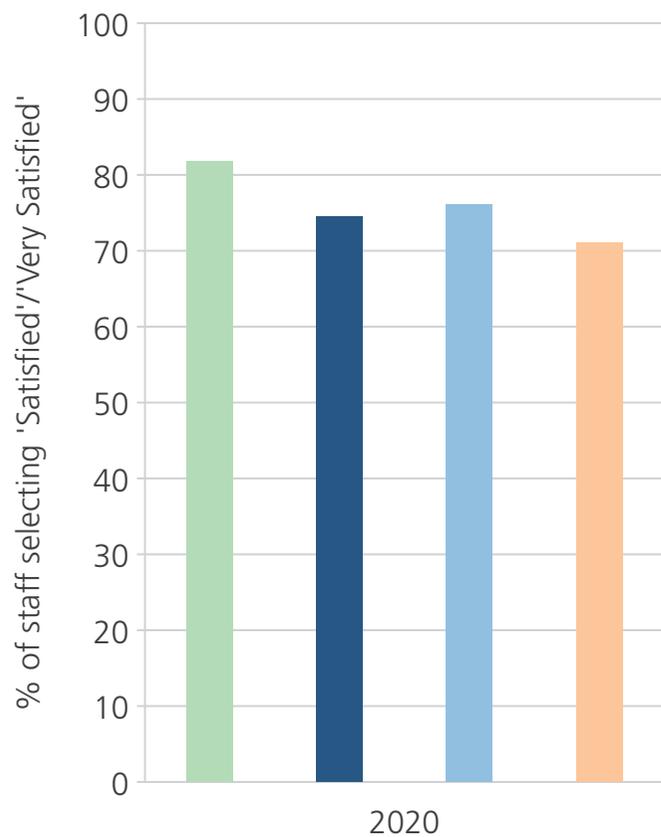
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



Worst	52.3%
Your org	45.7%
Average	45.6%
Best	39.6%

Q5b

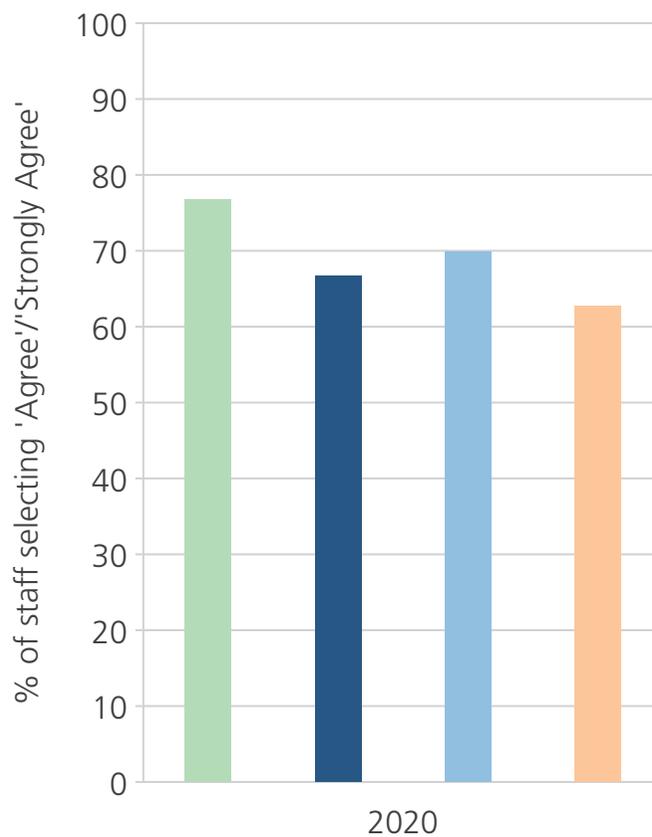
The support I get from my immediate manager



Best	81.8%
Your org	74.5%
Average	76.1%
Worst	71.0%

Q8c

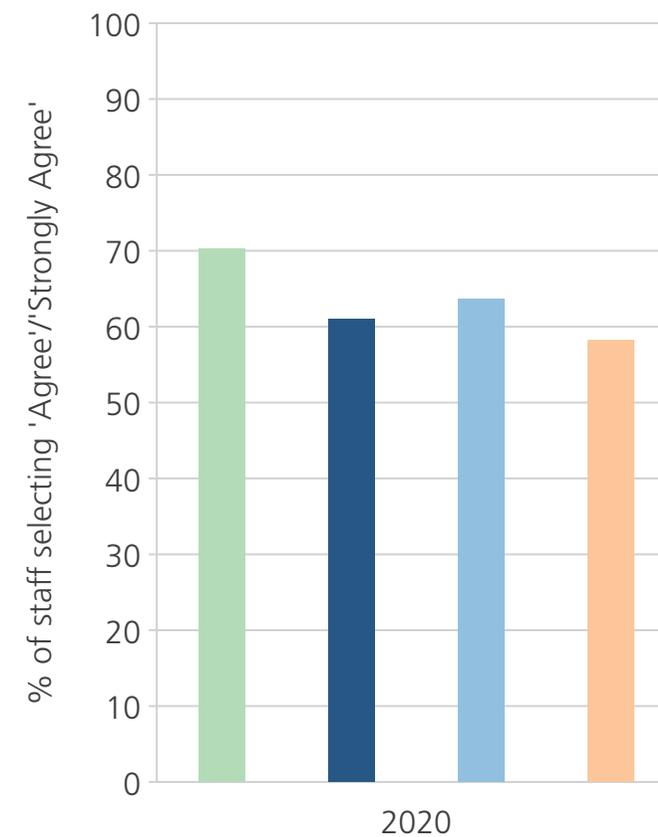
My immediate manager gives me clear feedback on my work



Best	76.8%
Your org	66.7%
Average	69.9%
Worst	62.7%

Q8d

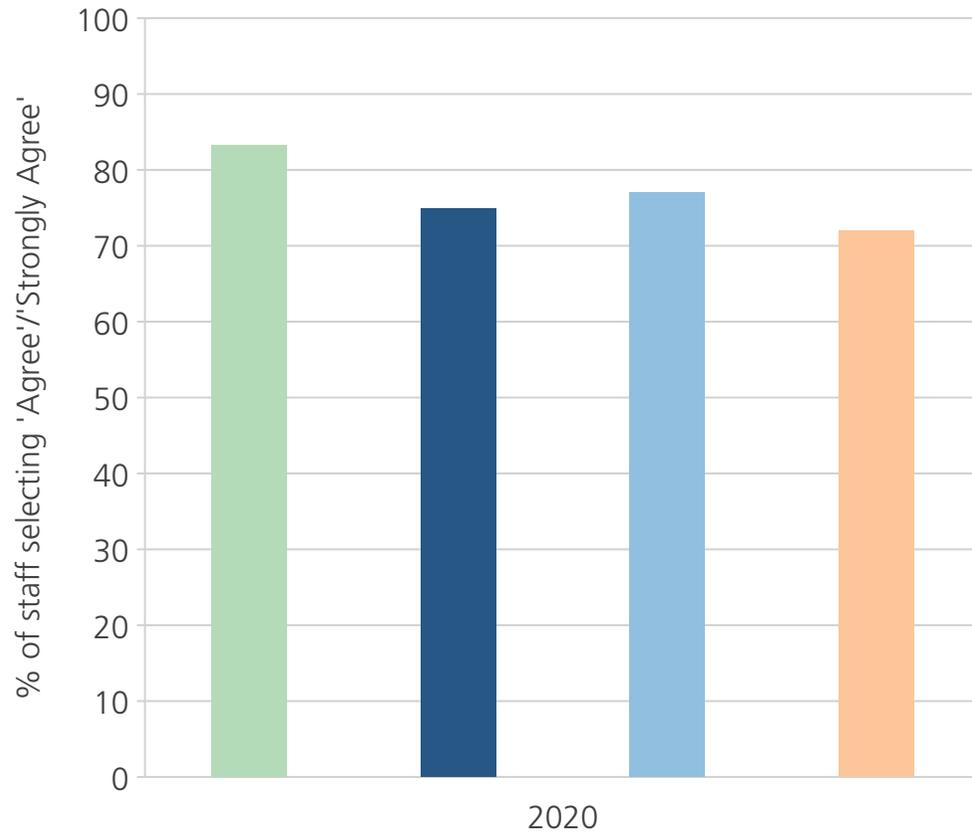
My immediate manager asks for my opinion before making decisions that affect my work



Best	70.3%
Your org	61.0%
Average	63.7%
Worst	58.2%

Q8f

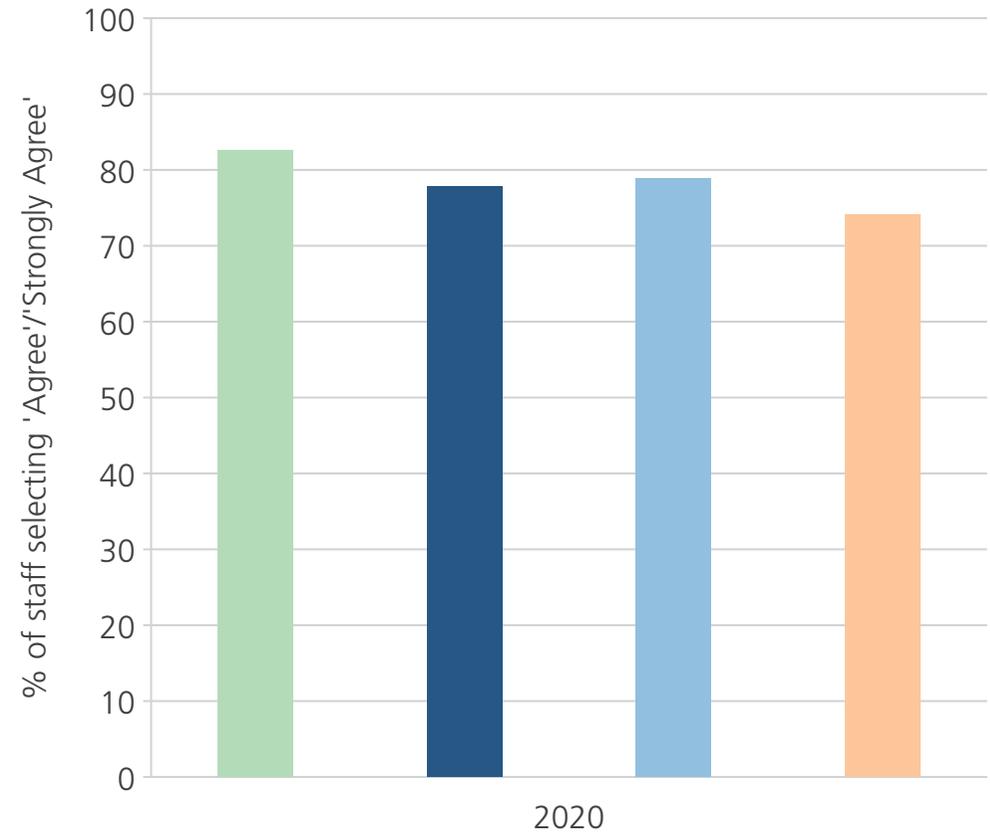
My immediate manager takes a positive interest in my health and well-being



Best	83.2%
Your org	74.9%
Average	77.0%
Worst	72.0%

Q8g

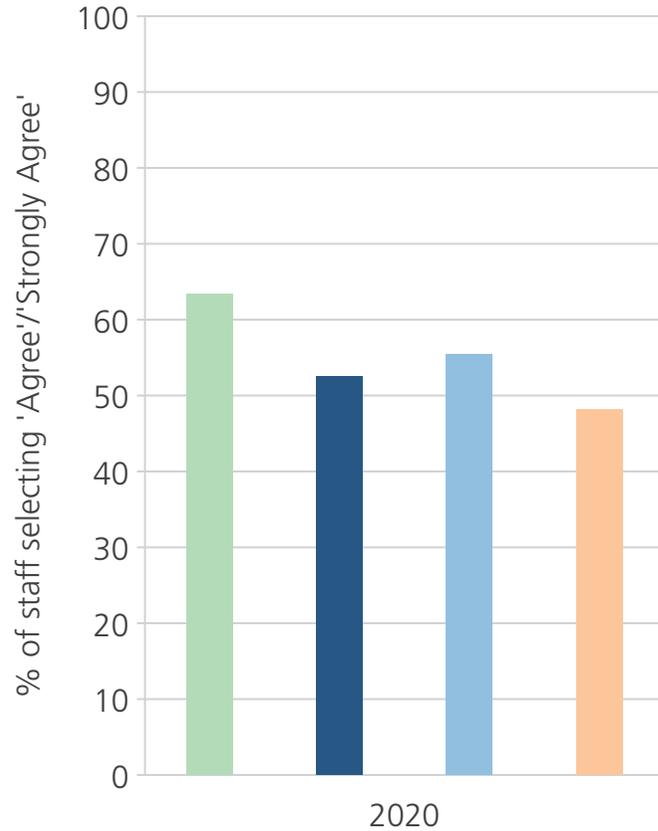
My immediate manager values my work



Best	82.6%
Your org	77.8%
Average	78.8%
Worst	74.1%

Q4c

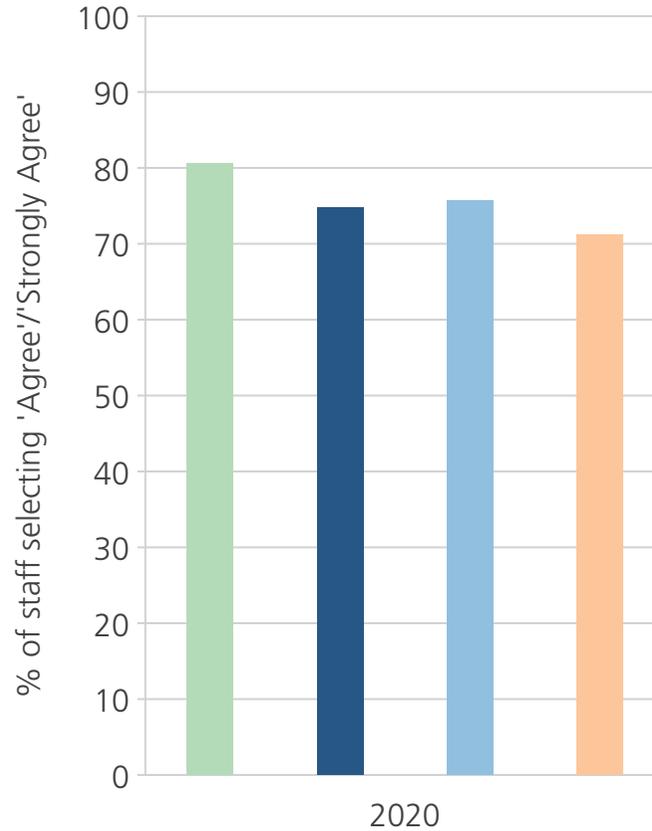
I am involved in deciding on changes introduced that affect my work area / team / department



Best	63.4%
Your org	52.6%
Average	55.5%
Worst	48.2%

Q4j

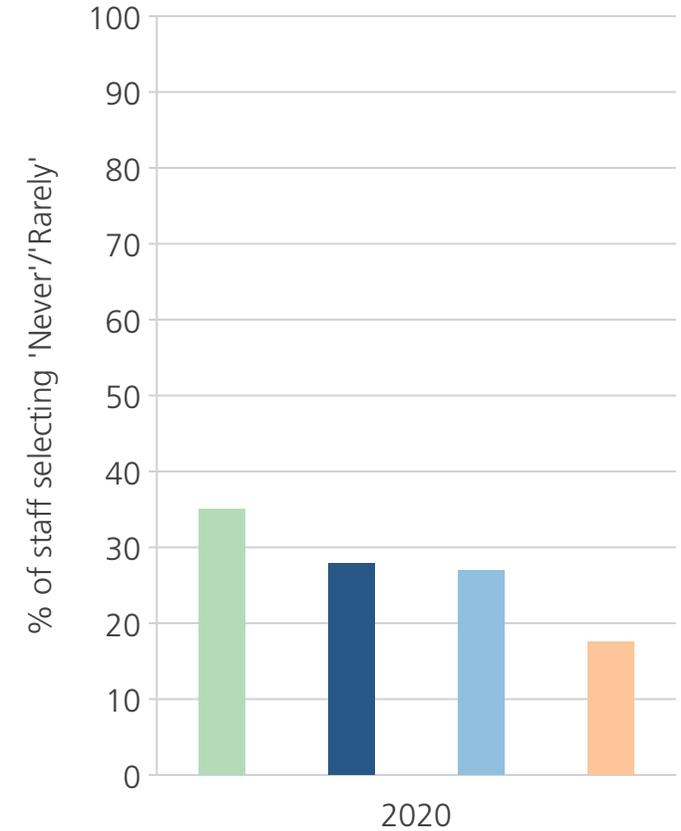
I receive the respect I deserve from my colleagues at work



Best	80.6%
Your org	74.8%
Average	75.7%
Worst	71.2%

Q6a

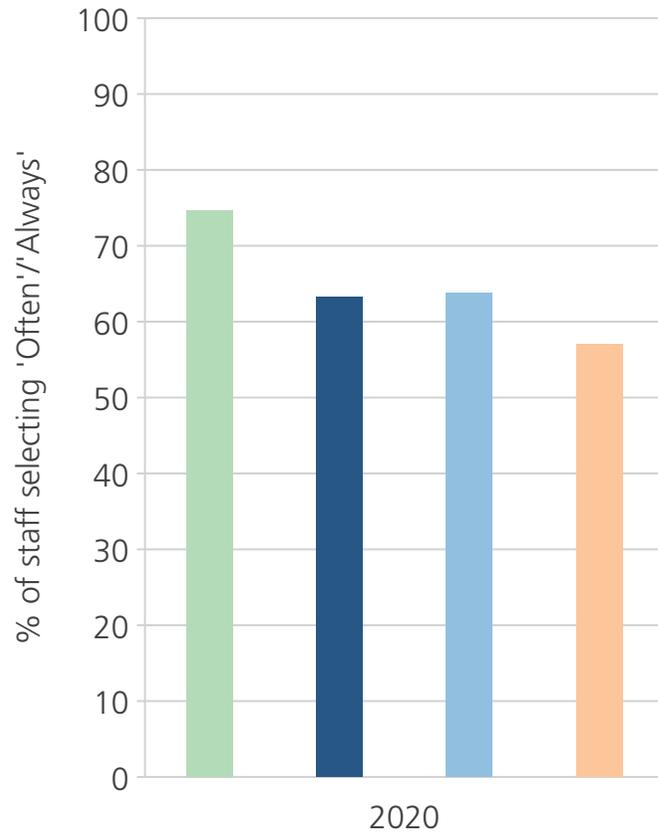
I have unrealistic time pressures



Best	35.0%
Your org	27.8%
Average	26.9%
Worst	17.5%

Q6b

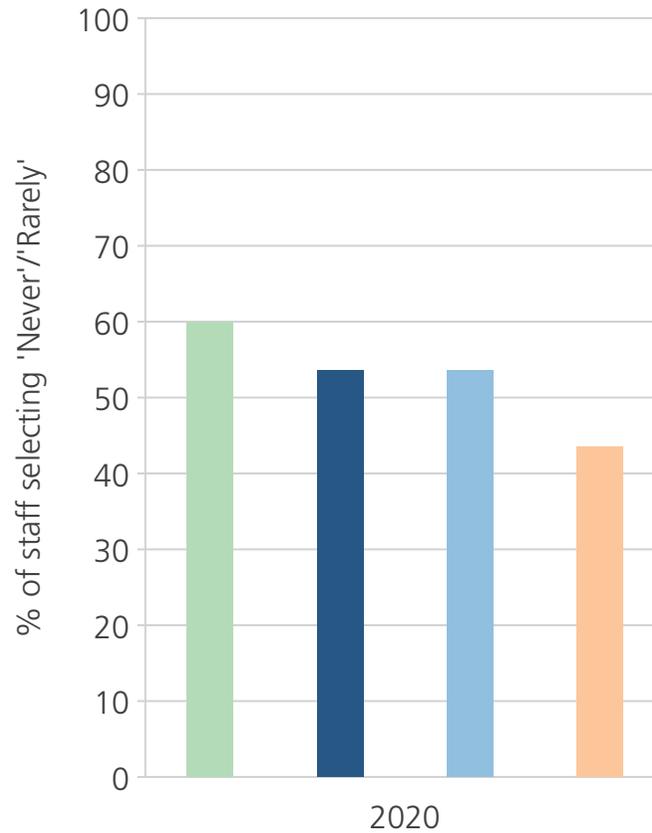
I have a choice in deciding how to do my work



Best	74.7%
Your org	63.3%
Average	63.8%
Worst	57.0%

Q6c

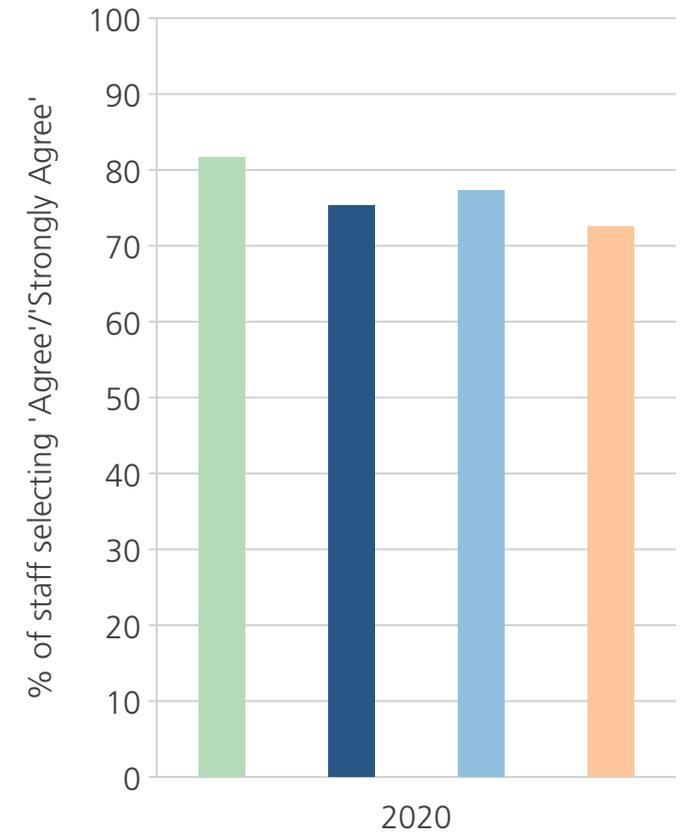
Relationships at work are strained



Best	59.9%
Your org	53.6%
Average	53.6%
Worst	43.5%

Q8a

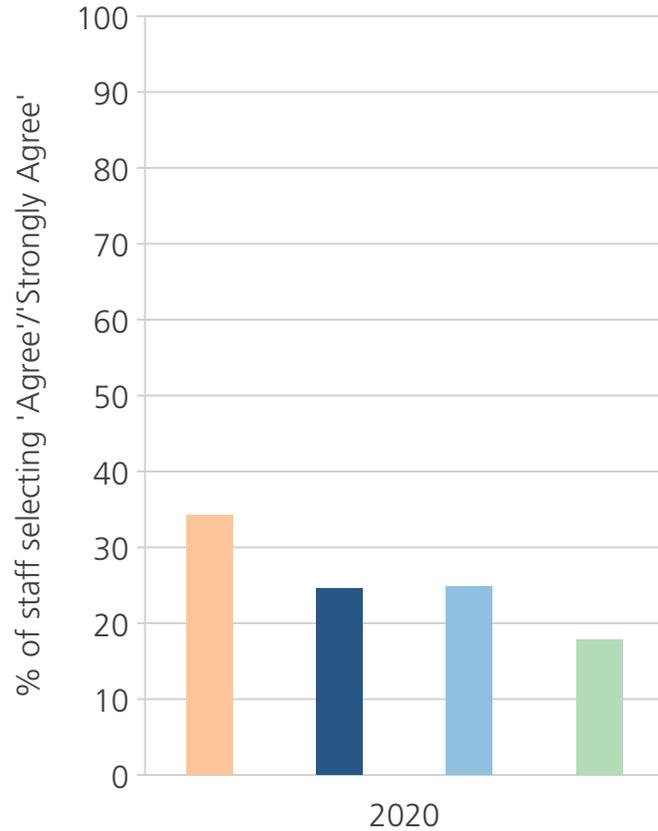
My immediate manager encourages me at work



Best	81.6%
Your org	75.3%
Average	77.3%
Worst	72.5%

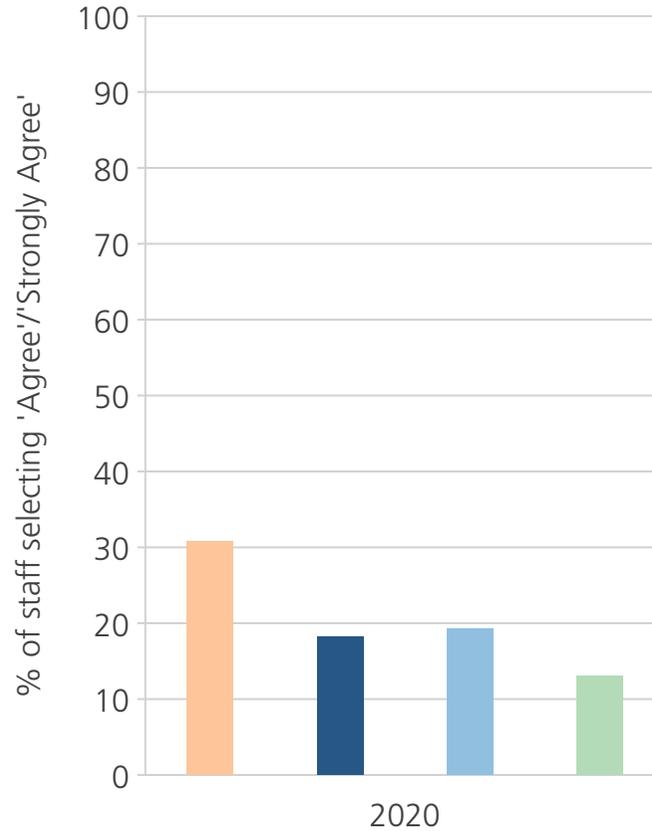
Q19a

I often think about leaving this organisation



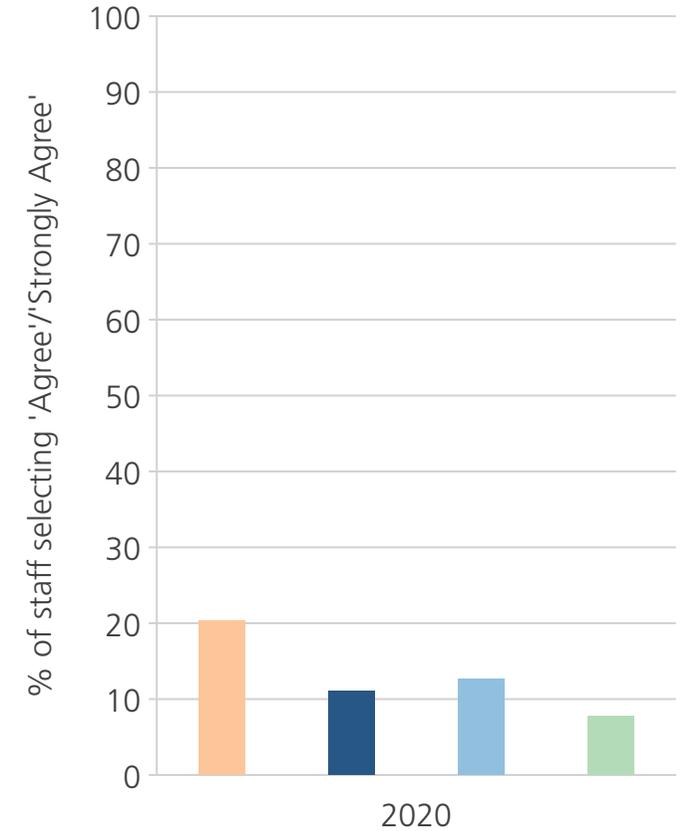
Q19b

I will probably look for a job at a new organisation in the next 12 months



Q19c

As soon as I can find another job, I will leave this organisation



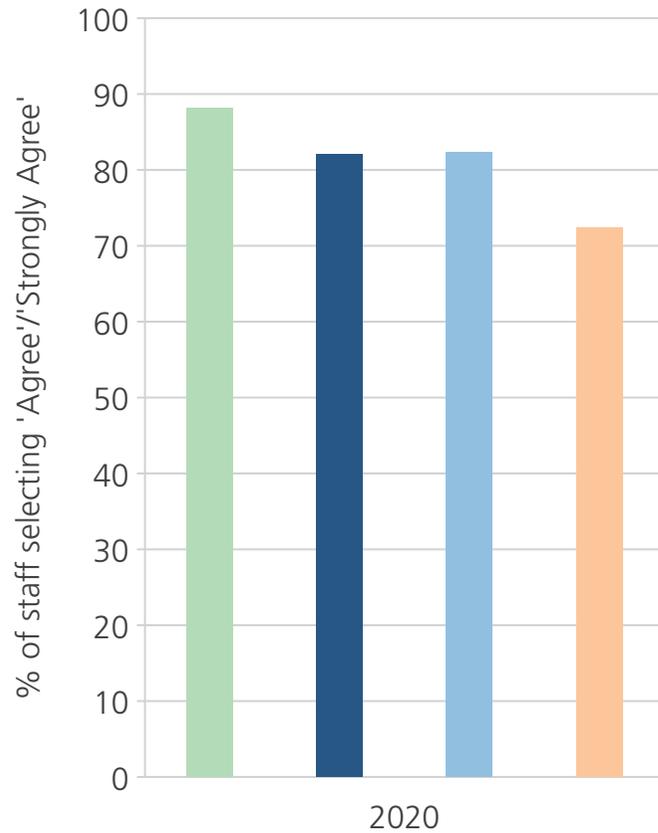
Worst	34.2%
Your org	24.6%
Average	24.9%
Best	17.8%

Worst	30.7%
Your org	18.2%
Average	19.2%
Best	13.1%

Worst	20.3%
Your org	11.1%
Average	12.6%
Best	7.7%

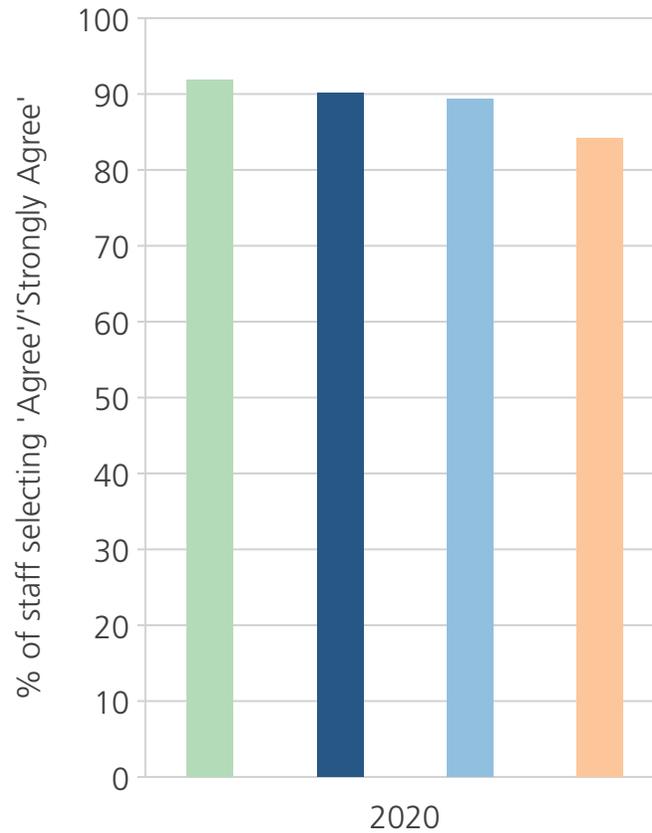
Q7a

I am satisfied with the quality of care I give to patients / service users



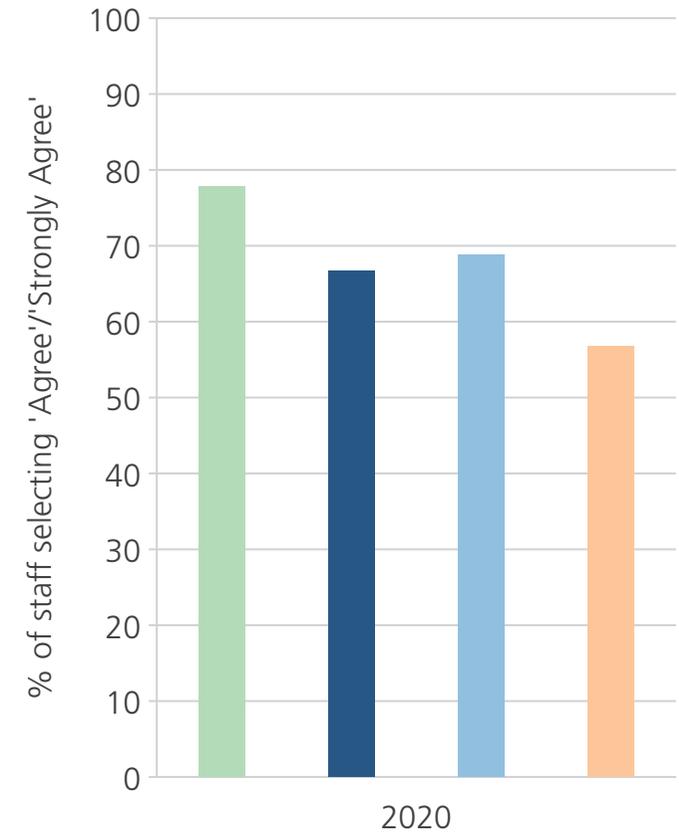
Q7b

I feel that my role makes a difference to patients / service users



Q7c

I am able to deliver the care I aspire to



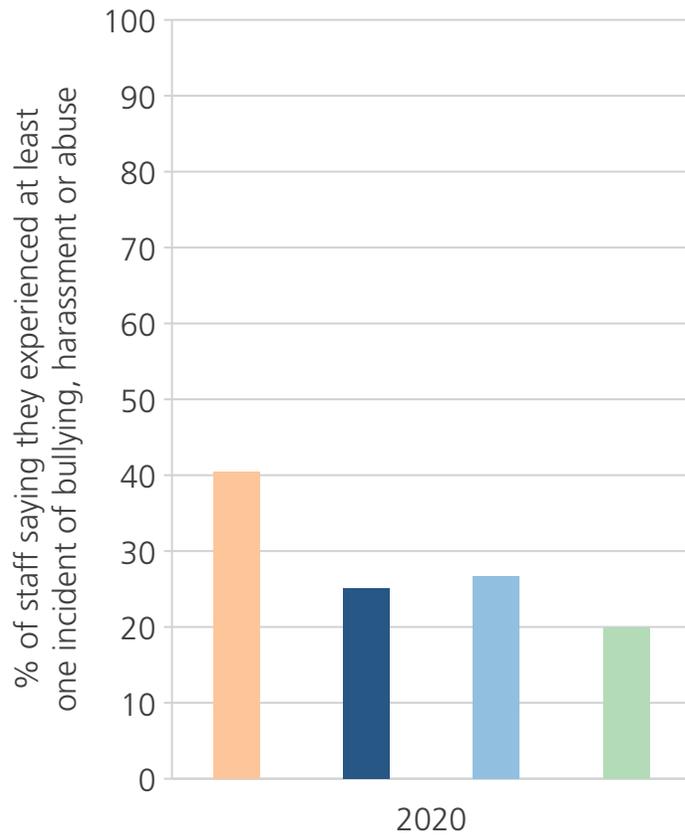
Best	88.1%
Your org	82.1%
Average	82.3%
Worst	72.4%

Best	91.8%
Your org	90.1%
Average	89.4%
Worst	84.2%

Best	77.8%
Your org	66.6%
Average	68.8%
Worst	56.8%

Q13a

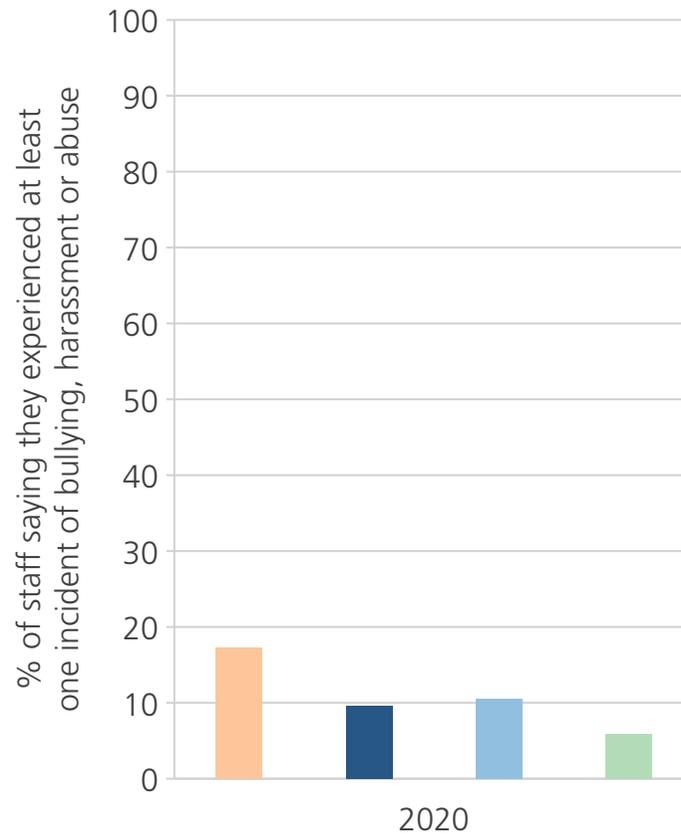
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



Worst	40.5%
Your org	25.1%
Average	26.7%
Best	20.0%

Q13b

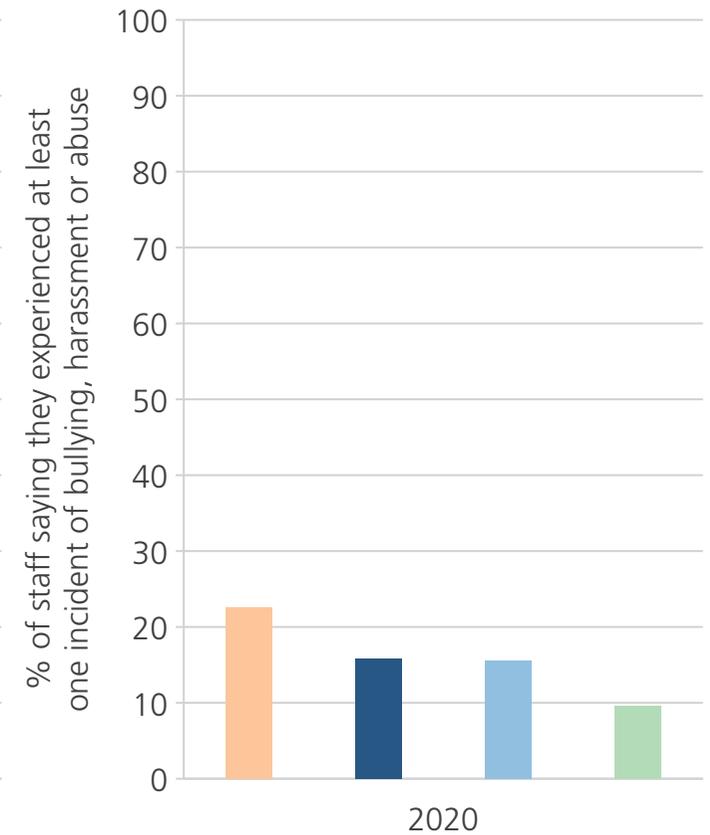
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



Worst	17.3%
Your org	9.7%
Average	10.5%
Best	5.9%

Q13c

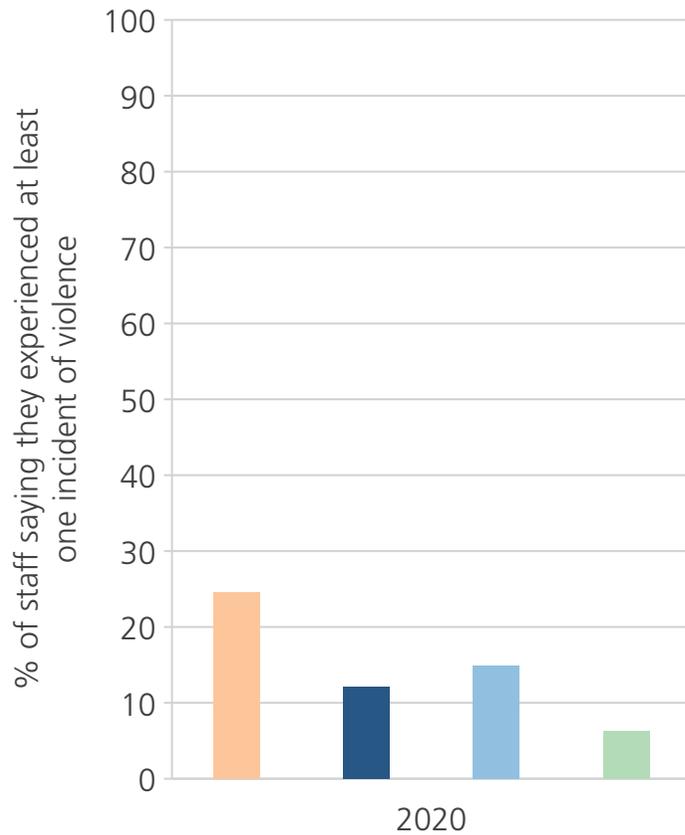
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



Worst	22.5%
Your org	15.9%
Average	15.5%
Best	9.6%

Q12a

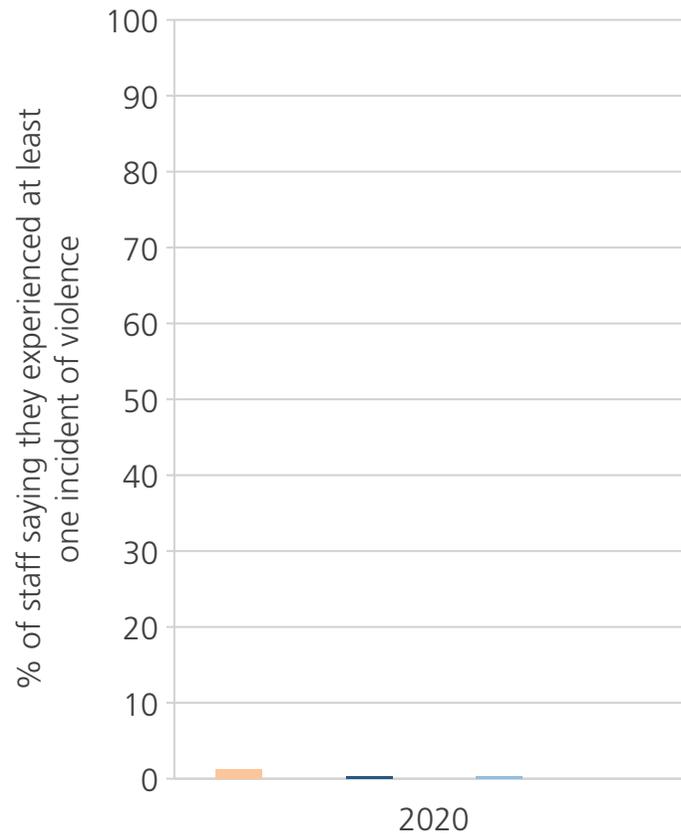
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



Worst	24.5%
Your org	12.2%
Average	14.9%
Best	6.2%

Q12b

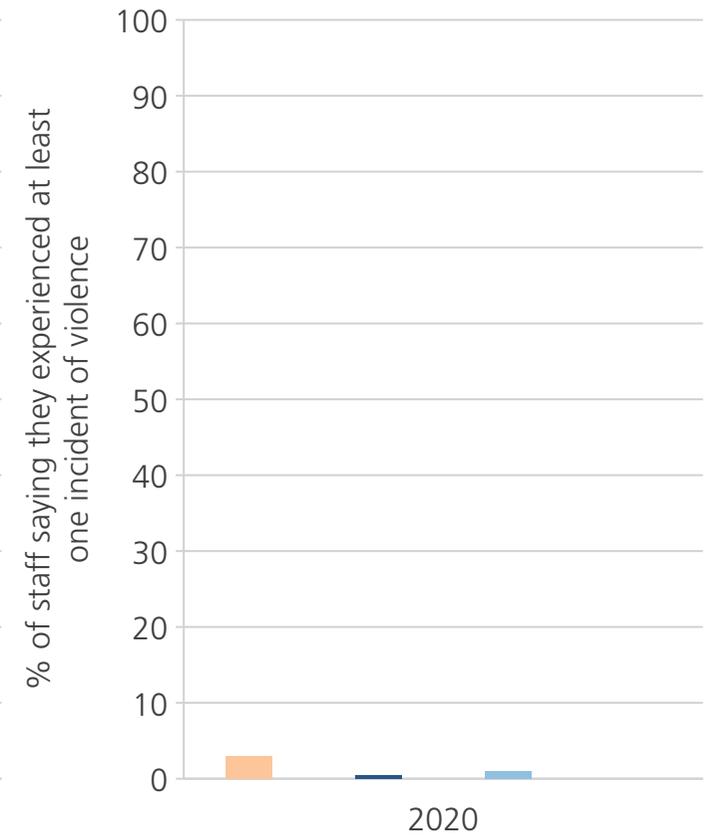
In the last 12 months how many times have you personally experienced physical violence at work from managers?



Worst	1.3%
Your org	0.3%
Average	0.4%
Best	0.0%

Q12c

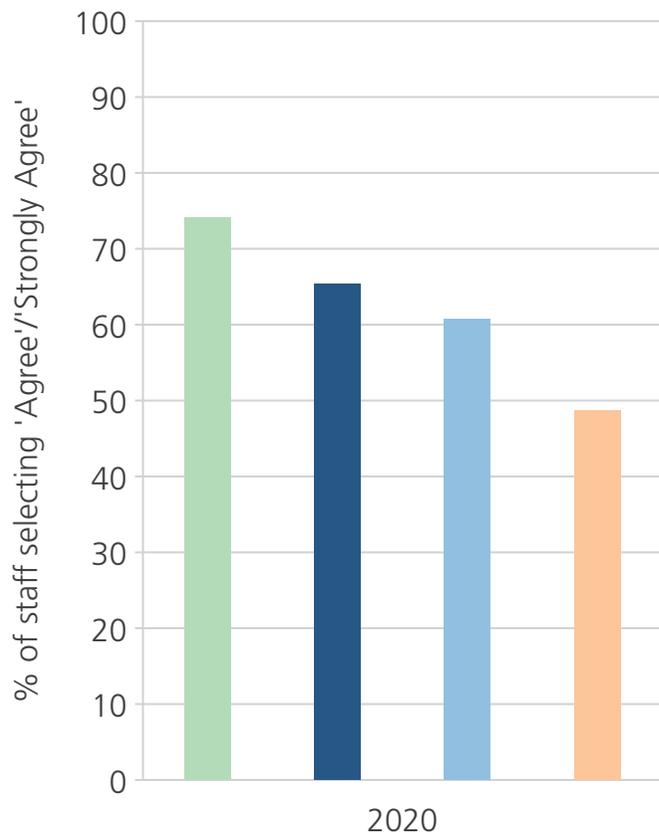
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



Worst	3.0%
Your org	0.5%
Average	1.0%
Best	0.0%

Q16a

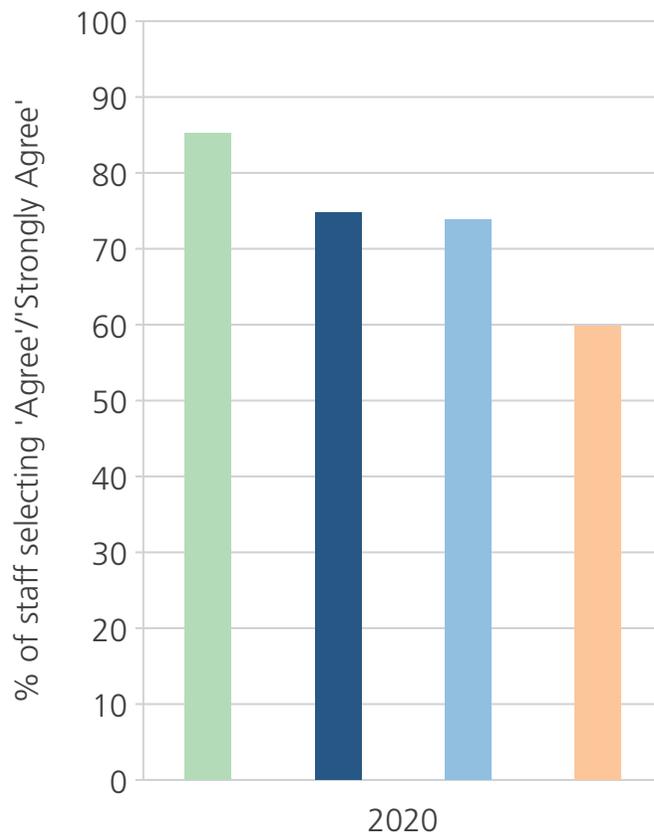
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	74.1%
Your org	65.4%
Average	60.7%
Worst	48.6%

Q16c

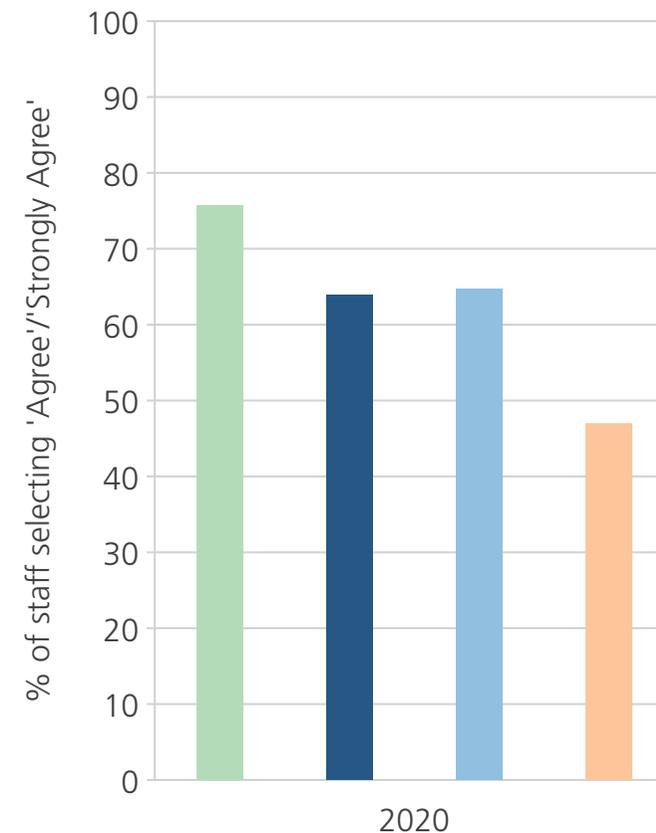
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



Best	85.2%
Your org	74.8%
Average	73.9%
Worst	59.9%

Q16d

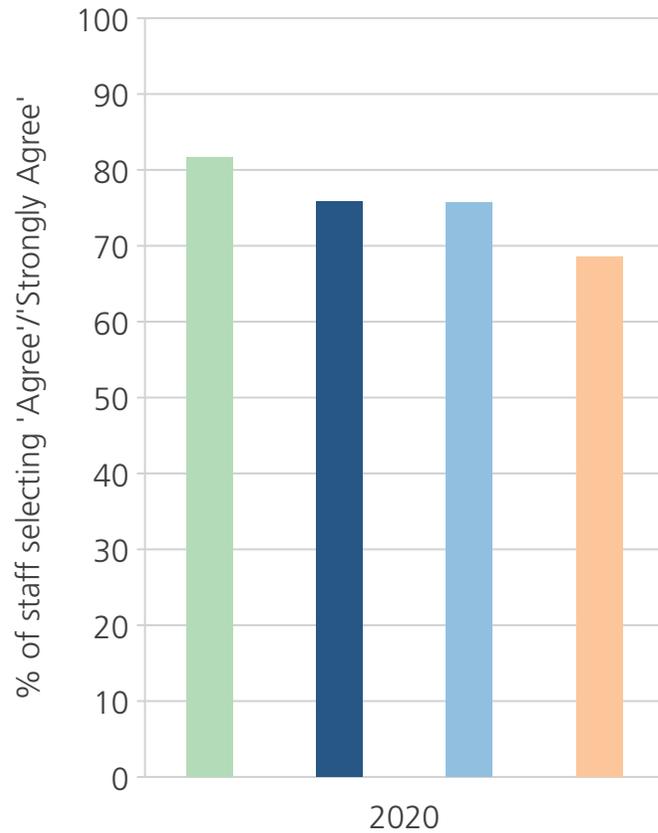
We are given feedback about changes made in response to reported errors, near misses and incidents



Best	75.7%
Your org	63.9%
Average	64.7%
Worst	47.0%

Q17b

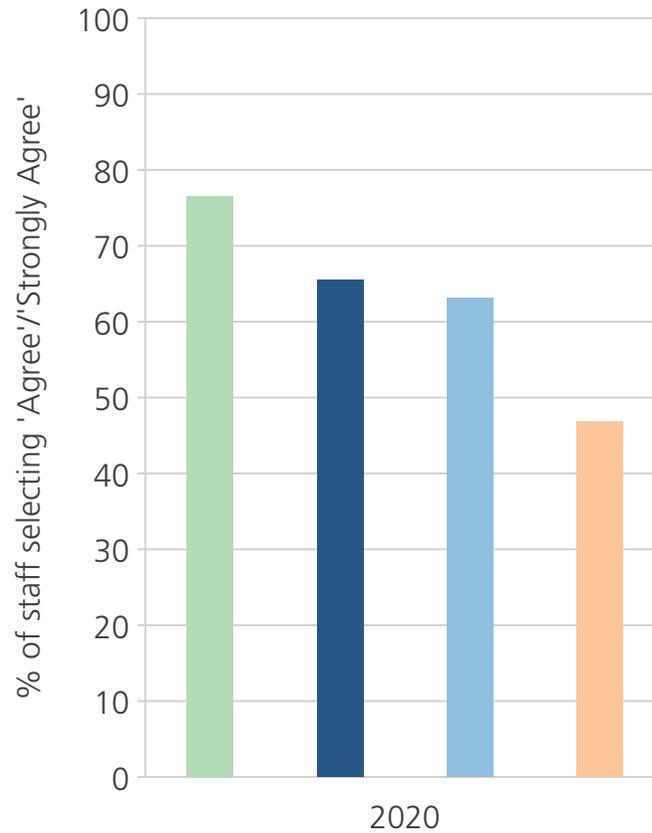
I would feel secure raising concerns about unsafe clinical practice



Best	81.7%
Your org	75.8%
Average	75.7%
Worst	68.6%

Q17c

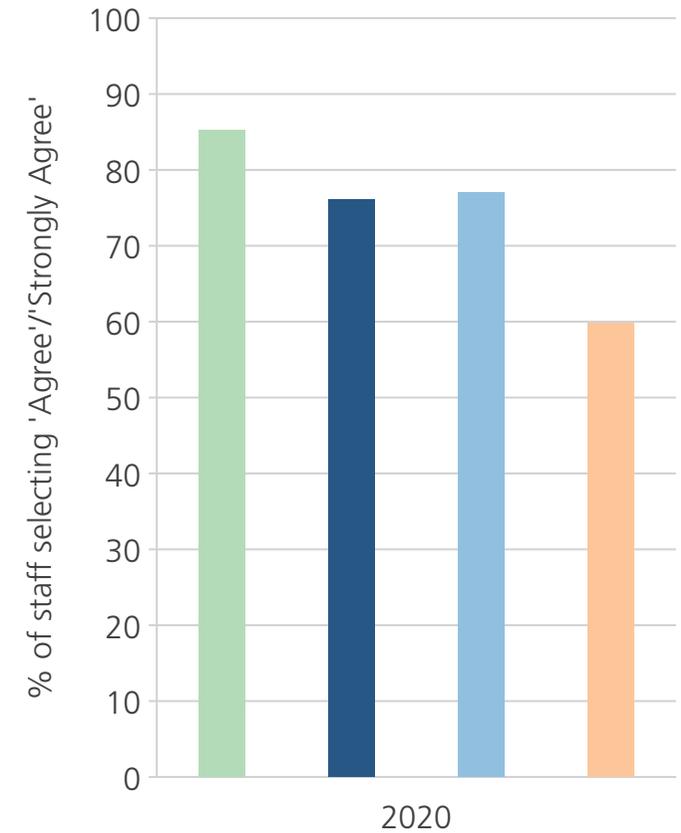
I am confident that my organisation would address my concern



Best	76.5%
Your org	65.5%
Average	63.1%
Worst	46.8%

Q18b

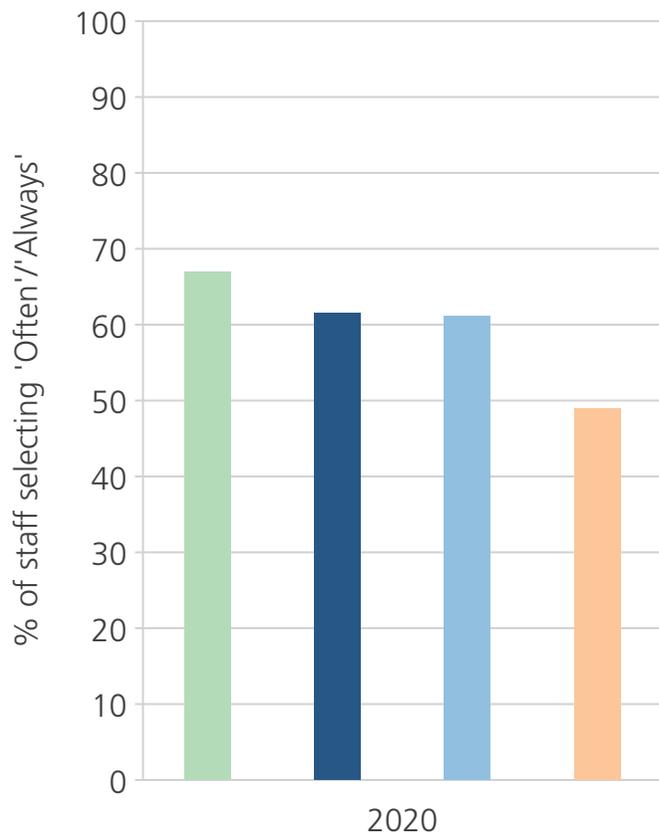
My organisation acts on concerns raised by patients / service users



Best	85.2%
Your org	76.1%
Average	77.0%
Worst	59.7%

Q2a

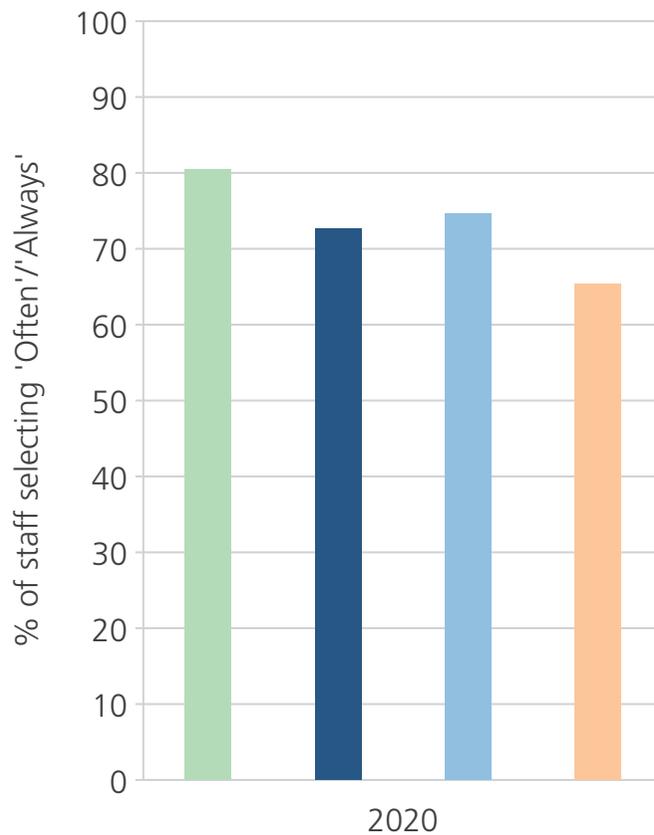
I look forward to going to work



Best	66.9%
Your org	61.5%
Average	61.1%
Worst	49.0%

Q2b

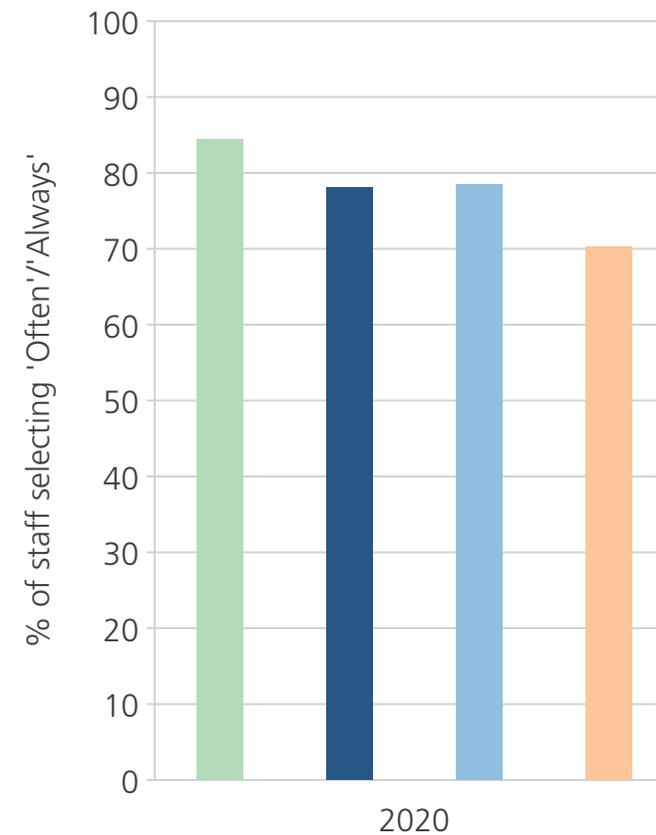
I am enthusiastic about my job



Best	80.4%
Your org	72.6%
Average	74.7%
Worst	65.3%

Q2c

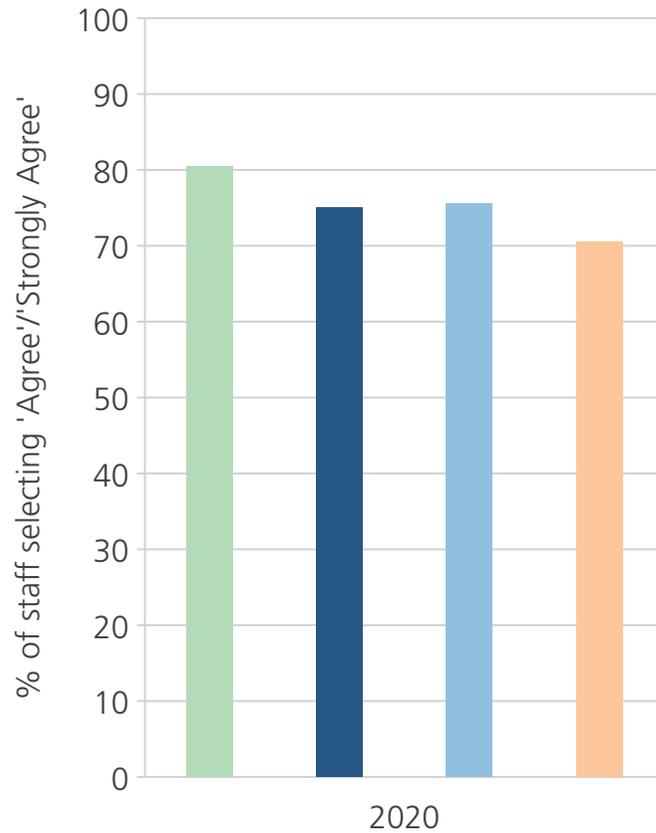
Time passes quickly when I am working



Best	84.5%
Your org	78.1%
Average	78.5%
Worst	70.3%

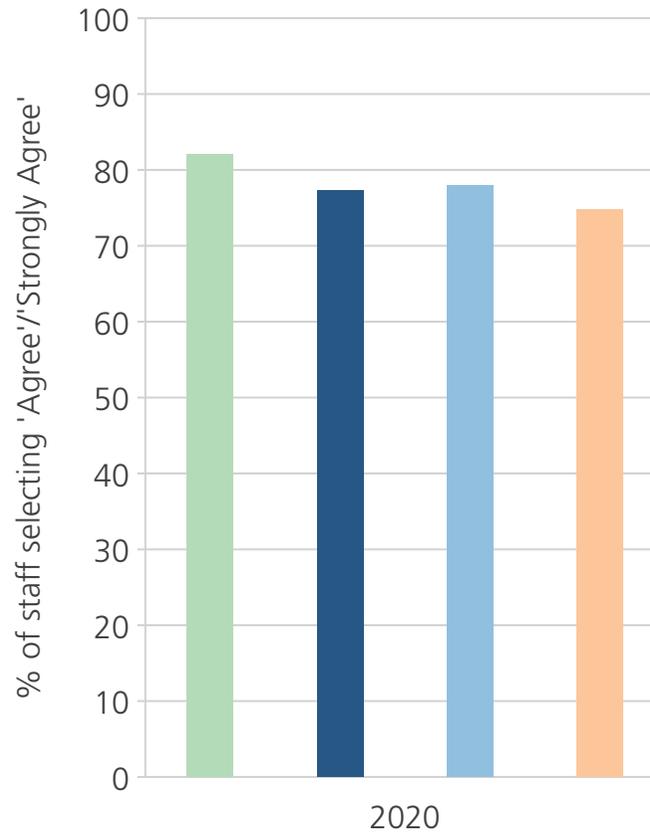
Q4a

There are frequent opportunities for me to show initiative in my role



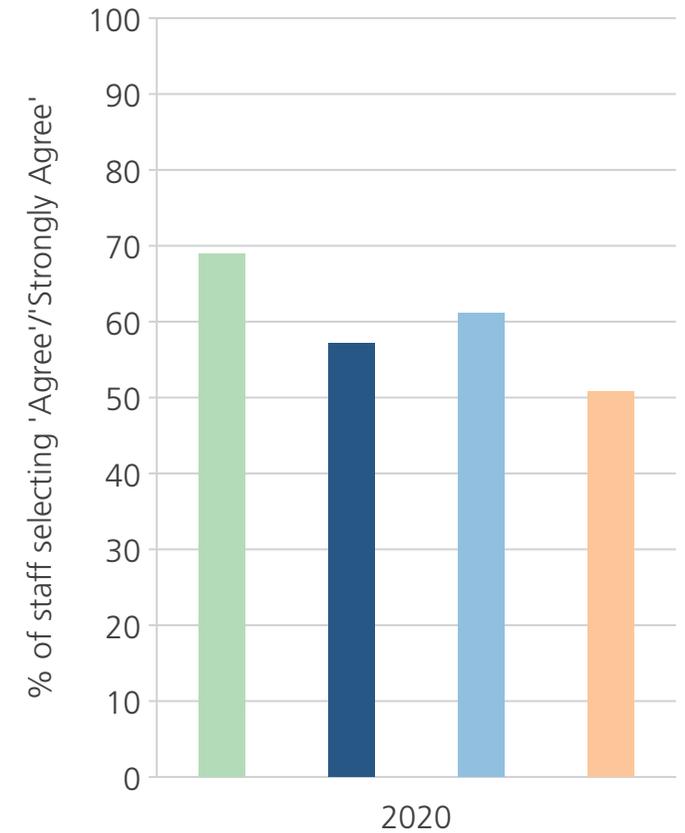
Q4b

I am able to make suggestions to improve the work of my team / department



Q4d

I am able to make improvements happen in my area of work



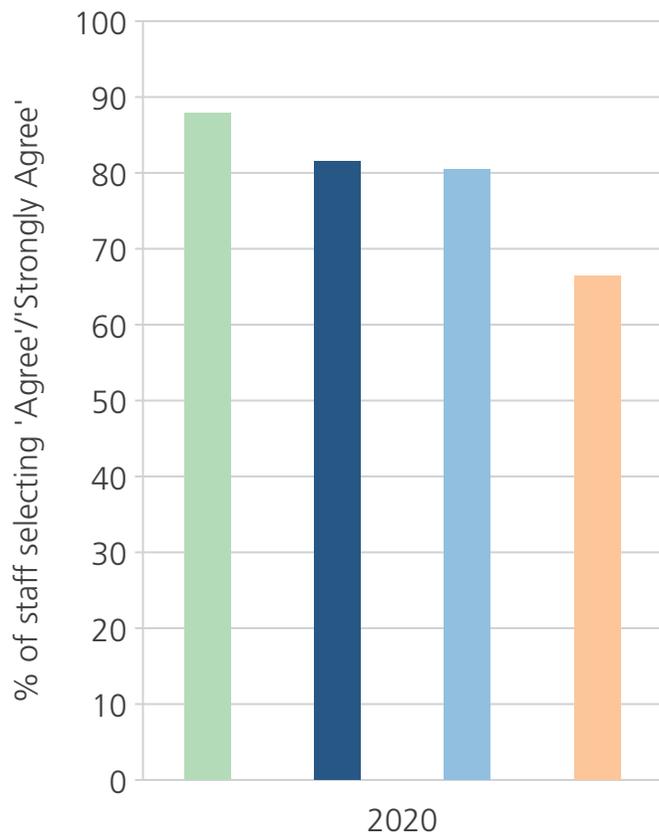
Best	80.4%
Your org	75.1%
Average	75.6%
Worst	70.5%

Best	82.1%
Your org	77.3%
Average	78.0%
Worst	74.8%

Best	68.9%
Your org	57.2%
Average	61.1%
Worst	50.8%

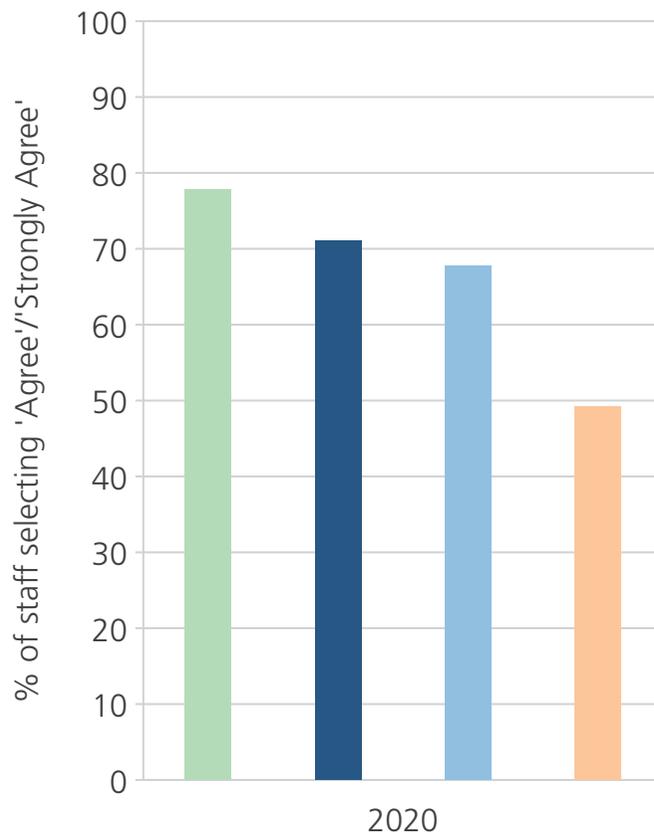
Q18a

Care of patients / service users
is my organisation's top priority



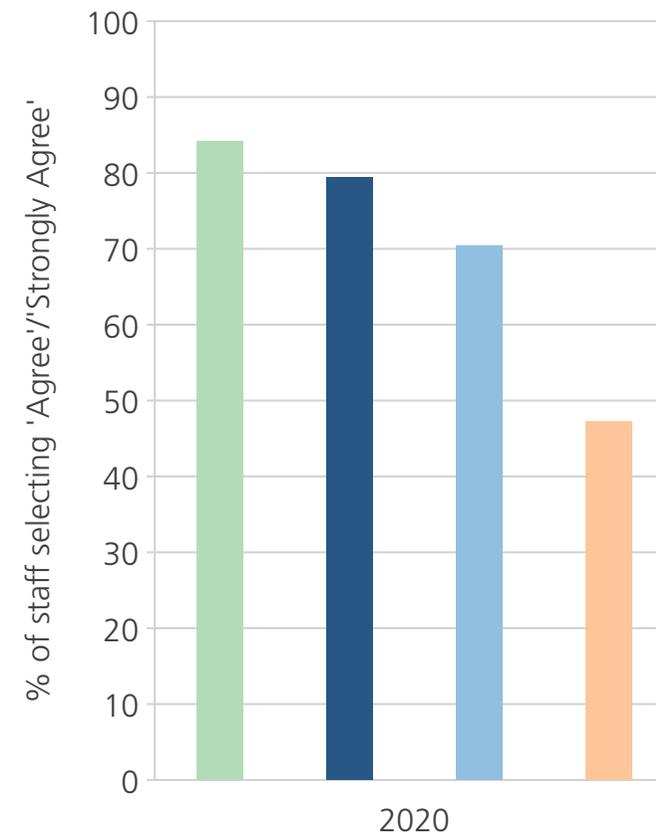
Q18c

I would recommend my
organisation as a place to work



Q18d

If a friend or relative needed treatment
I would be happy with the standard
of care provided by this organisation



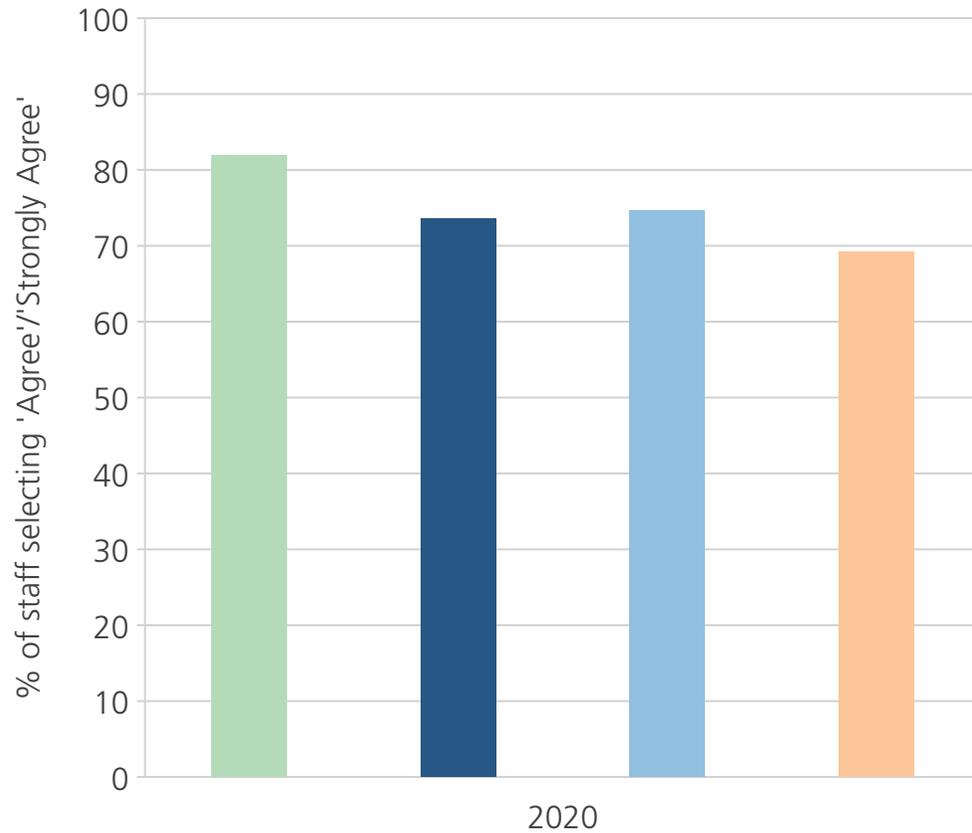
Best	87.9%
Your org	81.5%
Average	80.5%
Worst	66.5%

Best	77.8%
Your org	71.0%
Average	67.7%
Worst	49.2%

Best	84.2%
Your org	79.5%
Average	70.4%
Worst	47.2%

Q4h

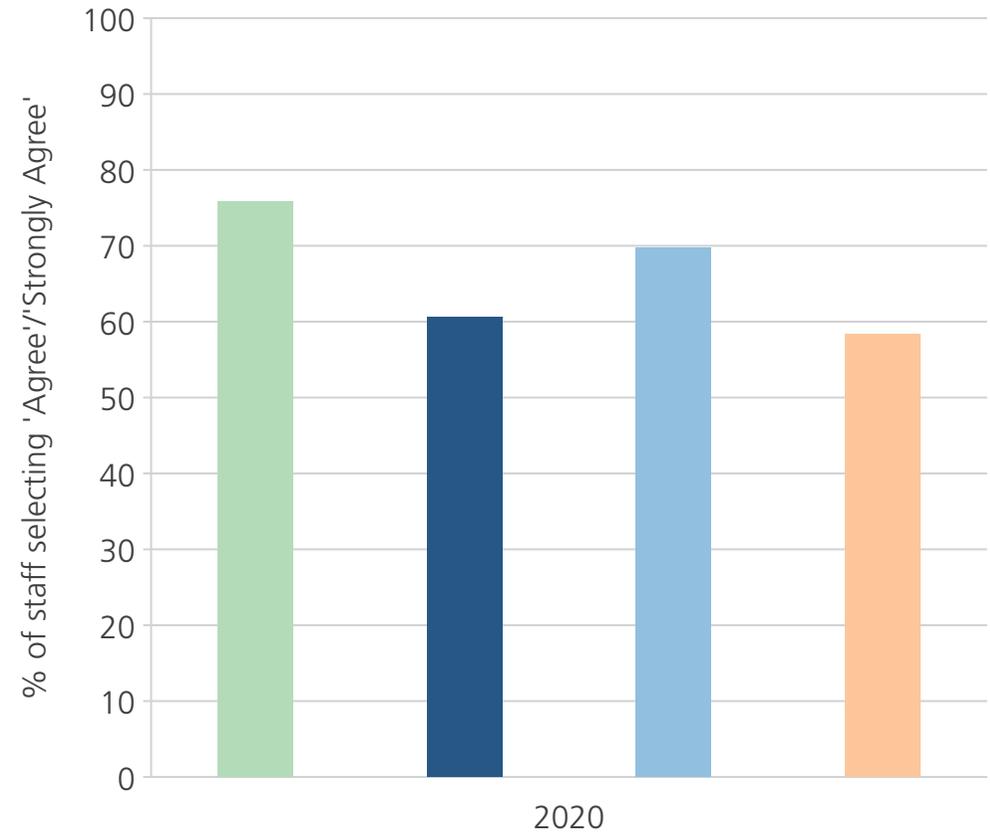
The team I work in has a set of shared objectives



Best	81.9%
Your org	73.6%
Average	74.6%
Worst	69.2%

Q4i

The team I work in often meets to discuss the team's effectiveness



Best	75.8%
Your org	60.7%
Average	69.8%
Worst	58.3%

Workforce Equality Standards

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Workforce Race Equality Standard (WRES)

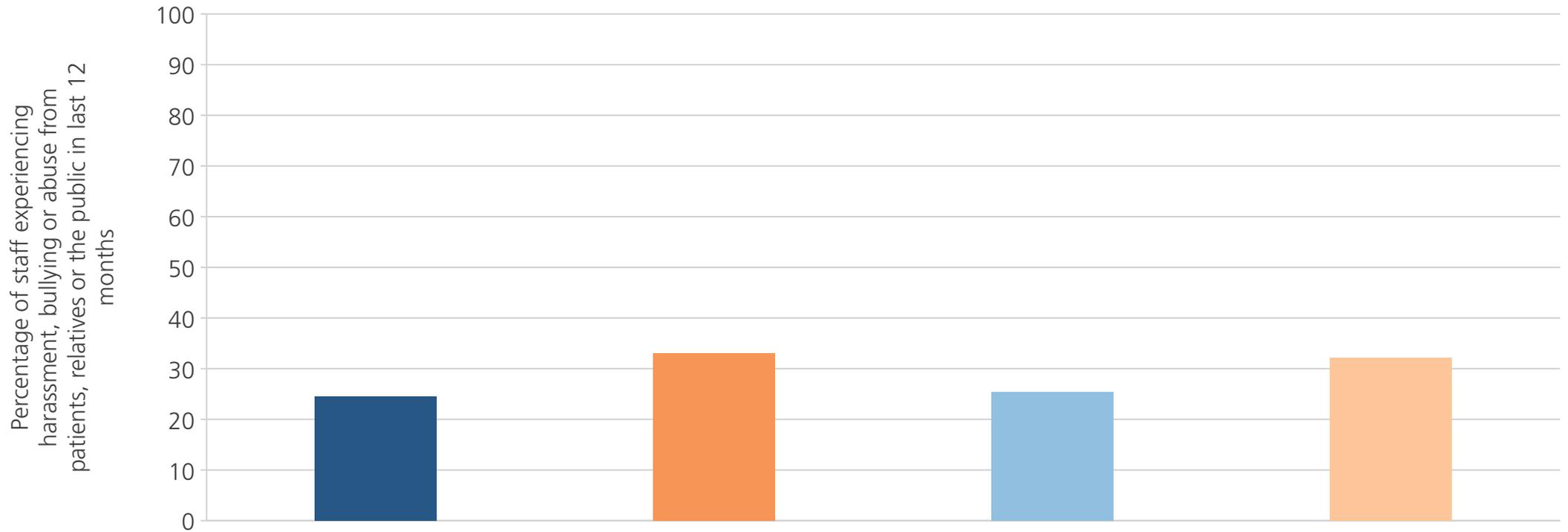
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Workforce Race Equality Standard (WRES)

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results



2020

White: Your org	24.5%
BME: Your org	33.0%
White: Average	25.4%
BME: Average	32.1%

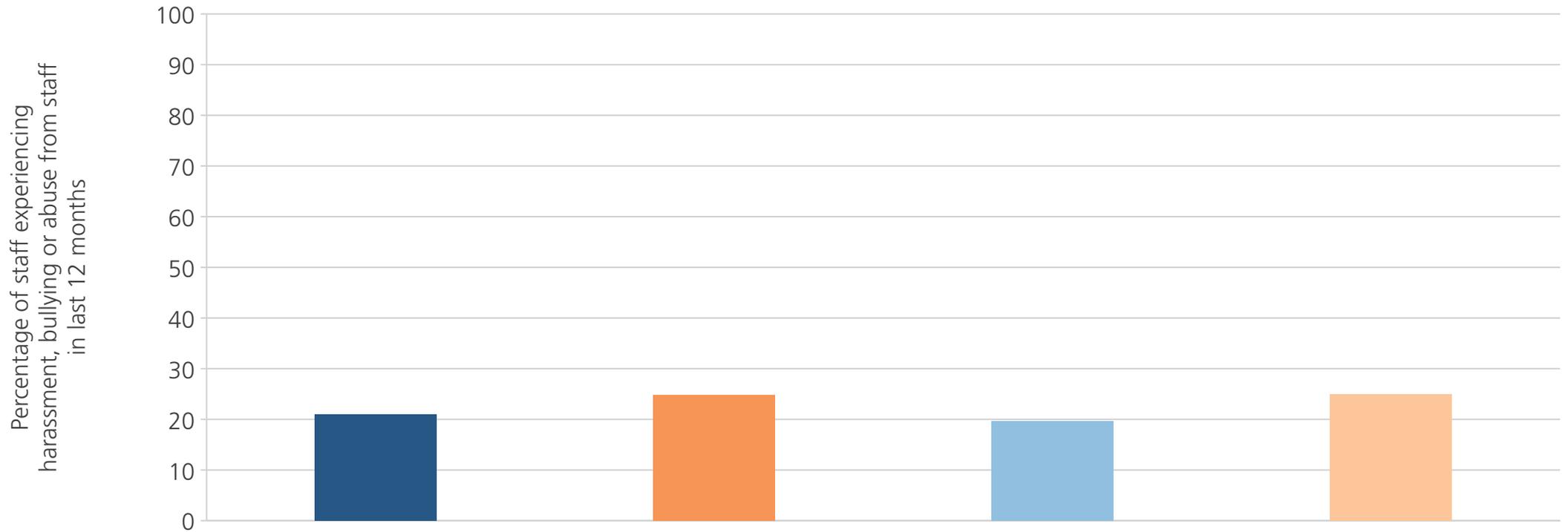
White: Responses

1,893

BME: Responses

97

Average calculated as the median for the benchmark group

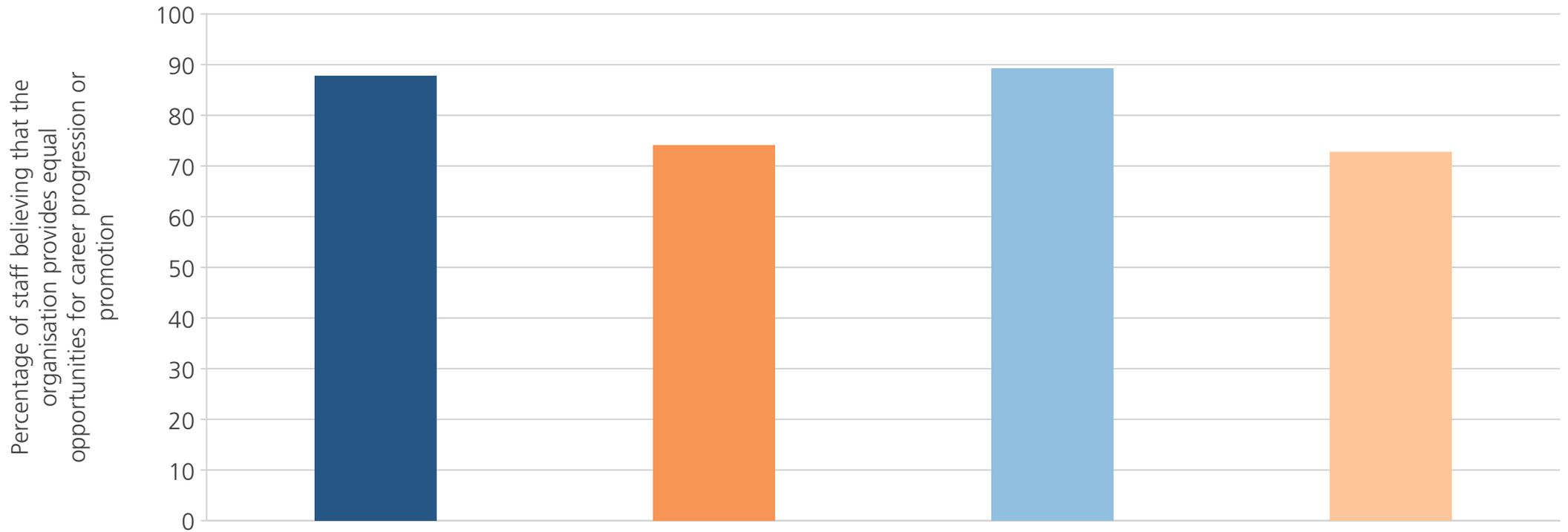


	2020
White: Your org	21.0%
BME: Your org	24.7%
White: Average	19.6%
BME: Average	25.0%

White: Responses 1,899

BME: Responses 97

Average calculated as the median for the benchmark group



2020

White: Your org	87.8%
BME: Your org	74.1%
White: Average	89.2%
BME: Average	72.7%

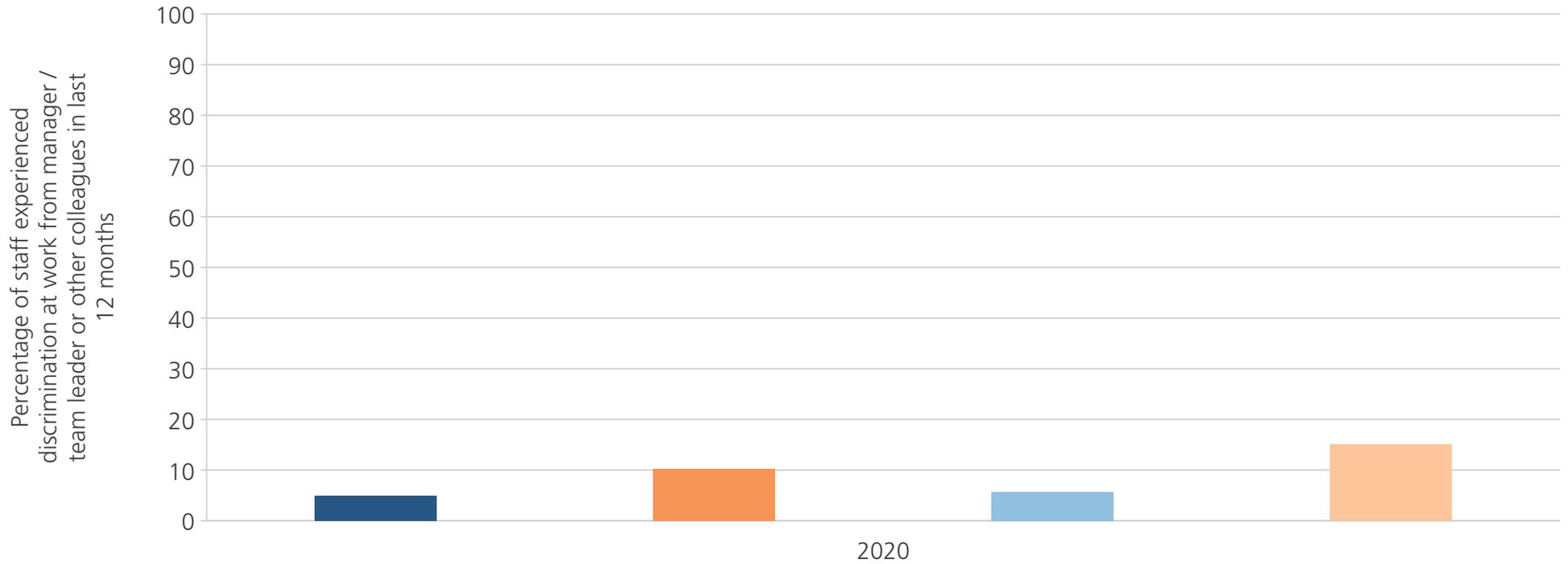
White: Responses

1,243

BME: Responses

58

Average calculated as the median for the benchmark group



White: Your org	5.0%
BME: Your org	10.2%
White: Average	5.6%
BME: Average	15.1%

White: Responses 1,891

BME: Responses 98

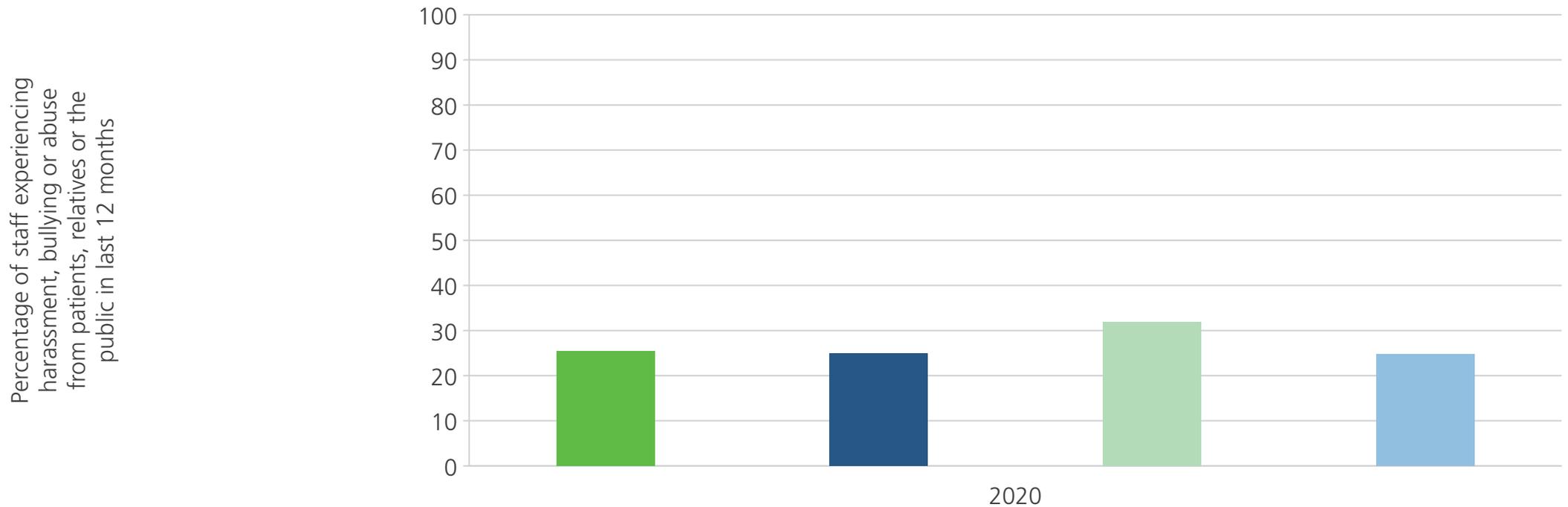
Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Gloucestershire Health and Care NHS Foundation Trust

2020 NHS Staff Survey Results



Staff with a LTC or illness: Your org	25.5%
Staff without a LTC or illness: Your org	24.9%
Staff with a LTC or illness: Average	31.8%
Staff without a LTC or illness: Average	24.7%

Staff with a LTC or illness: Responses

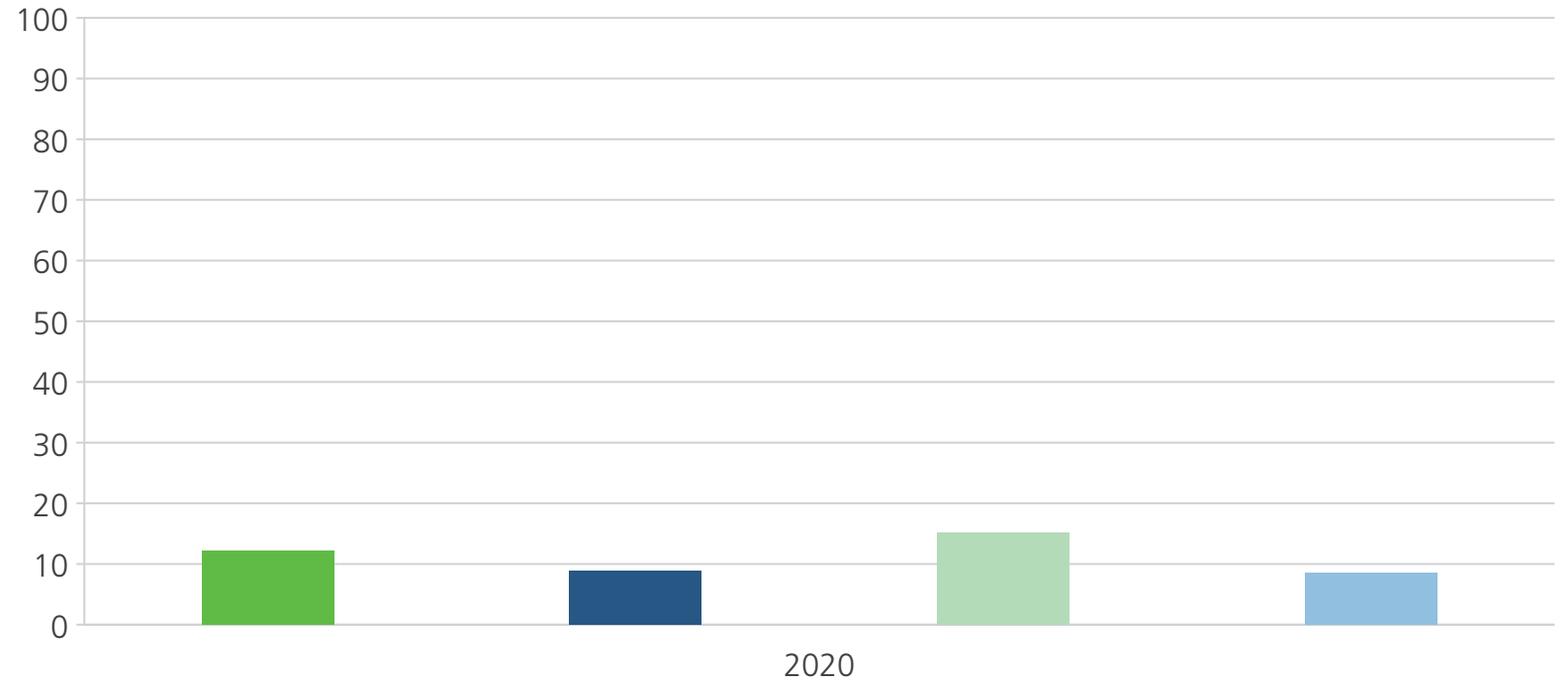
420

Staff without a LTC or illness: Responses

1,573

Average calculated as the median for the benchmark group

Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months



Staff with a LTC or illness: Your org	12.1%
Staff without a LTC or illness: Your org	8.9%
Staff with a LTC or illness: Average	15.2%
Staff without a LTC or illness: Average	8.5%

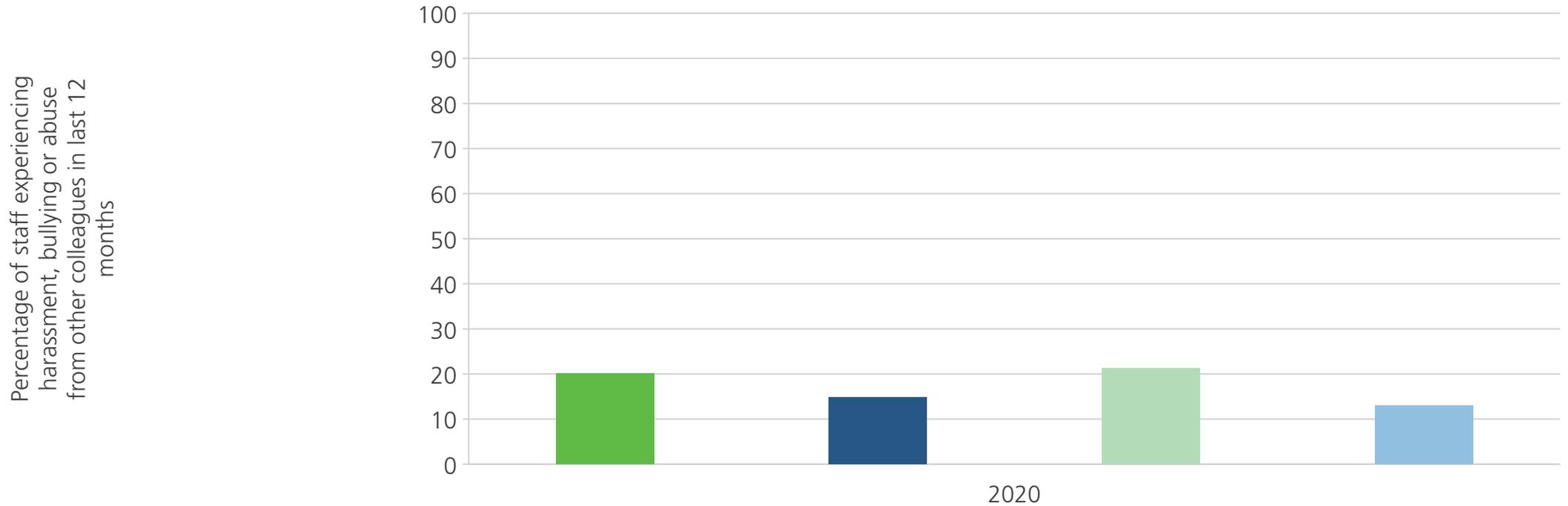
Staff with a LTC or illness: Responses

420

Staff without a LTC or illness: Responses

1,569

Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	20.1%
Staff without a LTC or illness: Your org	14.8%
Staff with a LTC or illness: Average	21.3%
Staff without a LTC or illness: Average	13.0%

Staff with a LTC or illness: Responses

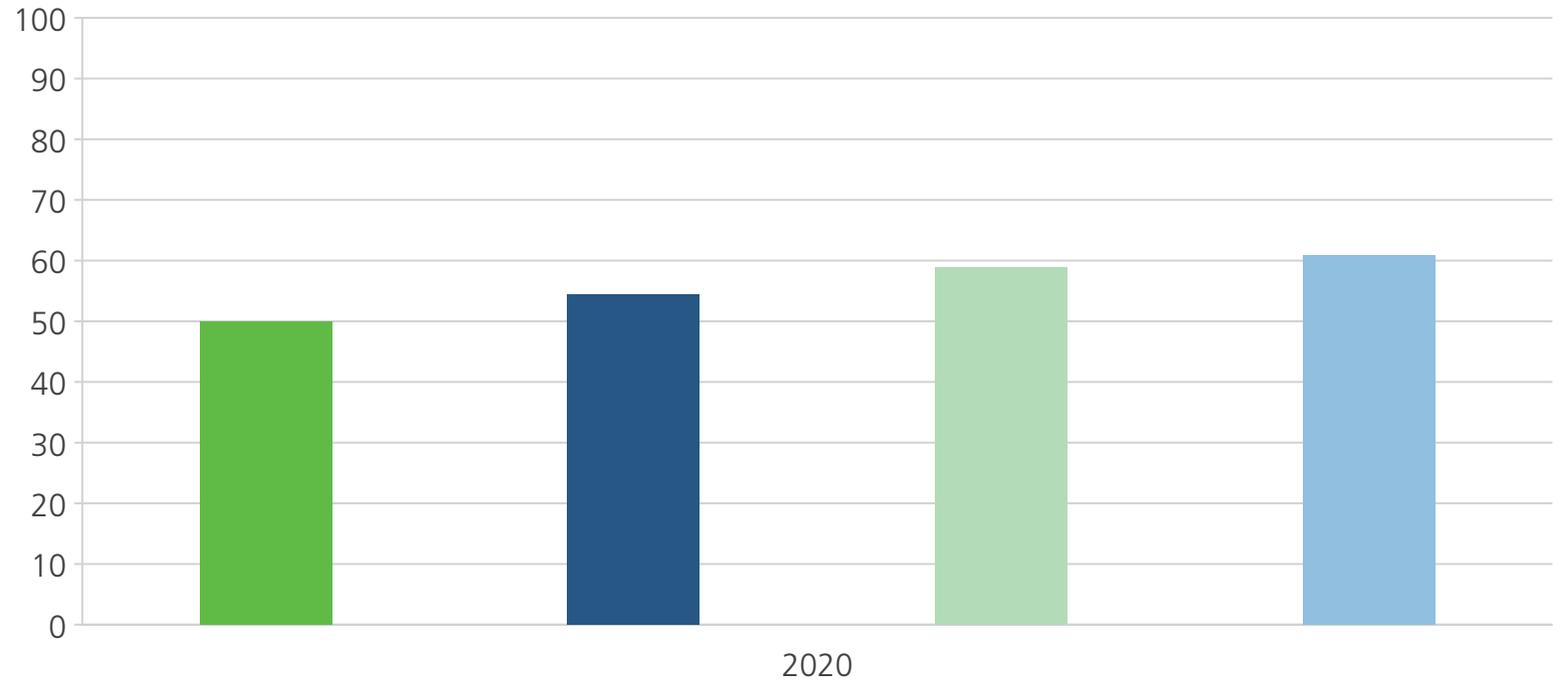
417

Staff without a LTC or illness: Responses

1,551

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	50.0%
Staff without a LTC or illness: Your org	54.5%
Staff with a LTC or illness: Average	58.8%
Staff without a LTC or illness: Average	60.8%

Staff with a LTC or illness: Responses

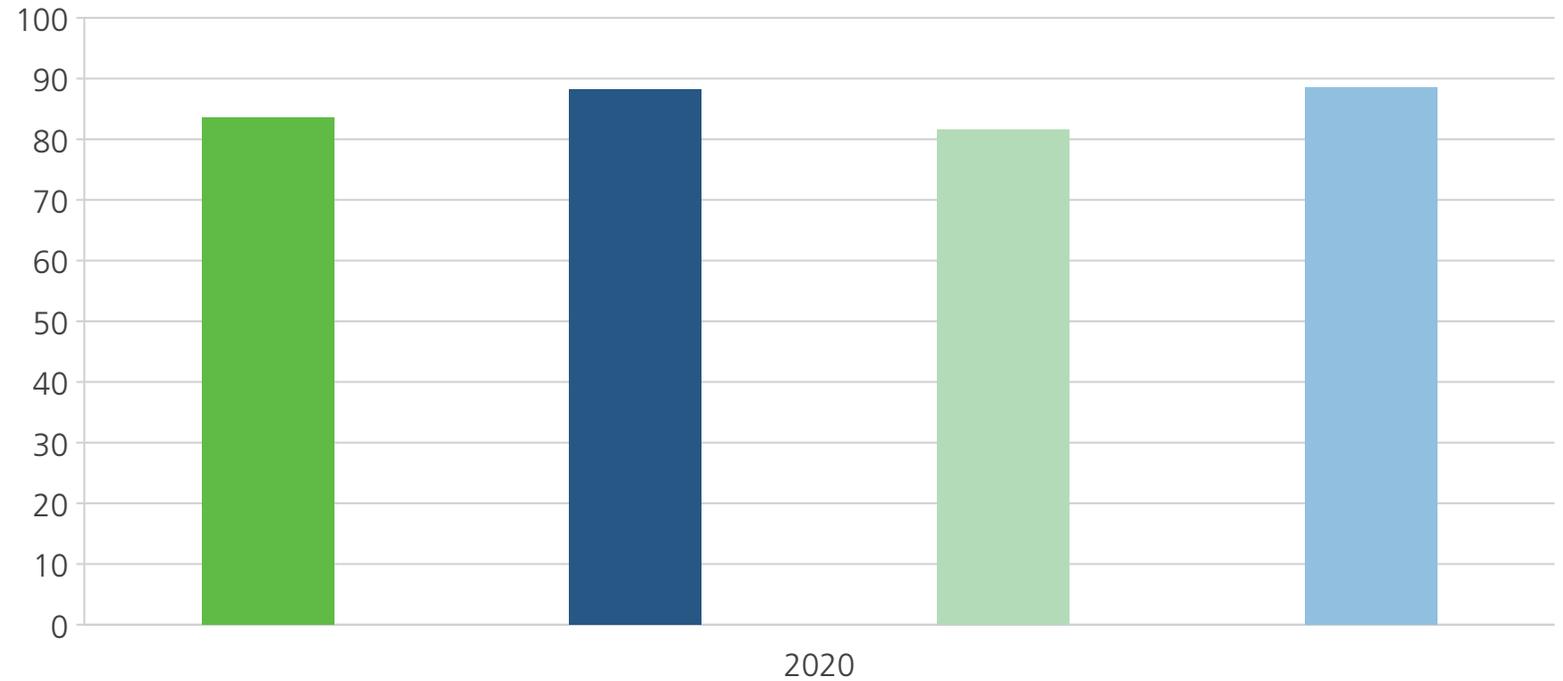
156

Staff without a LTC or illness: Responses

505

Average calculated as the median for the benchmark group

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	83.5%
Staff without a LTC or illness: Your org	88.2%
Staff with a LTC or illness: Average	81.6%
Staff without a LTC or illness: Average	88.5%

Staff with a LTC or illness: Responses

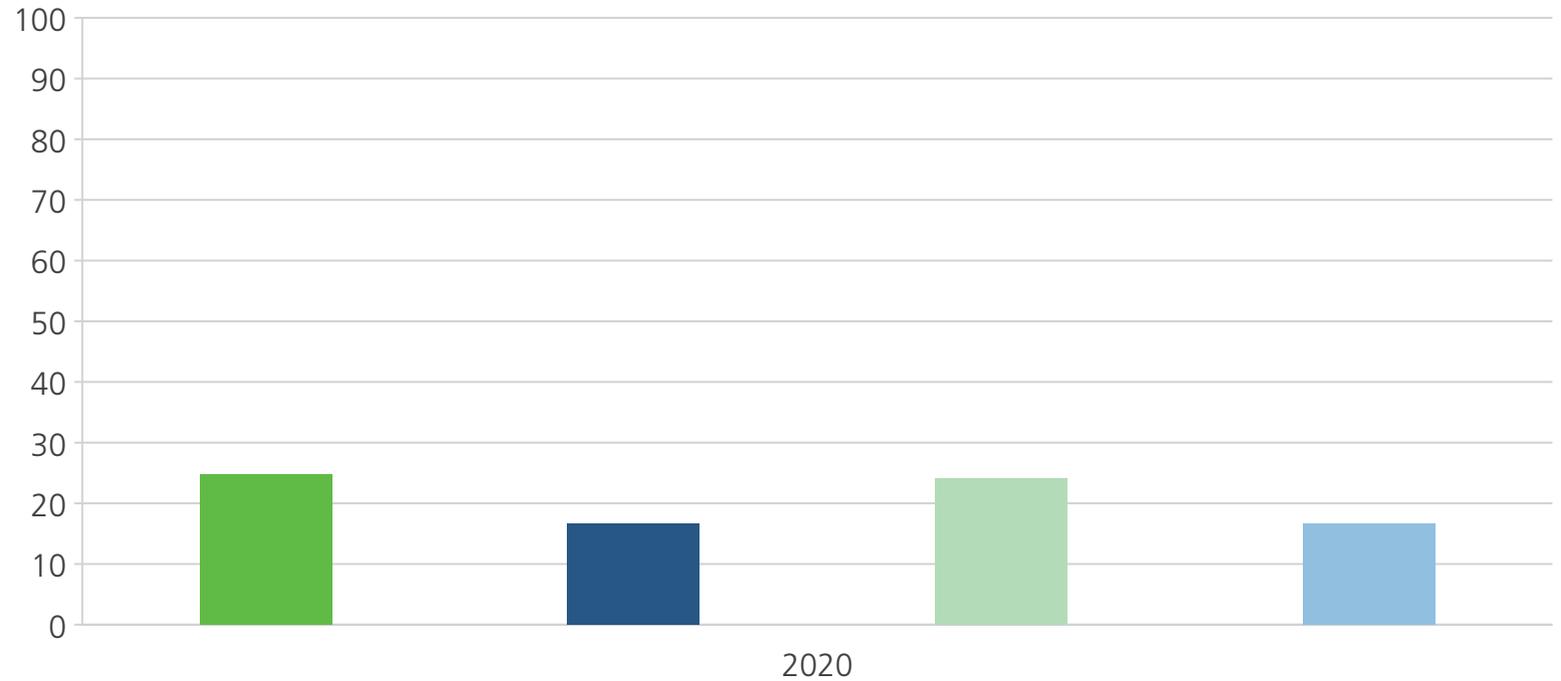
279

Staff without a LTC or illness: Responses

1,023

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



Staff with a LTC or illness: Your org	24.8%
Staff without a LTC or illness: Your org	16.7%
Staff with a LTC or illness: Average	24.1%
Staff without a LTC or illness: Average	16.6%

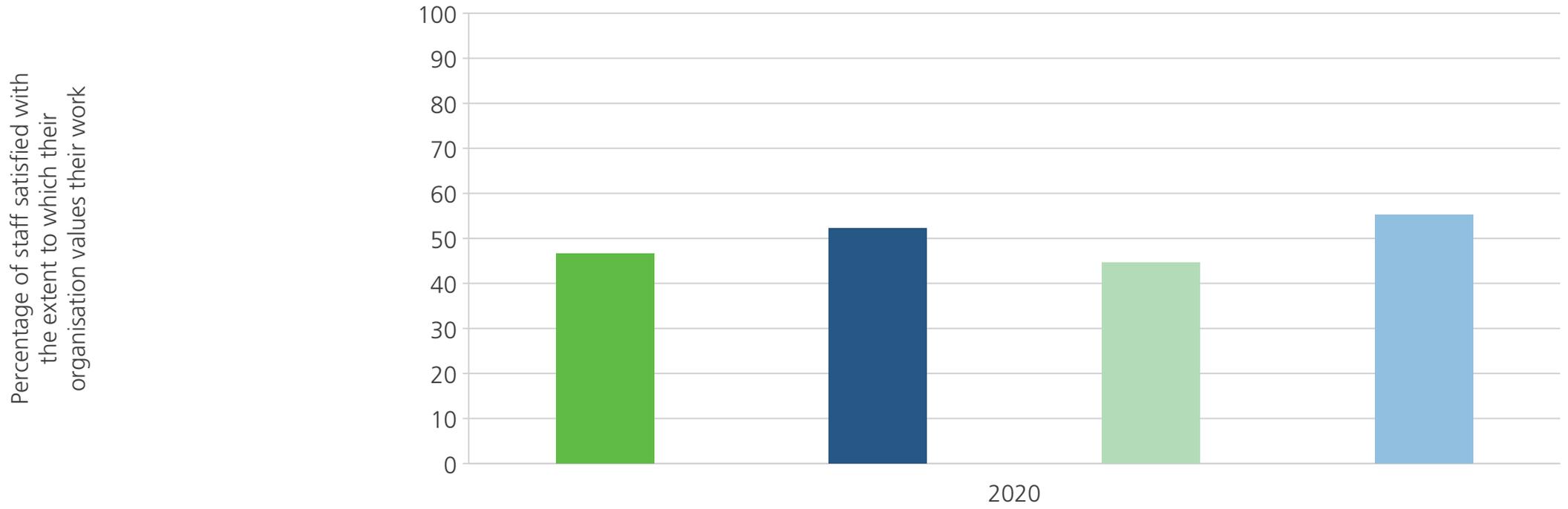
Staff with a LTC or illness: Responses

254

Staff without a LTC or illness: Responses

654

Average calculated as the median for the benchmark group



Staff with a LTC or illness: Your org	46.6%
Staff without a LTC or illness: Your org	52.3%
Staff with a LTC or illness: Average	44.6%
Staff without a LTC or illness: Average	55.2%

Staff with a LTC or illness: Responses

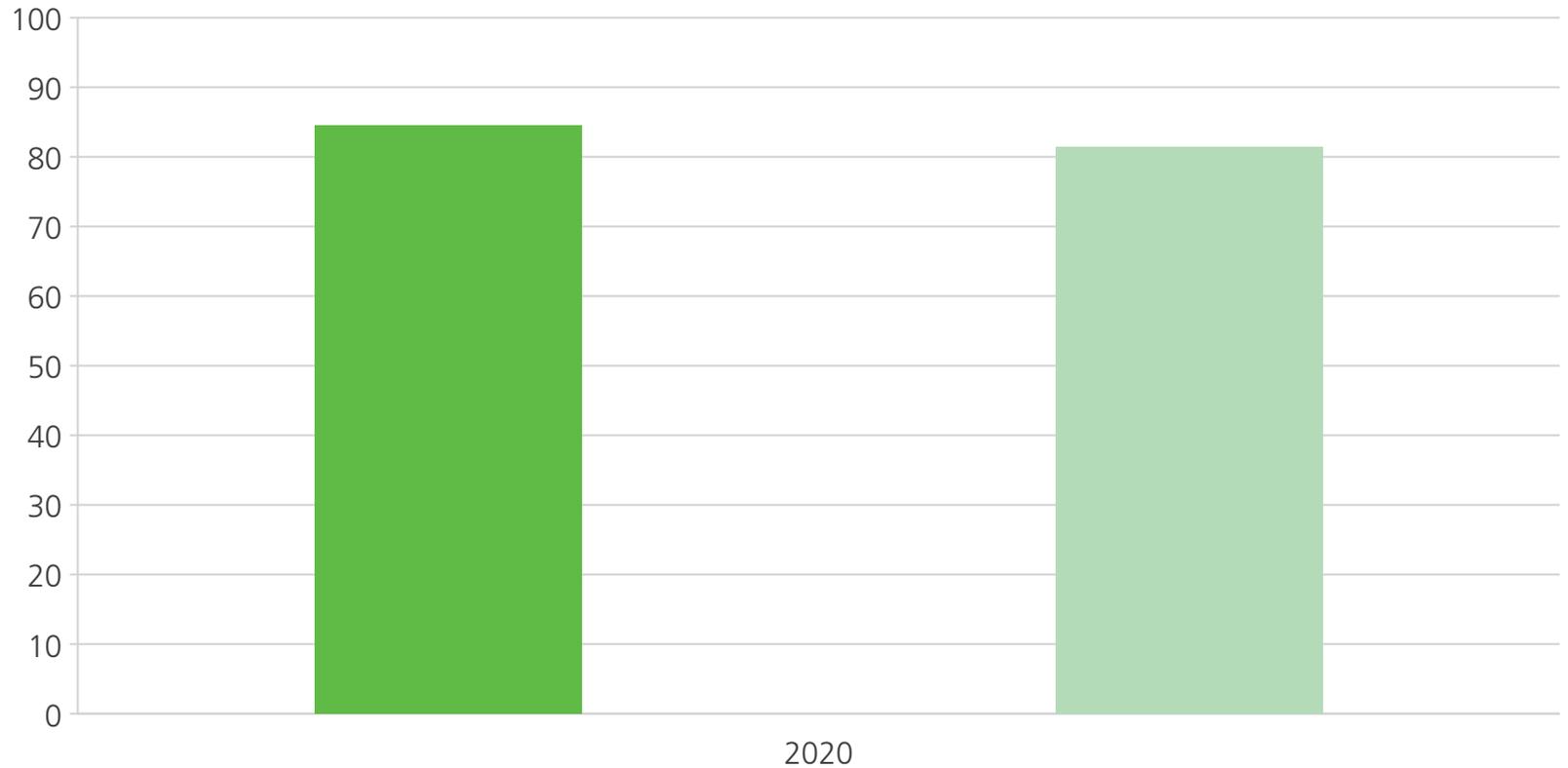
423

Staff without a LTC or illness: Responses

1,573

Average calculated as the median for the benchmark group

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

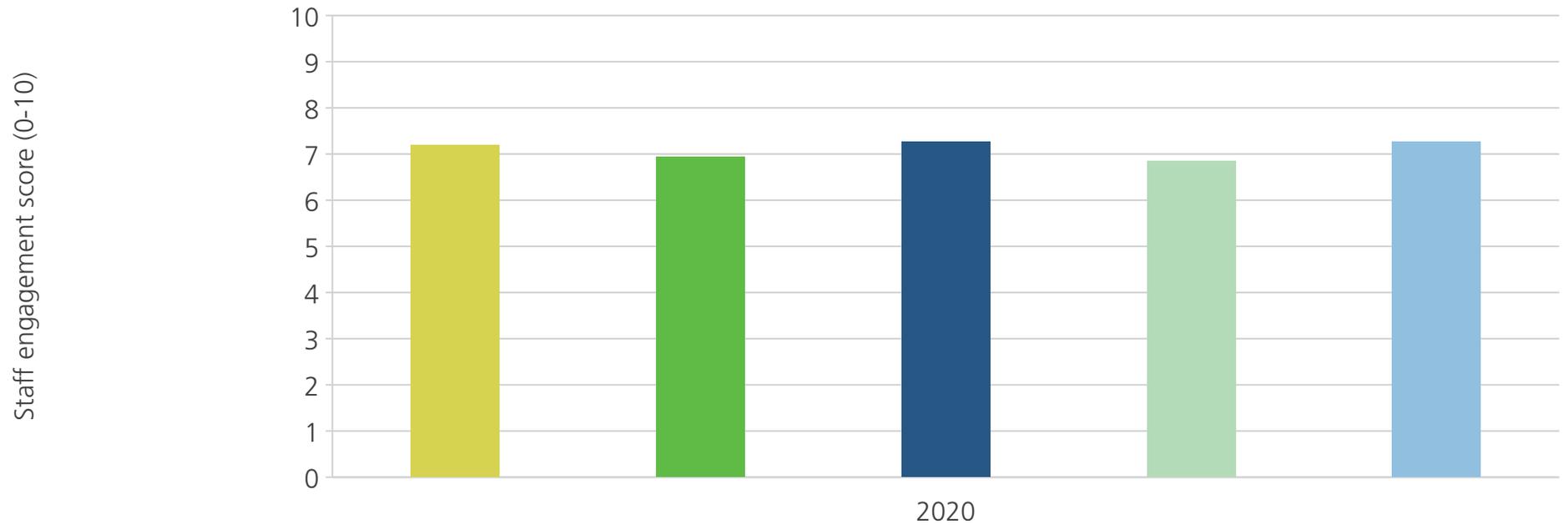


Staff with a LTC or illness: Your org	84.6%
Staff with a LTC or illness: Average	81.4%

Staff with a LTC or illness: Responses

253

Average calculated as the median for the benchmark group



Organisation average	7.2
Staff with a LTC or illness: Your org	6.9
Staff without a LTC or illness: Your org	7.3
Staff with a LTC or illness: Average	6.8
Staff without a LTC or illness: Average	7.3

Organisation Responses 2,022
Staff with a LTC or illness: Responses 427
Staff without a LTC or illness: Responses 1,579

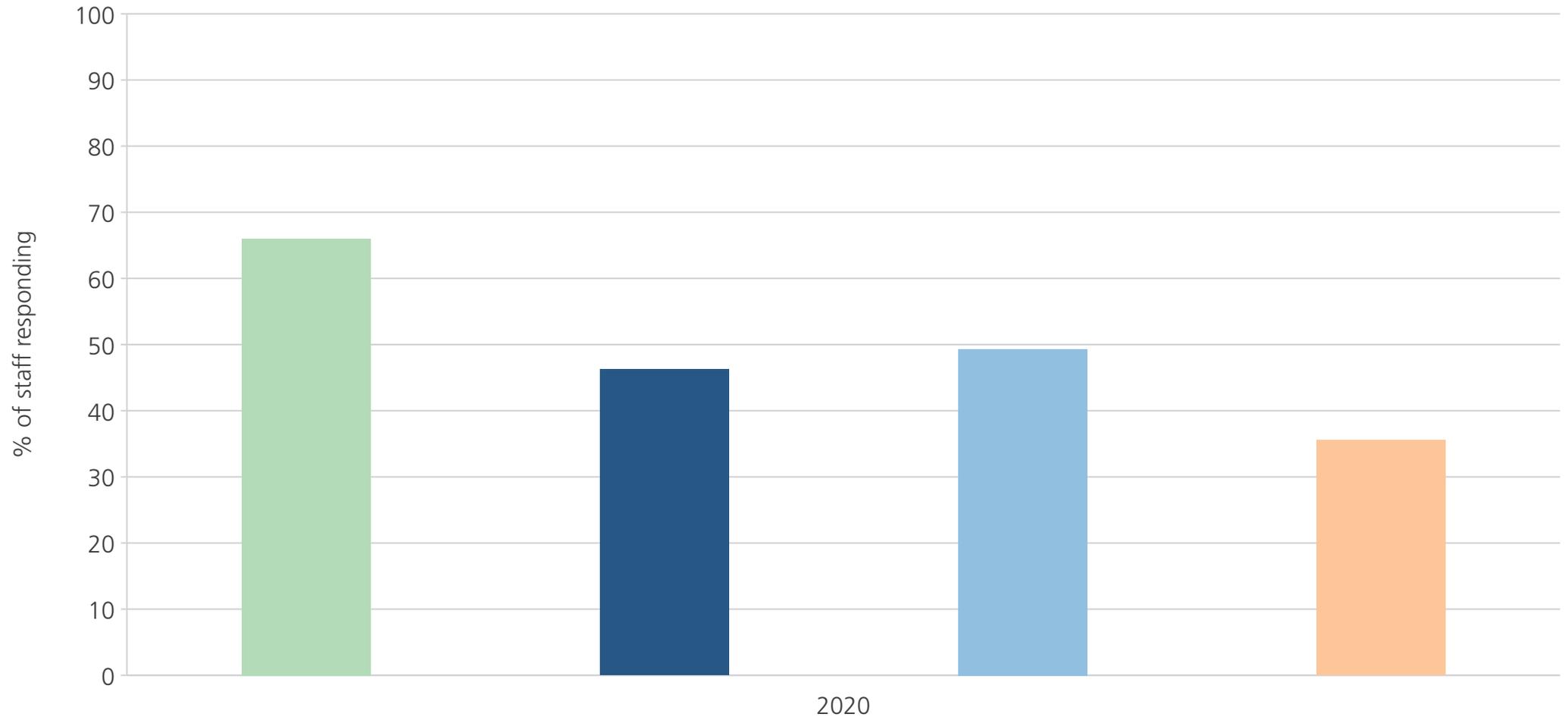
Average calculated as the median for the benchmark group

Appendices

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results

Appendix A: Response rate

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results



Best	66.0%
Your org	46.3%
Median	49.3%
Worst	35.6%

Appendix B: Significance testing - 2019 v 2020 theme results

Gloucestershire Health and Care NHS Foundation Trust
2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion			9.3	2012	N/A
Health & wellbeing			6.4	2016	N/A
Immediate managers †			7.2	2017	N/A
Morale			6.5	2013	N/A
Quality of care			7.4	1684	N/A
Safe environment - Bullying & harassment			8.3	2008	N/A
Safe environment - Violence			9.6	2016	N/A
Safety culture			7.0	2019	N/A
Staff engagement			7.2	2022	N/A
Team working			6.7	1995	N/A

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

AGENDA ITEM: 14

Report to: Council of Governors – 12 May 2021

Presented by: Lavinia Rowsell, Head of Corporate Governance/Trust Secretary

Author: Anna Hilditch, Assistant Trust Secretary

SUBJECT: Proposed Change to the Constitution

Can this subject be discussed at a public Governor meeting?	Yes
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This report is provided for:				
Decision	Endorsement	Assurance	Information	

PURPOSE OF REPORT

To present a proposed revision to the Constitution.

RECOMMENDATIONS

To **APPROVE** the amendment to the Trust Constitution as highlighted within this report.

EXECUTIVE SUMMARY

As part of the recent Review and Refresh work, the Council of Governors supported the proposals around changes to the composition of the Council, in particular with regard to the reduction in Staff Governor positions. The revised composition and subsequent change to the constitution was approved at the November Council of Governors meeting.

The **Medical, Dental and Nursing** staff constituency reduced from 4 posts to 3 and this took effect from 1 January 2021.

There is a provision within our constitution which states that of the 3 seats within the Medical, Dental & Nursing staff class – 1 must be reserved for a nurse, 1 for a doctor and 1 for a doctor or dentist.

This specific provision about reserved seats was not updated at the time to accurately reflect the revised composition and meant that the Trust could only ever have 1 nurse

representative on the Council. A small amendment to our constitution is therefore suggested, marked in red as follows:

- 1.3of the three (3) Staff Governors in the Medical Dental and Nursing class:
- 1.3.1 one (1) seat shall be reserved for a nurse;
 - 1.3.2 one (1) seat shall be reserved for a doctor; and
 - 1.3.3 one (1) seat shall be reserved for either a doctor, a dental professional **or a nurse**.

The Nominations and Remuneration Committee supported this revision at their meeting on 28 April, for onward presentation to the Council for approval.

The approval of the revised Constitution is a two stage process which requires

- (i) approval of the Council of Governors and
- (ii) the Board

The revised Constitution will then be updated to the Trust's website and to NHSEI.

It is planned that the equivalent paper to this one will be considered by the Board at its meeting on 27 May 2021.

Corporate Considerations	
<i>Quality implications</i>	None
<i>Resource implications:</i>	None
<i>Equalities implications:</i>	None
<i>Risk implications:</i>	None

Report authorised by:	Date:
Lavinia Rowsell	06/05/2021

Where has this issue been discussed before?
Previous Council meetings
What wider engagement has there been?

Appendices:

Council of Governors - Annual Work Plan and Meetings Schedule 2021

	Lead	January (Development)	March	May	July (Development)	September	November
MEETING ADMINISTRATION							
Date of Meeting	Trust Secretariat	Thursday 21st	Wednesday 10th	Wednesday 12th	Wednesday 14th	Wednesday 8th	Wednesday 10th
Submission of Papers (noon)	Report Authors						
Circulation of Papers	Trust Secretariat						
Standing Agenda Items							
Welcome, Introduction, Apologies	Chair		X	X		X	X
Declarations of Interest	Chair		X	X		X	X
Minutes of the last Meeting and Matters Arising	Trust Secretariat		X	X		X	X
Meeting Evaluation Feedback from last meeting	Trust Secretariat		X	X		X	X
Action Log	Trust Secretariat		X	X		X	X
STATUTORY DUTIES							
Engaging with the Trust & Representing the Interests of, and Communicating with Trust Members and the Public							
Chair's Report	Chair		X	X		X	X
Chief Executive's Report	Chief Executive		X	X		X	X
Membership Update - Statistics Report	Trust Secretariat		X	X		X	X
Membership Update - Trust Activity and Engagement Report	Trust Secretariat/Comms		X	X		X	X
Approval of Membership & Engagement Strategy (Bi-Annual)	Trust Secretariat		X				
Governor Activity Update	Governors		X	X		X	X
Governor Feedback from Pre-meeting	Lead Governor		X	X		X	X
Holding NEDs to Account for the performance of the Board							
NED Presentations and Committee Focus	NEDs/Trust Secretariat		X	X		X	X
Dashboard Report	Trust Secretariat		in development	in development		X	X
NED Portfolios (info)	Trust Secretariat			X			
Decide the remuneration, allowances and other terms and conditions of the Trust Chair and NEDs (recommendations via Nominations and Remuneration Committee)							
Appoint the Chair and NEDs (as and when required)	Nom & Rem Committee						
Remuneration and allowances of Chair/ NEDs (as and when required)	Nom & Rem Committee						
Appraisal of Chair	Nom & Rem Committee						
Appraisal of Non-Executive Directors	Nom & Rem Committee						
NED Terms and Conditions of Service and Job Descriptions (anwr)	Nom & Rem Committee						
Receive the NHS Foundation Trust's Annual Accounts and any report of the Auditor on them							
Decide Quality Indicator for Audit	Director of NQT	Email initial comms	X (not for 2021)				
Annual Report, Accounts and Quality Report	Head of Governance					X	
Auditor's Report of Annual Accounts and Quality Report	External Audit/Trust Sec					X	
Provider Licence Declarations	Head of Governance			X			
The Council of Governors may require one or more of the Directors to attend a Governors' meeting to obtain information about performance of the Trust's functions or Director's performance of their duties, and to help the Council of Governors to decide whether to propose a vote on the Trust's or Director's performance							
Quality Report	Director of NQT						
Staff Survey Results	Director of HR&OD			X			
CQC Community MH Patient Survey Results (QC in January)	Director of NQT		X				
Governance							
Appointment of Lead Governor	Trust Secretariat	X Appointment					X Process
Council of Governors Annual Work Plan	Trust Secretariat					X	
Register of Interests/Fit and Proper Person Declaration Annual Review	Trust Secretariat			X			
Council of Governors Self-Evaluation	Trust Secretariat			X (not for 2021)			
In preparing the forward plan, the Board of Director's must have regard to the views of the Council of Governors							
Trust Business Plan	Director of Finance		X				
Approve amendments to the Trust's constitution							
As and when required							
Approve "significant transactions" and applications by the Trust to enter into a merger, acquisition, separation or dissolution							
As and when required							
Appoint and, if appropriate, remove the NHS Foundation Trust's Auditor							
External Audit Contract Timeline				X			
Decide whether the Trust's non-NHS work would significantly interfere with its principle purpose, which is to provide goods and services for the health service in England or performing its other functions							
As and when required							
ADHOC Items/Presentations							
Selected Service/Service User presentations and timely information sharing							

Annual Declaration Register 2020/21 - Trust Governors

Name	Position	Declaration of Interests Form		Fit and Proper Persons Form		Code of Conduct Compliance	
		Return Date	Copy on file	Return Date	Copy on File	Return Date	Copy on File
Dan Brookes	Public Governor, Cheltenham	12/03/2021	Y	12/03/2021	Y	12/03/2021	Y
Juanita Paris	Public Governor, Cheltenham	10/03/2021	Y	10/03/2021	Y	10/03/2021	Y
Tracey Thomas	Public Governor, Gloucester	09/03/2021	Y	09/03/2021	Y	09/03/2021	Y
Said Hansdot	Public Governor, Gloucester	24/03/2021	Y	24/03/2021	Y	24/03/2021	Y
Jo Smith	Public Governor, Tewkesbury	24/03/2021	Y	24/03/2021	Y	24/03/2021	Y
<i>Laura Bailey*</i>	<i>Public Governor, Tewkesbury</i>						
Mervyn Dawe	Public Governor, Stroud	13/03/2021	Y	13/03/2021	Y	13/03/2021	Y
June Hennell	Public Governor, Stroud	09/03/2021	Y	09/03/2021	Y	09/03/2021	Y
Chris Witham	Public Governor, Forest	26/03/2021	Y	26/03/2021	Y	26/03/2021	Y
<i>Dawn Rooke **</i>	<i>Public Governor, Forest</i>						
Ruth McShane	Public Governor, Greater England & Wales	19/03/2021	Y	19/03/2021	Y	19/03/2021	Y
Graham Hewitt	Public Governor, Cotswolds	08/03/2021	Y	08/03/2021	Y	08/03/2021	Y
Jenny Hincks	Public Governor, Cotswolds	09/03/2021	Y	09/03/2021	Y	09/03/2021	Y
Anneka Newman	Staff Governor, Medical Dental & Nursing	10/03/2021	Y	10/03/2021	Y	10/03/2021	Y
Kizzy Kukreja	Staff Governor, Medical Dental & Nursing	24/03/2021	Y	24/03/2021	Y	24/03/2021	Y
<i>Katherine Stratton*</i>	<i>Staff Governor, Medical Dental & Nursing</i>						
Nic Matthews	Staff Governor, Health & Social Care Professions	24/03/2021	Y	24/03/2021	Y	24/03/2021	Y
Alison Feher	Staff Governor, Health & Social Care Professions	24/03/2021	Y	24/03/2021	Y	24/03/2021	Y
Sarah Nicholson	Staff Governor, Health & Social Care Professions	09/03/2021	Y	09/03/2021	Y	09/03/2021	Y
Katie Clark	Staff Governor, Management & Administration	12/03/2021	Y	12/03/2021	Y	12/03/2021	Y
Karen Bennett	Staff Governor, Management & Administration	16/03/2021	Y	16/03/2021	Y	16/03/2021	Y
Anne Roberts	Staff Governor, Management & Administration	18/03/2021	Y	18/03/2021	Y	18/03/2021	Y
<i>Brian Robinson*</i>	<i>Appointed Governor, Glos County Council</i>						
Julie Clatworthy	Appointed Governor, Glos CCG	11/03/2021	Y	11/03/2021	Y	11/03/2021	Y

* No return received

** Resigned from Governor position

**Annual Declaration Register 2020/21
TRUST GOVERNORS**

Name	Position	Declaration of Interests
Dan Brookes	Public Governor, Cheltenham	I hold a senior position within The Cheltenham Trust – a health & wellbeing not for profit charity. I am Interim Head of Culture & Communities. I have also recently stood down as Special Olympics Gloucestershire Chairperson, whose account is held by Active Gloucestershire.
Juanita Paris	Public Governor, Cheltenham	Nothing to Declare
Tracey Thomas	Public Governor, Gloucester	Nothing to Declare
Said Hansdot	Public Governor, Gloucester	Gloucester City Councillor
Jo Smith	Public Governor, Tewkesbury	Nothing to Declare
<i>Laura Bailey *</i>	<i>Public Governor, Tewkesbury</i>	
Mervyn Dawe	Public Governor, Stroud	Local Union Retired Member's Lead
June Hennell	Public Governor, Stroud	Lead of Stonehouse Memory Link
Chris Witham	Public Governor, Forest	Managing Director/Owner of Crome Creations Limited Churchwarden of Parish of St Stephen's Cinderford Chair of Cinderford Town Council
<i>Dawn Rooke **</i>	<i>Public Governor, Forest</i>	
Ruth McShane	Public Governor, Greater England & Wales	I am a GHC public governor but I am also an Expert by Experience for the Trust. I receive an attendance allowance and travelling expenses for activities where appropriate
Graham Hewitt	Public Governor, Cotswolds	Chair of Friends of Fairford & Lechlade Communities and Chair of League of Friends of Fairford Hospital
Jenny Hincks	Public Governor, Cotswolds	I belong to a group which is being co-produced by the CCG / Member of Healthwatch Gloucestershire
Anneka Newman	Staff Governor, Medical Dental & Nursing	Nothing to Declare
Kizzy Kukreja	Staff Governor, Medical Dental & Nursing	Nothing to Declare
<i>Katherine Stratton *</i>	<i>Staff Governor, Medical Dental & Nursing</i>	
Nic Matthews	Staff Governor, Health & Social Care Professions	Nothing to Declare
Alison Feher	Staff Governor, Health & Social Care Professions	Nothing to Declare
Sarah Nicholson	Staff Governor, Health & Social Care Professions	Chair of Governors at Hardwicke Parochial Primary Academy
Katie Clark	Staff Governor, Management & Administration	Nothing to Declare
Karen Bennett	Staff Governor, Management & Administration	Nothing to Declare
Anne Roberts	Staff Governor, Management & Administration	Nothing to Declare
<i>Brian Robinson *</i>	<i>Appointed Governor, Glos County Council</i>	
Julie Clatworthy	Appointed Governor, Glos CCG	Registered Carer for relative with Learning Disabilities and Physical Disabilities Standing member of Quality Advisory Committee 2 at NICE (appointed 2012). Gloucestershire Health & Care Council of Governors (as CCG Representative), from June 2020. Covid Vaccination Nurse, University Hospitals Coventry & Warwickshire NHS FT, from Jan 2021. Covid Vaccination Nurse, Coventry & Warwickshire Partnership NHS Trust Mass Vaccination Hub, from Jan 21. Covid vaccination Nurse, South Warwickshire GP Federation, from Dec 20.

* No return received

** Resigned from Governor position

REPORT TO: COUNCIL OF GOVERNORS – 12 May 2021

PRESENTED BY: Lavinia Rowsell, Head of Governance/Trust Secretary

AUTHOR: Lavinia Rowsell, Head of Governance/Trust Secretary

SUBJECT: PROVIDER LICENCE – SELF-CERTIFICATION APPROVALS

This report is provided for:

Decision Endorsement Assurance Information

The purpose of this report is to:

To provide Governors with an opportunity to feed into the Trust's Annual Self-Assessment process.

Recommendations and decisions required

Governors are asked to note and take assurance from the process by which the Board makes its annual licence declarations.

Executive summary

The Trust Board is required each year to self-certify regarding compliance with the conditions of its provider licence and the systems and processes for ensuring such compliance. The Board has processes in place to enable it to receive assurance about its corporate governance systems, both through the year and at year end when these declarations must be made.

The Board must sign off its self-certification on systems for compliance with the licence by 31 May 2020, and must publish this declaration by 30 June. The Board's declarations need no longer be submitted to NHS Improvement, but NHSI may select a sample of Trusts from July 2021 whose declarations will be audited.

The Board is responsible for ensuring compliance with the Trust's licence and any constitutional, statutory and contractual obligations placed upon the Trust. It is therefore a matter for the Board to scrutinise the detail of any supporting evidence of compliance ahead of making these declarations.

In addition, the Board makes these declarations '**having regard to the views of Governors**'. The Council of Governors should express its views in the context of its statutory duty to hold the Non-Executive Directors to account for the performance of

the Board; the Council of Governors should therefore base its views on the robustness of the Board's own assurance process in coming to a decision.

This report seeks to provide evidence of that assurance process to Governors. A copy of the supporting evidence of compliance, which will be provided to the Board, is attached as background information. Governors are invited to comment about the declaration process to allow the Board to take account of Governors' views when making these declarations.

Risks associated with meeting the Trust's values

Regulatory risk the Trusts fails to make the required declarations within the prescribed timescales and/or makes and false declaration.

Corporate considerations

Quality Implications	None
Resource Implications	None
Equality Implications	None

Where has this issue been discussed before?

These declarations are considered on an annual basis. The process involves the Executive, Council of Governors and Board.

Appendices:	Governance Statement and Additional Information
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Report authorised by:

Lavinia Rowsell

Title:

Head of Corporate Governance

PROVIDER LICENCE SELF ASSESSMENT – 2020/2021

REPORT TO GOVERNORS

INTRODUCTION

- 1.1 The provider licence requires the Board to make a series of annual declarations to confirm the Trust's compliance with the licence conditions, and also to confirm that the Trust has and intends to keep in place systems and processes to implement appropriate standards of corporate governance.
- 1.2 The individual declarations comprise:
 - Corporate Governance Statement
 - Governor Training declaration
 - Systems for Compliance with Licence Conditions declaration
- 1.3 A further declaration, in relation to the continued availability of resources to provide 'Commissioner Required Services' is not applicable to the Trust as it has not been formally designated by its commissioners as providing such services.

2. PROCESS

- 2.1 The Board uses the following process to receive assurance regarding compliance with these requirements, and thus to inform any declaration.
- 2.2 **Corporate Governance Statement**

The Corporate Governance Statement requires the Board to confirm that the Trust has in place appropriate systems and processes for good corporate governance. It must be signed off by the Board no later than 31 May, and relates to the Trust's systems and processes at the time of the declaration, and also to the forthcoming 12 months.

 - 2.2.1 In making its declaration, the Board reviews a report written by the Trust Secretary which sets out the evidence it is able to rely on in making a declaration of compliance. This report draws on a number of other sources of information and assurance such as Internal Audit reports, External Audit reports, inspection reports, etc. Reports to the Board, Audit and Assurance Committee, Resources Committee and Governance Committee bring to the Board's attention any external assurances or areas for improvement highlighted through, for example, the Patient Survey, CQC inspection reports, patient safety reports, internal and external accreditations, etc.
 - 2.2.2 Where there are any anticipated risks to compliance with the licence conditions in the coming 12 months, these are also set out in the report along with any mitigating actions. The Board must include these risks and mitigating actions in its declaration. The report is scrutinised by the Executive Committee before going to the Board in order to further verify the evidence provided, correct any errors and make additions where appropriate.
 - 2.2.3 Because of the timing of the Corporate Governance Statement, Executive is also able to cross-reference some of the evidence provided in the report with the content of the Annual Governance Statement (AGS). The AGS is a backwards-looking statement about risk and internal control included in the Annual Report, and is reviewed both by the Executive Committee and the Audit and Assurance Committee, as well as by the

Trust's External Auditor. The Trust's Internal Auditor also has a key role to play in auditing the Trust's system of internal control, and the Chief Executive draws on the annual Internal Audit programme in making his Annual Governance Statement in the Annual Report. The Audit and Assurance Committee reviewed the final draft AGS on 6 May 2021.

2.2.4 The Board is also able to cross reference the evidence supplied in the report to the regular reports received by it and its committees during the year regarding in-year compliance with governance, financial, quality and performance requirements. These reports have been subject to detailed scrutiny and challenge by Non-Executive Directors and Executive Directors. Reports provided by the Trust's Internal Auditor provide an additional source of evidence for the Board, and this evidence is supplemented by the Trust's segmentation rating under the Single Oversight Framework, and by other external assurance around quality such as any relevant quality accreditations, or formal/informal assessments and inspections.

2.2.5 The evidence received by the Board to support the Board's Corporate Governance Statement declaration, including information about relevant risks to compliance with licence conditions, is attached as background information at Appendix 1 of this report to the Council of Governors. The Council should note that for reasons of space, this is a non-exhaustive list of evidence. The Board will be invited to make a declaration of compliance in its Corporate Governance Statement regarding systems and processes in place now and for the year ahead.

2.3 **Governor Training**

2.3.1 The declaration regarding Governor training requires the Trust Board to confirm that it has provided Governors with the necessary training to undertake their role. As with the other declarations, this draft declaration is reviewed by the Executive Committee.

2.3.2 The provision of training to Governors is a requirement within the Health & Social Care Act 2012, but the Act does not specify what training should be provided. The report to the Board outlines training and development opportunities provided to Governors. A number of training opportunities provided by external organisations are made available to Governors. Over the past year, Governors have participated in two bespoke training sessions provided by NHS Providers on the Role of Governors and Holding to Account. Governors also receive a local induction, and have opportunities to learn about the work of the Trust through a series of induction meetings and presentations. Access to Trust services and site visits have been more limited due to the Covid pandemic. Over the last year a detailed handbook and induction session has been put in place for governors and an ongoing training plan developed. Governors have taken part in development sessions on aspects of the Trust, for example Strategy Development, the Staff Survey, the Annual Report and Accounts and the outcome of the CQC Mental Health Survey.

2.3.3 The Board will be asked to declare compliance on its Governor training declaration

2.4 **Systems for Compliance with Licence Conditions**

This declaration is in two parts. Part 1 looks backwards to the financial year just ended. Part 2 deals with the year going forward. The Board receives a report which highlights the systems and processes that the Trust has in place to enable compliance with the conditions of its licence. The report is scrutinised by the Executive Committee prior to

submission to the Board, and any errors and omissions are rectified. Much of the evidence provided in support of this declaration of compliance also supports other declarations. The Board is able to rely therefore not only on the evidence presented specifically for this declaration, but also that presented for the Corporate Governance Statement which has been the subject of discussion and challenge by Executive and Non-Executive members of the Board at meetings of the Audit and Assurance Committee, Resources and Quality Committees throughout the year.

- 2.4.1 The evidence received by the Board to support its declaration is attached as background information at Appendix 2 of this report. The Board is being asked to confirm that it has had systems and processes in place to comply with its licence conditions in the year just ended, and also that it will have those systems and processes in place in the year ahead.

2.5 **Availability of Resources**

- 2.5.1 Where foundation trusts are providers of 'Commissioner Requested Services' those trusts are required to make a declaration regarding the availability of resources to continue to provide those services for the coming 12 months. Commissioner Requested Services are defined as services that should continue to be provided locally even if the provider is failing financially, and Commissioners will formally designate relevant providers as providers of CRS.

3. **CONCLUSION**

- 3.1 The Board has a robust process in place for assessing evidence in order to make the required self-certifications. The evidence the Board relies on in making these declarations is supported where relevant by external assurance such as Audit reports, or CQC inspection reports. The Non-Executive members of the Board have discussed many of the issues included in the evidence base in Board and Committee meetings, ensuring that the evidence has been subject to robust challenge not only on the day of the declaration but throughout the year.

Governance Statement	Evidence for current compliance		Suggested declaration
<p>The Board is satisfied that GHC NHS Foundation Trust applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.</p>	<ul style="list-style-type: none"> • Organisational leadership through Board • Local accountability through Council of Governors • Engagement programme with stakeholders • Scheduled Board meetings including public meetings • Committee structure and Committee meeting programme • Performance dashboards to Resources Committee and Board • Quality monitoring and reporting to Quality Committee • CCG observers at Quality Committee • Quality Report and indicators • Financial reporting monthly to Board/Resources Committee • Financial control systems in place • Information Governance function and reporting • Risk management framework and governance reporting • Assignment of key risks to relevant governance Committees • Regular update and review of risk register • Datix incident reporting system • Council of Governors statutory roles in holding NEDs to account • Patient safety reports to Board and Quality Committee • Patient Stories agenda item at public Board meetings • Meeting evaluation at each Board meeting • Whistleblowing and other organisational policies and procedures in place (including Freedom to Speak Up Guardian) • External audit and internal audit programme • Clinical audit programme • Compliance with FT Code of Governance • Trust Constitution • Trust vision and values • Annual Governance Statement • Mandatory disclosures in Annual Report • Statutory and mandatory training 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> • Corporate induction for all new starters • Fit and proper person test for Board and Governors • Revised Conflicts of Interests and Risk Management Policies • Statutory registers in place • Single Oversight Framework segmentation of 1 at end 2020/21 • Positive CQC inspection report • Revised interim governance arrangements to respond to Covid-19 signed off by the Board and alignment to NHSE and NHSI guidance 		
The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	<ul style="list-style-type: none"> • Regular CEO Reports to Board highlight relevant new publications/guidance • Policy and guidance regular item at Board and appropriate Committees • External Auditor Sector development report • NHS I Bulletins received by Exec Directors and Trust Secretary • Annual Reporting Manual guidance • Compliance with FT Code of Governance confirmed in Annual Report • Legal bulletins and updates received by Trust Secretariat Team and disseminated as appropriate 	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust implements effective board and committee structures	<ul style="list-style-type: none"> • Annual Committee effectiveness review • Committee membership focused to reflect skills – based on skills identified during appointment process • Strong clinical presence on Board • Committee summary reports to Board • Locality Governance structures • Sub-committees mapped 	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust implements clear responsibilities for its Board, for	<ul style="list-style-type: none"> • Constitution sets out Board responsibilities • Committee duties aligned to core Board responsibilities • Committee Terms of Reference reviewed annually and substantive changes approved by the Board 	No unmitigated risks identified	Confirmed

<p>committees reporting to the Board and for staff reporting to the Board and those committees</p>	<ul style="list-style-type: none"> • Committee agenda planners reviewed regularly • Scheme of Delegation in place setting out delegated responsibilities and powers reserved to Board and reviewed • Revised Standing Financial Instructions in place and reviewed 		
<p>The Board is satisfied that GHC NHS Foundation Trust implements clear reporting lines and accountabilities throughout its organisation</p>	<ul style="list-style-type: none"> • Clear Executive portfolios • Defined management and committee structure • Chief Executive is Accounting Officer • Director of Nursing, Therapies and Quality & Medical Director lead on quality and service experience matters • Medical Director is Caldicott Guardian • Deputy CEO is Senior Information Risk Owner • Named Board member leads for Learning from Deaths, Counter Fraud, security management, Whistleblowing, Health and Safety, Safeguarding, Equality and Diversity etc • Lead Executive for each Committee • Assignment of organisational risks to appropriate Committees • Committees are accountable and report regularly to the Board • Staff appraisals and objectives processes in place 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to operate efficiently, economically and effectively</p>	<ul style="list-style-type: none"> • Going concern report to Audit and Assurance Committee • Board Finance Reports • Savings Plans in place • Quality Impact Assessments process in place, overseen by Quality Committee • Budget setting process • Strategic Plan • Capital Programme • Performance dashboard to Board/Quality Committee • Quality reports to Board/Quality Committee • Outcomes reporting • Clinical audit programme • Internal audit programme 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> • External auditor in place • CQC registration • Single Oversight Framework segment 1 rating • Service/business planning process 		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with the Licence holder's duty to provide timely and effective scrutiny and oversight	<ul style="list-style-type: none"> • Executive meetings • NED oversight on Board and Committees • Board and Committee agenda planners • Monthly performance dashboards and exception reports • Executive Engagement processes • Board visits (site visits limited due to Covid) • CQC compliance reports to Quality Committee • Overall control total achieved • Cost Improvement Programme 	No unmitigated risks identified	Confirmed
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with health care standards binding on the Licence holder including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions	<ul style="list-style-type: none"> • Performance dashboard reports to Board/Resources Committee • Safety/quality oversight by Quality Committee • CQC/Mental Health Act compliance reports • CQC inspection report • Medical/nursing revalidation programmes • Mental Health Legislation Scrutiny Committee oversight • Executive engagement processes with staff to ensure connection in place with front line staff • Paul's Open Door • Freedom to Speak Up Guardian and advocates • Board visits (site visits limited due to Covid) • Clinical audit programme • Statutory and mandatory training requirements • Clinical policies • PLACE visits • Mental Health Act/Mental Capacity Act policies 	No unmitigated risks identified	Confirmed

	<ul style="list-style-type: none"> • Mental Health Act Managers in place • Quality Report • Regulatory inspection reports/action planning • Inquest reports/action planning • Quality Impact Assessments for efficiency and transformation proposals • QIAs reviewed by Medical Director & Director of Nursing, Therapies and Quality • Staff Survey action plan 		
<p>The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes for effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licence holder's ability to continue as a going concern)</p>	<ul style="list-style-type: none"> • Budget setting process • Savings and transformational change programmes • Fully funded capital programme • Surpluses in previous years to achieve strong liquidity position • Use of liquidity position for strategic plan transformation • Monthly finance reports to Resources Committee and Board • Standing Financial Instructions • Mid-year financial reviews • Authorised signatory lists • Scheme of Delegation • Audit Committee Going Concern reports • Audit Committee Losses/Special Payments reports • Counter Fraud Service and annual action plan • Resources Committee oversight of development opportunities and business cases • Tender submission procedures • Governor approval process for significant transactions • NHSR Clinical Negligence Scheme for Trusts • NHSR Risk Pooling Scheme for Trusts • Annual financial plan approved by Board before the start of the year • Agency staffing controls 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

<p>The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making</p>	<ul style="list-style-type: none"> • Board/Committee agenda planners • Monthly Finance and Performance reports • Performance Point system to provide up to date high quality data • Clinical audit programme provides assurance on data quality • Data quality policy • Data quality requirement in Information Governance Toolkit • Finance and performance reporting aligned to Board/Committee cycle • Chief Executive’s Reports to Board 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence</p>	<ul style="list-style-type: none"> • Risk register reviews by ‘owning’ Committees and overseen by Audit and Assurance Committees and Board • Board Assurance Map review by Executive Committee, Audit Committee and Board • Internal audit programme • Clinical audit programme • Risk consideration as standing Committee agenda item • Incident Reporting policy and culture • Whistleblowing policy and procedure – Freedom to Speak Up • Paul’s Open Door • Quality Impact Assessments process 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery</p>	<ul style="list-style-type: none"> • Annual operational planning process • Development processes involves service users and Governors, e.g. strategic development sessions • Annual plan/operational plan submission to NHS I • Plans aligned to commissioners’ stated intentions • Resources Committee oversight • Executive oversight • Governor involvement on business plan • monitoring reports to Resources Committee • Performance reports 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> • Finance reports • Quality report – external consultation • External auditors report on Quality report – process suspended for 2019/20 in line with guidance from NHSE and NHSI 		
The Board is satisfied that GHC NHS Foundation Trust effectively implements systems and/or processes to ensure compliance with all applicable legal requirements	<ul style="list-style-type: none"> • Access to retained lawyers • Internal and external auditors • Executive leads for each key area of business • Trust Secretariat responsible for constitutional and corporate governance matters/updates • Legal briefings/updates received from a variety of sources • Executive oversight • Information Governance policies and procedures • Clinical policies and procedures • Mental Health Legislation Scrutiny Committee and MHA Managers • Fit and proper person tests • FT Code of Governance compliance reports 	No unmitigated risks identified.	Confirmed
The Board is satisfied that systems and processes in place ensure that there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided	<ul style="list-style-type: none"> • Medical Director and Director of Nursing and Therapies and Quality and are clinicians • Non-Executive Director engagement and review provides rigorous quality challenge – a number of Non-Executive Directors are clinicians or have experience as Non-Executives at other NHS Trusts to inform their challenge • Associate NED in place with clinical specialism • To respond to the Covid-19 pandemic, the Trust put in place a ‘programme approach’ with Executive Directors also having specific responsibilities within the programme. This ensured the maintenance of focus on quality of care. The use of existing expertise and recognised key leads ensured that processes could be activated swiftly without disruption to clinical operation. 	No unmitigated risks identified.	Confirmed

<p>The Board is satisfied that systems and processes in place ensure that the Board’s planning and decision-making processes take timely and appropriate account of quality of care considerations</p>	<ul style="list-style-type: none"> • Quality Impact Assessments for savings plans • Quality framework under development • Quality Report is key element of organisational vision and values • Quality Report defines key quality themes for the coming year • Evaluation of each Board meeting 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place ensure the collection of accurate, comprehensive, timely and up to date information on quality of care</p>	<ul style="list-style-type: none"> • Monthly performance dashboard to Resources Committee/Board • Performance Exception reports to Board • Update reports on Quality Report • Regular Patient Safety report to Board • Data Quality assurance processes in place 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place ensure that the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care</p>	<ul style="list-style-type: none"> • Monthly performance dashboard to Resources Committee • Performance Exception reports to Board • Regular update reports on Quality Report • Regular Patient Safety report to Board • Performance reports to Resources Committee and Board • Data Quality assurance processes in place 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>
<p>The Board is satisfied that systems and processes in place ensure that GHC NHS foundation trust including its Board actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources</p>	<ul style="list-style-type: none"> • Quality Report consultation • Update reports on Quality Report shared with stakeholders including Clinical Commissioning Groups, Health Watch and Overview and Scrutiny Committee, and feedback encouraged • Engagement & Communication processes • Patient survey • Staff Survey • Complaints and Comments process • Patient and Staff Friends & Family Tests • Patient Story is regular agenda item at public Board meetings • Stakeholder Engagement Events (limited due to Covid) • Quality Outcomes published through public Board papers and in Annual report 	<p>No unmitigated risks identified</p>	<p>Confirmed</p>

	<ul style="list-style-type: none"> • Joint Negotiating and Consultative Committee • Local Negotiating Committee and Medical Staff Committee • “One Gloucestershire” ICS Clinical and non-clinical workstreams 		
The Board is satisfied that systems and processes in place ensure that there is clear accountability for quality of care throughout GHC NHS foundation trust including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate	<ul style="list-style-type: none"> • Quality Governance assigned to Exec Directors • Non-Exec Director oversight of Quality • Clinical Leads • Service Leads • Heads of Profession • Lead Nurses • Board Committee and sub-committee structure 	No unmitigated risks identified	Confirmed
The Board of GHC NHS foundation trust effectively implements systems to ensure that it has in place personnel on the Board, reporting to the Board and within the rest of the Licence holder’s organisation who are sufficient in number and appropriately qualified to ensure compliance with the Conditions of this Licence.	<ul style="list-style-type: none"> • Board recruitment processes • Governor appointment of Non-Exec Directors • Appointment & Terms of Service Committee for Executive recruitment • Budgeted establishment • Delegated recruitment processes • Recruitment and selection policy • Appraisal and revalidation policies • Ward staffing levels information 	No unmitigated risks identified	Confirmed
<p>Supporting Information: The following mitigations were put in force to maintain good governance and oversight during the response to Covid – 19 pandemic and enable confirmation to be given that there are no unmitigated risks.</p> <p>In March 2020, in response to Covid-19 the Board agreed revised interim governance arrangements to ensure that resources were focused on necessary clinical and operational matters to enable safe and sustainable service delivery. These revised interim arrangements reflected guidance from NHSE and NHSI. Board Committees, other than the Audit and Assurance Committee were temporarily suspended, with individual work plans reviewed to ensure all</p>			

issues to be considered were reviewed and either postponed or identified for alternative governance processes as set out below, and any urgent Committee business considered directly by the Board. This included:

- The establishment of a short-life **Board Assurance Committee** focussing on the impact of the exceptional measures being taken in response to the Covid 19 pandemic
- The establishment of an Ethics Group to support executive directors who are making decisions that have complex ethical considerations

The Board continued to ensure open and transparent operation by continuing to operate public Board meetings, which were conducted virtually. The Council of Governors has also moved to remote meeting processes and a newsletter introduced to ensure governors are regularly updated.

Normal governance arrangements resumed in July 2020. The governance arrangements were reviewed again in November 2020 in response to the second wave of the pandemic and minor adjustments agreed.

PROVIDER LICENCE CONDITIONS – OVERVIEW AND ADDITIONAL EVIDENCE

	Licence Condition	Condition summary	Evidence for compliance
General Conditions			
G1	Provision of Information	Provision of information to NHS I	Operating plan Strategic plan submission Ad hoc submissions to NHS I via portal
G2	Publication of information	Publish information as directed by NHS I	Information on website e.g. Board profiles
G3	Payment of fees to Monitor	Pay fees to NHS I as required	Not applicable - no fees requested to date
G4	Fit and Proper Persons	Not to appoint unfit persons as Directors or Governors	Exclusion criteria in constitution for Directors and Governors Directors' recruitment procedures Governor election rules <i>'Fit & Proper Persons: Directors'</i> test incorporated into Board recruitment Annual FFPT declarations by Board/Governors
G5	NHS I guidance	Have regard to NHS I guidance	Code of Governance compliance Single Oversight Framework compliance
G6	Systems for compliance with licence conditions	Have systems in place to comply with licence conditions	Outlined in the appendices to this report
G7	CQC registration	Be registered with the CQC	CQC registration in place
G8	Patient eligibility & selection criteria	Set and apply transparent criteria to determine who can receive health care	Commissioner service specifications

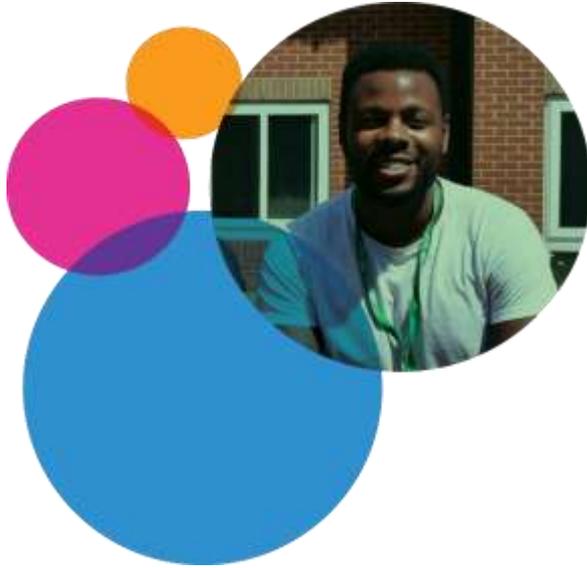
	Licence Condition	Condition summary	Evidence for compliance
G9	Application of Section 5 – Continuity of Services	States that the Continuity of Services conditions apply where commissioner-requested services are provided	Not applicable
Pricing			
P1	Recording of Information	Record pricing information if required by NHS I	Not required to date.
P2	Provision of Information	Provide information to NHS I	Provision of information via portal
P3	Assurance report on submissions to NHS I	Provide an assurance report re Condition P2 if required by NHS I	Not required to date
P4	Compliance with the National Tariff	Comply with national tariff	There is no national tariff in place for mental health PbR, where tariffs apply for other areas these are complied with as demonstrated through reports to commissioners.
P5	Constructive engagement re local tariff modifications	Engage with local commissioners re tariff modifications	Agreements in in place with both Gloucestershire CCG (and Herefordshire CCG – up to 31/3/20) re price tariff. Regular monthly meetings take place where performance reports are presented and discussed.
Choice & competition			
C1	Patients' right of choice	Patient notified of choice of provider	Not applicable to Mental health Services In place other services as required. During Covid-19 any limitations on Patients' right of choice were in line with NHSE and NHSI direction

	Licence Condition	Condition summary	Evidence for compliance
C2	Competition oversight	Not to restrict or distort competition	Legal advice obtained where appropriate when bidding for services/entering partnerships.
Integrated care			
IC1	Provision of integrated care	Not to act detrimentally to the provision of integrated care	Local Health Economy 'Better Care Fund' proposals IAPT/primary care services integration Collaborative within One Gloucestershire
Continuity of services			
CoS1	Continuing provision of Commissioner Requested Services	Continue to provide CRS as specified except in certain circumstances eg with Commissioner agreement	Not applicable as Trust does not provide Commissioner Requested Services
CoS2	Restriction on the disposal of assets	Not to dispose of any asset without written consent from NHS I	No assets disposed of that provide Commissioner Requested Services
CoS3	Standards of corporate governance and financial management	Apply suitable systems of corporate and financial governance	See evidence in Appendix 1 of this report
CoS4	Undertaking from the ultimate controller	Undertaking from any parent company not to cause a breach of the provider licence	Not applicable
CoS5	Risk pool levy	To pay a risk pool levy to NHS I	Not applicable
CoS6	Cooperation in the event of financial stress	To cooperate with NHS I and others in the event of financial stress	Not applicable

	Licence Condition	Condition summary	Evidence for compliance
CoS7	Availability of resources	Ensure and certify the availability of financial, physical and human resources for the next 12 months	Not applicable as Trust does not provide Commissioner Requested Services
NHS Foundation Trust Conditions			
FT1	Information to update the register of FT's	Provision of certain documents to NHS I	Provision of annual accounts and annual report Provision of current version of the constitution Updates regarding relevant Board and Lead Governor changes
FT2	Payment to NHS I in respect of registration and related costs	Payment of a licence fee to NHS I	Not applicable
FT3	Provision of information to advisory panel	Provision of any information requested by an advisory panel	Not applicable – no information requested
FT4	NHS FT governance arrangements	Apply and certify appropriate systems and processes for good corporate governance	Internal Audit reports Head of Internal Audit opinion External Audit



Gloucestershire Health and Care
NHS Foundation Trust



Appointment of External Auditors



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

What External Auditors do

- External Audit is an examination of the Trust's financial statements and Quality Account
- Audit carried out in accordance with specific rules set by NHSI
- The External Auditor must be independent of Foundation Trust
- They review and test the information prepared by management to support the figures in financial statements.
- Under the 2006 NHS Act Foundation trusts must have an external auditor in place at all times

What External Auditors don't do

- External Audit is not the same as internal audit
 - which provides management with assurance that internal financial processes and systems are working properly- our Internal auditors are PWC
- External Audit don't seek fraud in their work (although if they find it they report it)- we have Local Counter Fraud specialist
- External audit may not compromise their independence by carrying out other work for the Trust e.g. management reviews, tax services

Current External Auditors

- KPMG were appointed as the Trust's external auditor by the 2gether Council of Governors
- The contract from 1 April 2017 covered three audits
- Two extension options were enacted
- The current contract ends 31 March 2022 & covers 21/22 audit
- The Audit and Assurance Committee evaluates the performance of the external auditors via an evaluation questionnaire
- The last evaluation expressed strong level of satisfaction with KPMG's performance
- Benchmarking data of external audit fees paid other NHS Trusts suggested that the fee charged by the external auditors was in line with comparable NHS Trusts

Role of Governors

- The external auditor addresses all their work to the Council of Governors
- Typically external auditors present a report on their work to the council of governors often at the annual general meeting
- The Council of Governors, will work with the Director of Finance and members of the Audit and Assurance Committee to undertake the appointment process
- The final decision on the appointment is made by the Council of Governors

Process

- It is good practice to go through a process for the appointment of the external auditor every 3-5 years.
- It is usually a competitive process:
 - seeking quotes from interested audit firms
 - Assessing the quality of the work that they will perform
 - Agreeing the price they will charge for delivering the services
- Although the Auditors will start from 1st April 2022 we need to allow time for handover from the current auditors

Market Considerations

- The market for External Audit is complex: audit rules are set by regulator but Trusts pay for and appoint
- Each year the NAO and NHSEI increase the requirements on External Auditors, rarely removing work
- Trusts have to make efficiency savings on all budgets each year and have used tendering to drive the lowest price for External Audit
- Governance requirements for frequent tenders drive supplier costs up
- This has had the effect of reducing the available Auditors leading to concerns:
 - lack of availability
 - cost of suitable external auditors
 - experience of auditors available
 - capacity of auditors to respond to tender requests
- NHSE/I aware of the difficulties caused by the lack of market and increases in fees
- NHSE/I taking steps to increase total capacity and to support the audit community e.g. eligibility rules and barriers to entry
- In areas where firms are withdrawing from the market NHSE/I is talking to trusts and other firms to encourage them to increase capacity
- Trusts are being encouraged to explore the market pre tender

Proposed Timeline

Agree specification July 2021

Market Exploration October 2021

Decision to tender November 2021 (Council)

Issue Tender December 2021

Evaluation January 2022

Decision plus stand still February 2022

Contract commences 1st April 2022

First Audit of Accounts ending 31st March 2023

Resources

- [appointing-external-auditorscompressed.pdf \(nhsproviders.org\) Welcome \(ghc.nhs.uk\)](#)
- <https://www.ghc.nhs.uk/wp-content/uploads/Gloucestershire-Health-and-Care-NHS-FT-Annual-Report-2019-20.pdf> (auditors report Page 159)



with you, for you



Gloucestershire Health and Care
NHS Foundation Trust



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