Council of Governors Public Meeting

Thu 19 June 2025, 12:00 - 15:15

Room 10, Sandford Education Centre, Cheltenham

Agenda

12:00 - 12:00
0 min

AGENDA

📄 00_Agenda CoG - Public_June 2025 V4.pdf (3 pages)

12:00 - 12:00
0 min

1. Apologies for absence and quoracy check

12:00 - 12:00
0 min

2. Declarations of interest

12:00 - 12:00
0 min

3. Minutes of meeting held on 6 March 2025

📄 03_COG Public - 6 March 2025 DE KMc.pdf (7 pages)

12:00 - 12:00
0 min

4. Matters arising

12:00 - 12:00
0 min

5. Chair's update

📄 05_Chairs Report - June.pdf (2 pages)

12:00 - 12:00
0 min

6. Chief Executive's Briefing

📄 06_CEO Report - CoG June 2025 Final.pdf (7 pages)

12:00 - 12:00
0 min

7. Governance Briefing

7.1. Re-appointment of the Chair

📄 07a.032 Re-appointment of Chair.pdf (2 pages)

7.2. Appointment of Vice Chair

📄 07a.01a_Appointment of Vice Chair report.pdf (1 pages)
📄 07a.02_ Vice Chair RD.pdf (3 pages)

7.3. Lead Governor

📄 07a.03a_Appointment of Lead Governor report.pdf (2 pages)
📄 07a_o3 Lead Governor RD V4.pdf (2 pages)

7.4. Governor Election

📄 07b_Governor Election Update sf.pdf (2 pages)

7.5. Governance and Nominations Committee Membership

📄 07b_Governance and Nominations Committee Membership.pdf (1 pages)

7.6. Notice of Annual Members Meeting

12:00 - 12:00
0 min

8. Patient Experience Report

📄 08_Coversheet Patient Experience FFT and PALS deep dive March 2025 - CoG June 2025.pdf (4 pages)
📄 08_Patient Experience FFT and PALS deep dive CoG.pdf (21 pages)

12:00 - 12:00
0 min

9. Complaints Report

📄 09_Complaint Update - Coversheet.pdf (1 pages)
📄 09_Complaint Update - June 2025 FINAL.pdf (24 pages)

12:00 - 12:00
0 min

10. Health and Safety Update - Health and Safety Management Framework

📄 10.00_Coversheet - Governors Health and Safety Update June 2025.pdf (2 pages)
📄 10.01_Health and Safety Management Framework V1.4.pdf (31 pages)
📄 10.1_H&S Framework Appendix 1 - Flowchart.pdf (1 pages)
📄 10.2_HS Framework Appendix 2 - Role Responsibilities v.1 draft.pdf (19 pages)
📄 10.3_HS Framework Appendix 3 - ACOPs and HTMs.pdf (2 pages)
📄 10.4_H&S Framework Appendix 4 - TU Safety Representative or Representative of Employee Safety.pdf (3 pages)

12:00 - 12:00
0 min

11. Trust Strategy

📄 11_Strategy Update CoG 17 june 2025.pdf (12 pages)

12:00 - 12:00
0 min

12. Engagement and Involvement Annual Review

📄 12_COVERSHEET COG - June 19th.pdf (2 pages)
📄 12_Engagement Review 2025.pdf (54 pages)
📄 12_Engagement Review - Appendix.pdf (8 pages)

12:00 - 12:00
0 min

13. Non-Executive Director updates

13.1. Report of the Senior Independent Director and Chair of the Finance and Resources Committee

📄 13_NED Update - JMD.pdf (6 pages)

12:00 - 12:00
0 min

14. Update from the Young Influencers

📄 14_Young Influencers presentation 19 June 2025.pdf (7 pages)

12:00 - 12:00
0 min

15. Update from Governors on Visits/Events attended

📄 15_Governors Visits 2025.pdf (3 pages)

12:00 - 12:00
0 min

16. Any other business

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
12.00, Thursday 19 June 2025
Room 10, Sandford Education Centre, Cheltenham
AGENDA
We know that our Council of Governor meetings are a formal occasion where certain rules are followed. However, they are also a place where everyone's thoughts and contributions are encouraged, valued and needed. We would like to give all of our governors the confidence and assurance that your voice is vital to making positive change for all our staff and patients.

Ref	Item	Purpose	Paper	Time
1	***Apologies for absence and quoracy check:*** *Quorum: Two thirds of the Governors in post (Twelve)*			12.00
2	**Declarations of interest**			
3	**Minutes of meeting held on 6 March 2025**	Approval	Yes	
4	**Matters arising**	Information	No	
5	**Chair's update** *Deborah Evans, Chair*	Information	Yes	12.05
6	**Chief Executive's Briefing** *Kevin McNamara, Chief Executive*	Information	Yes	12.15
7a	**Governance Briefing** • **Re-appointment of the Chair** • **Appointment of Vice Chair** • **Lead Governor**	Assurance Approval Endorse	Yes	12.30
7b	• **Governor Election** • **Governance and Nominations Committee Membership** • **Notice of Annual Members Meeting**	Information		12.40
8	**Patient Experience Report** *Katherine Holland, Head of Patient Experience*	Assurance	Yes	12.50
9	**Complaints Report** *Jo Mason Higgins, Acting Associate Director of Safety (Investigation and Family Support)*	Assurance	Yes	13.05
10	**Health and Safety Update** *Kerry Rogers, Director of Integrated Governance* • **Health and Safety Management Framework**	Assurance	Yes	13.20
	Break (15 minutes)			13.30
11	**Trust Strategy** *Will Cleary Grey, Director Improvement Delivery*	Assurance	Yes	13.45
12	**Engagement and Involvement Annual Review** *James Brown, Director of Engagement, Involvement & Communications*	Assurance		14.00
13	**Non-Executive Director updates:** • ***Report of the Senior Independent Director and Chair of the Finance and Resources Committee****, Jaki Meekings Davis, Non-Executive Director*	Assurance and Information	Yes	14.15
14	**Update from the Young Influencers**	Assurance	Yes	14.30
15	**Update from Governors on Visits/Events attended,** *Andrea Holder, Lead Governor*	Assurance	No	14.40

16	**Any other business**			14.50
CONFIDENTIAL SESSION				
17	**Update from the Governors Nominations Committee:** • **Non-Executive Directors Appraisals and Fit and Proper Persons** *Deborah Evans, Chair* • **Chair Appraisal,** *Jaki Meekings Davis, Senior Non-Executive Director*	Assurance	Yes Yes	14.55
INFORMATION ITEMS				
18	**Governor's Log** *Lisa Evans, Deputy Trust Secretary*	Information		
19	**Council of Governors Work Plan**	Information		
	Close by 3.15pm **Date of next meeting: Thursday 4 September at 2pm**			

	Date	Time	Details
Council of Governors Meetings 2025	Thursday 4 September	14.00 to 17.30	Sandford Lecture Hall
	Thursday 4 December	16.00 to 19.30	MS Teams

Governor Attendance during 2024/25

Governor	April	June	September	December	March
A Holder	Green	Green	Orange	Green	Orange
B Pellissery	Orange	Green	Orange	Orange	Green
A Pandor	Green	Green	Green	Orange	Green
B Armstrong	Orange	Green	Orange	Green	Orange
F Hodder	Green	Green	Green	Orange	Green
H Bown	Orange	Green	Green	Green	Green
D Butler	Green	Green	Green	Green	Green
M Babbage	Orange	Green	Green	Orange	Green
I Craw	Orange	Green	Green	Green	Green
M Ellis	Green	Green	Green	Green	Green
O Warner	Green	Green	Green	Orange	Green
P Eagle	Green	Orange	Green	Orange	Orange
P Mitchener	Green	Green	Green	Green	Green
S Bostock	Green	Green	Green	Green	Green
R Peek	Green	Orange	Green	Orange	Green
E Mawby	Green	Orange	Green	Green	Orange
S Mountcastle	Green	Orange	Orange	Orange	Green
A Naylor	Black	Black	Black	Green	Green
D Balkwill	Black	Black	Black	Green	Green

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
14.00, Thursday 6 March 2025
By Video Conference

Present		
Present	Deborah Evans	Trust Chair (Chair)
	Matt Babbage	Appointed Governor, Gloucestershire County Council (to item 10)
	Deborah Balkwill	Public Governor, Stroud
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Douglas Butler	Public Governor, Cotswold
	Ian Craw	Public Governor, Tewkesbury
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Peter Mitchener	Public Governor, Cheltenham
	Amanda Naylor	Appointed Governor, Healthwatch
	Asma Pandor	Staff Governor,
	Russell Peek	Staff Governor,
	Olly Warner	Staff Governor, Other/Non-Clinical Staff
Attending	James Brown	Director of Engagement, Involvement and Communications
	Vareta Bryan	Non-Executive Director
	Suzie Cro,	Deputy Director of Quality (item 8)
	Lisa Evans	Deputy Trust Secretary
	Sarah Favell	Trust Secretary
	Sam Foster	Non-Executive Director
	Marie-Annick Gournet	Non-Executive Director
	Balvinder Heran	Non-Executive Director (to item 9)
	Millie Holmes	Corporate Governance Apprentice
	Kaye Law Fox	Chair of GMS, Associate Non-Executive Director
	Kevin McNamara	Chief Executive
	Sally Moyle	Associate Non-Executive Director
	Debra Ritsperis	Head of Quality (item 8)
	Kerry Rogers	Director of Integrated Governance
	Maria Smith	Associate Director of Education, Learning and Culture (item 7)
Apologies	Bryony Armstrong	Public Governor, Cotswold
	Pat Eagle	Public Governor, Stroud
	Andrea Holder	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Susan Mountcastle	Public Governor, Forest of Dean
	John Cappock	Non-Executive Director
	Mike Napier	Non-Executive Director

Ref	Item
1	**Apologies** Apologies were noted as above.
2	**Declarations of Interest**

	Sally Moyle declared an interest in item 13 on the agenda (Minute 9) and would leave the room during discussions.
3	**Minutes of meeting held on 10 September 2024** The minutes of the meeting held on 10 September were approved as an accurate record. Notes of the inquorate meeting, 12 December 2024 were noted as accurate.
4	**Matters arising** The updates to actions would be approved at the next meeting.
5	**Chairs Update** The Council received the regular report from the Chair of the Trust regarding her activities since the last Council of Governors meeting in December 2024. Governors noted that two Non-Executive Directors, Mike Napier and Balvinder Heran would be leaving the Trust in May, when their terms of office came to an end. The Chair acknowledged the contributions both had made during challenging times. Recruitment for two new Non-Executive Directors had taken place and the Chair thanked all those involved in the process. The Governors noted the visits attended by the Chair. The Chair had also spent time with staff governors; joining Olly Warner at a team meeting, with colleagues from primary care in attendance. She had met with Sam Bostock the previous week. Sam ran a holistic service for patients living with the after effects of radiotherapy, sharing good practice with colleagues across the south west. The Chair reported that these meetings had helped her learn more about Trust services and to appreciate the richness of the staff governors.
6	**Chief Executive' Report** The report provided by the Chief Executive was taken as read. Kevin McNamara reported on the changes taking place in NHS England with the current Chief Executive stepping down. Governors noted that Sir James Mackey would be taking over as Transition CEO of NHS England with a remit to radically reshape how NHS England and Department of Health and Social Care worked together. Changes in the local system were also noted. Sarah Truelove had been appointed as the new Chief Executive of NHS Gloucestershire ICB and would take up her post during the summer of 2025. The Deputy Chief Executive of the ICB was also leaving to take on a Chief Executive role elsewhere. There was also a new Chief Executive at Gloucestershire County Council, with Jo Walker having been appointed. The reshaping of local authorities would be high on the agenda for her. Staff Iftars were taking place during Ramadan. The first followed this meeting and the second would be held in Gloucester following the Board meeting next week. Kevin reported that between the 8 and 13 January 2025 the Gloucestershire NHS system declared a Critical Incident. This had been due to high levels of need including flu and Norovirus. The third IGIS lab had opened and the Hyper-Acute Stroke Unit at Cheltenham General Hospital had successfully been rehoused at the newly refurbished Hatherley Ward.

Kevin also reported that financially the Trust was expecting a challenging year in 2025/26, with a target of achieving £39m in savings, which equated to c5% of the Trust's income. The draft plan had been submitted, which had identified £9m of savings so far. As a system, £36m still needed to be found; Kevin reported that in order for the whole system to break even, given our deficit the ICB is required to make a surplus to support our position.

Kevin reported that the full results of the Staff Survey would be available the following week. Governors noted the two main questions used by the Trust, which asked colleagues whether they would recommend the Trust as a place to work, or as a place for their friends and family to receive care. Improvement was being seen for both questions and the Trust was in the top 5 most improved trusts, of the group 55 Trusts who used the Picker Survey.

The Chair asked Matt Babbage about his view on the discussions around the changes to local authority boundaries. Noting that two options had been shared; to have one authority for the entire county or split the county into two parts. Matt did not express a preference but noted the benefit of keeping one authority which lined up with the NHS etc.

7	**Staff Voice: Licence to Lead**

Maria Smith updated the Governors on the Licence to Lead programme. She outlined the key components and development programmes within the framework, along with objectives and its potential impact on Trust staff and patients. The programme aimed to ensure that standards were raised and sustained, and that the knowledge and experience of managers and leaders was demonstrated within Well Led.

The programme ensured that expectations of the Trust's leaders and managers were achievable, supported and accountable. The framework was designed to empower and equip managers and leaders at all levels, with the essential skills and knowledge to thrive in their roles. It aimed to create transformational leaders who inspired and motivated. The programme's multi-tiered approach and distinct pathways were outlined. Maria reported that the appraisal process was being reviewed and the programme was aligned to the People Promise.

The Chair noted the importance of this work for the organisation. Olly Warner noted the anticipated reduction in the non-clinical work force and asked where the progression oppression would come from. Maria reported that leadership wasn't a role, it was more about how we lead and develop as an organisation. The programme would develop people before they moved into management roles. Kevin McNamara added that progression may not always be upwards, it may be sideways or a secondment; keeping staff within the NHS would be a positive outcome.

Russell Peek spoke in favour of the programme and noted that appraisals needed to be a two way process. Maria reported that the appraisal must be meaningful; the responsibility rested with the appraisee to lead the conversation. Russell added that there needed to be some thought around how to empower appraisees. Samantha Bostock highlighted the need for good communication with staff; on wellbeing conversations she said that it may be necessary to manage staff expectations. Sally Moyle commended the work and asked how it would be evaluated? Maria reported that she would follow the first cohort through the

	programme. The Trust was working with the University of Gloucestershire to look at how all programmes were evaluated.
8	**Quality Account** Suzie Cro reported that Quality Account was a statutory requirement to be published by 30 June 2025, with input from the stakeholders and specialties, the responsibility to get feedback was noted. The production timeline and the publishing requirements were shared. Suzi reported that the Quality Account was the Trust's annual report to the public about the quality of services delivered. It assessed quality across Trust services and demonstrated commitment to continuous, evidence-based quality improvement, and to explain our progress to the public. There was no guidance this year from NHS England and the process for producing Quality Accounts remained the same as in previous years, with noted exceptions. Suzi outlined the Governors role in the production of the Quality Account. For 2025/26 three priorities safety priorities were identified. The 2024/25 Quality Account set out how these priorities were decided and who was involved in the decision-making process. The Chair asked that a Governors working group be held next time to help shape the Quality Account. Suzi reported that the methodology for the next Quality Account had been set and this could be brought to Governors. The priorities would be drafted by the end of March and published by the end of June. Kerry Rogers suggested including a discussion on the Quality Priorities at the Joint Council of Governors / Non-Executive Director Strategy/Development session, to be held in February. **ACTION** Kevin McNamara reported that the new Trust Strategy was being produced and there would be a push to reduce priorities. He asked Governors to consider what the biggest drivers of harm were. Fiona Hodder reported that pressure ulcer remained a big issue. Debra Ritsperis reported on the work undertaken which included a quality summit. Falls were also discussed. The Governors noted and supported the Quality Account.
9	**Governance and Nominations Committee Report** *Sally Moyle declared an interest in this item and left the room during discussions.* Sarah Favell reported that the Governance and Nominations Committee had met on 24 February 2024. The appointment of two Non-Executive Directors to replace Balvinder Heran and Mike Napier, who were coming to the end of their terms of office, and two Associate Non-Executive Directors was discussed. An open recruitment process had taken place, which concluded with stakeholder meetings on 19 February and interviews on 20 February 2025. The report to the Governance and Nominations Committee was provided, this outlined the process which took place. The views of the Chair, the Director of Integrated Governance and the Director for People and Organisational Development were shared and the report provided the recommendations of the recruitment panel. The Chair reported that there were four outstanding candidates recommended for appointment. The Governance and Nominations Committee commended those recommendations to the Council of Governors.

The Council of Governors APPROVED the appointment of the following Non-Executive Directors:
- John Noble as voting non-executive director from 1st May 2025 for a period of 3 years to 30th April 2028. Annual remuneration of £15,361 (inclusive of inflationary uplift).
- Sally Moyle as voting non-executive director from a date to be agreed by no later than 10 May 2025, for a period of 3 years. Annual remuneration of £15,361 (inclusive of inflationary uplift).

The Council of Governors APPROVED the appointments of following Associate Non-Executive Directors:
- Raj Kakar-Clayton as non-voting, associate non-executive director for a period of 2 years following a date to be agreed imminently with the Chair. Annual remuneration of £7680 (inclusive of inflationary uplift).
- Andy Champness as non-voting, associate non-executive director for a period of 2 years following acceptance of the role and a date to be agreed imminently with the Chair. Annual remuneration of £7680 (inclusive of inflationary uplift).

The Chair congratulated Sally Moyles on her appointment.

10	**Non-Executive Director updates*:*

Non-Executive Director updates*:*

- ***People & Organisational Development Committee***

Marie-Annick Gournet reported that she would be taking over as Chair of the People and OD Committee from Balvinder Heran; she shared her focus for the next year. Marie-Annick highlighted the need to ensure that the Trust had the right people and skills in place. There was a need to ensure diversity across the workforce, including diversity of thought.

She welcomed the license to lead work and the need to nurture talent. The importance of having the right culture in the organisation was noted. Marie-Annick also reported on work taking place to ensure that there was a culture of safety at this Trust, where people felt empowered to speak up. The Freedom to Speak Up work was highlighted.

- ***Quality & Performance Committee***

Sam Foster reported on the role and responsibilities of the Non-Executive Director, her own background as a senior nurse and the work of the Quality and Performance Committee. Sam highlighted the Care Quality Commission's well-led framework, Key Lines of Enquiry. The scheme of delegation for the Quality and Performance Committee was noted. Sam reported that the Committee ensured it was discharging its responsibilities but was also looking at areas that could be strengthened.

Sam reported that the Trust had a well led Executive team and a high calibre of colleagues who presented at the Committee. She reported that Al Sheward (Chief Operating Officer) welcomed performance being discussed alongside quality at the Committee. There was a good open culture at the Trust, a desire to learn and improve and positive work with the Tri

was noted. Challenges were also discussed at meetings; a deep dive into complaints was taking place in March and the Chair highlighted the focus on maternity services.

- *Maternity Services Champion*

Vareta Bryan reported on her work as Maternity Services Champion. She advised that she worked closely with Matt Holdaway (Chief Nurse) and Lisa Stephens (Director of Midwifery) to ensure the quality and safety of maternity services.

Vareta reported that the key elements of assurance included ensuring service users and staff views were reflected, undertaking regular walkabouts and reviewing complaints and feedback. Outcome measures and metrics were also reviewed and Vareta highlighted the Freedom to Speak Up work and work taking place around culture. Vareta also attended the Local Maternity and Neonatal System meetings.

The difficulty in communicating with some maternity services users was discussed. Information, reports and videos were being developed and colleagues had reached out to other systems; Somerset Integrated Care Board would be reviewing some of our work.

Mike Ellis asked if the Cheltenham Maternity Service would be reopened. Kevin McNamara reported that that service had been closed due to high vacancy rates, this had improved and the Integrated Care Board were leading a piece of work on population need which would inform the decision; The Stroud maternity service would also be considered.

Vareta added that measures were in place with Worcester University to ensure that the Trust retained more of the new cohort of midwives it helped to train.

11	**Governor Visits and Events: Feedback and future events**
	The report was taken as read and Governors noted that the programme of visits for 2025 was being finalised. The draft schedule was shared and Governors were reminded to let Corporate Governance know which visits they wished to attend. Extraordinary visits requested by Governors or Board Members during the year would also be accommodated where possible.
	Feedback from Governors following each visit was discussed. Governors noted that this was fed through to the Quality Delivery Group to inform operational and clinical decision making. Work was being carried out to improve that process and to consider how to 'close the loop' and let Governors know what had happened as a result of their comments.
	A visit taking place the following week to the Portering service in Gloucester was highlighted. There were spaces on this visit and Governors were encouraged to contact Corporate Governance if they were available.
	The importance of attending events taking place across the county was also noted.
12	**Any other business**
	There was no further business for discussion.

Close 16.45

Actions/Decisions			
Item	**Action**	**Lead**	**Due Date**	**Update**

	March 2025			
8	**Quality Account** A discussion on the Quality Priorities would be included at the February Joint Council of Governors / Non-Executive Director Strategy/Development session	KR	June	Included on the agenda for the February NED /CoG session. CLOSED
9	**Governance and Nominations Committee Report** The Council of Governors APPROVED the appointment of the following Non-Executive Directors: • John Noble as voting non-executive director from 1st May 2025 for a period of 3 years to 30th April 2028. Annual remuneration of £15,361 (inclusive of inflationary uplift). • Sally Moyle as voting non-executive director from a date to be agreed by no later than 10 May 2025, for a period of 3 years. Annual remuneration of £15,361 (inclusive of inflationary uplift). The Council of Governors APPROVED the appointments of following Associate Non-Executive Directors: • Raj Kakar-Clayton as non-voting, associate non-executive director for a period of 2 years following a date to be agreed imminently with the Chair. Annual remuneration of £7680 (inclusive of inflationary uplift). • Andy Champness as non-voting, associate non-executive director for a period of 2 years following acceptance of the role and a date to be agreed imminently with the Chair. Annual remuneration of £7680 (inclusive of inflationary uplift).			

Report to Council of Governors

Date	19 June 2025
Title	Chair's Report
Author / Sponsoring Director/ Presenter	Deborah Evans, Trust Chair

Purpose of Report (Tick all that apply ✓)

To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	

Summary of Report

Purpose

This report highlights some of my activities since the Council of Governors meeting in March.

- Non-executive Director's appraisals and inductions

Over the past two months I've done the appraisals for all our non-executive directors and associate non executives. These have been rewarding as we have an experienced and committed team. Our Non-Executive Directors meetings and the whole Board development sessions over the last year have helped us develop together.

I've said farewell to Mike Napier and Balvinder Heran and am supporting Sarah Favell in planning the induction programmes for our new Associate Non-Executives, Andy Champness and Raj Kakar Clayton and for John Noble who is a full Non-Executive Director. Sally Moyle, who has moved from being an Associate NED to a full NED has chaired her first meeting of the Charitable Funds Committee and Marie Annick Gournet has become chair of the People and OD committee. Sam Foster has resumed the chair of Quality and Performance Committee. Jaki Meekings Davis has let me know that she is not in a position to offer a second terms with us and we are making the most of her leadership of Finance and Resources until January 2026.

As Non-Executive Directors we all take on roles which support Equality, Diversity and Inclusion and it was good to see that these are becoming productive through the appraisal process. In this context we all chair Consultant interview panels and since the March Council I've chaired panels for Anaesthetics, Trauma and Orthopaedics and the Emergency Department. I am currently twinned with James Clifford who has been chairing our neuro diversity network. The whole board is engaging with an EDI development programme led by Eden Charles and the first session was on the 11 and 12 June.

- Visits

I regard my visits both as intelligence gathering, triangulation and sheer learning.
They have included:
  - The latest graduation event for our quality academy, with presentation of improvement projects of a variety of teams
  - The Trust wide "8 Days of Spring" improvement event. It's good to know that our improvements on ambulance handovers and flow through the hospitals are visible nationally and recognised in our own Integrated Care Board
  - I have continued my programme of shadowing our staff governors. I spent a morning with Russell Peek in neonatology which was a fantastic balance between being

technical and being caring. I observed a robot assisted laparoscopic prostatectomy which is the work of Bilgy Pelissery's team. Bilgy was so closely involved with patients that I will need to return a second time. My final visit will be to spend time with Asma Pandor, our specialist dementia nurse.

- o Our library service is offering a programme of health literacy awareness to clinicians across the Trust and it was stark to realise that the percentage of adults who are below the literacy level ranges from 30% in Cotswold and Stroud to 41% in Gloucester. We had some interesting conversations about how to talk about health conditions in simple terms.
- o Andy Anduvan showed me the work of the Same Day Emergency Care unit at Gloucestershire Royal which had been described to me as the best in the Severn Deanery. (i.e. Trusts extending from Gloucestershire to Somerset)
- o I visited the Frailty Assessment Unit, specifically to join the morning handover and learn how they achieve "flow" first hand. I know that there was a subsequent NED/ Governor visit which was rather different in focus.
- o I'm interested in the development of our security service, so I visited GRH Emergency Department with Kaye Law Fox to see the first stages of the development which will take place over several years. It was interesting to try on a stab vest.

- Governance

The Trust is currently reviewing its readiness for a CQC Well Led inspection through an external organisation called Aqua whose report will give us a useful stocktake of where we are.
For my own learning I attended the NHS Providers on line Good Governance Conference which included a day on patient safety.

- Ambassadorial events

The Deputy Directors of Nursing in our Divisions organised a service at Gloucester Cathedral to jointly celebrate International Nurses Day and International Midwives Day. I found it very inspiring, with a wide range of contributions, including from our staff governor, Asma Pandor

Risks or Concerns
None

Financial Implications
None

Approved by: Director of Finance / Director of Operational Finance	Date:

Recommendation

Enclosures
None

Chief Executive Report to Council of Governors – June 2025

1. People and Culture

1.1 NHS Changes

In March 2025, the Government announced significant NHS changes and cost-reduction measures. These changes aim to streamline organisations, reduce duplication and spending and improve patient care.

The changes will fundamentally reshape how the NHS operates at a national and local level.

The Government announced plans that NHS England would be abolished and absorbed into the Department of Health & Social Care within two years NHS. The aim is to reduce duplication and running costs, ensuring more funds are directed towards patient care.

It was also confirmed that Integrated Care Boards (ICBs) will be required to cut their running costs by 50% by December 2025 as part of a drive to reduce costs and simplify the roles and responsibilities of the different parts of the NHS.

All trusts and systems will be required to reduce their financial deficits and as part of this there is also a target for all Trusts to reduce the growth in workforce that has taken place across the NHS since the pandemic in 'corporate and non-patient supporting roles' by 50% by the end of the year. This means for our Trust we will need to reduce 150 whole-time equivalent roles, and work is well underway to identify options and support staff.

There has been a series of well-attended staff briefings and published frequently asked questions, and we will continue to engage and involve colleagues across the Trust.

1.2 Supreme Court ruling - Equality Act 2010

In April the UK Supreme Court made a ruling regarding the legal definition of a woman under the Equality Act 2010. This judgement will understandably have caused uncertainty and worry for members of our Trans community, including our colleagues and patients.

We anticipate some updated national NHS guidance to help ensure a consistent approach across the NHS and we will work in partnership with our Inclusion Network to review what aspects of our own practice we may be required to adapt following this legal ruling.

This judgement will understandably have caused uncertainty and worry for members of our Trans community, particularly our colleagues and patients.

We are working with partners and will continue to review how the ruling will impact UK law and other national guidelines and best practices and we will respond appropriately.

1.3 Phlebotomy Industrial Action

We welcomed 25 Phlebotomy colleagues, alongside UNISON representatives, at our Trust Board on 8 May 2025 where they were able to ask their questions directly to the Board and have those points answered. These have all now been published on our website: Public Questions at Trust Board May 2025

Following the Board meeting our Medical Director and Director for People met with UNISON to try to resolve the current issues. I have also made my personal commitment clear and I would very

much welcome the opportunity to meet immediately with our phlebotomy colleagues and UNISON, if they pause their strike action, to allow truly constructive discussions to take place.

UNISON began industrial action of Gloucestershire hospital's phlebotomy services in March 2025, which has caused disruption for patients and staff and is presently continuing.

UNISON has argued that Phlebotomists at our hospitals are on the wrong banding, which affects their pay. However, the Trust phlebotomy job description is correctly aligned with the National Profile at a Band 2, which is consistent with other Trusts in Gloucestershire and many across the country.

The Trust has put in place staffing to cover the industrial action and ensure blood can be taken for our patients including general outpatient clinics and the Edward Jenner clinic.

We are keen to see an end to the industrial action and again have asked that they pause the strikes whilst negotiations continue.

1.4   OFSTED report for Little Oaks Nursery

The Trust delivers nursery and early years support for staff at our Little Oaks Day Nursery, and in March 2025 they received an OFSTED "Good" rating across all areas, including overall effectiveness, quality of education, behaviour and attitudes, personal development, and leadership and management.

The inspection report noted that the nursery offers a nurturing and welcoming environment where children are happy, engaged, and supported in their developmental needs.

The team were recognised for how they deliver a broad curriculum, fosters strong relationships with parents and professionals, and focus on the physical, emotional, and social development of the children.

Congratulations to all the team on their hard work.

1.5   HSJ Award - Community Ophthalmic Link project

Our Ophthalmic Imaging Team won a joint award at the recent HSJ Partnership Awards with a number of partners for 'Most Impactful Use of Technology' for the Community Ophthalmic Link (COL) project. The project, the first of its kind in the country when it was launched three years ago, enables secure data sharing between secondary and primary eye care, and has had a real impact—reducing referrals, cutting hospital waiting times, and saving £226,896. It is a great example of how technology and partnership working can benefit patient experience.

The system, OphthalSuite Community Ophthalmic Link, developed by BlueWorks OIMS alongside NHS Gloucestershire, Gloucestershire Hospitals NHS Foundation Trust, and Gloucestershire Local Optical Committee, enables community optometrists to access patient's eye health records quickly and securely.

Launched across Gloucestershire in 2022, it enables community optometrists to access secondary care (hospital) eye examination results in real-time, and search information and statistics, including comparing all exams and ophthalmic imaging taken over different periods. Clinicians also have secure access to view patient's ophthalmology data including photos, scans, videos, metadata, GP letters and care plans.

The success of the project means Gloucestershire is the first area in the country to provide complete digital records to optometrists working in the community, which has a direct impact on improving referrals and quality of care across the county.

1.6   Anaesthesia Clinical Services Accreditation (ACSA)

The Trust's Anaesthetist Department have achieved the prestigious Royal College of Anaesthetists Anaesthesia Clinical Services Accreditation (ACSA), for its anaesthetics and allied peri-operative services, becoming the 55th UK department to do so.

This achievement reflects years of hard work, including significant changes to practices and policies and also demonstrates the continued high standards of care. The department has had to manage the Covid pandemic, a significant increase in demand, as well as the wider challenges the NHS has experienced since they started out on the ACAS pathway in 2021.

There will be a ceremony in Cheltenham on 8 July 2025 where the Royal College will formally present five plaques for each of the service teams based in Cheltenham, Cirencester, Gloucester, Stroud and Tewkesbury.

1.7   Changes to Gloucestershire County Council – May 2025 Elections

Following the local elections held on 1 May 2025, Gloucestershire County Council has undergone a significant political shift. The elections were held under new boundaries, increasing the total number of seats from 53 to 55

This result has left the council under No Overall Control, ending the previous Conservative minority administration.

The Health Overview and Scrutiny Committee (HOSC) has been reconstituted with updated membership, including representatives from all six district councils. Cllr Iain Dobie has been appointed Chair, with Cllr Dr Ian Cameron as Vice-Chair. Cllr Andrew Gravells (previous chair) remains on the committee. The first HOSC meeting is on 15 July 2025.

1.8   Gloucestershire's 12-hour ED Performance

In June 2025 the Trust was recognised as one of the top 20 most improved organisations in England for 12-hour Emergency Department performance over the past year.

As part of NHS England's 2024/25 Integrated Urgent and Emergency Care (UEC) Incentives Scheme, Gloucestershire achieved a 2.25% improvement in reducing the number of patients waiting over 12 hours in A&E. This places the Trust among the most improved performers nationally, and as a result, we will receive an increase in the capital budget to support out urgent and emergency care improvements. We are working through the wider implications of this increase before being able to identify how this money will be spent.

This achievement reflects the hard work and commitment of teams across the Trust and contributes to the broader national progress in emergency care delivery, including improved 4-hour ED performance and supporting our ambulance services to improve response times.

However, we know there is more to do in this space and we have set reducing 12 hour waits in ED as a priority for us as an Executive Team this year to build on some other areas of progress we made in areas such as boarding patients over the past year.

2   Performance

2.1   Urgent and Emergency Care

We continue to begin the year from a position of strength, with notable improvements across several urgent and emergency care metrics. The NHS England Urgent and Emergency Care Plan for 2025/26 has now been published, outlining key national priorities for the upcoming winter. These

include a renewed focus on reducing time spent in Emergency Departments (ED), with a minimum expectation that 90% of attendances are completed within 12 hours.

In May, our Emergency Department attendances across both sites saw 14,099 patients, an increase of 739 from April, averaging 455 patients per day. The Trust was the 6th most improved nationally in reducing 12-hour breaches, the proportion of patients ready to proceed within target times improved to 80.3%. We routed an additional 136 patients through Same Day Emergency Care (SDEC) pathways, including Medical SDEC, Surgical Assessment Unit (SAU), Hyper Acute Stroke Unit (HASU), Trauma Assessment Unit (TAU), and Urology Assessment Unit (UAU) at Cheltenham. This contributed to a reduction of 66 patients waiting over 12 hours, improving our performance to 90.3%.

After a prolonged period of stagnation, performance against the four-hour standard is showing positive momentum. A renewed focus on 4-, 8-, and 12-hour targets is in place to sustain this progress and meet the national goal of 78% of patients seen within four hours.

The Trust continues to meet the new national standard for maximum ambulance handover times. Hours lost to delays reduced from 1,820 in April to 1,099 in May (a reduction of 721 hours) with an average handover time of approximately 23 minutes.

The number of patients with no criteria to reside (NcTR) has continued to decline, ending May 2025 at 112, which is a positive change from 140 patients in April 2025, however there is more work to be done across the system to sustain this change.

2.2   Elective (Planned) Care

Elective recovery of the longest waiting Referral to Treatment (RTT) patients has been demonstrated through the progress made in 52 week breach reduction: March (125 down from 588 in February), to 97 in April and 78 in May 2025.

The Trusts performance against the rest of the South West region remains favourable, particularly in relation to RTT performance and 52-weeks as a percentage of incompletes. Many Trusts have remained relatively static on 52-week waits, where GHT has made reductions. As a result, GHFT will now be comparing against all NHS acute trusts nationally - as of 6th June 2025 the trust is ranked 10th best nationally for 52 weeks RTT reduction out of 132 acute providers.

In regard to cancer performance the 28 day Faster Diagnostic Standard (FDS) continues to over-achieve against the original 75% with achievement of 80.5% in March, rising to 80.9% in April and 82.2% in May 2025. Delivery of the 62 day 75% national performance target set by NHSE has proved extremely challenging as demonstrated in April performance (68.6%) following an improvement in March (74.2%). This has largely been attributed to two specialties (Lower GI and Urology) who have significant challenges in pathology turnaround times and surgical operating capacity. Each tumour site has a robust recovery plan in place, with additional capacity anticipated later in the year to deliver large-scale performance improvements.

3.   Quality & Safety

3.1   New Movements Matter campaign launched

The Gloucestershire Local Maternity and Neonatal System has launched a new campaign, #MovementsMatter, to emphasise the importance of monitoring baby movements during pregnancy. This campaign aims to encourage pregnant individuals, along with their family and friends, to contact Maternity Triage if they have any concerns about the baby's movements.

The campaign's primary goal is to ensure that parents-to-be are vigilant about their baby's movements from around 16 to 24 weeks of pregnancy and addresses common hesitations from people who may feel reluctant to contact healthcare providers about changes in baby movements.

The work by LMNS is to raise awareness and ensure,if there are any concerns, to encourage people to call and get checked rather than risk the baby's health. The campaign also aims to correct outdated and incorrect advice, such as the misconception that baby movements slow down towards the end of pregnancy due to lack of space. Additionally, it advises against using home Dopplers as a means of reassurance, as hearing the baby's heartbeat does not necessarily indicate that everything is well.

Information and advice on monitoring baby movements has been published online at www.gloshospitals.nhs.uk/movements-matter.

3.3   Research and Innovation

Over the last few weeks, there have been a number of highlights from across our research and innovation teams that showcase the incredible work happening across our Trust.

Dr Sarah Vinnicombe has been involved in a collaborative research trial (the BRAID Trial) with the University of Cambridge, and the interim results of the study have been published in The Lancet. Sarah has been cited as one of the co-authors, and Gloucestershire Hospitals was the second-highest recruiting site, a fantastic achievement that reflects the dedication of our clinical researchers and research, innovation and genomics (RIG) delivery team. You can read more here:

- *The Lancet: BRAID Trial interim results*
- *BBC News: Extra scans for women with dense breasts*

We have also had several other exciting research funding successes. Our research, innovation and genomics team, supported by Lisa Riddington and the library team, helped secure two NHS NetZero InSites grants. Only four were awarded nationally. These include:

- *GREENHAND*, a greener carpal tunnel pathway
- *HOME*, remote blood pressure monitoring for new and expectant parents

Two Somerset, Wiltshire, Avon & Gloucestershire (SWAG) Cancer Alliance grants were also awarded. One focuses on Artificial Intelligence (AI) in prostate biopsies (Dr Bhim Odedra and Mr Jeremy Nettleton) and the other on improving gastrointestinal (GI) biopsy sampling (Dr Luke Materacki).

Finally, three University of Gloucestershire Small Grants went to Collette Townsend, Dr Helen Makins and Sophie Finch-Turner for work spanning infection prevention, pain management and maternity care.

These achievements speak volumes about the innovation and commitment to research across our Trust. Congratulations to all involved.

4.   Strategy

4.1   Cancer Care on the Move: mobile cancer care unit

A new mobile cancer care unit officially launched in Gloucestershire on 15 April, continuing to bring life-saving cancer care closer to cancer patients across the county. The unit, provided by the cancer care charity Hope for Tomorrow in partnership with the Trust, will offer patients a more convenient, accessible, and comfortable way to receive vital treatment in their local community.

Originally launched in 2007 as the world's first mobile cancer care unit, the unit has played a crucial role in supporting NHS oncology and cancer services in Gloucestershire for over 17 years.

Following fundraising by Hope for Tomorrow, the previous vehicle has been replaced and continues to provide state-of-the-art access, supporting an average of 20 patients per day. Over the past year alone, more than 1,820 patient visits have taken place on board, reducing pressure on hospital oncology departments and helping patients avoid unnecessary travel and the associated time and costs.

4.2   New MRI scanner at both hospitals

The Trust has secured a new state-of-the-art MRI scanner, marking a major upgrade in the hospital's diagnostic imaging capabilities at Cheltenham General Hospital.

The new GE Signa Voyager MRI system replaces the previous scanner, which had served CGH for over 12 years and was at the end of its life. Expertly craned into place following meticulous coordination by the Capital team, the scanner installation included vital chiller system updates to ensure optimal performance.

The new scanner opened in May 2025 and will restore Cheltenham's MRI capacity to two scanners, significantly enhancing diagnostic precision and supporting high-quality patient care. The new MRI not only offers improved image quality and faster scan times but also enhances MRI capacity across the county.

In early June, we cut the ribbon on our new £2.5 million modular MRI unit at Gloucestershire Royal Hospital. This purpose-built facility is designed to improve patient experience, enhance diagnostic capacity and provide a modern and efficient environment for our staff. The unit features the latest MRI technology and reflects our commitment to delivering timely, safe and high-quality care.

This marks a major milestone in our recovery journey following 18 months of reduced MRI capacity due to estate-related challenges. This will make a real difference to patients as we will be able to see more people, more quickly and importantly, reduce delays for urgent and emergency patients waiting in ED and acute medicine.

5.   Regulatory

5.1   Care Quality Commission

The Care Quality Commission's (CQC) report was published on 30 May 2025 and was their inspection of Medical Services at Cheltenham General Hospital in July 2024, leading to a 'Good' rating.

The timing of the CQC inspection coincided with the successful completion of the Fit For the Future programme, which is our vision to create Centres of Excellence at both Cheltenham General Hospital and Gloucestershire Royal Hospital.

Between 16 and 18 July 2024, the CQC inspected the following medical services:

- General Medicine
- Care of the Elderly
- Urgent and Emergency Care
- Specialist Oncology
- Ophthalmology
- Hyper Acute Stroke Unit
- Gastrointestinal and Liver services

The inspection focused on 10 quality statements across the safe, caring, and responsive key questions. The CQC found that the leadership and management of these services demonstrated a strong safety culture, with leaders investigating incidents and sharing learning to promote good practice.

Staff felt supported, with their learning needs met through supervision, appraisal, and specialist training. Effective governance structures were in place to monitor the quality of care and ensure continuous improvement. Staff were encouraged to raise concerns and felt confident that these concerns would be addressed.

The CQC noted that staff worked effectively within a multidisciplinary team structure, and where appropriate included external bodies such as Healthwatch, local support networks, charities, and social care providers, to provide safe care that meets people's individual needs.

Feedback from patients was mostly positive, with many reporting they felt supported in making decisions about their care and treatment and that staff treated them with kindness, empathy, and compassion.

Some patients felt that their partners and loved ones were not always involved in conversations around rehabilitation and goal setting, which is something the services will work to improve. However, those who were involved felt very engaged in their care, which helped them make informed choices.

The CQC also noted some areas for improvement:

- Some nursing vacancies on wards are being filled by temporary staff while recruitment continues:
- More specialist catheter training is needed for staff.
- Continue to involve patients and carers in decision-making about care.
- Improve communication with patients when a ward transfer is needed, and involve patients earlier about discharge and access to support services.

The inspection has also enabled the Trust to assess the impact of our Fit for the Future programme, which aimed to improve the quality of care and services and the positive rating means that both hospitals are now rated as "Good" by the CQC.

Well done to all those teams and colleagues involved in the inspection

Kevin McNamara
Chief Executive

Report to Council of Governors

Date	19 June 2025
Title	Re-appointment of the Chair
Author / Sponsoring Director Presenter	Sarah Favell, Trust Secretary Kerry Rogers, Director of Integrated Governance

Purpose of Report (Tick all that apply ✓)

To provide assurance		To obtain approval	
Regulatory requirement	✓	To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	

Link to Council of Governors Duties

Hold to account	✓	Appointment/remuneration	
Represent interests of members and public		Contribute to strategy	
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	

Summary of Report

1. The Constitution, at clause 9.11.2 states that:

   The Chair shall be eligible for appointment for two three- year terms of office, and in exceptional circumstances a further term of one year. The Chair shall not be appointed to that office for a total period which exceeds seven years in aggregate. Any re-appointment of a Non-Executive Director or Chair shall be subject to a satisfactory appraisal carried out in accordance with procedures which the Council of Governors has approved.

2. Deborah Evans was appointed Chair effective for an initial three-year term on 1 May 2022. The term expired on 30 April 2025.

3. In anticipation of this anniversary the matter came before the Governance and Nominations Committee on 6 November 2024 and the re-appointment of Deborah Evans as Chair for a further three-year term was approved with a recommendation made to the next Council of Governors meeting (December 2024).   This followed a review of the requirements of the Trust in the context of recent changes in key personnel; the appointment of Kevin McNamara as Chief Executive in January 2024 and other executive director appointments during the year.   It also considered the strong performance of Deborah Evans as Chair, as evidenced by relevant appraisals.

4. Unfortunately, the Council of Governors meeting in December 2024 was not quorate and as a consequence it was necessary to undertake a virtual process for approval of the re-appointment. The decision to re-appoint was approved unanimously.

5. Deborah Evans was re-appointed as Chair of the Trust for a further three-year term, effective 1 May 2025 expiring on 30 April 2028.

6. This report is brought to the Council of Governors for information only, recognising the outcome of the approval process completed in December 2025

Risks or Concerns
None

Financial Implications
None

Approved by: Director of Finance / Director of Operational Finance	**Date: Not applicable**

Recommendation
The Committee is asked to NOTE the report.

Enclosures

Report to Council of Governors	
Date	12 June 2025
Title	**VICE-CHAIR APPOINTMENT**
Author / Sponsor	Sarah Favell, Trust Secretary Deborah Evans, Chair

PURPOSE OF REPORT		Tick all that apply ✓	
To provide assurance	✓	To obtain approval	✓
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	

LINK TO COUNCIL OF GOVERNORS DUTIES			
Hold to account		Appointment/remuneration	✓
Represent interests of members and public		Contribute to strategy	
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	

SUMMARY OF REPORT

1. The Trust Constitution (paragraph 9.6) sets out the requirement for the Council of Governors, on the recommendation of the Chair, to appoint a Vice-Chair of Board. Mike Napier carried out this role until the expiry of his term of office on 30 April 2025. John Cappock has been undertaking the role on an interim basis.

2. It is proposed that John Cappock be appointed as Vice-Chair and, subject to the requisite approvals of the Council of Governors his appointment should take effect immediately (as of 19 June 2025).

RECOMMENDATION

The Council of Governors is asked to:
- RECOMMEND the appointment of John Cappock as Vice-Chair for approval by the Council of Governors

ENCLOSURES
- Vice Chair role description

VICE-CHAIR OF THE BOARD ROLE DESCRIPTION

Summary of the role

The Trust Constitution[1] states that acting on the recommendation of the Chair, the Council of Governors shall appoint one of the Non-Executive Directors to be Vice-Chair of the Board. If the Chair is unable to discharge their office as Chair of the Trust, the Vice-Chair of the Board of Directors shall be acting Chair of the Trust.

The Vice-Chair can also be the Senior Independent Director but currently that role is held separately.

Duties and responsibilities

In addition to the duties described here the Vice-Chair has the same duties as the other Non-Executive Directors.

The Vice-Chair and the Board

The Vice-Chair shall normally preside at meetings of the Board of Directors in the following circumstances:

a) when the Chair is unavailable to chair;

b) on occasions when the Chair declares a pecuniary or other potential conflict of interest that prevents them from taking part in the consideration or discussion of a matter before the Board of Directors.

The Vice-Chair and the Council of Governors

The Vice-Chair shall normally preside at meetings of the Council of Governors in the following circumstances:

a) when there is a need for someone to have the authority to chair any meeting of the Council when the Chair is not present;

b) when the remuneration, allowances and other terms and conditions of the Chair are being considered;

c) when the appointment of the Chair is being considered, should the current Chair be a candidate for re-appointment;

d) on occasions when the Chair declares a pecuniary (or other) interest that prevents them from taking part in the consideration or discussion of a matter before the Council.

The Vice-Chair shall not be a member of the Council of Governors.

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[1] Paragraph 9.6

The Vice-Chair and the Governance and Nominations Committee

The Vice-Chair shall be a member of the Governance and Nominations Committee as prescribed by that Committee's terms of reference.

The Vice-Chair and the Appointments and Remuneration Committee

The Vice-Chair shall be Chair of the Appointments and Remuneration Committee as prescribed by that Committee's terms of reference.

29 May 2025

Report to Council of Governors	
Date	12 June 2025
Title	**RE-APPOINTMENT OF LEAD GOVERNOR**
Author	Sarah Favell, Trust Secretary
Sponsor	Deborah Evans, Chair

PURPOSE OF REPORT		Tick all that apply ✓	
To provide assurance	✓	To obtain approval	✓
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	

LINK TO COUNCIL OF GOVERNORS DUTIES			
Hold to account		Appointment/remuneration	✓
Represent interests of members and public		Contribute to strategy	
Approve increase in non-NHS income		Approve significant transactions	
Approve merger/acquisition etc.		Approve constitution changes	

SUMMARY OF REPORT

1. The Trust Constitution (paragraph 8.7) sets out the requirement for the Council of Governors to appoint a Lead Governor.
2. Andrea Holder was appointed as Lead Governor in February 2023 for an initial two-year term (which expired in February 2025), with the potential for extension by two further one-year terms.
3. At the Council of Governors meeting in December 2024 it was confirmed that Lead Governor elections would take place in early 2025.
4. At the Governance and Nominations Committee in December 2024 it was agreed that Andrea Holder's term would be extended to cover the election period. It was anticipated that the election process would be concluded in sufficient time for the outcome to be confirmed at the Council of Governors meeting in March 2025.
5. The interim arrangements were extended to facilitate a period of transition following the appointment of a substantive Trust Secretary in January 2025 and to accommodate the absence of Andrea Holder, Lead Governor during a period of extended leave (February to March 2025).
6. The election/nominations process commenced on 9 May 2025 with the deadline for nominations to be submitted on 23 May 2025.
7. One nomination was received from Andrea Holder, to be endorsed by Governor colleagues. Accordingly, no election process was necessary.
8. It is proposed that Andrea Holder is reappointed as Lead Governor from 9 February 2025 for a further one-year term.
9. The next Lead Governor election/nomination process will take place in January 2026. Andrea Holder will be welcome to seek a further one-year appointment.

The Board would like to thank Andrea for her commitment to the role of Lead Governor and look forward to continuing to work with her during this time.

RECOMMENDATION

The Council of Governors is asked to:
- ENDORSE the re-appointment of Andrea Holder as Lead Governor

ENCLOSURES

- Lead Governor role description

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST

Lead Governor
Role Description

Principal responsibilities as developed at GHNHSFT:

(a)   To act as the point of contact between the Governors and NHS England.
(b)   To sit on the Governance and Nominations Committee (see Terms of Reference).
(c)   To input to the Chair's and Non-executive Directors' annual appraisals on behalf of the Council of Governors.
(d)   To work to ensure a continuing good relationship between Governors and Directors.
(e)   To bring to the Chair's notice any issues from the Governors.
(f)   To work towards the effectiveness of the Council of Governors and its subcommittees.
(g)   To chair meetings of the Council of Governors which cannot be chaired by the Trust Chair, Vice-Chair or other Non-Executive Director due to a conflict of interest.

Conditions of appointment and Term of Office:

(a)   Ideally to be a Governor of at least one year's standing, however a flexible approach will be taken.
(b)   To be appointed by the Council of Governors.
(c)   An initial term of two years, with the possibility of reappointment for two further terms of one year.
(d)   Removal of the Lead Governor will require the approval of three-quarters of the members of the whole membership of the Council of Governors.

Person specification:

(a)   Integrity in accordance with the Nolan Principles, concerning conduct in public life.
(b)   To work in the best interest of patients and of the Foundation Trust in accordance with the Code of Conduct for Governors.
(c)   To represent the position of Governors.
(d)   To be committed to the values of the Foundation Trust.
(e)   Understanding of the Trust's Constitution and how the Trust is influenced by other organisations.
(f)   To be able to commit the time necessary.
(g)   To be IT literate, including ability to use email, Microsoft Office, Internet.
(h)   To have the ability to influence and negotiate.
(i)   To be able to present a well-reasoned argument.

Process for appointment:

• The Trust Secretary will organise the process.
• Any Governor may nominate themselves.
• Any Governor may nominate another Governor with the agreement of the nominee.
• Each candidate, even if unopposed, will provide a short nomination statement.
• If there is more than one nomination there will be an election. A simple majority will win. If there is a tie the Chair of Governors has a casting vote in consultation with Governance and Nomination Committee members.
• If there is a single nomination, the Governors will be asked to endorse (or not) that nomination by voting for that person or abstaining.
• If there are no nominations the Chair, in consultation with the Governance and Nominations Committee, will nominate a Lead Governor for approval by the Council of Governors. The length of the appointment will be agreed with the Governor and approved by the Council.
• A joint Lead Governor position may be considered if two governors agree to work together.
• Two governors may agree to undertake a Lead and Deputy arrangement.

Gloucestershire Hospitals
NHS Foundation Trust

Report to Council of Governors	
Date	Thursday 19 June 2025
Title	Governor Election Update
Author /Presenter Sponsor	Lisa Evans, Deputy Trust Secretary / Kerry Rogers, Director of Integrated Governance Sarah Favell, Trust Secretary

Purpose of Report		Tick all that apply ✔	
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✔
To provide advice		**To highlight patient or staff experience**	

Link to Council of Governors Duties			
Hold to account		**Appointment/remuneration**	
Represent interests of members and public	✔	**Contribute to strategy**	
Approve increase in non-NHS income		**Approve significant transactions**	
Approve merger/acquisition etc.		**Approve constitution changes**	

Summary of Report

Elections are required in 2025 for six seats on our Council of Governors. These elections are for the following public governor constituencies:

- Cheltenham x 1

- Forest of Dean x 2

- Gloucester x 1

- Out of County x 1

- Stroud x 1

In addition, we will also be holding elections in the following staff constituency:

- Nursing and Midwifery Staff Governor

The Corporate Governance team will work with colleagues in the Communications Team and partner organisations to engage with members and other interested parties, in order to publicise the vacancies. The elections will be highlighted through social media and separately to current members. The Trust's webpages and governor information packs are in the process of being reviewed and updated.

We would value support from existing Governors in the efforts to highlight the role to the wider

community. If you are interested in supporting this campaign, please get in touch with the corporate governance team at ghn-tr.corporategovernance@nhs.net.

Sarah Favell (Trust Secretary), in support of the Governors Working Group, is currently reviewing the Trust's Constitution to ensure it is updated and fit for purpose. In that exploratory work the Working Group is considering how the Trust can best ensure that both the membership and the Council of Governors reflects the evolving communities served by the Trust, via both the public constituencies and the stakeholder groups. We will be providing an update on this work at a future Council of Governors meeting but if individual governors wish to comment on this topic, please do get in touch with either the Trust Secretary or Andrea Holder, Lead Governor

The timetable for governor elections is set out within model election rules. These state that the governor election process should be conducted over a 41 working day timetable as a minimum. In order to err on the side of caution the team have chosen a slightly longer timetable, set out below:

Election Timetable

ELECTION STAGE	
Trust to send nomination material and data to CES (Election	Tuesday, 1 Jul 2025
Notice of Election / nomination open	Tuesday, 15 Jul 2025
Nominations deadline	Tuesday, 12 Aug 2025
Summary of valid nominated candidates published	Wednesday, 13 Aug 2025
Final date for candidate withdrawal	Friday, 15 Aug 2025
Electoral data to be provided by Trust	Wednesday, 20 Aug 2025
Notice of Poll published	Wednesday, 3 Sep 2025
Voting packs despatched	Thursday, 4 Sep 2025
Close of election	Monday, 29 Sep 2025
Declaration of results	Tuesday, 30 Sep 2025

Recommendation

Governors are asked to note the report.

Enclosures

None.

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Report to Council of Governors	
Date	19 June 2025
Title	**GOVERNANCE AND NOMINATIONS COMMITTEE MEMBERSHIP**
Author / Sponsor Presenter	Lisa Evans, Deputy Trust Secretary / Sarah Favell, Trust Secretary Kerry Rogers, Director of Integrated Governance

Purpose of Report		Tick all that apply ✓	
To provide assurance		**To obtain approval**	
Regulatory requirement		**To highlight an emerging risk or issue**	
To canvas opinion		**For information**	✓
To provide advice		**To highlight patient or staff experience**	

Summary of Report

Purpose

- To highlight a vacancy on the Governance and Nominations Committee for a staff governor.

Key issues to note

- The Governance and Nominations Committee meets around 5 times per year, as required. Meetings normally last for 1 – 2 hours and are held on Teams.
- The Governance and Nominations Committee is comprised of six members: the Chair and Vice Chair of the Trust, the lead Governor and three other governors (including at least one public and one staff governor).
- The current governor members are Andrea Holder (Lead Governor), Mike Ellis and Peter Mitchener, there is one vacancy for a staff governor and staff Governors are therefore, encouraged to consider nominating themselves for appointment to this Committee.
- A call for nominations will be shared via email on Monday 23 June 2025 allowing one week for nominations to be submitted. If you would like further information or to discuss the role, please contact ghn-tr.corporategovernance@nhs.net or speak to your governor colleagues.

Risks or Concerns

Financial Implications

There are no financial implications from this paper.

Approved by: N/A	Date:

Recommendation

- Governors are asked to note the report
- Staff Governors are asked to consider putting themselves forward as a member of the Governance and Nominations Committee.

Enclosures

None

Report to Council of Governors

Date	19 June 2025
Title	Patient Experience Insight Report incl Q3 summary
Author / Presenter	**Author**: Joanna Allen – Patient Experience Insight Manager **Author and Presenter**: Katherine Holland – Head of Patient Experience **Sponsoring Director**: Suzie Cro – Deputy Director Quality
Sponsoring Director	Matt Holdaway – Director of Quality and Chief Nurse

To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	✓

Purpose of Report

This report provides a deep dive into the processes, insight data and learning through Friends and Family Test (FFT) and Patient Advice and Liaison Service (PALS) as requested by Quality and Performance Committee and presented March 2025. The data used to undertake this review is that received up to the end of December 2024 (quarter 3).

Executive summary

PALS

The Patient Advice and Liaison Service (PALS) is a free, confidential service. PALS staff, support patients, carers and public, help to resolve issues informally and relatively quickly within the hospitals without the need to make a complaint. These interactions are recorded as 'concerns' and Datix is used to record this activity. PALS also answer questions, give advice and signpost to other services where appropriate. This activity is recorded as 'enquiries' these are not recorded on Datix but are logged into a spreadsheet. Additionally, our PALS team record compliments, also using Datix.

Our PALS team consists of 5.41 whole time equivalent (WTE) band 4 PALS advisors and 1 WTE band 6 PALS Manager. The service is based at Gloucestershire Royal Hospital but covers all Trust sites and services. Table 1 shows the breakdown in activity during each quarter and broken down by PALS service.

Activity type	QUARTER 1 Total	QUARTER 2 Total	QUARTER 3 Total
Compliments	78	84	60
Concerns	921	995	932
Enquiry / Advice	761	685	768
Total contacts made to PALS	1,760	1,764	1,760

Table 1 – Quarterly PALS summary data 2024-25

Reporting of activity and themes received within PALS is reported monthly to Quality Delivery

Group with our locally agreed PALS metric of 75% of concerns closed in 5 working days being reported through to the Integrated Performance Report (IPR) via the Quality and Performance Report (QPR). There is no nationally mandated key performance indicators, metrics or standards for PALS. We are required to have a PALS service.

However, with this in mind.
- 262 cases (over 27.1%) that were open and closed on same day
- 61.5% of all cases were closed within 3 working days
- 71.2% were closed within 5 working days
- 83.2% within 10 working days.

Friends and Family Test (Survey)

The Friends and Family Test (FFT) is available for NHS services and provides an anonymous and quick way for patients and carers to provide feedback to an NHS service about their experience.

Our Trust collects FFT ratings[1] and feedback comments via a series of automated text surveys, combined with feedback postcards, and various online surveys.

Individual responses are combined at ward and specialty level and made available to services each month. Summary reports, highlighting the key themes at divisional level, are also produced and shared with Divisional leadership teams for review and learning monthly.

Additionally, FFT activity and themes are reported monthly to Quality Delivery Group with the nationally mandated measures of score by care type and organisation overall through the IPR and QPR. There is no mandated target for FFT score and although NHS England (NHSE) publish the results they encourage organisations to be cautious when looking to benchmark using this data due to the variety of methods used to collect data.

A total of 28,855 feedback ratings were received via the FFT during the third quarter of the year. This is an increase on the same period last year.

The overall positive score for the quarter was 92.2% which was slightly up on the previous quarter (92.0%). Table 2 summarises the FFT positive score and number of responses broken down by care type for each quarter.

		QUARTER 1	QUARTER 2	QUARTER 3
Outpatients	**Responses**	20,106	19,476	17,676
	Positive	94.4%	94.2%	94.5%
Inpatient ward	**Responses**	2,076	1,930	1,772
	Positive	87.8%	87.7%	89.6%
Assessment Unit	**Responses**	1,423	1,299	1,329
	Positive	84.1%	85.5%	87.2%

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[1] The Friends and Family Test (FFT) is feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The basis of the FFT revolves around a set question that asks how patients would rate their overall experience, on a scale of "Very good" to "Very poor".

Day Unit	Responses	4,533	4,729	4,471
	Positive	96.7%	97.2%	97.0%
ED	Responses	3,215	3,490	3,172
	Positive	77.6%	79.0%	77.1%
Maternity (combined)	Responses	485	457	435
	Positive	81.9%	78.3%	85.7%
Total Responses		31,838	31,381	28,855
Total Positive		91.9%	92.0%	92.2%

Table 2 – Quarterly FFT summary data by care type 2024-25

Themes across Concerns, Complaints and FFT

When reviewing all three feedback routes, the themes and subjects are:

- Communication with patient
- Appointment Cancellations
- Appointment availability
- Delay or failure in treatment or procedure
- Failure to provide adequate care

Conclusion

The current position of patient experience data collection, theming and reporting demonstrates positive progress, particularly around triangulation. However, there are several key areas where improvements are necessary.

Firstly, reporting mechanisms to divisions require refinement to ensure that the insights from patient feedback are effectively communicated and responded to. Additionally, there is a need to enhance support for divisions and specialties, enabling them to effectively learn from and act on the feedback they receive.

A focused approach to coproduction in service development is essential, as it fosters collaboration between patients and healthcare providers in creating services that truly meet patient needs. The introduction of a dedicated patient experience group will support this ambition to facilitate greater engagement and input from patients.

The restructuring of quality governance functions will provide the framework necessary for further improvements in triangulation and collaborative efforts across divisions. This is a crucial opportunity, especially in light of the challenges facing our Trust.

In summary, there are strong foundational strengths in patient experience initiatives, targeted adjustments and enhanced support systems will be vital in moving to a culture of continuous improvement in experiences and supporting the rebuilding of public confidence in the NHS.

Risks or Concerns

Financial Implications	
N/A	
Approved by: Director of Finance / Director of Operational Finance	**Date:**
Recommendation	
Council of Governors are asked to receive this report and note: • The themes across services • The improvement work to support the improvement to patient experience • The proposed next steps	
Enclosures	
Patient Experience FFT and PALS deep dive 2025	

Deep dive into PALS and FFT

March 2025

Contents

Purpose of Report

This report provides a deep dive into the processes, insight data and learning through Friends and Family Test (FFT) and Patient Advice and Liaison Service (PALS). The data used to undertake this review is that received up to the end of December 2024 (quarter 3).

Background

National policy and context

In 2022 the National Quality Board published the 'Improving experience of care'. A shared commitment for those working in health and care. 'Experience' is defined here as:
What the person experiences when they receive care of treatment. This can further be described as the 'functional' aspects of care e.g. processes such as booking an appointment or undergoing surgery and 'relational' aspects of care e.g. how a member of staff communicated with the patient. We can then look to the second part to experience which is how these interactions made the patient feel.

This publication then recommends three key principles to delivering the best possible experience of care:
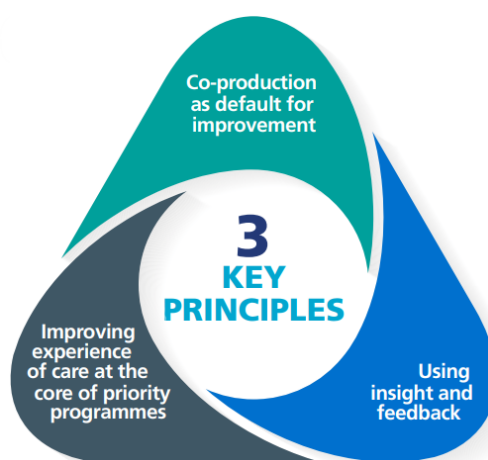
In 2018 NHS Improvement published the Patient Experience Improvement Framework which supports Trusts to learn and improve from feedback. This framework identifies five key themes:

- Leadership
- Organisational culture
- Compassionate culture
- Safe staffing levels
- Consistent incident reporting and learning lessons

It also recognises that, as well as effective leadership and a receptive culture, trusts need a whole system approach to collecting, analysing, using and learning from patient feedback for quality improvement. Without this approach it is almost impossible to track, measure and drive quality improvement.[1]

When reviewing our local data, it is also helpful to understand the overall national picture of public satisfaction with the NHS.

Overall satisfaction with the NHS fell to 24%[2] – a 5 percentage point decrease from 2022. This is the lowest level of satisfaction recorded since the survey began in 1983. Satisfaction with inpatient services remained at 35 per cent (35% in 2022). Satisfaction with outpatient services fell to 44 per cent. Despite falling by 1 percentage point from 2022, outpatient services remain the highest-rated NHS service. Satisfaction with Accident and Emergency (A&E, also known as Emergency Department) services increased 1 percentage point to 31 per cent (30% in 2022). 2024 data is expected later this month.

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[1] NHS Improvement (2018) *Patient experience improvement framework* nhsi-patient-experience-improvement-framework.pdf

[2] The National Centre for Social Research's (NatCen's) British Social Attitudes (BSA) most recent annual survey was conducted between 12 September and 31 October 2023. A nationally representative sample of 3,374 people about their satisfaction with the NHS and social care services. 1,206 people were also asked about their satisfaction with specific NHS services and views on NHS funding. (Jeffries, D. et al (2024) *Public satisfaction with the NHS and social care in 2023*. public_satisfaction_nhs_social_care_2023_bsa_2024.pdf (kingsfund.org.uk))

Our Trust

Our experience data is captured using multiple methodologies to enable us to reach as many of our patients, carers and families as possible. Existing insight routes are through Friends and Family Test (FFT), CQC national patient survey programme, local surveys, Patient Advice and Liaison Service (PALS) and complaints. These, alongside other experience methodologies e.g., patient stories, 15 Steps Challenge, observations of care and focus groups give us good insight into acute services in Gloucestershire. We recognise that we must offer a range of methods for our patients, carers and public to provide feedback in order to enable people to feel comfortable and safe to do so.

Our PALS team have seen an increase in the number of concerns received year on year, additionally the challenges felt across the organisation, system and NHS as a whole are impacting on the concerns raised. There is question as to the speed at which concerns are being closed, additionally, there is a need to triangulate our feedback, specifically from FFT, PALS and complaints in order to support learning.

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Trust data
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Total Positive		**91.9%**	**92.0%**	**92.2%**

Table 3 – Quarterly FFT summary data by care type 2024-25

There are many projects throughout the organisation designed to improve the experiences of our patients, some of these are large programmes of work and others are smaller projects that can make a big difference to our patients and carers experiences.

Through our Quality Improvement team, we support staff to undertake quality improvement initiatives throughout the organisation. To support this the patient experience team support through teaching and coaching on the silver QI programme and Gold Coach programme.

Using Insight and Feedback - Patient Advice and Liaison Service (PALS)

Our PALS team speak with staff and support services to help resolve concerns and issues raised by patients and their carers or families. They also answer questions, give advice and signpost to other services.

All concerns raised are logged on the Trust's Datix system. The team identify key categories and subjects relating to the issues raised, and log them against the department and division involved. This enables us to understand any themes or emerging trends

All other advice, queries, and support requests, known as 'enquiries', are monitored for reference, learning and to gauge service activity. That activity has not been reviewed as part of the scope of this paper.

We closely monitor how we record patient concerns, how we work with teams and how we can actively learn from the concerns we receive. We report monthly and quarterly reporting to divisional teams and through quality delivery group. The main aim being, to help explain and understand the concerns and frustrations our patients experience every day, and to work with and support services to quickly fix issues when they arise.

There are no nationally mandated metrics for PALS. Our organisational metric is to close 75% of concerns within five working days.

PALS Activity - concerns

In quarter 3 there were **932 new concerns** received. Taking into account the existing workload carried forward from the previous quarter, the total number of cases handled was **1,045 concerns**. Of these, 966 concerns were closed. This results in a **closure rate of 92.4% for concerns**.

The team reduced the number of cases carried forward from the previous quarter from 113 to 90. Although the team have reduced this number it means they are still carrying concerns over into each month and subsequently quarter, the new concerns coming in continues to outpace the rate of closure.

	Concern
NEW (cases received)	932
Carried Forward from Previous period	113
Total caseload	**1045**
RESOLVED (cases closed)	966
Open caseload / in progress at end of period	**90**
Closure Rate [4]	**92.4%**
Net Open Cases [5]	**-23**

Table 4 - Quarterly PALS activity (concerns) – quarter 3 2024-25

PALS Concerns: resolution timeframes

Our Trust agreed metric for PALS is a key performance indicator to close 75% of concerns within 5 working days. This has largely been met or close to being met each month.

The average time taken to resolve and close a concern is highly skewed. This is due largely to a growing number of concerns that take a significantly longer time to resolve – such as bereavement cases. These cases are often families wanting a debrief after the death of a relative, this comes after they have spoken with the Medical Examiner and do not want to complain. Some of the requests are and questions have led to the complaints process being recommended. The PALS Manager has taken on the role on liaising with these families and clinicians in order to provide some support to relatives. Many of these cases has involved a meeting with the family and clinical staff. These often take over 30 days to resolve, but can also remain open for over well 100 days, depending on the complexity. The team are working with the bereavement department and clinical staff to see how this can be managed more effectively, and at what point PALS should officially "hand over". There has been an increase in the number of cases requiring this support post covid and further work needs to be undertaken to ensure families are supported. Currently, for governance purposes, cases remain open under PALS until full resolution.

However, with this in mind, during quarter 3:
- 262 cases (over 27.1%) that were open and closed on same day
- 61.5% of all cases were closed within 3 working days
- 71.2% were closed within 5 working days
- 83.2% within 10 working days.

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[4] Closure Rate (%) = (Resolved / Total caseload) × 100 (this metric shows what percentage of all cases, new + backlog, were closed. How well we are handling our caseload)

[5] Net Open cases = Open at end of period – Carried forward from previous period (this metric shows much the backlog has increased or decreased compared to the start of the period. How many more cases have been added compared than resolved)

Pareto chart showing time take to resolve concerns Oct-Dec 2024
(Total concerns closed: 966)
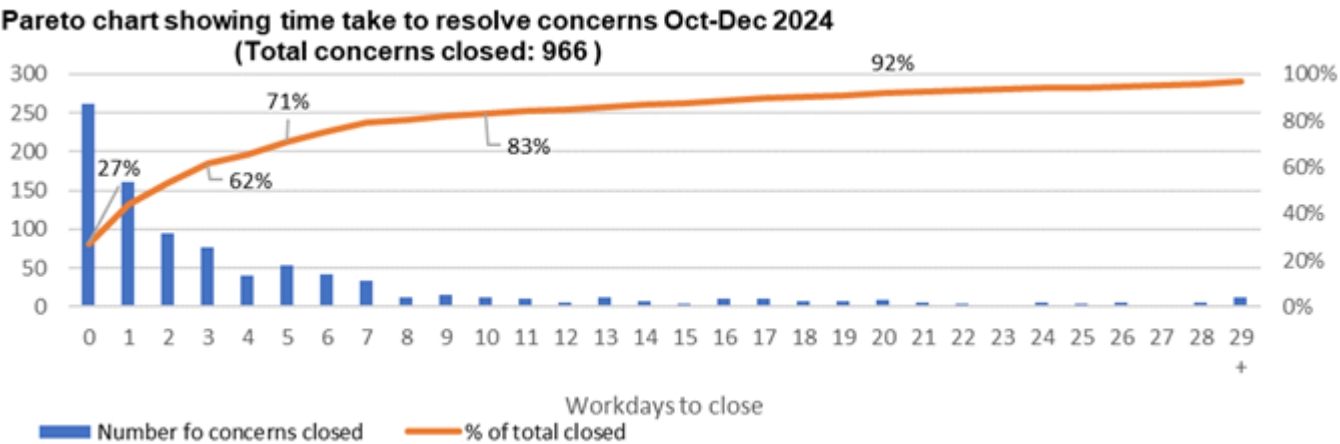
Graph 1 – Time taken to resolve concerns – quarter 3 2024-25

When discrepancies are noted in how concerns are recorded in Datix, which may lead to skew the average resolution time upwards we work closely with the team to understand how they have recorded, including the rationale and then work to streamline our recording process, in a way that is both practical and accurate.

Themes and Trends

We look at the themes – subjects or topics – of concerns to help us identify where improvement might be needed. When a concern is logged, we also note the main case or topic of the issue(s) raised, and which department or specialty it falls under. This allows us to review our other feedback data and work alongside clinical teams, to either help resolve a specific case (PALS), or work towards a broader improvement strategy (combined patient experience measures). Looking at the number of issues associated with a case can also be an indicator for complexity, as it will potentially involve liaising with multiple departments about various issue to be resolved.

In quarter 3, of the 966 concerns received the number of issues to be resolved was 1203, giving an average of 1.2 issues per case.

The table below shows the top subjects and issues raised as concerns during quarter 3 and broken down by division

Subject / Topic of Issue (CONCERNS)	Corporate	D&S	GMS	Medical	Surgical	Virtual Ward	W&C
Communication with patient	15	9		64	67	1	16
Appointment – availability (inc. urgent)		15		45	74		8
Communication with relatives/carers	6	1		34	20		7
Delay or failure in treatment or procedure (including delay in giving medication)		4		18	44		1
Appointment Cancellations	2	1		8	53		

Subject / Topic of Issue (CONCERNS)	Corporate	D&S	GMS	Medical	Surgical	Virtual Ward	W&C
Delay in giving information/results	2	5		20	20		9
Appointment – failure to provide follow-up		1		9	32		2
Discharge Arrangements (inc. lack of or poor planning)				18	13	1	
Failure to provide adequate care (inc. overall level of care provided)				19	7		1
Dispute over diagnosis		5		6	10		3
Delay or failure in acting on test results		3		5	11		4
Referral – Delay				10	8		2
Insufficient information provided	2			3	13		1
Accuracy of health records (e.g. errors, omissions, other patient's records in file)	4			6	4		4
Breakdown in communication re appointments	1	2		4	10		
Length of Waiting List		2			15		
Communication with GP				13	1		2
Attitude of Medical Staff		1		1	11		3
Delay or failure to diagnose (inc. e.g. missed fracture)		1		8	5		2
Referral – Failure		4		1	9		2
Incorrect/no information given				4	10		1
Emergency Department/MIU waiting time		1		10			1
Loss of/damage to personal property including compensation issues	1	1		7	2		
Patient not listened to	1			5	2		2
Attitude of Nursing Staff/midwives				6	3		
Appointment – letter not issued/not received	2	3		1	3		
Cancellation of operation/procedure					7		1
Discharged too early				5	3		
Communication failure between departments	1			3	4		
Trust administration issues	5				1		1
Access to health records	4			2			1
Appointment booking system (including Choose and Book / TRAK)	1				6		
Delay or failure to receive scans / x rays				4	2		
Appointment not kept by Staff		1		2	3		
Lack of privacy / dignity		2		1	3		
Discharge with incorrect / incomplete / without TTO's				2	4		
Car parking – cost	1		1	2	1		1
Inappropriate Care Setting		1		3	2		
Inadequate pain management				3	2		1
End of life care		1		2	3		
Communication failure within department	3				2		1
Access To Services		1		2	1		1
Cancelled/rescheduled surgery/procedure					5		
Appointment error	1				4		
Injury sustained during treatment or operation					4		1

Table 5 – Top Subjects of issues raised by division: concerns closed quarter 3 2024-25

In quarter 3, the issues identified within Concerns was closely linked with the issues identified in Complaints. The most frequently raised subject in both was **communication with patient** – representing **59 complaints (17%),** and **174 concerns (14%)**. We are working on how we can break this data down further and draw out the themes and trends within this subject. Some examples include not being informed in a timely way of the cancellation of appointments, not being able to reach a department, ward or member of staff.

The second most frequent topic of Concerns was Appointment availability (12%), with communication with relatives/carers, **delay or failure in treatment or procedure**, and **appointment cancellations** accounting for approximately. 5% of concerns each.

The second most frequent topic of complaints was **Delay or failure in treatment or procedure** (10%). Failure to provide adequate care and **appointment cancellations** were also top subjects identified within complaints.

The below chart shows the relative percentage of issues contained within concerns and complaints for each subject. This gives equal weighting to both complains and concerns, allowing us to compare themes between the two.

Sub-subject of issues logged within complaints and concerns for cases closed in 2024/25 Q3

Legend: ■ % of complaints ■ % of concerns
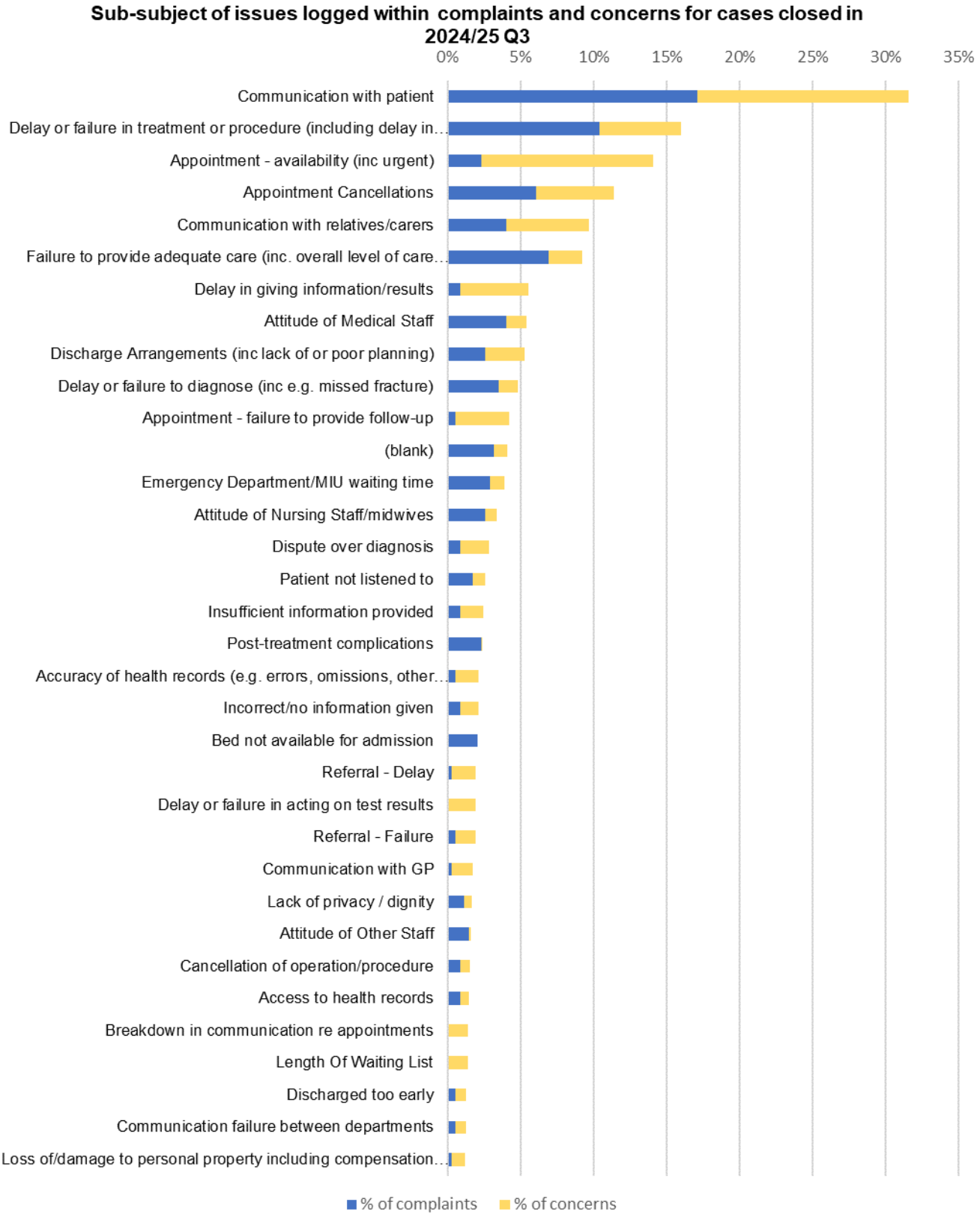
Graph 2 – Sub-subject of issues logged within complaints and concerns for cases closed in quarter 3 2024-25

Using Insight and Feedback - Friends and Family Test[6]

Throughout quarter 3 we received 28,855 FFT ratings with an overall positive score of 92.2%.

There has been improvement in outpatient positive scores, inpatient wards, Same day emergency care assessment units, and Maternity. ED positive scores have decreased from 79% in quarter 2 positive to 77% positive in quarter 3, and Day units have also decreased slightly from 97.2% to 97.0% positive.

The number of responses received was lower compared to quarter 1 and quarter 2, but higher than those received in 2023/24 quarter 3. Response numbers tend to reduce in the Christmas/New year period in line with overall hospital activity.

		QUARTER 1	QUARTER 2	QUARTER 3
Outpatients	Responses	20,106	19,476	17,676
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Table 6 - Table showing number of responses and positive score by Care Type 2024-25
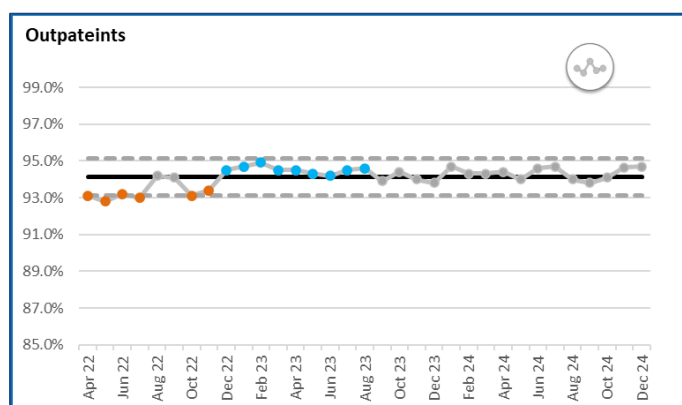
Graph 3 - Outpatients
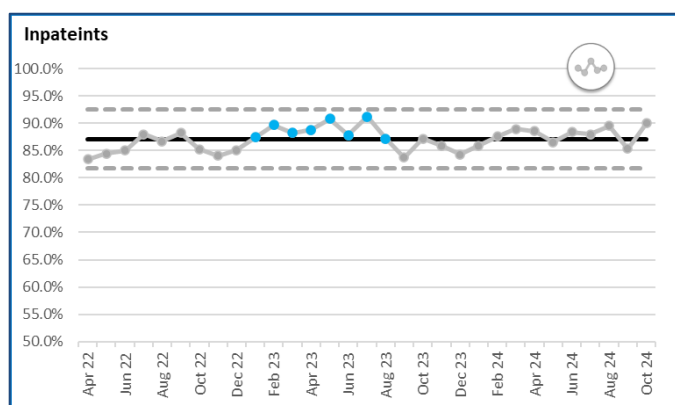
Graph 4 - Inpatients

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[6] This report is based on patient and carer feedback collected via our automated text surveys, plus any feedback postcards used on inpatient wards, or submitted via the online feedback forms available on the Trust main website. Individual comments and ratings are available at ward and specialty level for review by ward managers and service leads. Feedback received, and reoccurring themes identified should be monitored and considered in all activities and projects undertaken across the Trust.
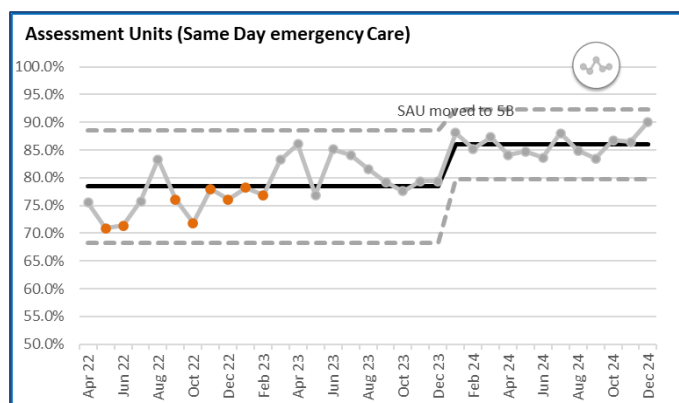
Graph 5 – Assessment Units
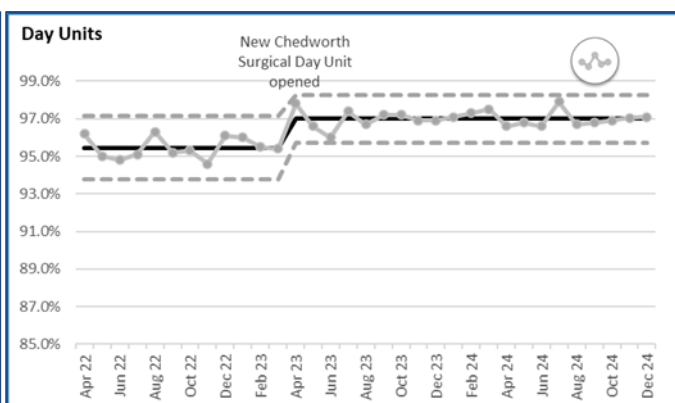
Graph 6 – Day Units
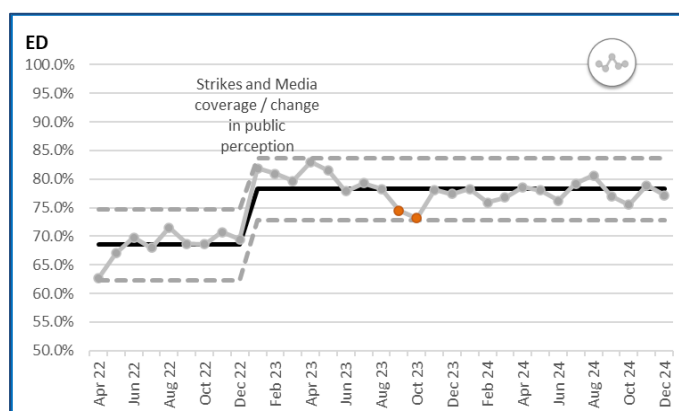
Graph 7 – Emergency Departments
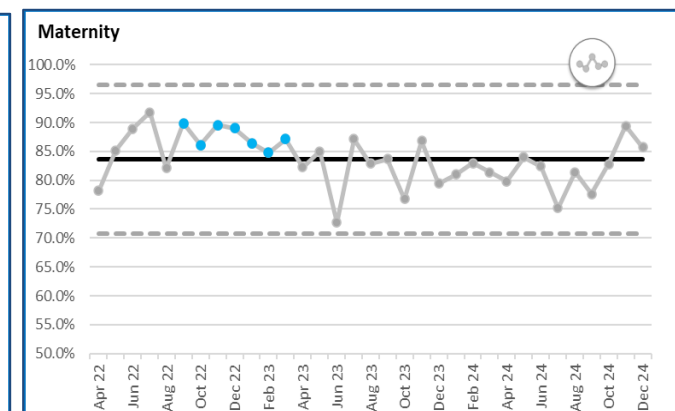
Graph 8 - Maternity

Graphs 3-8 - SPC charts by Care Types (FFT positive percentage)

Outpatient feedback

Key themes include waiting/delays to clinic appointments, and waiting time to get appointment or follow-up. This is further exacerbated when scan or test results are not available on the day, delaying progress to care/treatment, and/or resulting in additional appointments.

- Obstetrics/Midwife episodes feedback include comments about a lack of information, and communication and discussion about risks and options. A few comments mention difficult or unsympathetic interactions with staff.

- Spinal Surgery has received some poorer ratings throughout quarter 3. Comments mention feeling rushed through consultations.

- Trauma ratings have shown some improvement over the last 3 months, however remain on the lower side overall, averaging at around 85% positive. Common concerns are surrounding reasons for referrals (leading to feelings of being dismissed), and a lack of progress being made with ongoing conditions. Delays to receiving scan results or scan appointments are also mentioned. T&O slightly lower with comments mentioning multiple previous cancellations/long waiting lists to get appointments but not have results available on the day. This is an impact of our organisation carrying long waiting lists in some areas, resulting in people being, understandably, less satisfied and therefore reporting a poor experience.

- Gynae outpatient feedback saw a decrease over the quarter, with a decrease to 89.5% positive. There were a couple of comments about not having or being given the of choice of having a female do their procedure. There were also several patients mentioning not being properly prepared for a biopsy or procedure. There were patients that indicating a lack of compassion or empathy towards them, feeling rushed through the appointment and not given enough information about their options.

- Diabetic medicine has received some feedback about not having routine follow-up appointments arranged, or being missed off the list for over a year.

- ENT ratings decreased to 91.6% positive with comments about long waits/delays to clinic appointments.

Inpatient feedback

Inpatient feedback has improved over the last quarter, with very positive feedback for Lilleybrook and Rendcomb wards, Bibury/Snowshill (inpatients), HASU (ACUC), and Cardiology 2 in GRH, and 4B.

Key themes:

Inpatient feedback/experiences are mixed and complex, but often reference availability of staff, communication and information about care and treatment – including discharge arrangements, and facilities and environment.

There are some comments raising concerns over a lack of basic pro-active care, especially for patients with dementia or those who require more physical help with eating and personal hygiene.

While overall patients seem happy with their care, there are a number who expressed difficulty getting staff to help them when needed, and instances of poor communication or explanations on what was happening or what will happen next.

Discharge Experience

Feedback for the Discharge lounge itself, although rated at 74.6%, is largely very positive in relation to staff and the setting/environment; patients are grateful to staff for their helpfulness, and are appreciative of refreshments and general comfort while waiting. Negatives tend to be related to the process and managing expectations.

The discharge experience is mentioned frequently in comments, specifically in relation to the discharge process and how long it takes. The vast majority of negative comments for discharge refer to wait times for paperwork and medication.

Patient expectations of how long the process will take and the reasons for being transferred to the discharge lounge should be clearly communicated and managed to help patients feel informed and cared for throughout.

There have been comments saying patients felt "kicked out" of the ward as the bed was needed by someone else. How we communicate this transfer is important and an area requiring improvement.

Day Case Patient Feedback

Day case patient feedback overall is extremely positive, with many units receiving 100% positive ratings including Bibury, Oakley, Interventional Radiology CGH, and Hartpury suite. There has also been an improvement in positive ratings on 2A annexe over the last quarter from 83.6% to 93.1%.

Key themes: Patients appreciate when staff go the extra mile to make them feel at ease and in safe hands, especially during difficult or uncomfortable procedures, and through worrying and scary times. The ability to talk patients through these situations makes all the difference to their experience.

There have been some slightly lower ratings for Endoscopy in December – themes include waiting in between check-in cannulation and procedure. A few people mention issues with sedation or pain and discomfort during procedures.

In surgery, a couple of comments mention that pre-op information was not correct or confusing. And wait time before op's are difficult especially if not eaten (even worse if then cancelled at the last minute). A few patients mention privacy and dignity either when going down to theatre in just a gown, or when being checked on in recovery.

Same Day Emergency Care (SDEC) / Assessment units

Same day emergency care units have shown good improvement over the last quarter.

Overall, patients are happy with the care and treatment they are given and grateful for the time and concern shown to help them. While waiting times are mentioned, if the issue is fixed and/or patient feels better, then wait times seem to have less of an impact on the overall rating.

Medical SDEC ratings peaked in November with 92.6% positive feedback. AEC ratings have been slightly down with comments about wait times and some poor communication about how appointments are booked/organised.

Both 5B/SAU and TAU received improved ratings in December. Feedback is generally very positive with some patients commenting in surprise at how quickly they were seen, assessed, and even onto theatre in some cases. However, one of the main complaints in negative feedback was a lack of resolution or follow-up for when no cause can be found.

Emergency Departments (ED)

Overall, ratings have been relatively stable to lower in quarter 3. The differences in experience ratings in CGH compared to GRH is getting bigger year-on-year, with improvement in CGH and declining scores in GRH.

Cheltenham ED feedback ratings have been gradually increasing throughout the year, coming to a peak in December at 93.8% positive.

Patients are appreciative of kind and professional staff, many mentioning they were treated quickly and efficiently. There are positive comments about knowledgeable and caring staff, giving good advice and helping to reassure them.

Negatives occur when patients feel dismissed or not listened to. There were a couple of comments mentioning abrupt conversations and/or feeling rushed and not thoroughly checked over.

Gloucester ED ratings have been relatively stable through the year, decreasing just slightly in quarter 3 to 69.9% positive. Again, there are many positive comments about kind caring staff working hard to help and attend to patients as fast as possible.

Many patients appreciate at times there will be long waits. This is eased as they feel looked after and not forgotten. But for others the wait time is just too long, especially for those who maybe particularly frail, vulnerable, or with learning disabilities or dementia for example.

Other negative ratings in GRH also reference a lack of privacy and concerns over needing to convey personal and confidential information in such an open environment. Additionally, reports were received of rude or unsympathetic staff.

Positive score (%) by ED site
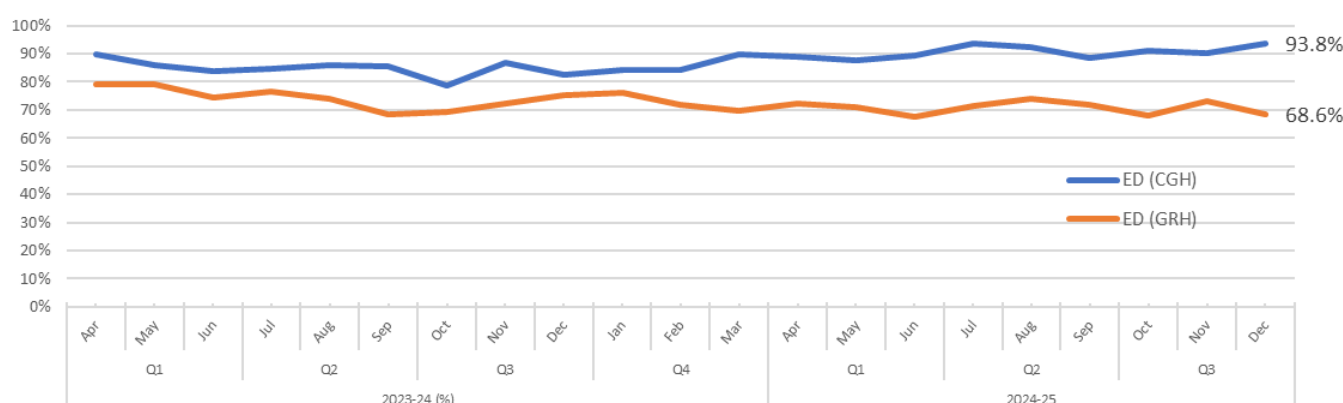
Graph 9 – FFT positive score % by ED site

Maternity

Overall Maternity ratings have improved in quarter 3, driven by a sharp improvement of ratings for the Maternity ward, while the Delivery suite experiences have trended lower ratings. We also saw positive feedback through the CQC National Maternity Survey 2024. Themes for improvement were in line with those seen through FFT.

Delivery/labour experiences have been rated slightly poorer in recent months. In December, there were a couple of comments that mentioned too much focus on machines and protocols. This is an interesting balancing measure as a result of the service increasing the reviews of fetal monitoring, there may be some learning to be had in how we engage women in this to avoid a feeling that we are focused on the machine. A positive comment about not being able to have the relaxing choices they had planned for during a c-section.

Support and reassurance for partners during traumatic/painful episodes was brought up, highlighting the importance of making sure both are kept updated and supported to help reduce anxiety for both mother and partners.

Postnatal experiences on the ward improved sharply in November and remain relatively high in December. There seems to be an improvement in the general atmosphere on the ward, both in terms of noise and privacy, and there were positive comments about breastfeeding support.

There were just a handful of comments saying that they felt alone at times and would have appreciated more check-ins. Availability of water was also mentioned several times.
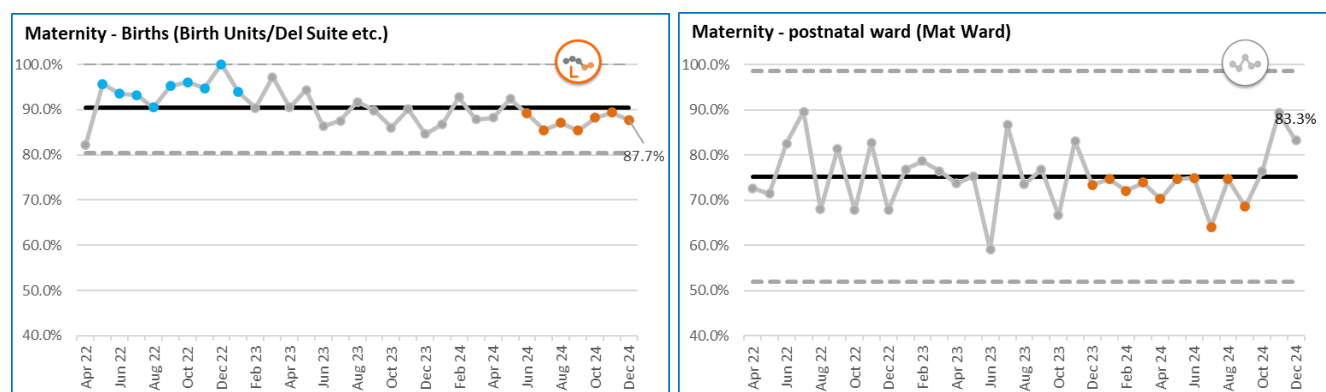
Graphs 10 and 11 - SPC charts for Birthing experiences and Postnatal Maternity ward

Triangulating Complaints and Concerns with FFT

While the FFT provides a different measure for quality of experience in our Trust, there are similar themes that can be found running through the free text commentary.

The below are a selection of comments taken from the FFT that appear to explain and describe issues experienced, that are similar as those identified within concerns and complaints data.

These same themes, that come up frequently through various channels, have a tendency to overlap, with a failure in one potentially leading to failure in another. For example, poor communication about an appointment cancellation, that leads to a delay in treatment. Understanding if, and how these themes impact each other, will help us shape and develop our action planning, and our overall approach to learning and improvement.

It is important to note here that over 92% of feedback received via the FFT is positive, and that a direct correlation between the FFT and complaints and concerns cannot be determined. However, the comments do draw a picture, and help identify trigger points between when a "poor experience" can turn into the need to complain.

Some examples of how comments from the FFT demonstrate the same themes as we are seeing in complaints and PALS are outlined below, the themes or subjects are highlighted. This is how, as a team we theme the quantitative feedback to support divisions to identify themes quickly:

Theme/Subject key:

- ==Communication with patient==
- ==Appointment Cancellations==
- ==Appointment availability==
- ==Delay or failure in treatment or procedure==
- ==Failure to provide adequate care==

14/10/2024	Urgent and Emergency Care	"Overall the experience was very good the overnight nurse was particularly attentive and helpful. ==Getting updates on my second day around treatment and a potential MRI were poor== and it took all day to find out the one booked was ==cancelled==. It was ==not communicated as it was felt I would be upset==, however not knowing and ==delays to being able to come home caused more distress== and disruption to my family."
22/10/2024	Outpatients	==Have been awaiting for an urgent appointment for two months== only to be told upon arrival at the hospital that ==the appointment was cancelled, now rebooked for January 2025==. ==Communication very poor== and wait times are appalling ==considering the urgency and== ==deteriorating health just before having to give birth early due to the issues==
24/11/2024	Outpatients	I had a dreadful first consultation where ==I was dismissed very unkindly==. This appointment ==was a follow up to my MRI in April== and ==after 4 cancelled appointments== and with the help of PALS I was delighted to see an extremely kind and wonderful ENT female consultant. She ensured all aspects of my care were dealt with immediately and I had a correct pathway to deal with my condition. Thank you for making me feel validated.
20/12/2024	Day case	"==Surgery in Cheltenham cancelled==. Rescheduled to Gloucester following week. ==Not expected in ward.== No medical notes available. Had to complete consent forms again. ==No post-surgery / discharge advice==. ==No pain relief medication provided==. Belatedly ==told would have to stay overnight because physio had left for the day==. Elected to discharge myself late in the evening. ==Complete lack of post- surgery advice==."
16/11/2024	Inpatients	Staff overall very attentive and good. Always busy but always helpful. Discharge process really terrible, long delay, ==conflicting information and no information== or other help for my wife who is 92 and nothing to help the leaving or the fact we arrived home late and very waiting tired. ==No support in home so things really difficult==. Such a mess after such a good service the rest of the time.
25/12/2024	Inpatients	I don't think the staff could have done anymore. They were all working very hard. We were sat in the corridor. I do think that if or ==when possible, a member of staff could spend 30 seconds explaining what was causing the delay in treatment. I'm sure that would go down very well with patients and escorts==. I think that would really help everybody to relax better. Just to know that there might be a wait of 1 to 5 hours would ease the tension.

Table 7 – Sample of comments received through FFT showing themes – quarter 3 2024-25

Improving experience of care

There are many projects throughout the organisation designed to improve the experiences of our patients, some of these are large programmes of work and others are smaller projects that can make a big difference to our patients and carers experiences.

Through our Quality Improvement team, we support staff to undertake quality improvement initiatives throughout the organisation. To support this the patient experience team support through teaching and coaching on the silver QI programme and Gold Coach programme.

The below are examples of projects that are supporting the improvement of the patients' experiences. This is not an exhaustive list but designed to give an overview of activity over the last year.

1. **Person-centred care**

- Martha's Rule - As an organisation, we have been an early adopter of Call for Concern (incorporating Martha's Rule) which gives patients, carers and relatives a route to raise concerns if they see a noticeable change or deterioration in their condition. This service is run by the Acute Care Response Team (ACRT) and the Children and Young People's Team. These concerns are documented in the patient's health record, evidencing the concerns have been considered and acted on. Assurance of this service and its effectiveness is taken to Board through our sub-board committee structure.

- Clinical Vision of Flow is designed to support new ways of working to improve the flow through our hospitals. The patient experience team have been working with the discharge lounge on patients' experiences and have recognised that much of the feedback is relating to the ward in which the patient was on before reaching the lounge. The team are undertaking improved outreach work with wards and patients to support this part of the patient journey

- Implementation of pilot '*WordSkii on Wheels'* (on demand video interpreting) within Maternity, Oncology, Therapies and Endoscopy (highest users of translation and interpreting services). Has seen an in increase of 75% in use of interpreters within maternity in one month of use.

- Induction of labour – many of our patient were reporting that they were unsure what to expect when they were coming for induction. The maternity team have been running online education sessions for service users. The recent CQC National Maternity Survey has shown improvements in reported experience around induction of labour.

- Patient Engagement Portal has been implemented to enable patients to have greater control and engagement in their care. We have received positive feedback from patients, particularly among our carers who have found they are now more able to support their cared for.

- Introduction of an Accessibility Panel made up of experts by experience in response to data telling us that patients with a disability and sensory impairment are more likely to have a poorer experience of our services. They are working with us to develop an Accessible Map and are supporting our plans for the new Gloucestershire Cancer Institute.

- Increased use of the ReSPECT form for patient preferences within Breast services – this quality improvement project has looked to ensure those using breast cancer services are receiving personalised care.

- Improvement work is currently underway in CGH Radiotherapy department to ensure our D/deaf patients receive the best experience that is inclusive of their needs. Experts by experience are involved with this project, to ensure the improvements are right for our patients.

2. Supporting Carers

- Carers Charter launched February 2025, the charter summarises what carers can expect from the Trust and how they can support. Aligned to Trust values, the carers' charter will be central to the care planning, delivery of care and discharge for the patient being cared for (with their consent). The charter recognises the knowledge carers have for the person in their care and offers support, for example in how to receive a carer's assessment and signposting to other organisations that can help.

- Carers boxes have been distributed around to all inpatient areas, and packs have been passed to staff who requested them due to the information provided in the staff bulletin.

- Patient and Carer Experience Manager has been holding webinars to engage with the carers of Gloucestershire. This is an opportunity to share the work that is being carried out within the Trust, but also for feedback to be gained, so further improvement work can be undertaken where appropriate.

- Carer Passport Trial – A new carer passport has been designed. The new passports are attached to a stub so that staff can record the allocation details. The recording of issuing carers passports is inconsistent across the Trust, which is why the new design has been implemented.

3. Physical comfort

- Virtual Reality Headset Trial. Following feedback from patients attending the Department of Critical Care review clinic a trial has started in the department to use virtual reality headsets to enable patients to be able to escape to environments outside of the hospital.

- Patient Wellbeing – Feedback from the CQC National Inpatient Survey released in September 2024, showed that our patients would like a better quality of sleep whilst being admitted. Following scoping of Trusts that performed well for this particular question, sleep packs have been distributed to wards as part of a trial and supported by the hospital charity. Anecdotal feedback has been positive.

- Edward Jenner Unit – following feedback from patients as part of the Patient Led Assessments of the Care Environment (PLACE) regarding the poor seating for phlebotomy patients at GRH. The patient experience team have worked alongside the charity to install improved seating. This has made the corridor more accessible and patients have provided feedback about how much it has improved their experiences, particularly when it is busy.

- Art work installations in several areas throughout the organisation with really positive feedback received for the installations in Paediatric ED particularly for the spot the difference artwork.

4. Access to care

- Community Diagnostic Centre – We undertook an experience-based design approach in understanding the experiences of patients and staff at the CDC. The data was

overwhelmingly positive with the exception of signage. This feedback was supported by PALS cases and FFT feedback, as a direct result improved signage has been ordered for this area.

- GP out of hours – Feedback was received from several parents attending GP out of hours with their children, where they were having to navigate through a very busy GRH ED with no signage in order to reach the GP out of hours service in Outpatients. We walked through as described by parents and found that the signage was poor and was causing distress to our younger patients. New signage has been installed to support this pathway.

5.   Transition and continuity

- Work has commenced to support improvements to the transition experience of those patients moving from Paediatrics to adult services, we are utilising a co-design approach to this work

6.   Information, communication and education

- Development and publication of new PALS patient information leaflet to support those using our services to raise concerns and give feedback including in easy read

- Easy read – working with Inclusion Gloucestershire we have been working to translate our patient information into easy read. We have over 600 leaflets and so by working with experts by experience we have been able to prioritise our approach to this work in a way that works for those requiring this format.

- Ask three questions is now added to all of our patient information leaflets to encourage patients to be involved in decisions about their care and treatment

- Digital education team have now started to build a library of patient stories to support improvement and education for our staff. Stories in the library so far include young carer experience, being a Deaf patient in our hospital and living with ADHD.

Next Steps

There is opportunity for us to further improve and refine the collecting, triangulation and reporting of our data to divisions and through corporate governance structures to support learning and further improvement. We also have a responsibility as an organisation to ensure that we are enable all of our patients to provide feedback should they wish. In order to do this, we need to provide our FFT survey in other formats including other languages. This work is planned to be implemented by June 2025.

In order to build on the work already underway we must now bring our attention to how we respond to and work with our patients, carers and staff. We propose to establish a Patient Experience Group during quarter 1 of 2025-26. This groups will give a space to enable discussion and support the delivery of patient experience improvement.

We are proposing that we will complete the self-assessment in the updated Experience of Care Improvement Framework[7] to identify where focus is needed. This framework acknowledges that improving the experience of care is not simple but is crucial to ensure our efforts to improve quality are focused on what matters most or will make the biggest difference. An example of this would be our involvement in the Elective Pioneer Programme.

[7] NHS England (2025) *Experience of Care Framework* NHS England » Experience of care improvement framework

It is expected that the proposed re-structure of the Quality Governance functions later this year will support this work going forward and will encourage increased matrix working across organisation.

Conclusion

The current position of patient experience data collection, theming and reporting demonstrates positive progress, particularly in the area of triangulation. However, there are several key areas where improvements are necessary.

Firstly, reporting mechanisms to divisions require refinement to ensure that the insights from patient feedback are effectively communicated and responded to. Additionally, there is a need to enhance support for divisions and specialties, enabling them to effectively learn from and act on the feedback they receive.

A focused approach to coproduction in service development is essential, as it fosters collaboration between patients and healthcare providers in creating services that truly meet patient needs. The introduction of a dedicated patient experience group will support this ambition to facilitate greater engagement and input from patients.

The restructuring of quality governance functions will provide the framework necessary for further improvements in triangulation and collaborative efforts across divisions. This is a crucial opportunity, especially in light of the challenges facing our Trust.

In summary, there are strong foundational strengths in patient experience initiatives, targeted adjustments and enhanced support systems will be vital in moving to a culture of continuous improvement in experiences and supporting the rebuilding of public confidence in the NHS.

Authors: Head of Patient Experience - Katherine Holland
Patient Experience Insight Manager – Joanna Allen

Presenter: Head of Patient Experience – Katherine Holland
Deputy Director of Quality - Suzie Cro

March 2025

Report to Council of Governors

Date	19 June 2025
Title	Improving our Complaint Handling Processes
Author / Presenter **Sponsoring Director**	Jo Mason Higgins Acting Associate Director of Safety Mark Pietroni, Medical Director and Director for Safety

Purpose of Report (Tick all that apply ✓)

To provide assurance		To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	**x**
To provide advice		To highlight patient or staff experience	**x**

Summary of Report

The presentation to the Council of Governors provides a summary of the action being taken to improve our complaint handling processes. It describes the CQC and PHSO Complaint Handling standards and the emphasis on a learning culture, welcoming complaints, and providing open, honest responses.

The presentation will describe the significant progress made with overdue responses and our journey to improvement on specific areas:

- Access to our complaint handling processes
- How we respond
- The quality of our response
- Timeliness of Response
- Learning from Complaints
- Overall Efficiency; Use of AI

The presentation features feedback on a complex complaint that has been piloted through our New Complaint Handling Framework and also provides a brief description of our Duty of Candour processes; the same running alongside our Complaint Handling Processes.

Risks or Concerns

Improvement required in timeliness and quality of complaint responses.

Financial Implications

Approved by: Director of Finance / Director of Operational Finance	**Date:**

Recommendation

Enclosures

Improving our Complaint Handling Process

Jo Mason-Higgins, Acting Associate Director of Safety

Mark Pietroni, Medical Director and Director for Safety

Standards to Meet

CQC Quality Statement

*"**We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result**"*

- People know how to give feedback and can do so in a range of accessible ways

- People feel confident that if they complain, they will be taken seriously and treated compassionately

- People feel that their complaint will be explored thoroughly and a timely response will be provided

- People are kept informed about improvements and have an opportunity to be involved in that

- Learning from complaints is seen as an opportunity

PHSO Complaint Handling Standards:

<u>Key Principles:</u>

- Promotion of a learning culture for the whole organisation
- Welcoming complaints in a positive and accessible way
- Provides an open, honest and timely response
- Fairly reflect the experience of everyone involved
- Gives staff confidence and freedom to offer remedies
- Ensures learning is identified and used to improve services

Improvement Objectives

- Access to Complaints
- "How" we respond
- "Timeliness" of response
- "Quality" of response
- "Learning" from feedback provided
- "Efficiency" - Use of AI

Accessibility

- Updating Patient Information Leaflets

- Updating Website

- Consultation with Healthwatch and Inclusion Gloucestershire

- Updating Complaint Policy

- Early identification of the need for reasonable adjustments; translation, large print, easy read documentation, braille or audio assistance

- Encouraging/training staff to welcome complaints in a positive way

How We Respond

We Have:

- Referred to PALs
- Referred from PALs to Complaints
- Placed reliance on Complaint Team Resolution
- Responded by report/letter/email from CEO
- Reserved meetings for when the written response has not resolved concerns

How we Respond

We Will:

- Ensure responses from Divisional Leadership Teams
- Reduce reliance on PALs; train and support staff in early resolution of concerns
- Introduce:
  - Early Resolution Process – 20 days, Telephone Call; Meeting from Service Line Lead
  - Standard Process – 35 days; option for initial meeting
  - Complex Process – 65 days, option for initial meeting
- Review of Death Review Policy; proactive offers to meet bereaved relatives

Increasing Numbers of Complaints

Reliance on written responses

Delayed Responses

Delayed Approval of Responses

Silo Working

Capacity, Resource, Resilience
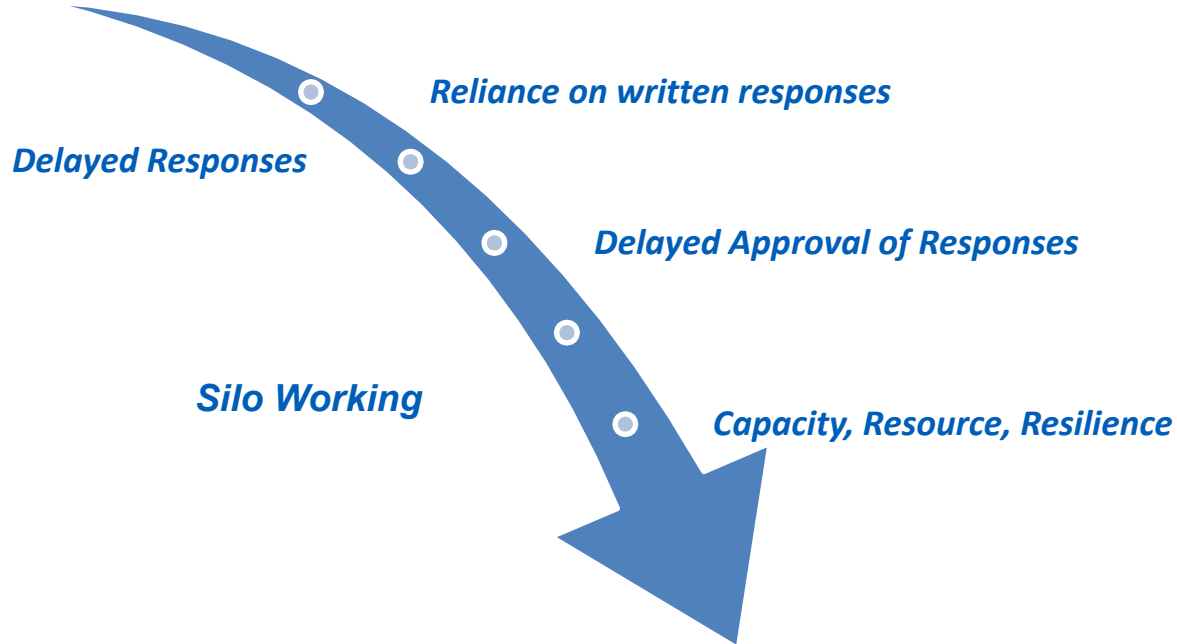
Gradual Decrease in Responses sent on time; 80% to less than 20%

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Timeliness of Response:
Progress with Backlog (Complaints received before 31.12.24)

Number of standard complaints rec'd before 31.12.24 awaiting response

Number of Complex Complaints (rec'd before 31.12.24 awaiting response
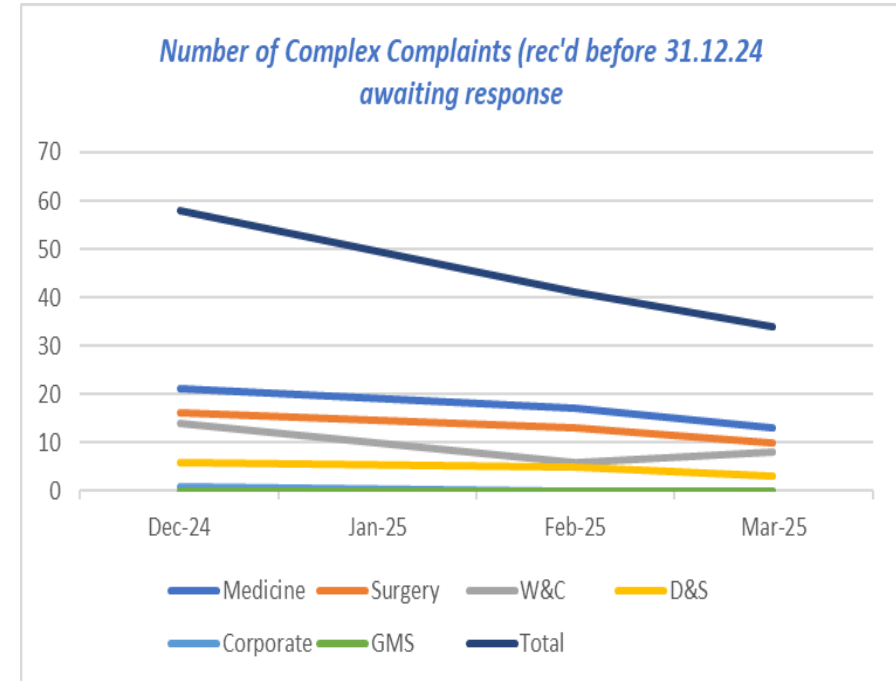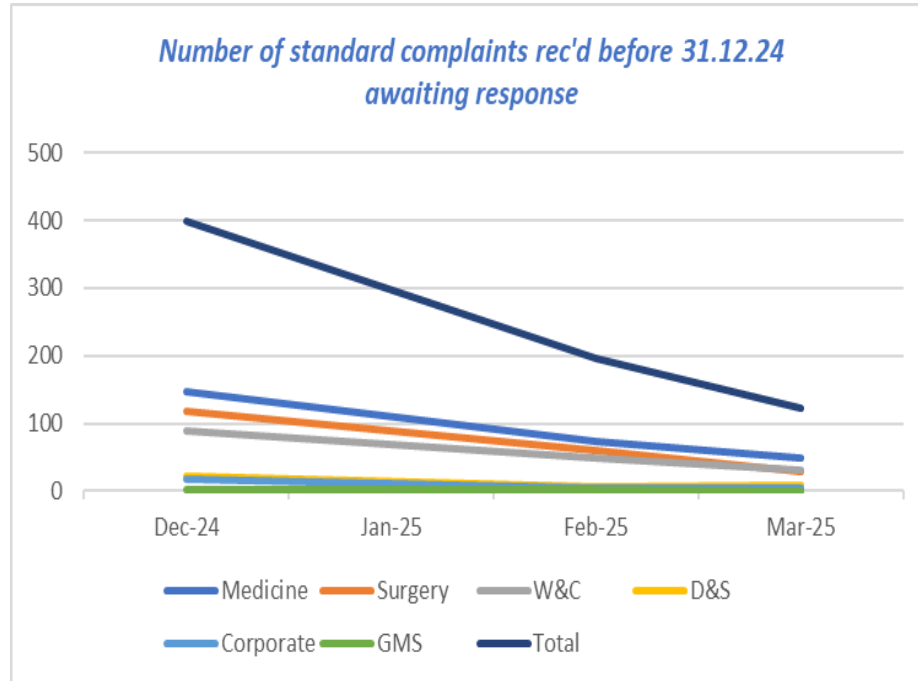
Timeliness of Response:
Current Backlog; Responses due before 31.03.25

- Focussed work on Backlog
- Divisionally Aligned Complaint Managers
- Weekly Touchpoint Meetings (Complaint Managers and Div Tri's)
- Weekly meetings with Medical Director (escalation)
- 500+ to less than 100

Number of Outstanding Complaint Responses (Due before 31.03.25)

Legend: ■ 2023/2024 ■ Q1- 2024/2025 ■ Q2 - 2024/2025 ■ Q3- 2024/2025 ■ Q4-2024/2025

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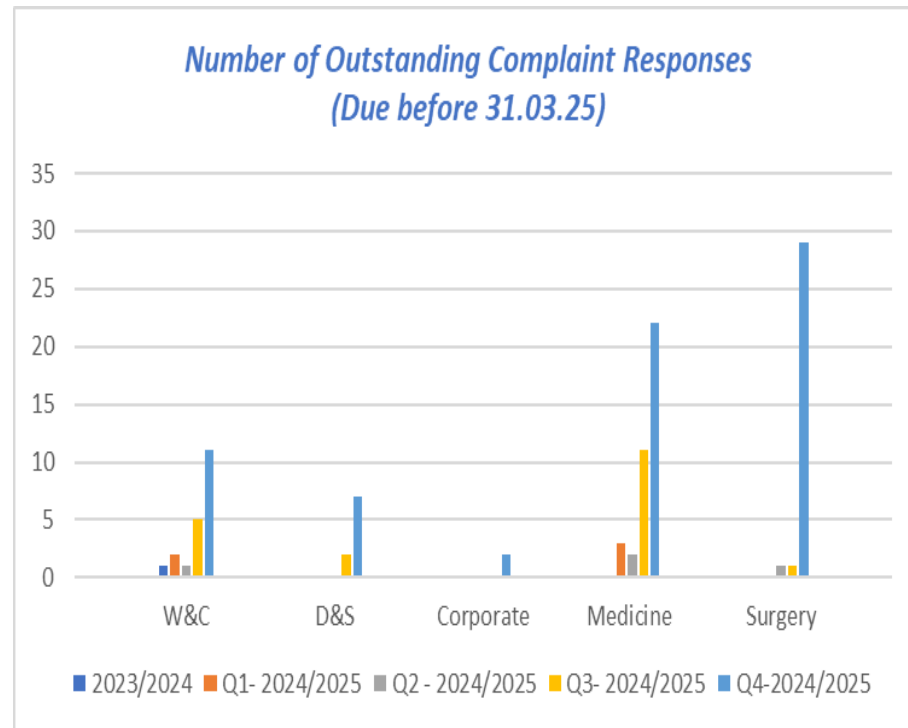
Timeliness of Response:
Numbers received and Numbers Sent

Number of complaints received and responses sent

Timeliness of Response:
Percentage sent within required timescales
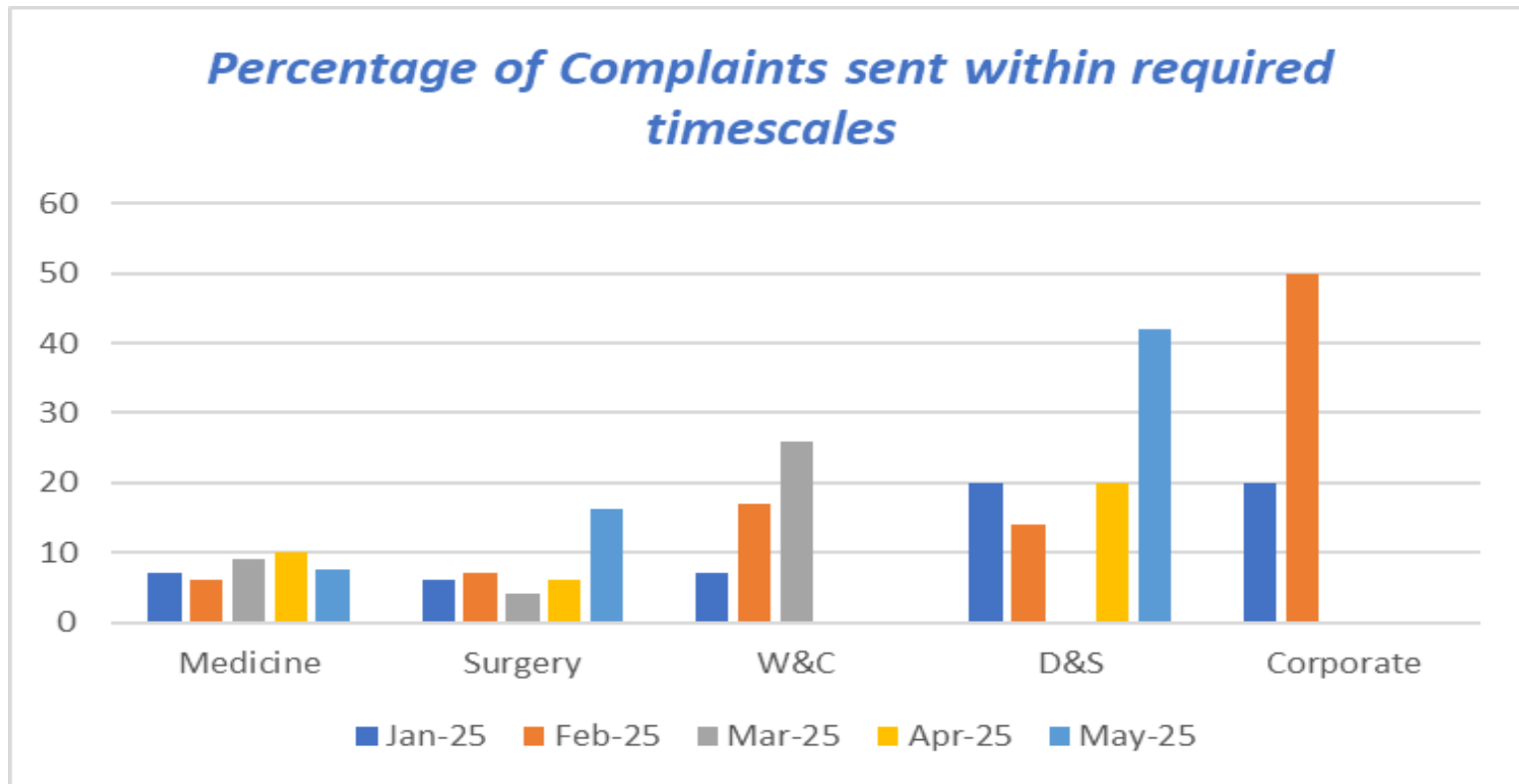
Timeliness of Response: Sustaining Improvement

- Weekly Touchpoint Meetings – BAU

- Co-Design of agenda for Weekly Touchpoint Meetings (escalations, new complaints, early identification of themes/trends)

- Early Resolution; conversations, telephone calls, meetings – BAU

- Specialty/Service Line Ownership and Accountability

- Performance Monitoring through Corporate Board (Complaint Department) Exec Review (Divisions);

- Dashboards

Quality of Response

- Training and Education; Complaint Department, Divisional and Service Leads

- PHSO training

- Complaint Away Day

- New Complaint Framework will provide Complaint Managers and Divisional Leadership teams increased time to quality assure responses; providing advice and guidance to Investigation leads on:

  - Language, tone, meaningful apologies

  - Removing medical jargon

  - Ensuring all concerns are addressed

  - Describing learning and improvement

Learning from Complaints

- Improving real time learning through escalation in Weekly Touchpoint Meetings

- Ensuring every written response includes a section dedicated to learning and an explanation of the action we have taken to improve

- Improving Investigation Manager and Complaint Manager's knowledge of ongoing improvement initiatives; ensuring concerns raised are shared with those Improvement Groups in real time

- Improving action planning section of "Feedback" module; aligning with the Incident Reporting Module; improving Specialty and Divisional Tri oversight of outstanding actions

- Aligning NHSE Issue Fields across PALs and Complaints; improving thematic analysis

- Supporting Trust wide Learning through Experience of Care Meeting; Communication Safety Priority, Sharing Anonymised outcomes with staff and service users (through website)

Efficiency

QI Working Group:

- Co-design of "process" with the aim of improving efficiency, overall

- Qualitative Analysis; service users and staff

- Quantitive Analysis; time saving – where, when, who, assessment of resource

AI/Co-pilot

- Meetings; summaries/actions (QI working group, Complex Complaint Huddle)

- Complaint Handing Agent; reading complaints, identifying NSE issue fields, determining process; ER, Standard, Complex

- Issues into Questions

- Drafting responses, automated dictation

- All providing increased time to ensure personalised approach

Pilot Case Example

Summary

- Unexpected death following thrombolysis

Concerns

- Patient's capacity, lack of consent to proceed, failure to contact family on patient's arrival. LPA not consulted or enacted. Request for compensation for distress.

Process

- Day 1 – Complaint Received and Acknowledged
- Day 14 - Meeting offered and accepted
- Day 14- 20 - Tel calls with family; meeting arrangements, requesting LPA x 3
- Day 26 – Pre-Meet (Staff and Complaint Manager, Legal team)
- Day 31 – Meeting with Family (Complaint Resolved)
- Day 31 – Email summary to Complaint Manager
- Day 31 – Learning disseminated to ward
- Recording and summary of action learning shared with family

Learning

Contact NOK asap after arrival, nominate a member of staff to break off and do this as early as possible

SSNs to ensure EPR has a section for Next of Kin contacted? Y/N and who will be attempting to make the calls if needed

Ensure families are properly greeting on arrival to the ward

Consider comments that may have lasting effects on families

Neuro obs including GCS recorded in the CT scanner etc should also be documented into EPR as soon as possible

Discussions re capacity and consent including explanation of risks of thrombolysis, must be documented

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Duty of Candour

Duty of Candour – Alongside Complaints

- The statutory Duty of Candour requires 'registered persons' to act in an open and transparent way with people receiving care or treatment from them. The regulation (20) defines 'notifiable safety incidents' and specifies how we must apply the duty of candour if these incidents occur.

- Daily, Exec led, Incident Response Safety Huddle reviews all incidents "reported" as potentially triggering DoC. Where the regulation is triggered and a Patient Safety Incident Investigation is undertaken; patients/carers/families are invited to contribute to the patient safety review. Family Liaison Officers provide support throughout the review and draft reports are shared. Meetings are offered prior to and at the conclusion of the patient safety review. Learning and improvement are also described and shared.

Questions…

Report to Council of Governors

Date	19 June 2025
Title	Health and Safety Update - Health and Safety Management Framework
Author / Sponsoring Director/ Presenter	Kerry Rogers, Director of Integrated Governance

Purpose of Report (Tick all that apply ✓)

To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	
To provide advice		To highlight patient or staff experience	

Summary of Report

Given the importance of the health and safety of our staff, patients and visitors, this report is provided to the Council of Governors such that they are apprised of the improvement journey the Trust is on to be satisfied it is compliant with regulation and statute and therefore is protecting its workforce and service users and mitigating legal and financial risks.

The Board has ultimate accountability for health and safety and must exercise proper oversight of the system as a whole. The Annual Health and Safety Report for 2024/25 was presented to the Board to assist it in discharging its duties. It evaluated our alignment to health and safety regulatory requirements and internal governance. The components of the report collectively provided a snapshot of the Trust's compliance status, areas of risk, and forward-moving strategies and provided analysis of standards of health and safety management throughout the Trust during the reporting period.

The Board at its meeting in public in May 2025, was invited to approve the assurance rating and compliance status as reported in the Annual Report which is summarised below. The areas RAG-rated red within the report included resources, control of hazardous substances, health surveillance, fire, asbestos management and surveys. High-risk incidents also included abuse, aggressions and violence, blood borne viruses through sharps injuries and splashes, and falls from height in the Tower.

Topic / area	Assurance rating
H&S Policies and procedures	🟩
H&S Governance	🟧
H&S Resources	🟥
Risk Assessments	🟧
Control of Hazardous Substances Assessments	🟧
Control of Hazardous Substances - Ventilation	🟥
Health Surveillance	🟥
Fire Safety	🟥
Water Safety	🟧
Asbestos Management	🟥
Surveys	🟥
V&A	🟥
Sexual safety	🟧

DSE	🟩
Workplace Inspections	🟧
Consultation	🟩
Work-related Stress	🟧
Training for employees	🟧

Regulatory intervention in 2024 highlighted a lack of escalation of key health and safety matters from the sub-board People and OD Committee (PODC) upwards to Board, and ongoing assessment of the health and safety architecture recognised the need to strengthen the remit and import of the Trust H&S Committee.

Given the range of challenges highlighted in the report and identified weaknesses in the Trust's oversight of health and safety compliance within its subsidiary, a new health and safety governance structure was introduced to strengthen compliance and good governance across the Group.

This came into effect from 1 April 2025, along with a revitalised and re-branded Group H&SC which now reports to the Trust Leadership Team and the Audit and Assurance Committee. This governance road map is intended to achieve group-wide optimisation in health and safety decision-making and an agile environment in which to execute improvements.

The framework considers leadership including the visibility of Board members in health and safety, as well as the integration of health and safety within our decision making. It aims to define group accountabilities and a common suite of standards to ensure consistency in group performance, while maintaining the separate legal responsibility, implementation and day to day management within the Trust and GMS respectively. This includes a more proactive and transparent approach to finding gaps in our controls and seeking to address these as a group.

An implementation programme to support the embedding of the framework is now being developed in partnership with key stakeholders across the Group.

Risks or Concerns

Failure to identify weaknesses in compliance with Health and Safety law or to control and mitigate risks effectively compromises the health and safety of all utilising or visiting the Trust's premises.

Recommendation

The Council of Governors is invited to take assurance that the Board has approved the assessment of the position with regard to H&S as represented in the H&S Annual Report it received at its meeting in May 2025. Additionally, the Board has supported the H&S Framework as recommended by the Trust Leadership Team and the development and oversight of the prioritised implementation programme such that we deliver the required improvements within a phased high impact cycle.

Enclosures

Health and Safety Framework and appendices 1-4

HEALTH & SAFETY MANAGEMENT FRAMEWORK

CONTENTS

1. INTRODUCTION

Safety management goes beyond compliance with prescriptive regulations, to a systematic approach where potential safety risks are identified and managed to an acceptable level. A proactive approach to managing health and safety requires it to be integrated into the organisation's day to day activities.

This framework specifies the necessary system-wide governance structure for safety management. It seeks to enable effective risk-based decision-making across the Group by proactively identifying and mitigating threats to safety before they result in undesirable outcomes.

An effective safety system and culture requires a shared understanding of safety management. Recognised areas associated with this include:

- **Health and safety policy** establishes senior management's commitment to improve safety, defines responsibilities and defines how the Trust needs to be structured to meet safety goals

- **Safety risk management** includes the identification of hazards and risks. Once risks are identified and prioritised, appropriate controls can be implemented to reduce the level of risk

- **Safety assurance** involves the monitoring and measuring of safety performance, evaluating how effectively the Trust is managing risks and the continuous improvement of the health and safety management framework

- **Safety education** includes training, information and other actions that ensure a competent response to our safety environment and a positive safety culture

- **Safety communication** supports effective two-way communication of safety issues between staff working at an operational level and the organisation's management

- **Managing change** identifying unintended consequences that might affect safety when new ways of working are introduced

2. SCOPE

This document sets out the health and safety management framework applicable to Gloucestershire Hospitals NHS Foundation Trust (**GHNHSFT**) (the parent organisation) and Gloucestershire Hospitals Subsidiary Company Limited, which trades as Gloucestershire Managed Services (**GMS**) (the wholly owned subsidiary); known together as 'the Group'.

This document aims to ensure the Group understands the safety of its services both as individual legal entities and collectively as a Group. It does not seek to control the internal health and safety processes of the subsidiary but employs an integrated and

co-operative approach to assuring compliance of the Trust's legal obligations. It is the method by which the Trust achieves due diligence.

Risks generated by the subsidiary in performing its contracted activities, or by other third parties, including but not limited to Apleona UK, must be managed by those entities in line with their own legal duties to their employees or others affected by their activities and under their contractual obligations. While the Trust's formal contractual agreements with other organisations should include provisions for the management of safety, this framework provides the governance arrangements for ensuring compliance, seeking assurance and escalating issues.

This framework document is intended to be a 'living document' which will evolve as the Trust's governance arrangements develop. It will therefore be kept under regular review, with a formal annual review by the Group Health and Safety Committee (Group H&SC) and the Trust Board.

3.   GUIDING PRINCIPLES

A fundamental set of principles underpin this governance framework. These are:

- **Integrated governance and reporting (the Group)** – silo working within the Group is not only inefficient, but also leaves the Trust Board vulnerable to costly oversights. This health and safety governance structure requires an integrated approach within the Group to serve as a tool for effective Trust Board oversight.

- **Integrated approach to compliance with regulatory and industry standards** – compliance is fundamental to all Board and organisational activities and meeting both regulatory and industry standards will form the foundation of our decision-making. A cohesive approach to compliance across the Group will uncover insights that might otherwise have remained invisible.

- **Exposure of gaps or weakness** – it is essential a transparent and proactive approach is taken to identifying gaps or weakness in control structures across the Group. The Group should foster a culture which optimises opportunities for continual improvement in performance both as separate legal entities and collectively

- **Well-led** – each individual within the Trust and its subsidiary should understand their role and responsibilities in health and safety and demonstrate commitment to achieving a high standard. Accountability is key, as is enabling decision-making at the right level.

- **Strategic audit** – decision makers need data to make effective decisions on health and safety matters. The role of self-assessment, authorised engineer audits, internal auditors, external auditors and independent audits ensure that risks are identified and health and safety management is effective.

Benefits of these guiding principles include:

- **Robust and effective management** identifying, assessing, and managing risks, contributing to better risk management practices
- **Robust compliance mechanisms** and reduced risk of regulatory intervention or civil litigation
- **Clarity of accountabilities and responsibilities** across the Group and in relation to the PFI
- **Staff and patient confidence** in our values
- **Transparency** which builds trust, openness and strong relationships
- **Timely** decision-making leading to a better allocation of resources and long-term sustainability
- **Stronger financial performance** as a result of well-informed decision making, and the management of risk before it materialises

The governance structure defined in this framework directs how the Trust and GMS will interact with each other, the regulators and stakeholders on health and safety. It will give a 'safety voice' to all staff, patients and visitors.

The successful implementation of these arrangements requires commitment from all members of staff within the Group. Compliance is not just a legal obligation; it is a conscientious organisational practice.

4.   LEGAL DUTIES

Both the Trust and GMS have general legal duties to their own respective employees, and others that are affected by their undertaking, to ensure as far as reasonably practicable, their health, safety and welfare under the Health and Safety at Work etc Act 1974 (HSWA) and associated sets of regulations. A breach of these duties is a criminal offence and could result in a conviction and large fines. Whilst the Trust can contract out the operational performance of its duties (e.g. to its subsidiary or a contractor), it cannot delegate the legal duties themselves.

However, both the HSWA and Regulations made under it, place the duties on those who have 'control' of premises, or plant and substances within the premises, and / or those that have contractual duties for the safety, maintenance or repair of any part of a building. GMS therefore have concurrent legal duties under the relevant legislation to the extent of their control of the estates and facilities and the extent of their contractual duties for repair, maintenance and safety.

The Corporate Manslaughter and Corporate Homicide Act 2007 also applies to the Trust, GMS and other contractual parties as separate legal entities. Under this legislation organisations can be held to account where a gross failure in the way activities were managed or organised results in a person's death. The Corporate Manslaughter Act is a stand-alone piece of criminal legislation and is not part of health and safety law. However, it is closely linked as it applies where there have been serious failures in the management of health and safety. The maximum penalty is an unlimited fine and the court can additionally make a publicity order requiring the organisation to publish details of its conviction and fine. Individuals can also be

prosecuted for gross negligence manslaughter where a grossly negligent act or omission by them personally caused the death.

Under section 37 of the HSWA a director, manager or similar can also be prosecuted where offence has been committed by an organisation with their consent or connivance or where they have been attributable to any neglect. Directors cannot avoid a charge of neglect under section 37 by arranging their organisation's business so as to leave them ignorant of circumstances which would trigger their obligation to address health and safety breaches. The result of any prosecution is liability for fines or potential imprisonment depending on the breach.

While section 7 places duties on all employees in relation to health and safety. As above, this legislation applies to the Trust, GMS and other contractual parties as separate legal entities.

The Health and Safety Executive and Care Quality Commission enforce health and safety legislation and use the associated Healthcare Technical Memorandum's (HTMs) and Approved Codes of Practices (ACOPs) to gauge compliance. The Trust may provide group health and safety standards or expectations which the subsidiary, GMS and any contractor (e.g., Apleona) is expected to follow. However, each organisation is responsible for ensuring its own legal compliance and for implementing the standards.

Approved Codes of Practice (ACOPs)

An ACOP has a special legal status. If an organisation is prosecuted for breach of health and safety law, and it is proved that it did not follow the relevant provisions of an ACOP, it will need to show that it has complied with the law in some other way or a Court will find it at fault. A non-exhaustive list of Approved Codes of Practice applicable to health care is provided in Appendix 3.

Healthcare Technical Memorandums (HTMS)

Although compliance with the HTMs may be delegated to staff or undertaken by contractors such as GMS or Apleona, duty-holder accountability remains with the Trust. Compliance with the HTMs will usually demonstrate compliance with legal duties.

HTMs provide comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare, focusing on nine different topics:

- HTM 00 – Policies and Procedures

- HTM 01 – Decontamination

- HTM 02 – Medical Gases

- HTM 03 – Heating and Ventilation Systems

- HTM 04 – Water systems

- HTM 05 – Fire safety

- HTM 06 – Electrical services

- HTM 07 – Environment and Sustainability

- HTM 08 – Specialist Services

HTM 00 confirms that the Trust, as the Healthcare provider, has a duty to ensure appropriate governance arrangements are in place and are managed effectively. These arrangements are defined in this framework and within the contractual requirements between the Trust and GMS or another third party.

5. ROLES & RESPONSIBILITIES

The responsibilities of all levels of staff and management are set out clearly in the Trust Health and Safety Policy, along with our Statement of Intent. The Trust is the duty holder in law for the health and safety of its employees, patients and staff.

GMS is the duty-holder in law for the health and safety of its employees. It also holds legal responsibilities as a controller of premises and has delegated duties under its contract with the Trust.

A summary of the key responsibilities include:

Trust

Role	Responsibilities
Chief Executive Officer and Trust Board of Directors	The Chief Executive Officer is ultimately responsible for compliance of the Health and Safety at Work Act 1974 and other relevant legislation and guidance. However, each Executive Director is an accountable officer who carries responsibility for promoting a high degree of health and safety awareness, demonstrating good leadership and ensuring a safe environment for colleagues, patients and the public. Board members must play a key role in ensuring that health and safety is adequately resourced, properly managed and that risks are controlled through a structure that delivers governance, assurance and compliance through a formal reporting mechanism. Responsible for: • Setting the health and safety policy and ensuring that policy statements reflect current board priorities • Ensuring the arrangements set out in this policy provide an effective means of hazard control and risk reduction and are fully embedded into the planning and delivery of services with appropriate levels of monitoring to ensure compliance • Ensuring that management systems provide effective monitoring and reporting procedures • Reviewing the health and safety performance regularly

	• Being kept informed about significant health and safety failures and of the outcome of the investigations into their causes • Ensuring that implications in respect of health and safety are addressed in all decisions • Makes adequate arrangements for access to competent advice on health and safety • Establishing effective communication systems for health and safety • Ensures line managers are accountable for health and safety in areas within their control and compliance is reviewed regularly via yearly appraisals Individual directors may lead on health and safety matters. However, this will not distract from the collective responsibility of the Trust Board
Director for Integrated Governance (Trust)	• Has delegated responsibilities for overseeing the health and safety management system, setting the direction for effective management of health and safety. Responsible for ensuring health and safety is integrated into key governance structures, including board subcommittees. Is the Chair of the Group Health and Safety Committee. • The role of the Director for Integrated Governance within health and safety will not detract from the responsibilities of other directors for specific areas of health and safety risk management
Executive Director of Improvement and Delivery	• Has delegated responsibilities for overseeing the provision of a safe workplace, namely the safe condition and health and safety compliance of the estate • Ensuring the Service Level Agreement (SLA) with the subsidiary and contractors are clear and are met. Addressing non-compliance issues associated with the estate • Have oversight of compliance with HMTs and ACOPs applicable to the workplace and compliance with Construction (design and management) Regulations where appropriate
Director of Finance (Trust)	• The Finance Director will provide advice to the Trust Board and Trust Leadership Team in relation to the financial implications of identified and quantified health and safety risks and requirements. • The Director must recognise that providing, and improving, safer working environments will be in direct competition with resources and allocated budgets, but has a responsibility to work with budget holders to ensure that priorities are identified and actioned
Executive Director for People and Organisational Development (OD)	• Delegated responsibilities for ensuring a robust strategic approach to address issues of employee's health, safety and wellbeing, including workplace welfare facilities. Responsible for ensuring health and safety is integrated into the People & OD workstreams. Is responsible for: • Ensuring the Service Level Agreement (SLA) of Occupational Health or other suitable provisions enables the Trust to discharge its duty in relation to statutory medicals and health surveillance for employees • Ensuring that Occupational Health or other provides provide suitable levels of service to the Trust in accordance with the SLA • The development and implementation of Human Resource (HR) policies which reflect the support mechanisms in place to assist and support employee's health, safety and wellbeing, including the managing and monitoring workplace welfare requirements
Non-Executive Directors (NEDS)	• The role of the NEDs is to scrutinise, constructively challenge and have independent oversight of health and safety at Board level. They will receive assurance from the Chief Executive that health and safety is appropriately managed

Designated Person (**DP**) – an appointed Senior Executive (at Trust Board Level) with assigned responsibility for the service	A named individual within the Trust appointed at Trust Board level for each of the nine Healthcare Technical Memorandum (HTM) topics. • Provides the essential senior management link between the organisation and professional support, which also provides independence of the audit-reporting process. The DP will also provide an informed position at board level • Will work closely with the Senior Operational Manager (SOM) to ensure that provision is made to adequately support the specialist service • The senior executive who has responsibility for implementation of the relevant operational policies and for regularly monitoring effectiveness in line with those policies and arrangements
Senior Operational Manager (**SOM**) – does not have to be at board level	• Operational and professional responsibility for a specialist service(s) • Has access to robust, service-specific professional support which can promote and maintain the role of the "informed client" within the Trust
Authorising Engineer (**AE**) - an independent professional advisor to the healthcare organisation	• Appointed by the Trust with a brief to provide services in accordance with the relevant HTM. Will remain independent of the operational structure of the Trust • Will act as assessor and make recommendations for the appointment of Authorised Persons, monitor the performance of the service, and provide an annual audit to the DP
Associate Director of Estates (Trust)	• Provide advice on the required health and safety provisions for the estates and facilities • Have oversight of compliance with HTMs and ACOPs applicable to the workplace • Compliance with Construction (design and management) Regulations where appropriate • Ensure that contractors and sub-contractors are made aware of the Trust's health and safety requirements and that arrangement are in place monitor the implementation and compliance with safety requirements • Proactively ensure that the estate is a safe and healthy workplace • Identify and escalate health and safety issues to the Group H&S Committee and the Trust Board • To actively engage with managers in noting any estates and facilities concerns
Head of Risk, Health and Safety	Appointed and employed by the Trust as a suitably senior and competent individual(s) to oversee Health and Safety of the Trust's operations. To provide assurance to the Trust Board and appropriate committees that Health and Safety is being effectively managed and risks are recognised and understood Responsible for: • Developing and reviewing H&S policies and strategies • Establishing H&S standards and goals • Ensure safe working procedures are implemented • Conduct inspections, risk assessments, and audits • Provide advice and guidance to staff, manager and the Board • Investigating serious accidents and incidents • Liaising effectively with the Health and Safety Executive (HSE) and other safety related external agencies on behalf of the Trust • Regularly monitoring and reviewing the health and safety management system • Developing health and safety training

	• Analysing health and safety related adverse events and data, producing reports as necessary • Producing a health and safety plan and annual health and safety report • Ensuring the appointment and training of one or more competent person(s) to assist in the continuation of supporting the health and safety of all colleagues, patients and visitors
Risk, Health and Safety Team	Are responsible for: • Assisting in the development, production and delivery of strategies which ensure Trust compliance with statutory requirements, Department of Health Directives and Trust policies • Preparing and delivering as required senior management reports to various forums where health and safety is discussed • Working with colleagues to put in place an effective system in order to audit compliance with the Trust health and safety plan • Attending divisional risk meetings, developing and delivering training as required, investigating incidents • Advising managers and colleagues on risk assessments, completing and reviewing assessments • Ensuring residual unacceptable health and safety risks are placed on the divisional risk register • Continually developing skills and knowledge to be able to recognise hazards within the Trust and put sensible controls in place to protect other colleagues, visitors and patients from harm
Emergency Planning Officer	The EPRR Officer is responsible for ensuring: • An orderly and efficient transition from normal to emergency operations • Designation of emergency authority and responsibilities • Coordination with other organisations • Safe continuation of operations or return to normal operations as soon as practicable
Trust Leadership Team (TLT), including Chiefs of Service, Divisional Directors of Quality and Nursing, Divisional Operations Directors, Deputy and Associate Directors, Senior Managers	All TLT members should understand their individual and collective legal obligations in relation to compliance and hold themselves and services to account in ensuring to a good health and safety standard. TLT and senior managers shall: • Promote a high degree of health and safety awareness amongst colleagues and demonstrate good leadership skills • Ensure compliance with CQC and HSE enforced statutory regulations and codes of practice within their areas, along with other relevant legislation • They should confirm their organisational structure is able to discharge the requirements of health and safety and that colleagues in their division(s) are competent to perform tasks in their area safely • They must identify forums for planning and delivery of a healthy and safe workplace and that proactive and reactive monitoring of systems is undertaken.
Health and Safety Leads	Health and Safety Leads are colleagues with responsibilities for ensuring health and safety is effective in departments and wards. They will: • Undertake designated training for risk assessment/accident investigation training • Implement a programme for undertaking, updating and disseminating risk assessments • Ensure actions are completed in the required timeframe • Escalate risks to divisional board/ health and safety committee as prescribed in Q0637 - Risk Management Procedures.

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Moving/Handling Advisors	- Will act as principal advisor(s) for all Trust moving and handling activities by providing information and expertise on the suitability of moving and handling aids and delivering appropriate training - Advisors will undertake manual handling risks assessment as required and complete audits across the Trust - Will provide a detailed report to the Group Health and Safety Committee
Matrons/General Managers	Managers at ALL levels will ensure: - They have, or undertake to obtain, sufficient information, instruction and training to enable them to lead on matters of health and safety within their respective roles - All risk assessments are carried out, documented and reviewed for the area(s) within the required timeframe - Information received relating to health and safety is acted upon and passed to the appropriate people - Work with lead risk assessors, colleagues and colleague representatives to provide suitable and sufficient equipment which is serviced and maintained - Discuss and disseminate Trust safety policies and implement the requirements - Prepare / update appropriate health and safety procedures within their department(s) - Set clear health and safety performance standards and objectives for those under their supervision - Manage timely reporting and investigation of accidents and incidents in accordance to Trust policy - Intervene to prevent poor health and safety practices or procedures - Identify the level of knowledge required for all colleagues to undertake their role safely. Ensure their colleagues attend the appropriate training - Maintain a system of regular inspections and audits to determine the degree of compliance and take appropriate remedial action to address non-compliance - Afford all colleagues the same level of protection as an employee, including bank, agency colleagues, students, volunteers, work experience, temporary, young or inexperienced, disabled colleagues, pregnant and nursing mothers, lone workers, contractors and others under their supervision - Keep up to date with developments in their field of work such as safety-specific technical information or legislative change and respond as necessary - Ensure colleagues and visitors are aware of emergency procedures
Occupational Health Service / Trust Health and Wellbeing Hub	OHH is responsible for: - Pre-placement screening and health surveillance - Immunisations against infectious diseases and the management of contained sharp incidents - Colleague wellbeing support / Advice about adjustments to work on health grounds and rehabilitation back to work after illness - Advice to managers on individual risk assessments - Regular feedback to the Trust Health and Safety Committee on work related injury and ill health Health and wellbeing Hub is responsible for: - Colleague wellbeing support - Regular feedback to the Trust Health and Safety Committee on work related injury and ill health - Supporting the workplace wellbeing regulatory requirements

Infection Prevention Control Team	• Responsible for providing advice and guidance on infection control and reporting issues to the Group Health and Safety Committee • Ensure that professional standards and practices are followed
Trade Union Health and Safety Representatives	Assist the Group in health and safety matters by: • Consulting with union members / Attending the Group H&S Committee • Advising staff (within their competence) on effective health and safety management • Engaging in safety improvement work, safety inspections, investigations and risk assessment activity in partnership with local managers
Contractors/Sub Contractors	Contractors and sub-contractors that are under the control of, or employed, directly or indirectly, by the Trust (including those through GMS, GHP and Apleona) must comply with the requirements of the Control of Contractors Policy
Training Department	Must ensure that health and safety training is recorded and levels of compliance are monitored. Must take appropriate action to ensure responsible managers are aware of training compliance issues and support reasonable steps to address any issues that may arise.
Employees	Employees must: • Take reasonable care of their own health and safety and that of others • Cooperate with the Trust on health and safety issues • Not wilfully or intentionally interfere with or misuse anything provided for health, safety or welfare. • Use any equipment and Personal Protection Equipment (PPE) provided by the Trust, and take reasonable care of it • Report any accidents, defects, damage, unsafe acts or conditions, near misses, or loss as soon as reasonably possible • Read, understand and follow the requirements of the Trusts health and safety policies, procedures, risk assessments and safety information • Comply with all statutory and mandatory training requirements • Ensure they report immediately any ill health, stress or other medical condition which may be work related or affect their ability to work safely. The repeated refusal or wilful neglect by any employee to meet their obligations will be regarded as a matter to be dealt with under the disciplinary procedure.

GMS

Role	Responsibilities
Managing Director and GMS Executive Directors	• Each Director carries ultimate responsibility responsible for promoting a high degree of health and safety awareness, demonstrating good leadership and ensuring a safe environment for colleagues, patients and the public • Directors must play a key role in ensuring that health and safety is adequately resourced, properly managed and that risks are controlled in relation to its own staff and its activities that may affect others. This also applies to resources in accordance with the contract and budget provision between GMS and the Trust as far as is reasonably practicable and within GMS' control • Responsible for compliance of the Health and Safety at Work Act 1974 and other relevant legislation, as far as reasonably practical. • Discharging duties under the HTMs where the Trust has appointed GMS to specific the duty holder roles set out in the HTMs. Ensuring that there are

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	sufficient resources within GMS to discharge these duties effectively and "in a manner consistent with the Trust discharging its statutory duties" (Operated Healthcare Facilities Agreement 2018) • Responsible for all elements of the facilities, the capital equipment and listed trust owned equipment and for building health and safety compliance within the contract between GMS and the Trust which will include the inspection and management in accordance with relevant legislation and regulations of health and safety critical risks (Estates Specification) • Escalate health and safety issues that are outside the GMS budget envelope or remit to the Trust using the established escalation route in this framework
Non-Executive Directors GMS (NEDS)	• The role of the NEDs is to scrutinise, constructively challenge and have independent oversight of health and safety at Board level. They will receive assurance from the Managing Director and Executive Directors that health and safety is appropriately managed
Authorised or Responsible Person (**AP / RP**)	• Has key operational responsibility for the specialist service. Should be qualified and sufficiently experienced to fully operate the service • Nominated by the AE and employed by the Trust • Role includes maintenance of records, quality of service and maintenance of systems safety • Responsible for establishing and maintaining the validation of the Competent Persons (CPs), who may be employees or appointed contractors
Deputy authorised or Responsible Person (**DAP / DRP**	• Supports the AP/RP in discharging operational responsibilities for the specialist service. Should be qualified and sufficiently experienced to fully operate the service • Nominated by the AE and employed by the Trust • Role includes maintenance of records, quality of service and maintenance of systems safety • Supports the AP/RP in establishing and maintaining the validation of the Competent Persons (CPs), who may be employees or appointed contractors • Deputises for the AP/RP as required during periods of annual leave or short-term sickness
Competent Person (**CP**)	• Should be qualified and sufficiently experienced • Appointed, or authorised to work (if a contractor) by the AP • Provides skilled installation and/or maintenance of the specialist service
Health and Safety / Compliance Team (GMS)	• Appointed and employed by GMS to as a suitably senior and competent individual(s) to oversee Health and Safety of GMS' own operations as well as the services it delivers to the Trust. • To provide assurance to the GMS Board and appropriate GMS committees that Health and Safety is being effectively managed and risks are recognised and understood

HTM 00 indicates that the Board and Chief Executive should be "accountable officers" for each of the HTM topics. Figure 2 of HTM 00 sets out the structure that underlies the approach to compliance in HTMs
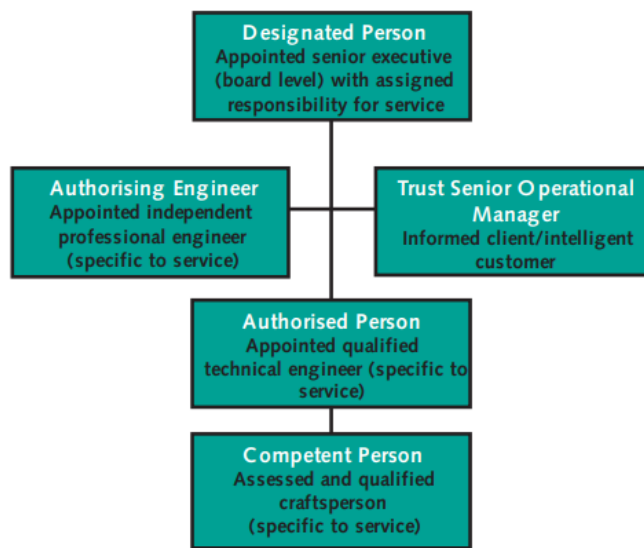
The duty holder at law and under the specific HMTs are set out in Appendix 2 (roles and responsibilities).

6.   GOVERNANCE STRUCTURE

Both downstream and upstream health and safety governance flows must be robust and compliance-proof. The Trust has adopted a Group governance operating model to achieve consistency in reporting, minimise duplication and prevent gaps in governance mechanisms. This structure still permits GMS to govern its own internal health and safety governance structure. The Group structure is shown below:
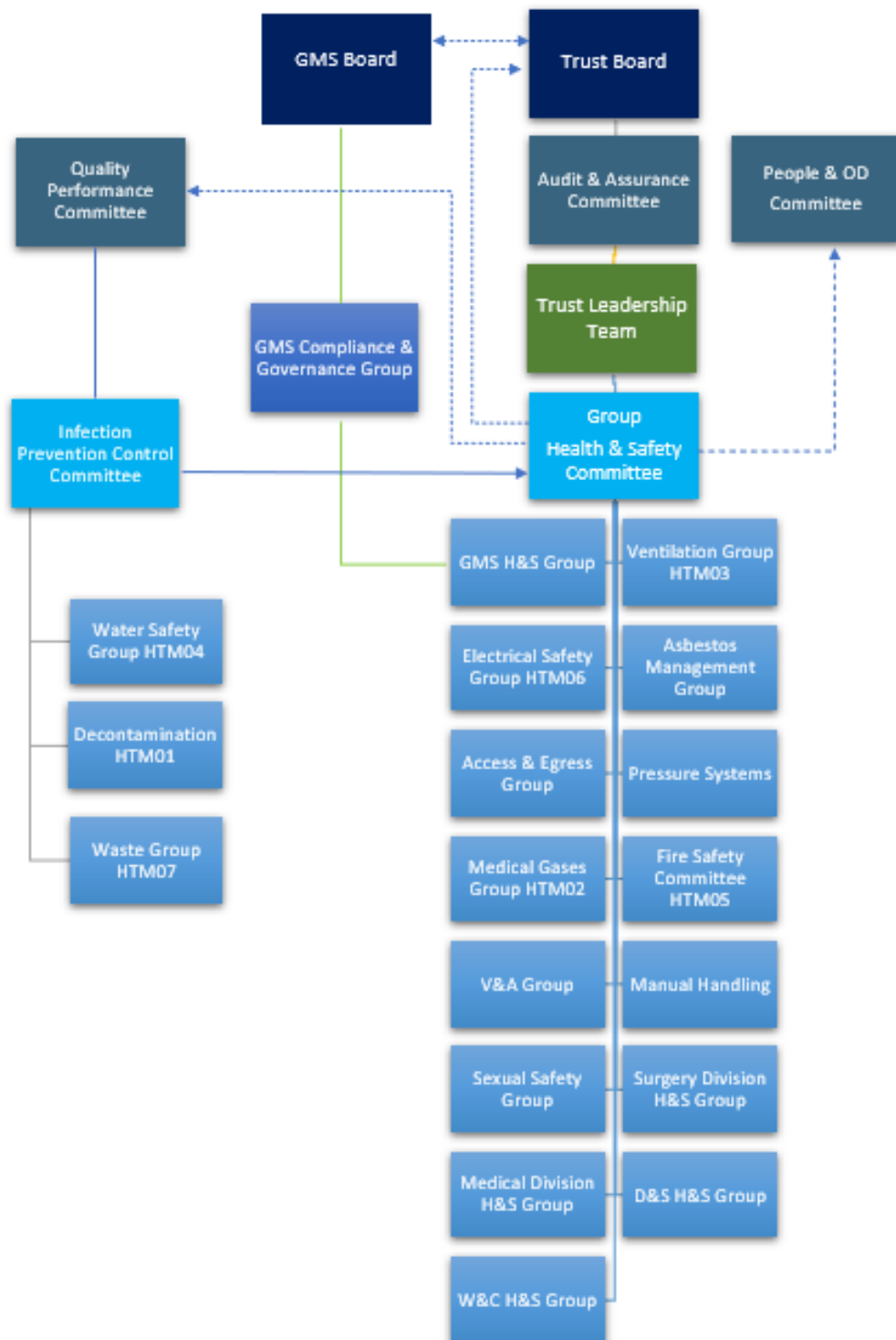
6.1   Sub-groups

A number of relevant sub-groups report to the Group H&SC. These sub-groups relate to functions, legislative requirements and / or relevant Healthcare Technical Memorandums (HTMs). Areas of law that which do not require a subgroup will be encompassed within compliance or health and safety reports from either the Trust or GMS in line with the primary management of the function.

Each sub group is required to oversee and review:

a) Operational effectiveness of the relevant safety risk management processes;
b) Appropriate resolution and mitigation of identified risks;
c) Assessment of the safety impact of operational changes;
d) Implementation of corrective action plans within reasonable timescales;
e) The effectiveness of safety recommendations and safety promoting
f) Results of safety data analysis

Each sub-group must have a Terms of Reference aligned to ensuring legislative compliance and the Group H&SC programme of work. It must have clear objectives and a defined and planned delivery programme / action plan to which it should hold itself to account. Agendas should include standing items as necessary to ensure continued operational oversight of compliance.

Sub-groups have the authority to work within their budget envelope and to make day to day operational decisions, or take remedial actions, to achieve compliance in their area of expertise and reduce day to day risk.

Each sub-group will present a Key Issues and Assurance Report (KIAR) to the Group Health & Safety Committee in accordance with the agreed rotation of agenda items (see Group H&S Committee Planner). This rotation is risk-based and may require sub-groups to report more frequently when risk is not assured. Where required, the sub-group will be expected to present full reports, records, presentations and other appropriate supporting documents to evidence compliance or provide assurance.

6.2   Group Health & Safety Committee (Group H&SC)

The Group H&SC is appointed by the Board, chaired by the Executive Director with responsibility for health and safety. The Group H&SC is a review and challenge body in relation to all matters connected to health and safety, the extent to which the Health and Safety strategy is being deployed, including assessing resilience and process safety.

The Group H&SC comprises of relevant senior divisional managers, sub-group chairs, specialist advisors or subject matter experts, Trade Unions and Representatives of Employee Safety.

The Committee monitors:

(a) Effectiveness of the Trust's safety management processes

(b) Effectiveness of the safety oversight of sub-contracted organisations
(c) Corrective or mitigating actions are being taken in a timely manner
(d) Reviewing and approving relevant health and safety policies
(e) Overseeing serious health and safety investigations

The Group H&SC is authorised by the Trust Leadership Team (TLT) to follow up any action within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees within the Group are directed to cooperate with any request made by the Group H&SC.

The Group H&SC has unrestricted access to all relevant documents and records within the Trust and GMS to assure compliance, unless access is deemed unlawful.

The Group H&SC is authorised by TLT to obtain external legal or other independent professional advice and to secure the attendance of external parties with relevant experience and expertise if it considers necessary. On occasion, the Trust, GMS, Apleona and interested third parties (e.g. terrier building managers) may find it prudent to seek separate legal or independent advice, but will, where reasonably practicable, predominantly seek to do this jointly.

The Group H&SC has delegated authority from TLT and Board to consult on, approve and ratify Trust-owned documents that support health and safety strategies and policies (such as procedures, guidance etc.) including documents relating to its sub-groups. On occasion, the Trust, GMS, Apleona and interested third parties (e.g. termitary building managers) may find it necessary to develop separate documents, but will, where reasonably practicable, predominantly seek to set health and safety standards jointly.

The Group H&SC will receive reports and will advise the TLT by exception of issues and concerns. Reports may include, but are not limited to:

- Audit reports on health and safety and related matters
- Reports on Radiation Protection and other specialist areas
- Information on changes in legislation and good practice relating to health and safety
- Health & safety risks on the register
- Incident and accident data (to include details of reportable incidents)
- Any enforcement actions
- Key Performance Indicators (KPIs) relating to health and safety
- Sub-group KIARS and reports

Group H&SC will report a minimum of **quarterly** to the Trust Leadership Team (TLT), and the Audit & Assurance Committee (A&AC), and annually to the Trust Board. This will be via a Key Issues and Assurance Report (KIAR) unless a full report, alongside other appropriate supporting documents, is required.

At least annually, the Group H&SC will review its constitution and terms of reference to ensure it is operating at maximum effectiveness. Where the review has implications for GMS' governance processes, consultation will take place to ensure the governance of all parties are aligned.

6.3 Trust Leadership Team (TLT)

The Trust senior leadership team are the principal judges of risk management within the Trust as they have a detailed collective knowledge of the organisation's capabilities. The TLT must hold themselves and others to a good health and safety standard.

All TLT members should understand their individual and collective legal obligations in relation to compliance. The TLT will need to think strategically when considering how to resolve health and safety issues within the Group and have a responsibility to make, and be able to account for, sound risk-based decisions regarding safety. TLT should seek observable outcomes in relation to planned health and safety programmes.

GMS Board have a seat on the TLT meetings to ensure that there is co-operation between the Trust and subsidiary and that health and safety information / reporting flows between the two organisations. GMS may still escalate matters through their own health and safety governance structure where appropriate.

The TLT will be required to submit a report to the Board following receipt of a report from the Group H&SC using the KIAR format on any items that require escalation or oversight.

6.4 Audit and Assurance Committee (A&AC)

A&AC is constituted as a committee of the Board. It is a non-executive committee and has no executive responsibilities nor is it charged with making any decisions unless delegated to it by the Board. It may, however, make recommendations.

A&AC has authority to seek information on health and safety governance and the effectiveness of controls. As part of its obligations A&AC will:

- Review the comprehensiveness of assurances on health and safety governance, and determine the reliability and integrity of our governance approach
- Guide the development and direction of assurance activity (including but not limited to internal and external audit) through consideration of the integrated Group assurance plan
- Review and consider the outcomes from any health and safety assurance reviews (including internal audit reports) as reported by the Internal Auditor, assessing the impact on the overall control environment
- Review the adequacy and timeliness of the implementation of management actions to address issues highlighted through health and safety assurance reviews

The A&AC will be required to submit a report to the Board following receipt of an annual report from the Group H&SC using the KIAR format on any items that require escalation or oversight. The A&AC shall make whatever recommendations to the

Board it deems appropriate on any area within its remit where action or improvement is needed.

6.5   People and OD Committee

The Group H&SC will retain links to the People and OD Committee (PODC) in relation to staff wellbeing, health surveillance and the workplace welfare provisions described in law. The POD directorate will be expected to provide relevant compliance reports to the Group H&SC on these areas.

6.6   Quality Performance Committee

The Group H&SC will retain links to the Quality Performance Committee (QPC) in relation to health and safety matters in water safety, infection control, decontamination and waste. Relevant sub-groups and / or senior quality staff will be expected to provide relevant compliance reports to the Group H&SC on these areas.

6.7   Trust Board

All Trust Board members should understand their individual and collective legal obligations in relation to compliance. Strong visible leadership is required, working together with GMS. In setting out the rules, procedures and responsibilities within the Group, the Board will ensure accountability, fairness and transparency in the management of health and safety. The Board must ensure it has the ability to exercise proper oversight of the system as a whole.

Safety information requested or received by the Board should be meaningful to ensure that the Board is able to discharge its duties in accordance with health and safety law.

Board members should ensure that staff have the time and resources to explore and address health and safety risks, control measures and concerns.

Board will as a minimum receive an Annual Health and Safety Report that summarises activities that have further developed the H&S Management system as a result of both proactive and reactive responses.

6.8   GMS Board

The GMS Board sets its own internal health and safety governance and reporting structure which is not dictated by this framework. This ensures that it can continue to independently manage its own health and safety processes. However, GMS Board will be expected to work in collaboration with the Trust Board where the activities of GMS significantly impact the Trust's abilities to meet it health and safety obligations as the duty holder.

7. CONSULTATION

There are two sets of regulations requiring an employer to consult with their employees about health and safety. These are:

- The Safety Representatives and Safety Committees Regulations 1977 (as amended); and
- The Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

The first set relates to employees that are represented by a trade union that is recognised by the employer, for example, Royal College of Nursing, Unite or Unison. Anyone elected under these regulations are known as Safety Representatives. The employer is required to consult with Safety Representatives on matters that affect their members.

The second set relates to employees who are not part of a recognised trade union. In this instance an employer can choose to consult either through elected Representatives of Employees Safety, directly with individual employees or a combination of both.

7.1 Elections of Safety Representatives/Representatives of Employee Safety

Safety Representatives for a recognised trade union must be appointed by the Trade Union and agreed with the employer. The Regulations require that representatives have either worked for the Trust or GMS for two years or have had at least two years' experience in similar employment. This ensures the person has the necessary experience and knowledge to make an effective contribution to health and safety in our workplace. Representatives of Employee Safety (non-union) are elected by the workforce. Elections will be highlighted at Group H&SC to allow the workforce time to consider and elect candidates. Appendix 4 provides further detail on the:

- process and application form for appointing a representative
- resources for representatives
- the role and function of a representative

7.2 Consultation Process – staff and representatives

Staff should feel valued and should play an active role in health and safety by talking, listening and co-operating with each other in order to achieve a safer workplace. Whilst we encourage staff to do this every day, consultation with staff can take three forms including directly with employees, indirectly with employees or with their representative. Examples include:

- Directly with employees
  - informal discussions with individual employees

- o formal group meetings
- o working groups, task and finish groups
- o workshops, seminars

- Indirectly with employees
  - o health and safety information provided on specialist departmental intranet pages
  - o emails, global communications, surveys

- With their representatives
  - o Formal consultation with Representatives and staff mainly takes place through our Group H&SC
  - o Divisional health and safety meetings in relation to the members they represent
    - o Sub-groups meetings

Broadly, we will consult with employees in relation to:

- The introduction of any measure which may **substantially** affect our employees' health and safety at work (e.g., significant changes rather than minor amendments)
- The **arrangements** for securing competent advice on health and safety
- Information on hazards, risk and control measures for significant risks
- The planning for health and safety training e.g., training needs analysis
- The health and safety consequences of any new technology

7.3   Consultation period

The law requires consultation to be within good time. There is no legal definition for this but in general this requires sufficient time to explain the issue to the employees (or their representatives), for them to consider it and provide an informed response. How long is given, will depend on the complexity of the issue, how many people need to be consulted, the efficiency of the method of consultation and the urgency of the issues at hand.

Simple issues are likely to be dealt with via email, with a few days allocated for responses. Urgent issues may equally need to be addressed at speed to ensure safety is preserved. In these instances, co-operation with tight / urgent deadlines is expected. Feedback is considered and, where appropriate, is incorporated.

8.   RAISING HEALTH AND SAFETY ISSUES

All employees, Safety Representatives (Trade Union) and Representatives of Employee Safety are expected to follow the most appropriate route for raising an issue. Whilst it is not possible to prescribe what this might be for every potential issue; the following provides guidance on the starting point and how to escalate it within the health and safety governance structure.

8.1 Before raising an issue

It is expected that before raising a concern, employees, Safety Representatives (Trade Union) or Representatives of Employee Safety, will explore the problem as far as is reasonably practicable and gather evidence to help illustrate the issue, the scale or seriousness of it. Generalised statements without exploration, can lead to valuable resources being misdirected rather than focussed on the direct concern.

8.2 Where to raise a concern – line manager

Issues should not be escalated prematurely and must be raised with the local line manager(s) in the first instance. Representatives should encourage staff to take this step themselves to help build a trusting and proactive working relationship between managers and their teams. Where there is a genuine reason that a staff member feels unable to do this, the relevant Representative can refer the issue to the line manager on behalf of any members they represent.

It is every line manager's responsibility to ensure that all staff are included in, or have access to, a local meeting or 1:1 where they can raise health and safety issues. All issues must be raised in a professional and respectful manner. A line manager must be given reasonable opportunity to consider, investigate and respond.

8.3 Next steps – specialist guidance

Where the local line manager advises that they lack the knowledge or experience to support a solution, or where it is prudent to seek support from a specialist, issues should be referred by the employee, their manager or their representative to the most appropriate working group, specialist team or person for guidance.

This is an important step in seeking a solution, and must be taken before escalating the issue to divisional, senior or Group level (unless the imminency of the risk requires more urgent senior action). The use of specialist groups/ teams or individuals ensures all the right people, with the right knowledge and skills, have had the opportunity to support a solution. Where issues are directed straight to senior managers, directors or executives, this may delay an informed solution and is likely to be de-escalated back to those raising it, to take this step first.

In some instances, the specialist individuals or teams will be based within GMS. In these cases, employees or their representative should refer the matter to the GMS Health and Safety Manager or Compliance Manager, who will be able to direct it to the most appropriate team(s) within GMS for support.

If specialist guidance is not available or the working group / specialist team is unable to support a resolution, the issue should be escalated to the appropriate divisional health and safety meeting(s). For issues affecting corporate staff these can be passed to the Risk, Health and Safety team for support.

8.4   Escalating to the Divisional Health and Safety Meeting

These should be held as a minimum once every quarter and are Chaired by the Divisional leadership. Where it is necessary to raise an issue urgently between meetings the employee or their representative can contact the divisional Chair or the Risk, Health and Safety team (in corporate division) to ask that an issue is given due consideration between scheduled meetings.

Every effort should be made to resolve health and safety issues at divisional level. Where the Chair agrees an issue cannot be resolved at divisional level, they may refer it to the Group H&SC, unless there is a more appropriate route. Divisional Chairs should place items on the agenda for the Group H&SC in good time.

GMS as a Ltd company has its own company health and safety meeting which is directly managed and controlled by GMS. GMS employees should follow the governance process related to raising issues at the GMS health and safety meeting.

8.5   Escalating to the Group H&SC

Matters can be raised at this group Committee by the Trust or GMS where one or more of the following apply:

- It has been raised and discussed with the local line managers, specialist groups / teams or individuals and at the divisional meeting but no reasonable solution has been identified and / or implemented within a reasonable time
- It requires discussion at a higher / strategic level due to the potential for serious imminent harm
- A systematic or serious breach has been identified
- A collective decision by senior managers is required which cannot reasonably take place a local or divisional level
- Significant funding is required that is beyond the local or divisional budget
- Significant changes to working practices will impact staff beyond the local departments or a single division and cannot be agreed at a relevant specialist group or via cross divisional working
- It has been referred to a specialist Trust department, GMS or Apleona but no suitable solution has been identified and / or implemented within a reasonable time
- It is an issue that the Group should be aware of or are monitoring

The agenda for the meeting is set approximately 14 days prior to the meeting. Staff and their representatives should contact the Chair and /or the Risk, Health & Safety team for inclusion of a non-standing item.

8.6   Escalating to the Trust Leadership Team

Matters can be raised at TLT where:

- It requires senior leadership input due to the potential for serious imminent harm or a systematic or serious breach has been identified

- A collective decision by senior managers is required which cannot reasonably take place at Group H&SC without recourse to TLT
- Significant funding is required that is beyond the local or divisional budget
- Significant changes to working practices will impact the majority of staff
- It has been referred to a specialist Trust department, GMS or Apleona but no suitable solution has been identified and / or implemented within a reasonable time
- It relates to subsidiary performance standards
- It relates to likely or imminent statutory intervention in relation to the Trust, GMS or Apleona
- It is an issue that the TLT should be aware or are monitoring

The Group H&SC can raise matters on behalf of the Trust and GMS via the group reporting process to TLT. GMS and Apleona may also raise matters on health and safety or compliance to TLT separately and in their own right.

8.7 Escalating to A&AC or the Trust Board

Matters can be raised by the Trust to the A&AC or the Trust Board respectively where:

- It requires Executive Board level input due to the potential for serious imminent harm or a systematic or serious breach has been identified
- There is a systemic failure in assurance mechanisms or in timely action
- A collective decision by the Trust and /or GMS Board is required
- Significant funding is required that is requires the Trust and /or GMS Board sign-off or input
- It relates to significant performance standards concerns or clarifications within the subsidiary
- It relates to likely or imminent statutory intervention in relation to the Trust, GMS or Apleona
- It is an issue that the Board should be aware or are monitoring

A flowchart for the escalation of issues is provided in Appendix 1.

8.8 GMS Board

GMS as a Ltd company has its own internal escalation process for health and safety matters which are directly managed and controlled by GMS Board.

9. COMPETENT ADVICE

Separately and collectively the Trust and GMS will have access to competent advice.

9.1 Competent Person

The law requires that organisations should have access to competent health & safety assistance. Within the Group this is:

- Trust – Risk, Health & Safety Team
- GMS – Compliance Officers and Health & Safety Manager

If the required subject knowledge and/or level of competence does not exist within the organisation, then the duty-holder should employ a specialist adviser (or advisers) to contribute towards overall health & safety management.

9.2   Independent Authorising Engineer

In estates and facilities management, an Authorising Engineer (AE) plays a key role in ensuring safety and compliance and is typically responsible for overseeing, evaluating, and authorising specific processes or systems, such as those related to fire safety, ventilation, confined space, water safety, work at height, or asbestos management. An AE must be independent and is accountable to the Trust as the duty-holder.

Depending on the specialism, an AE will:

- Assess the competency of individuals before their appointment in key roles
- Provide independent advice on the current, relevant legislation, codes of practice, standards and technical guidance
- Carry out assessments to establish the failings in compliance with HTMs or legislation and offer solutions
- Review policies and procedures
- Support the premises assurance model within GMS
- Support action planning
- Provide input into relevant accident investigations
- Undertaking an annual management audit, that is issued to the Responsible Person

The appointment of AEs is managed by GMS on behalf of the Trust. The AE's responsibilities must be made clear with the contractual obligations agreed. GMS must escalate to the Trust as the duty-holder if there is no available AE for any area of compliance that requires one.

9.3   Responsible Person, Deputy Responsible Person and Appointed Persons

Some HTMs and guidance require the appointment of a Responsible Person (RP), Deputy Responsible Person (DRP) and Appointed Person(s) (AP). In most cases, the RP will carry specific responsibilities in relation to compliance, supported by the DRP and the APs.   Where contractual requirements are such that GMS has delegated responsibilities to fulfil these roles, GMS are responsible for ensuring they are filled by suitably competent individuals (trained and experienced). A nominated RP or DRP must be approved by a relevant AE and appointed in writing via a letter of appointment.

GMS must escalate to the Trust as the duty-holder if there is no available RP, DRP or AP for any area of compliance that requires one or if there is a vacancy in one of

these roles. Escalation should be to the chair of the relevant sub-group, and the chair of the Group H&SC.

9.4 External Expertise

There may be occasions where specific expertise is required to support the identification, assessment or control of a risk. The Group H&SC has authority to either instruct such expertise in line with any budget envelope or may request TLT to support such an intervention.

10. H&S POLICIES

All Trust health and safety policies must be accessible to all staff. Where reasonably practicable, policies associated with health and safety should align across the Group to ensure that the Group maintains consistent standards.

However, as a separate legal entity, it is for the subsidiary, GMS, to implement, administer and enforce those policies within GMS via their own governance routes. GMS it able to develop its own health and safety policies, where a joint policy is impracticable or a separate policy is required by law.

11. SYSTEMATIC RISK ASSESSMENT

The Group must carry out risk assessments as part of its legal obligations to ensure that patients, staff, visitors and contractors are kept safe. A risk assessment is a careful examination of the hazards within our work activities and environment that could cause harm to people. The Group's arrangements for risk assessments are detailed in B0636 Risk Assessment and on the intranet.

12. EMERGENCY PLANNING

Emergency planning procedures which includes preparing, responding, and recovering from an unexpected and/ or disruptive event that threatens to destabilise or impact negatively the Trust or the Group, are detailed on our intranet. The Trust expects its subsidiary and partner organisations to comply with its arrangement for emergency events. Where GMS take a primary role in implementing emergency procedures (e.g., lock down) they must ensure their staff are competent and experienced to do so.

13. HEALTH AND SAFETY RISK REGISTERS

The Trust maintains its risk register on Datix, which includes health and safety related risks. Mitigation plans for Trust risks should reflect the Group response, with GMS supporting the updating of Trust risks by contributing essential information to Trust risk leads in line with their delegated or contractual responsibilities and areas of expertise. Staff should refer to Q0637 - Risk Management Procedures.

As a separate legal entity, GMS will manage its own separate corporate risk register in accordance with its own policy and procedures and report this separately reported to the GMS Board.

14.   INCIDENT INVESTIGATION & RIDDOR REPORTING

The Trust has an incident investigation policy which is applicable to health and safety investigations.

As the duty holder in relation to Trust activities, the Trust will report all RIDDORs to the HSE that relate to its employees, patients or visitors. As the duty holder in relation to GMS activities, GMS will report all RIDDORs to the HSE in relation to reportable incidents involving its' own employees or where a report is required by the responsible person with control of the premises. Where both the Trust and GMS are responsible persons, the RIDDOR reporting will be discussed and agreed.

Both the Trust and GMS will report any RIDDOR incidents as part of its health and safety reporting obligations to the Group Health and Safety Committee.

15.   INTERACTION WITH CQC, HSE & RELEVANT AGENCIES

The Risk, Health and Safety team will liaise with the regulatory bodies on any Trust reported RIDDORs or in relation to any health and safety inspections of the Trust. The Trust will expect GMS to cooperate in a timely manner with any requests to GMS to provide documentary or other evidence on behalf of the Trust to the regulator to satisfy the Trust's statutory obligations.

GMS will liaise with the regulatory bodies on any GMS reported RIDDORs or in relation to any inspections of GMS as a separate legal entity. However, both parties should collaborate on arrangements and as far as is reasonably practicable to support any regulatory intervention. The Trust is expected to cooperate in a timely manner with any requests from GMS to provide documentary or other evidence held solely by the Trust on behalf of GMS to the regulator to satisfy the Trust's statutory obligations.

16.   MONITORING

16.1   Health & Safety Strategy

The Trust has a Health and Safety Strategy which contains objectives and targets for improvement over the period of the strategy. The strategy is risk-based and may be reviewed before the end of the period where a change in risk-profile necessitates this. Each division is monitored in relation to progress against the strategy and this is reported at the divisional health and safety meetings.

16.2   Self-Assessment

The Trust and its subsidiary should have a programme of self-assessment, which focuses on high-risk or themed areas of health and safety. A minimum of two detailed self-assessments should be carried out across the Group annually. This may be carried out in relation to the whole or part of an HTM or ACOPs or a specific topic. Self-assessments should be reported to the Group H&SC. GMS will follow its own internal reporting structure accordingly.

Any significant gaps identified should be escalated appropriately to the TLT, the Audit and Assurance Committee and the Trust Board. GMS may also independently escalate through their own structure to GMS Board respectively.

It is expected that each self-assessment will be followed up by an action plan that is monitored via the relevant sub-group, reporting progress to the Group Health and Safety Committee and the respective Committees and / or Boards.

16.3   Authorised Engineer Audits

The annual AE audits should be shared with the relevant operational sub-group, as well as the Director of Integrated Governance and the Head of Risk, Health & Safety. All AE audit reports should be presented at the Group H&SC reporting to the Audit and Assurance Committee and the Trust Board. GMS will also follow its own internal reporting structure for reporting AE audits accordingly to its Board.

It is expected that each audit will receive a timely management response and will be followed up by an action plan that is monitored via the Group H&SC and the respective Committees and / or Boards within the Trust and GMS.

16.4   Internal Audit Role

Periodic themed health and safety audits may be carried out by the Internal Auditor. These should be reported to the Group H&SC reporting to the Audit and Assurance Committee and the Trust Board.

It is expected that each audit will receive a timely management response and will be followed up by an action plan that is monitored via the relevant sub-group, reporting progress to the Group H&SC and the respective Committees and / or Boards within the Trust and GMS.

16.5   Independent audits

From time to time the Group H&SC may require additional expertise to audit more complex elements of our health and safety systems, particularly where there is high-risk. Where this necessitates significant funding, the request will need TLT approval/SFI processes. This does not prevent either the Trust or GMS separately pursuing an independent audit as it sees fit.

17.   REVIEW

The Risk, Health and Safety team will prepare an annual report on the Trust's health and safety performance. Where appropriate, GMS may be asked to contribute to this. This will be submitted to the Trust Leadership Team, Audit and Assurance Committee and to the Trust Board after the end of the financial year.

The Trust Board will review health and safety performance at least once a year on receipt of the annual report. The review process should:

- Examine whether the health and safety policy reflect the organisation's current priorities, plans and targets
- Examine whether risk management and other health and safety systems have been effectively reporting to the board
- Consider actions to address any weaknesses and a system to monitor their implementation
- Consider immediate reviews in the light of any major shortcomings or events
- Consider whether the organisational strategic objectives and risk appetite reflect health and safety needs and priorities

As a separate legal entity, GMS will manage its own arrangements for annually reporting its health and safety management to the GMS Board. Where GMS health and safety performance has or will significantly impact the Trust's ability to meet its own legal obligations, GMS must highlight this to the Group H&SC. Equally, where Trust health and safety performance has or will significantly impact GMS' ability to meet its own legal obligations, the Trust must highlight this to the Group H&SC.

18. TRAINING AND EDUCATION

All staff should have an understanding of the Trust's safety policy and the principles and processes of the Safety Management Framework.

Line managers and supervisors should understand the safety process, hazard identification, risk management and the management of change. Accountable senior managers should have an awareness of safety management roles and responsibilities, safety policy, safety culture, standards and safety assurance.

A training needs analysis has been undertaken as part of the Trust's Health and Safety Policy.

19. SAFETY COMMUNICATION

Safety communication is an essential foundation for the development and maintenance of an adequate safety culture. Information in our safety communications can be found in Trust's Health and Safety Policy.

DOCUMENT PROFILE	
Reference Number	
Title	Health and Safety Framework
Category	Non-Clinical
For Use By	GHNHST & GMS STAFF
Version	For Policy Team Completion Only (version control by Policy Team)
Issue Date	For Policy Team Completion Only (Month & Year)
Review Due	For Policy Team Completion Only (Month & Year)
Amendment Date	For Policy Team Completion Only
Extension Date	For TPAG Approval and Policy Team Completion Only
Keywords	Provide relevant keywords for easy identification, e.g. keyword 1, keyword 2, keyword 3,
Indicate if this document should be on the Trust's public page.	Yes If yes, please provide the hyperlink to the relevant page.
Document Ownership Details	
Owning Division	Corporate
Owning Specialty	Risk, Health & Safety Department
Associated Specialities	Corporate Governance
Chief Executive Officer	Kevin McNamara, CEO
Responsible Board Member / Executive Director	Kerry Rogers, Director of Integrated Governance
Divisional Director for Speciality	N/A
Divisional Director for Quality and Nursing	N/A
Author / Reviewer	Lee Troake, Head of Risk, Health and Safety
Consultation, Approval & Dissemination Details	
Consultees	Group H&S Committee Members, Trust Leadership Team, Trust Board, GMS Health and Safety
Main Local Approval Group	Group H&S Committee
Chair of the Main Local Approval Group	Kerry Rogers, Director of Integrated Governance
Additional Local Approval Group/s and their Chair	N/A
Local Approval Details	N/A
Trust Policy Assurance Group (TPAG) Ratification Date	For Policy Team Completion Only (Month & Year)
Dissemination Details	Upload to Policy Site
External Compliance and Guidance	

External Compliance Standards and/or Legislation	Specify e.g. external standards which this document has been produced to comply with (e.g., HSE, MHRA), external codes of practice legislation (please state which legislation) • HTM 00 – Policies and Procedures • HTM 01 – Decontamination • HTM 02 – Medical Gases • HTM 03 – Heating and Ventilation Systems • HTM 04 – Water systems • HTM 05 – Fire safety • HTM 06 – Electrical services • HTM 07 – Environment and Sustainability • HTM 08 – Specialist Services • Approved Codes of Practice, HSE • The importance of partnership working on health, safety and wellbeing | NHS Employers
Relevant NICE Guidance	List relevant NICE guidance and hyperlinks
Relevant Regulations	• Statutory Instruments (1974), Health and Safety at Work Act 1974. London: HMSO • Statutory Instruments (1977), Safety Representatives Safety Committee Regulations 1977. London: HMSO • Statutory Instruments (1996), Health and Safety (Consultation with Employees) Regulations 1996. London: HMSO • Statutory Instruments (1999), Management of Health and Safety at Work Regulations 1999. London: HMSO • Health and Safety Competencies for NHS Managers

Escalation flowchart – Health & Safety
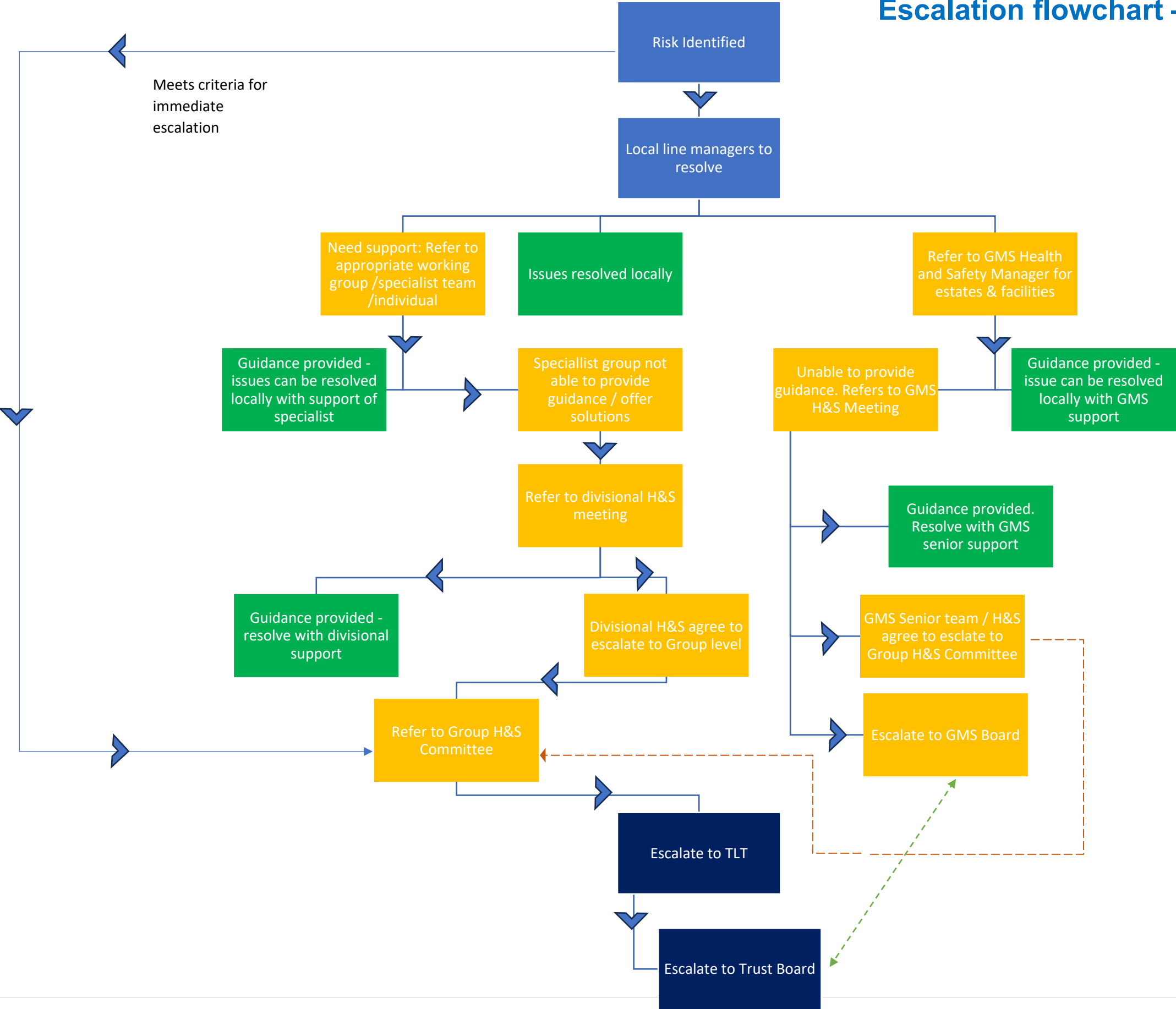
HTM 01-01: Management and decontamination of surgical instruments (medical devices) in acute care

HTM01-04: Decontamination of linen for health and social care

HTM01-06: Decontamination of flexible endoscopes

Duty holder	Key duties
Trust	- Responsibility for achieving acceptable standards of decontamination. Duties under the Health and Social Care Act 2008 in relation to infection control - Organisationally responsible for the effective, and technically compliant, provision of decontamination services. - Responsible for the implementation of operational policies for decontamination and should ensure specific operational policies are in place for the decontamination of all medical devices. - Responsible for monitoring the implementation of the policy and should have a competent understanding of the decontamination of medical devices, guidance, legislation and standards
GMS	As a 'linen processor' GMS should be capable of meeting the Essential Quality Requirements (EQRs) set out at pg2-3 of the HTM which encompass statutory and regulatory requirements
GMS	GMS offers decontamination to the Trust and other legal entities – GMS is subject to the requirements of MDR (regulation by MHRA and audit by a notified body)

Individual Roles	General Duties	Identified Individual
Designated Person (Executive - Trust Board level)	- Assigned responsibility for the service - for the effective, and technically compliant, provision of decontamination services - Provides the essential senior management link between the organisation and professional support	Medical Director Chief Nurse and Director of Quality

	• Should provide an informed position at board level • Should work closely with the **Senior Operational Manager** to ensure that provision is made to adequately support the decontamination system	
Executive Manager HTM01-01 (note this role is not included in HTM 00)	• The person with ultimate management responsibility, including allocation of resources and the appointment of personnel, for the organisation in which the decontamination equipment is installed. (pg 26 HTM)	Managing Director GMS
Senior Operational Manager (Trust, GMS or Third party)	• SOM is technically, professionally and managerially responsible (and accountable to the Decontamination Lead) for the engineering aspects of decontamination	Associate Director of Facilities, GMS
Decontamination Lead with responsibility for decontamination – either at board level or who has line management responsibility to a senior responsible person at that level (Trust or GMS) The Decontamination Lead may also act as the Designated Person.	• The Decontamination Lead may delegate specific responsibilities to key personnel; the extent of such delegation should be clearly set out in the operational policy together with the arrangements for liaison and monitoring	Deputy Chief Nurse and Director of Infection Prevention & Control (Trust)
Authorised Engineer Decontamination	• Reports to the Decontamination Lead (pg26-27)	Deconcidal Ltd

Responsible Person / Authorised Person (GMS)		Add link
Deputy Responsible Person / Authorised Person (GMS)		Add link
Surgical Instrument Manager (Trust, GMS or Third party)	• Responsibility for coordinating activity between the theatre, decontamination and supply/purchase teams (their duties are set out at pg27-28)	General Manager, Decontamination and Sterile Services Deputy Decontamination & Quality Manager SSD

Health Technical Memorandum 02-01: Medical gas pipeline systems (MGPS)

Duty holder	
Trust	• The employer and ultimately accountable for the safe operation of the premises and for equipment provided for use at work. Legal responsibility cannot be delegated but performance can be
GMS	• Duties as has control of the premises and duties to repair / maintain it. Duties to employees for equipment provided for use at work to the extent of control of that work equipment
Apleona	• Duties as has control of the premises and duties to repair / maintain it. Duties to employees for equipment provided for use at work to the extent of control of that work equipment

Individual Roles	Key Duties	Identified Individual

Designated Person / Executive Manager (**Executive - Trust Board level)** with assigned responsibility for the service	• The person with ultimate management responsibility, including allocation of resources and the appointment of personnel, for the organisation in which the MGPS are installed. • May delegate specific MGPS responsibilities to key personnel; delegation should be clearly set out in the MGPS operational policy together with the arrangements for liaison and monitoring (pg11). • The Executive Manager is responsible for the operational policy, although responsibility for policy preparation and implementation will usually be delegated to the Authorised Person (MGPS). (pg16)	Medical Director
Senior Operational Manager (Trust)	• Responsibility for managing the MGPS	Martin Pratt
Authorised Engineer MGPS	• Proving independent advice and guidance on managing the MGPS e installed and compliance with legislation and the HTM	Health Technical Ltd
Responsible Person / Authorised Person (GMS)	• Responsibility for policy preparation and implementation will usually be delegated to the Authorised Person • Retains effective responsibility for day-to-day management (pg11)	
Deputy Responsible Person / Deputy Authorised Person (GMS)	• Responsibility for policy preparation and implementation will usually be delegated to the Authorised Person • Retains effective responsibility for day-to-day management (pg11)	
Chair of Medical Gases Group		

Healthcare Technical Memorandum 03-01: Specialised ventilation in healthcare premises

Duty holder	
Trust	The employer and ultimately accountable for the safe operation of the premises
GMS	Legal duties as it has control and duties to repair / maintain
Apleona	Legal duties as it has control and duties to repair / maintain

Individual Roles	Key duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	• Provides the essential senior management link between the organisation and professional support. Should also provide an informed position at board level and confirm the appointment of post holders: o Authorising Engineer (Ventilation) o Authorised Person (Ventilation) o Competent Person (Ventilation) • To ensure that inspection, service and maintenance activities are carried out, safely without hazard to staff, patients or members of the public • Ensure those who monitor/maintain equipment are competent to do so • Periodically review maintenance procedures to ensure they remain appropriate • Preservation of records of ventilation systems and their performance (legal requirement – system records must be kept for at least 5 years, or 25 for a manufacturing pharmacy and there is a statutory right of inspection) • (pg3-5) • The responsibility for monitoring specific aspects may be delegated to appropriate key personnel (HTM 0 para 3.45)	Director of Improvement and Delivery
Senior Operational Manager (Trust)		Associate Director of Estates (Trust)

Authorised Engineer Ventilation		Andrew Poplett Enterprises Ltd
Responsible Person / Authorised Person (GMS)		<mark>ADD LINK</mark>
Deputy Responsible Person / Deputy Authorised Person (GMS)		<mark>ADD LINK</mark>
Responsible Person / Authorised Person (GMS)		

Chair of Ventilation Group	• Multi-disciplinary group that oversees management of the ventilation systems of a healthcare provider and reports to the Designated Person at board level. (the Designated Person may also chair the group).
	• VSG informs:
	    ○ The design process for new and existing premises
	    ○ Commissioning and validation process
	    ○ Operational management and maintenance
	    ○ Annual verification and performance testing
	    ○ Prioritising the plant replacement programme
	    ○ Decommissioning and removal of redundant equipment
		Associate Director of Estates (Trust)

HTM04-01: Safe water in healthcare premises

Duty holder	
Trust	• The employer and ultimately accountable for the safe operation of the premises. Appoint a Water Safety Group (WSG) to implement their legal duties. Though compliance with this guidance may be delegated to staff or undertaken by contractors, accountability cannot be delegated
GMS	• Legal duties as it has control and duties to repair / maintain. Contractual duties -management contract should clearly specify who has responsibility for maintenance and safety checks, including managing the risk from waterborne hazards
Apleona	• Legal duties as it has control and duties to repair / maintain. Contractual duties -management contract should clearly specify who has responsibility for maintenance and safety checks, including managing the risk from waterborne hazards

Individual Roles	Key Duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	Appoint a Water Safety Group (WSG) to implement their legal duties	Chief Nurse and Director of Quality
Senior Operational Managers (Trust)		Associate Director of Estates (Trust) Deputy Chief Nurse and Director of Infection Control
Authorised Engineer Water		Tetra Consulting Ltd
Responsible Person (GMS)		<mark>Link to GMS staff</mark>
Responsible Person (Apleona)		
Deputy Responsible Person (GMS)		<mark>Link to GMS staff</mark>

Water Safety Group	• A multidisciplinary group formed to undertake the commissioning and development and ongoing management of the water safety plan (WSP). • Identify and assess sources of risk	Associate Director of Estates (Trust)
Chair Sub-Board Committee	•	Quality Performance Committee Chair

Fire Safety - HTM 05-01, HTM 05-02, HTM 05-03

Duty holder	
Trust	The employer and ultimately accountable for the safe operation of the premises. Legal responsibility cannot be delegated but performance can be
GMS	Legal duties as it has control and duties to repair / maintain. Duties under Article 5(3) of the Fire Safety Order
Apleona	Legal duties as it has control and duties to repair / maintain. Duties under Article 5(3) of the Fire Safety Order

Individual Roles	Key duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility fire safety responsibilities	• Responsibility is responsible for ensuring that fire safety issues are highlighted at Board level • Responsibilities outlined on page 17 HTM05-01 • Responsibility for complying with the Fire Safety Order [page 5]	Chief Operating Officer
Senior Operational Leads (Trust)	• Oversight of compliance and assurance accountable to Group Health and Safety Committee	Associate Director for Estates (Trust) Head of EPRR

Fire Safety Manager	• Day-to-day fire safety duties delegated to the Fire Safety Manager by the Board level director as outlined on page 17- 18 HTM05-01 • establish Fire Response Teams on all trust sites	Fire Safety Manager, GMS
Fire Safety Advisor	• Accountable to the Fire Safety Manager for matters of fire safety as outlined on page 18-19 HTM05-01.	Fire Safety Advisor, GMS
Authorised Person (Fire Training)	• Ensuring an appropriate programme of fire safety training is delivered and the effectiveness is assessed either via a workplace Q&A or completing/ monitoring a small-scale drill or exercise • Advising the Fire Safety Manager as to whether legal requirements are being met • Ensuring staff are apprised of the relevant findings of the fire risk assessment Pg 6-7 HTM 05-03	Fire Trainer, GMS
Authorised Engineer / Fire Safety Advisor	• Act as an independent professional advisor to the Trust as outlined on page 19 HTM 05-01.	Wessex H&S Ltd trading as Fire Safety Partnership
Fire Incident Manager	• Take control of the incident and direct the local response • ensure that the fire alarm system has been activated and that staff in the area are aware of the incident; • initiate the local fire emergency action plan; and determine whether evacuation is necessary and commence the evacuation if appropriate; • liaise with the Fire Response Team and the Fire Response Team Leader on their arrival • nominate a senior manager as the Fire Response Team Leader to ensure initial control of an emergency.	The most senior person in charge of an area and present at the time that an incident occurs should assume the role of the Fire Incident Manager

Responsible Person (Apleona)	• Accountable to the Fire Safety Manager for matters of fire safety.	Contracts Manager, Gloucester Royal Hospital PFI, Apleona PPP
Competent Person	• Installs and maintains fire safety equipment	External contractors
Sub-Board Committee	• Assurance reporting on fire safety issues to the trust Board	Audit and Assurance Committee Chair
Chair of Fire Safety Committee	• As stated in TOR	Associate Director for Estates (Trust)
Chair of Sub-Fire Safety Committee	• As stated in TOR	Chief Operating Officer

Electrical Safety - HTM 06-01, HTM 06-02, HTM 06-03

Duty holder	
Trust	The employer and ultimately accountable for the safe operation of the premises
GMS	Legal duties as it has control and duties to repair / maintain.
Apleona	Legal duties as it has control and duties to repair / maintain.

Individual Roles	Key duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service (can be the same for all 06 HTMs or different ones)	• Develop and update the electrical safety policy, ensure appropriate structures, training and monitoring. Ensure procedures for dealing with emergencies and an electrical business continuity plan for prolonged loss of power • Establish an Electrical Safety Group (ESG) and formally	Director of Improvement and Delivery Chief Operating Officer – business continuity plan for prolonged loss of power

	• Appoint an independent electrical engineer as an Authorising Engineer (LV) and monitor the effectiveness of the AE (LV) in fulfilling the role and review the appointment annually • Appoint the Senior Operational Manager (SOM) • Appoint sufficient Authorised Persons (LV) (on the recommendation of the Authorising Engineer (LV)) – (pg5)	
Senior Operational Manager (Trust or GMS or third party)	Operational and professional responsibility for the electrical services – can be outside the Trust (pg5, pg12)	Associate Director of Estates (GMS) Associate Director of Estates (Trust)
Authorised Engineer (LV)	• Acts as an independent professional adviser to the healthcare organisation. The Authorising Engineer should be appointed by the organisation with a brief to provide services in accordance with the HTM 06 suite of documents	Avonside Safety Management
Authorised Person LV (GMS)	• Appointed to take responsibility for the management of the LV electrical systems in accordance with Health Technical Memorandum 06-02 – 'Electrical safety guidance for low voltage systems • Person responsible for the practical implementation and operation with regard to the work on, or the testing of, defined electrical equipment under this HTM	<mark>GMS Appointed staff Add link</mark>
Deputy Authorised Person LV (GMS)	• Appointed to take responsibility for the management of the LV electrical systems in accordance with Health	<mark>GMS Appointed staff Add link</mark>

	Technical Memorandum 06-02 – 'Electrical safety guidance for low voltage systems • Person responsible for the practical implementation and operation with regard to the work on, or the testing of, defined electrical equipment under this HTM	
Responsible Person / Authorised Person LV (Apleona)	• Appointed to take responsibility for the management of the LV electrical systems in accordance with Health Technical Memorandum 06-02 – 'Electrical safety guidance for low voltage systems • Person responsible for the practical implementation and operation with regard to the work on, or the testing of, defined electrical equipment under this HTM	
Authorised Person HV	appointed to take responsibility for the management of the HV electrical system in accordance with Health Technical Memorandum 06-03 – 'Electrical safety guidance for high voltage systems'.	
Designer	responsibility to design the electrical services in a technically correct and safe manner. The designer need not be a staff member of the healthcare organisation.	<mark>Contractor</mark>
Chair of Electrical Safety Group	• Multidisciplinary group formed to assess all aspects of electrical safety and resilience required for the safe development and operation of healthcare premises (pg9-10). • Electrical Safety Group (which includes medical professionals, clinicians, medical devices, medical physics, radiology and radiotherapy, finance and designers staff page 9-10, para 3.14) to the design process and overall management of electrical safety page 9 HTM06-01	Associate Director of Estates (Trust)

	• Should be led ==by and chaired by a person who has appropriate management responsibility, knowledge, competence and experience.== Should report to the designated person at board level • TOR to be aligned to paragraph 3.14 and .15 HTM 06-01, pg11-12 - remit of the ESG]	
Sub-Board Committee	• Assurance reporting on electrical safety issues to the trust Board	Audit and Assurance Committee Chair

Environment and Sustainability - HTM 07-01 healthcare waste, HTM07-02 – energy, HTM07-04 water management and water efficiency

Duty holder	
Trust	• The employer and ultimately accountable for the safe operation of the premises and in the waste management chain (i.e. anyone who produces, carries, deals, brokers or manages controlled waste). • Responsibility to be energy and resource efficient by minimising unnecessary energy costs and thereby associated environmental impacts, to comply with relevant legislation • Responsibility of all public bodies to conserve water. • General responsibility on NHS Trusts to manage water efficiently across the healthcare estate
GMS	• Duties within the waste management chain (i.e. anyone who produces, carries, deals, brokers or manages controlled waste) • Duties under contract for energy
Apleona	• Duties within the waste management chain (i.e. anyone who produces, carries, deals, brokers or manages controlled waste) • Duties under contract for energy

Individual Roles	Key duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the HTMs	• Ensure governance procedures required in HTM 07-01 are established across the health organisation • Provide capital resources to implement HTM 07-01 across the organisation (pg86) • Follow Defra's statutory guidance 'Waste duty of care: code of practice' (Defra, 2018).	Director of Improvement and Delivery
Estates and Facilities Director	• Ensure the safe and compliant management of waste. Direct and support the establishment and management of on-site waste infrastructure and service	Managing Director GMS
Energy Champion (Trust Board) (HTM07-02) (can be same as above)	• Responsibility for energy and carbon management and environmental policy. Their role is to keep energy on senior managers' agenda • The Energy and carbon management policy and environmental policy should be signed off by the Chief Executive "to signal commitment at the highest level" (pg25) • Development and approval of Sustainable Development Management Plan including sections on energy and carbon management and environmental policy	Director of Improvement and Delivery
Water Champion (designated by senior management) – should be someone with an overview of the building's facilities, someone in charge of financial	• Development of a water strategy	Associate Director of Estates (Trust)

management or someone who is keen on the subject)	• Provide the necessary resources and power to conduct a water audit • Co-ordinate the water strategy • Act a co-ordinator for the implementation, a source of information and a channel for reporting to senior management (pg10)	
Estates and facilities Director responsible for waste (Trust)	• Ensure the safe and compliant management of waste • Direct and support the establishment and management of on-site waste infrastructure and services (pg86)	Associate Director of Estates (Trust)
Senior Operational Manager (Trust or GMS or third party)	• Ensure the safe and compliant management of waste	Associate Director of Estates (GMS)
Energy Manager	• Provides a focal point for the energy efficiency programme page 32- 33 HTM07-02	Energy Manager (GMS)
Waste Manger (Trust or GMS)	• Accountable individual – employee with specific responsibility for all aspects of waste management and procurement within the Trust page 86 HTM 07-01	Waste Manager (GMS)
Dangerous Goods Safety Advisor	• Externally sourced third-party or internal staff to advise and undertake duty of care audits in accordance with current waste legislation.	ChemRegs Ltd
Radioactive Waste Advisor	• Accountable individual – employee with specific responsibility for all aspects of radioactive waste management	Head of Medical Physics
Energy Manager (Trust, GMS or third party) (may be a designated role or shared with another organisation, or among several members of a team with a broader remit)	• Implementation of the Energy Management and Carbon Reduction strategies (pg32 – 34)	Energy Manager GMS

Chair of Waste Group		<mark>TBC</mark>

Lifts - HTM 08-02 lifts

Duty holder	
Trust	The employer who has provided lifting equipment used by employees
GMS	Duty holder due to control of lifting equipment and to the extent of that control
Apleona	Duty holder due to control of lifting equipment and to the extent of that control

Individual Roles	Key Duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	- Overall authority and responsibility for lifts and their safe operation (pg8) HTM 08-02 - Ensuring that an Authorising Engineer (Lifts) and Dutyholder are appointed	Director of Improvement and Delivery Chief Operating Officer
Delegated Dutyholder	Legally responsible for ensuring that the lift is safe to use and that it is thoroughly examined. These responsibilities include maintaining the lift so that it is safe to use and selecting and instructing the competent person (page 8) HTM 08-02	
Senior Operational Manager (Trust)		Associate Director of Estates (Trust)

Authorised Engineer Lifts	• Act as an independent professional adviser to the healthcare organisation. The AE should be appointed by the healthcare organisation. • A chartered engineer with appropriate experience, whose appointment is the responsibility of the Designated Person (Lifts).	ILECS Ltd
Authorised Person Lifts (GMS)	• The Authorised Person (Lifts) (pg9) maintenance of records, quality of service and maintenance of system safety (integrity). • Establishing and maintaining the validity of Competent persons (CPs – not the same as competent persons under LOLER) – employees or contractors • Overseeing duties carried out by Lift Stewards and annual training of Lift Release Wardens	Add link
Deputy Authorised Person Lifts (GMS)	As above	Add link
Lifts Safety Group		TBC
Sub-Board Committee		TBC

HTM08-03 – Bedhead services

Individual Roles	Key Duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	Ensure all bedhead services are regularly tested and maintained (pg4, 8-9)	Chief Digital and Information Officer

IT Manager	• interface with the healthcare facility's information management systems	Countywide IT Services
EPR	• interface with the healthcare facility's information management systems	EPR Manager

Asbestos

Duty holder	
Trust	The employer who has provided equipment used by employees
GMS	Duty holder due to control of equipment and to the extent of that control
Apleona	Duty holder due to control of equipment and to the extent of that control

Individual Roles	Key Duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	• Overall authority and responsibility for the Management of Asbestos	Director of Delivery and Improvement
Delegated Dutyholder	• Responsible for the management of asbestos	Managing Director GMS
Senior Operational Manager (Trust)	• Oversight of the provision and safety of medical devices	Associate Director of Estates (Trust)
Authorised Engineer	•	Gary Morris Ltd
Competent Person (GMS)	• Maintenance of devices, and safety records	Head of Compliance and Safety, GMS Health and Safety Compliance Officer Add link
Asbestos Group Chair		Associate Director for Estates
Sub-Board Committee	• Oversight of Compliance and assurance	Audit & Assurance Committee

Medical Devices

Duty holder	
Trust	The employer who has provided equipment used by employees
GMS	Duty holder due to control of equipment and to the extent of that control
Apleona	Duty holder due to control of equipment and to the extent of that control

Individual Roles	Key Duties	Identified Individual
Designated Person (Executive - Trust Board level) with assigned responsibility for the service	• Overall authority and responsibility for medical devices and their safe operation	Medical Director
Delegated Dutyholder	• Operationally responsible for ensuring that the devices are safe to use and that it is thoroughly examined.	Managing Director GMS
Senior Operational Manager (Trust)	• Oversight of the provision and safety of medical devices	Associate Director of Estates (Trust)
Procurement	• Procurement of safe and compliant devices	Head of Procurement
Competent Person (GMS)	• Maintenance of devices, and safety records,	Add link
Medical Devices Group Chair		Associate Director for Estates
Sub-Board Committee		Audit & Assurance Committee

Approved Codes of Practice

- L5: Control of substances hazardous to health (Sixth edition)
- L8: Legionnaires' disease. The control of legionella bacteria in water systems. Approved Code of Practice and guidance
- L24: Workplace health, safety and welfare. Workplace (Health, Safety and Welfare) Regulations 1992. Approved Code of Practice
- L25: Personal protective equipment at work (Second edition)

- L56: Safety in the installation and use of gas systems and appliances
- L74: First aid at work. The health and safety (First Aid) Regulations1981
- L80: A guide to the Gas Safety (Management) Regulations 1996. Guidance on Regulations
- L101: Safe work in confined spaces. Confined Spaces Regulations 1997
- L108: Controlling noise at work
- L113: Safe use of lifting equipment. Lifting Operations and Lifting Equipment Regulations 1998
- L114: Safe use of woodworking machinery. Provision and Use of Work Equipment regulations 1998 as applied to woodworking machinery
- L121: Work with ionising radiation
- L122: Safety of pressure systems
- L126: A guide to the Radiation (Emergency Preparedness and Public Information) Regulations 2001
- L143: Work with materials containing asbestos. Control of Asbestos Regulations 2012
- L146: Consulting workers on health and safety. Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
- L153: Managing health and safety in construction - Construction (Design and Management) Regulations 2015. Guidance on Regulations

Healthcare Technical Memorandums

- HTM 00: Policies and principles of healthcare engineering
- HMT01-01 Management and decontamination of surgical instruments
- HMT01-04 Decontamination of bed linen for health and social care
- HMT01-06 Decontamination of flexible endoscopes
- HTM02 Medical gas pipeline systems
- HTM03 Specialised Ventilation for healthcare premises

- [HTM04 Safe Water in healthcare](#)
- [HTM05-01 Manging healthcare fire safety](#)
- [HMT05-02 Firecode](#)
- [HMT05-03 Firecode](#)
- [HMT06-01 Electrical services supply and distribution](#)
- [HMT06-02 Electrical safety guidance for low voltage systems](#)
- [HTM06-03 Electrical safety guidance for high voltage systems](#)
- [HMT07-01 Safe and sustainable management of healthcare waste](#)
- [HMT07-02 Making energy work in healthcare](#)
- [HMT07-03 NHS car-park management](#)
- [HMT07-04 water management and water efficiency](#)
- [HMT08-01 Acoustics](#)
- [HMT08-02 Lifts](#)
- [HMT08-03 Bedhead services](#)
- [HMT67 Laboratory fitting out system](#)

Elections Safety Representatives/Representatives of Employee Safety

Safety Representatives for a recognised trade union must be appointed by the Trade Union and agreed with the employer. The Regulations require that representatives have either worked for the Trust or GMS for two years or have had at least two years' experience in similar employment. This ensures the person has the necessary experience and knowledge to make an effective contribution to health and safety in our workplace. Representatives of Employee Safety (non-union) are elected by the workforce. Elections will be highlighted at Group H&SC to allow the workforce time to consider and elect candidates.

Those wishing to be considered for either role should approach their union first (Union roles only) and their line manager. Applicants should discuss their application with their line manager as they will need to be able to balance their contractual role with any Union duties. Staff should then complete the form below.

Approving a Candidate

Unless there are any legitimate submissions from the workforce, trade union members, a senior manager or the candidate's line manager that would prevent their election, then the candidate should be approved and the form should be counter signed as indicated. The original form will then be stored on the individual's Personal Reference File (PRF) and a copy sent to the representative and the Risk, Health and Safety team.

Number of representatives

The number of safety representatives or representatives of employee safety appointed will depend on the total number of employees, the business structure, the number of workplace locations, the shift system, the work activities and associated inherent risks.

It is for the Trade Unions to ensure that the have enough representatives to provide reasonable cover for the size / demand and complexity of the workforce they represent. Individual representatives should not be so overwhelmed that they are not reasonably able to meet the demand of their union duties within their allocated hours or where this advisedly impacts on their contractual role or performance.

Resources for representatives

The Trust is required to provide resources for union-appointed representatives which include:

- reasonable recompense of time to carry out their functions (as agreed with their line manager and staff side)
- access to health and safety information;
- sufficient training to allow them to perform their role (training is often provided by the Union for union safety representatives)

There is no requirement to present health and safety information in a different or separate format for representatives nor to obtain additional information. Safety representatives can find information on the health and safety intranet pages, in our policy library, the Risk Library and on SYPOL. These are all accessible 24/7 by all employees.

Representatives are permitted to use their workplace PC / laptop, printer, telephone (usually their local desk phone), Teams, meeting rooms, a lockable desk drawer for paperwork, our intranet and internet facilities and printers for their Trade Union activities. These facilities are likely to be available locally at the representative's normal place of work and may be shared facilities.

Role and Functions of Representatives

Although the roles of the representatives are similar, there are some slight differences between the legal rights of union and non-union representatives, which are outlined in the figure below:

Safety Representatives and Safety Committees Regulations 1977	Health and Safety (Consultation with Employees) Regulations 1996
Representatives:	
Appointed in writing by a trade union recognised for collective bargaining purposes.	Elected by the workforce, where the employer has decided not to consult directly.
Title/position:	
Safety representatives.	Representatives of employee safety.
Functions:	
Investigate potential hazards and dangerous occurrences at the workplace, complaints by an employee relating to health, safety and welfare at work, and examine causes of workplace accidents.	
Representation to the employer on the above investigations, and on general matters affecting the health and safety of the employees they represent.	Representation to the employer on: ■ potential hazards and dangerous occurrences; ■ general matters affecting the health and safety of the employees they represent; and ■ specific matters on which the employer must consult.
Inspect the workplace.	
Represent employees in dealings with health and safety inspectors.	Represent employees in dealings with health and safety inspectors.
Receive certain information from inspectors.	
Attend health and safety committee meetings.	

Source: Consulting employees on health and safety HSE INDG232

Safety Representatives should be invited to attend their local department health and safety meeting. They may also request an invite to attend a divisional health and safety meeting where the need arises, and this request should be accepted unless there is reasonable justification. Appointed Safety Representatives will be invited to the Group H&SC.

Appointment of a Safety Representative/Representative of Employee Safety

Name of nominee: _____

Trade union or department(s)/ team(s): _____

Normal work base: _____

Line manager: _____

The following acknowledge and agree that the nominee named above will act as a Safety Representative on behalf of the trade union identified / Representative of Employee Safety on behalf of the department(s) or team(s) identified* **(* Delete as appropriate)**.

Signature   Date

_____   _____   Trade union Local Branch Secretary (if applicable)

_____   _____   Line manager of nominee

(In the event of any concern relating to this appointment, do not sign above but provide reasons overleaf and send this form to the Risk, Health & Safety team for further consideration).

I accept this nomination and agree to abide by the requirements governing the role of Safety Representatives or Representatives of Employee Safety.

Signature   Date

_____   _____   Nominee Safety Representative or Representative of Employee Safety

Appointment Confirmed

_____   _____   Trust Health & Safety Committee Chair

Completed forms to be sent to the Risk, Health & Safety team who will inform the Committee members. The original will be stored on the representative's PRF with a copy to the Secretary of the trade union branch and the representative.

GHFT Strategy re-fresh update

Council of Governors
17 June 2025

Contents

1. Introduction
2. Contents of the working draft strategy
3. Development timeline and approach
4. Summary update on staff and public engagement and feedback
5. Recap on the key challenges to address in the strategy
6. Plan on a page and strategic framework
7. Next steps

Introduction

First draft of our refreshed strategy to board 10 July

There are a number of key activities still needed to inform the draft including review in light of the10 Year Health Plan due to be published in June.

Contents of the working draft strategy

1. **About Gloucestershire Hospitals NHS Foundation Trust**
   - Our history and services we provide
   - Achievements from our last strategy
   -
2. **Our Communities and One Gloucestershire**

3. **Strategic context challenges and opportunities**

4. **Our Strategic Aims**
   - Quality and Safety
   - People and Culture
   - Financial Sustainability
   - Partnerships with Purpose

5. **Golden Threads**

6. **Enablers of Success**

7. **Why and How we developed this Strategy**

8. **How we will deliver and measure success**

Strategy development, timeline and approach
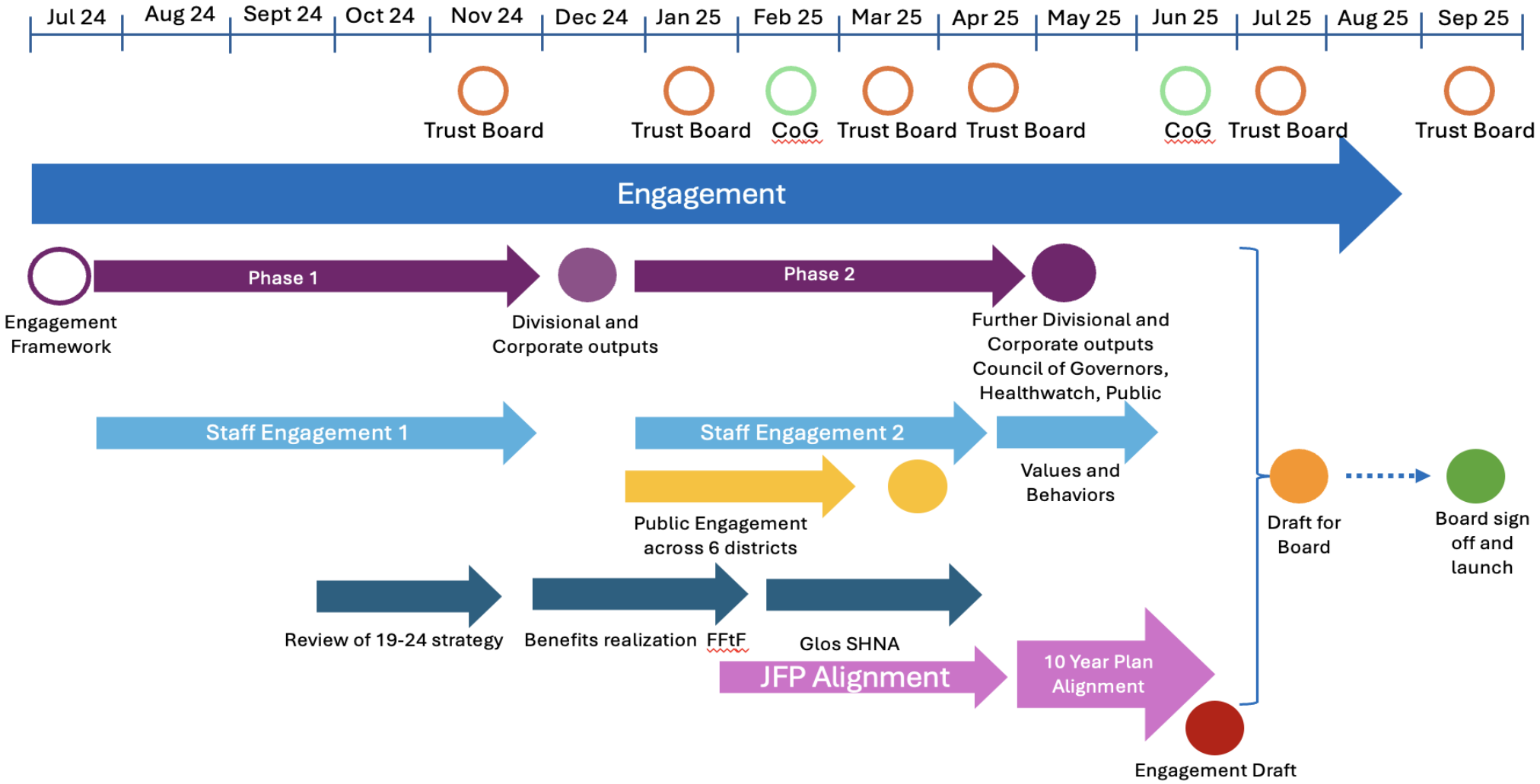
Public Engagement

Over January – February 2025 we joined forces with the Health Bus to seek views from members of the public across our 6 districts

Date	Time	Location
Wednesday 22nd January	10-3 pm	High Street, Cheltenham
Thursday 23rd January	10-3 pm	Livestock Farming, Cirencester
Wednesday 29th January	10-3 pm	Stroud, High Street or Stratford Park
Thursday 30th January	10-3 pm	St Paul's Medical Centre
Friday 31st January	10-3 pm	Gloucester, The Cross
Monday 3rd February	10-3 pm	Dursley, Town centre
Wednesday 5th February	10-3 pm	Forest of Dean , Cinderford at Tesco car park
Thursday 6th Feb	10-3 pm	Cirencester, Marketplace
Friday 7th Feb	10-3 pm	Lydney, Tesco car park
Tuesday 18th Feb	10-3 pm	Forest of Dean Coleford, Roundabout
Wednesday 19th Feb	10-3 pm	Gloucester, Asda at Kingsway
Wednesday 26th February	10-3 pm	Burton-on-the-Water, Co-op
Thursday 27th February	10-3 pm	Friendship Café, Barton and Tredworth

600 members of the public engaged
200 completed surveys with insights and feedback

Public Engagement

Theme	Description
Workforce	Staff are described as overworked, stretched, and underpaid. There is concern about burnout, low morale, and lack of support from senior management. Respondents want more clinical staff, better pay, and a culture that values frontline workers.
Access	Many express frustration with long waiting times and difficulty accessing services, especially A&E. There is strong demand for restoring 24/7 consultant-led A&E at Cheltenham. People want services closer to home, particularly in rural areas like the Forest of Dean.
Leadership and Trust Management	There is widespread criticism of senior leadership and trust management. Respondents feel decisions are made without understanding frontline realities. Some call for leadership reform or replacement with clinically experienced managers.
Quality and Safety	Descriptions of current services include 'chaotic,' 'unsafe,' and 'unhygienic.' People want clean, safe environments and timely, effective care. There is concern about the impact of service cuts on patient safety.
Technology and information	While some welcome digital tools, others report poor implementation and lack of staff training. There is a desire for better communication, clearer processes, and more interactive services.
Vision	Many feel the Trust's vision is irrelevant or not reflected in reality. Respondents want less focus on 'words' and more on delivery and accountability.
Joined-Up and preventative care	People want a more integrated system with better coordination across services. There is support for using technology and community-based care to improve flow and outcomes.
Equity and Inclusion	Some responses highlight the need for better understanding of women's health, neurodiversity, and disabilities. There is a call for inclusive, patient-centred care that avoids discrimination or neglect.

Summary of our engagement …

- **Further Council of Governors**
- **Trust Charity**
- **Patient Groups Voluntary Sector**
- **ICS & Partner Organisation**
- **Further wider public engagement**

70+ facilitated sessions completed

2000+ staff involved

20+ Facilitators trained

2nd engagement phase underway

…**e.g. to-date**
- **Inclusion Council**
- **All divisional boards**
- **Apprentices**
- **Specialty Directors**
- **PG Education**
- **TLT**
- **Council of Governors**
- **Healthwatch**
- **Public engagement**
- **Trust Charity**

Summary of key feedback themes

Clarity of Purpose	High Quality and Safe Care	Positive Working Environment	Getting the Basics right	Collaboration and Partnership Working	Collaboration and Partnership Working
Sense of Pride	People and Patient Focused	Inclusive	Psychological Safety	Greater focus on Improvement	Focus on Prevention
Culture of Learning and development	Sense of Team	Valuing and Recognition Culture	Sort out the Estate and Environment	Greater focus on Health Inequalities	Consistent use of Digital Technology

Key challenges to address in the strategy

Increasing Demand Aging population Increasing acuity	Growing health inequalities and continued austerity	Staff recruitment, retention, culture, wellbeing and support	Silos of care and support poor integration of pathway
Financial deficit and constrained financial environment	Ageing estate and constrained capital environment	Quality and safety Mutli-site operation	Changing landscape and significant changes to NHS and local government

Our emerging Key Priorities

Our focus for improvement (*in development*)

3 – 5 Years

18 – 24 months

Strategic Initiatives		Break-through Objectives

Corporate Projects

Digital?

Workforce?

Continuous Improvement ?

Estates ?

1. Avoidable harm - UEC eliminate 12 hr waits.

2. Maternity quality and safety – leadership culture

3. Quality and safety compliance - Fire Safety

4. Financial sustainability – increasing recurrent efficiencies

Key next steps

- First engagement draft draft to confidential board -10 July
- First engagement draft shared with CoG – 10 July
- Review GHFT Strategy alongside 10 Year Health Plan - (expected June)
- Wider stakeholder engagement July / August
- Final signoff and launch - 11 September Board

Report to Council of Governors

Date	Thursday 19 June 2025
Title:	**Engagement and Involvement Annual Review**
Author	Juwairiyia Motala, Community Engagement and Involvement Manager
Sponsoring Director/ Presenter	James Brown, Director of Engagement, Involvement & Communications

Purpose of Report (Tick all that apply ✓)

To provide assurance	✓	To obtain approval	
Regulatory requirement		To highlight an emerging risk or issue	
To canvas opinion		For information	✓
To provide advice		To highlight patient or staff experience	✓

Summary of Report

Purpose
- To present the first draft of our Engagement and Involvement Annual Review 2024-25 and Community Engagement Tracker,

- The Annual Review will be published to sit alongside our Annual Report and Quality Accounts.

- The review provides a summary, case studies, and activities over the last year, as well as next steps.

- The review will also be used as part of the refreshed CQC framework and the expected NHS England framework for community and public engagement.

Key issues to note
- The annual review is our fifth formal report on our engagement and involvement activity.

- The annual review sets out why engagement and involvement are important to the Trust and how we have worked with local people, community groups, and partners over the last year.

- The review sets out who our local communities are and the challenges of health inequalities across the county.

- Our commitment to engagement is a core element of the Care Quality Commission (CQC)'s well-led domain. We have previously shared the draft annual review with CQC as part of the Well-led review.

- The Trust has continued to develop and improve the Community Engagement Tracker, detailing the monthly activity undertaken, themes, and impact.

- The CQC has significantly changed the focus of much of its regulatory framework, with a primary focus on 'people and communities' and assessing how NHS organisations involve, engage, and listen to local people in improving services.

- The draft has been shared with the ICB, Healthwatch, local community partners for review and comment/suggestions, which will be incorporated into the final version of the review.

Risks or Concerns

N/A

Financial Implications

N/A

Approved by: Director of Finance / Director of Operational Finance	Date:

Recommendation

- That the Group take note of the Engagement and Involvement Annual Review.

- Provide feedback and comments – and any areas for future development

Enclosures

PDF Draft Engagement & Involvement Review
PDF Engagement & Involvement Review Summary Sheet

Engagement and Involvement Review

Building Bridges, Building Health:

A Year of Engagement and Partnership

2024 – 2025

Welcome to our
Engagement and Involvement Annual Review

We are excited to share this report which brings together the work across our services with our community partners, which we feel shows just how important building local connections continues to be in improving the health and wellbeing across Gloucestershire.

Through this report we are pleased to share some of the successes that have been achieved over the last 12 months, working in partnership with our staff, patients and communities.

We believe that building and maintaining strong relationships between our services and the communities we serve, improves the quality and access to health and care services.

Our driving ambition is to put people at the heart of what we do, being curious and involving them in their care and in shaping change. By building connections, we can understand different ideas and experiences and listen to what matters most.

We would like to thank everyone who has worked with us over the year: the patients and community groups who have brought their fresh eyes, insights and creative challenge to our work and our colleagues across the Trust who have worked with us on a range of projects to help improve the experience.

Finally, we want to thank the Gloucestershire Hospitals charity for continuing to support many of our key projects, including funding to help the successful work of our Young Influencers who have flourished in the last year. We are also grateful to our Governors who have actively been involved at many events this year, come rain or shine, and have helped us reach a wider range of communities.

Bryony Armstong

Public Governor for Cotswolds

Chair of GHFT Young Influencers Group

Deborah Evans

Trust chair

Executive Summary

"The healing journey can only begin when you feel heard"

Juwairiyia Motala

Our review highlights the work we have done this year in building and maintaining our connections. We believe that through by approaching our work with curiosity and openness we have been better able to build our partnerships between services and the communities helping to understand what really matters and improve what we do, together.

Our driving ambition is to put people at the heart of what we do, being curious and involving them in their care and in shaping change. By building connections, we can understand different ideas and experiences and listen to what matters most. This approach has played a pivotal role in helping people in under-served communities access essential health and care support, improving their lives through partnerships with local organisations and groups across Gloucestershire.

Over the past year, we have engaged with over xxx people through xxx groups and community events, gaining valuable insights into how we can improve access to services, increase planned care appointments, and reduce the need for emergency attendance.

Highlight(s) of the year

Highlights of our engagement and involvement work over the year include:

01 **Community Playlist for Dementia Awareness:** Sounds of the Soul

02 **Breast Cancer Awareness Event –** Jewish Community

03 **Update on Collaborative Community Engagement Work –** Community Voices

04 **Inclusive Language Guide:** Communication that Reflects Our Values

Executive Summary

Our commitment to improvement is driven by regularly reviewing feedback and supporting communities, all in alignment with the Trust's values to ensure meaningful engagement and quality improvement across the organisation.

The Trust is part of the One Gloucestershire Partnership, which includes other health, social care, and Voluntary and Community Sector (VCS) organisations. We continue to follow the joint Working with People and Communities' strategy with a focus and commitment to working together for local people.

Our Engagement and Involvement Tracker has continued to evolve and provides a map for how we work, where we work and the impact and influence on our services. This report outlines our achievements, challenges, and future priorities for the next 12 months.

We are grateful for the valuable feedback, innovative ideas, and unique perspectives from local people that help shape our services and how we work. Working in partnership with our community isn't simply a box to tick; it's the key to unlocking better health outcomes. By understanding the needs of local people, we can transform our services and empower communities to focus on what matters most to them.

Thank you to everyone who has worked with us over the year: the patients and community groups who have brought their fresh eyes, insights, and creative challenge to our work, and our colleagues across the Trust who have worked with us on a range of projects to help improve the experience.

Find out more here:
[↗] **www.gloshospitals.nhs.uk/listen-action-impact**

Who we are and what we do

We are an NHS Foundation Trust of over 9,000 staff, providing care for the population of Gloucestershire and beyond.

The Trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital. We also provide Maternity Services at Stroud Maternity Hospital and a range of outpatient clinics and some surgery services from community hospitals throughout Gloucestershire.

Gloucestershire Royal Hospital

Cheltenham General Hospital

Stroud Maternity Hospital

Our vision is to provide

the Best Care for Everyone

Which serves as our guiding principle and shapes the way we are working in partnership with our communities.

Our Values

caring
We care for our patients and colleagues by showing respect and compassion

listening
We actively listen to better meet the needs of our patients and colleagues

excelling
We strive to excel through learning, and we expect our colleagues to do and be the best they can

Our partners

We are committed to working with our partners to deliver the best outcomes for our local communities. This means playing an active role in the Gloucestershire Integrated Care System, (ICS), and formal partnerships with our regional collaboratives and neighbouring NHS Trusts.

We also work closely with a wide range of diverse community organisations, including Inclusion Gloucestershire, Healthwatch and the VCSE Alliance to ensure we listen and understand the needs of our local population and to ensure we can shape services effectively.

Our commitment to engagement and involvement

Why is engagement and involvement important?

Our colleagues, patients and communities are at the heart our ambition to deliver the best care for everyone. By actively listening to those who use and care about our services, we can better understand diverse health and care needs and respond accordingly.

What are we doing?

We are committed to embedding engagement and involvement throughout our hospitals.

Our goal is to ensure that the voices of patients, carers, and colleagues are continually heard and that they shape our decision-making process. We strive to make our organisation a great place to work and receive care.

What will we achieve?

By working together, we can make better decisions, and we will be able to:

▶ Improve the quality of care and services;

▶ Improve patient safety;

▶ Improve colleague and patient experiences;

▶ Shape services around what local communities tell us that matter most to them;

▶ Attract, recruit, and retain the best staff to the Trust;

▶ Support and celebrate the diversity of our local community in promoting healthy living.

An Introduction to Gloucestershire

Gloucestershire is a county of contrast.

It has areas of breathtaking beauty, with charming hamlets, picturesque towns, and stunning landscapes that include ancient forests, iconic rivers, and three Areas of Outstanding Natural Beauty. It is also home to areas of deprivation and rural isolation, impacting access to opportunities, health and support services.

Gloucestershire also has a changing and evolving cultural diversity and history, with a mix of rural and urban communities, and where more than 100 languages are spoken. At Gloucestershire Hospitals NHS Foundation Trust, our team of over 9,000 colleagues, representing more than 75 nationalities, blend a dynamic mix of cultures and expertise that deepens the care we provide.

Working hand-in-hand with partners and local communities to build connections, the Trust is dedicated to enhancing health and well-being while ensuring equitable access to services and we recognise our role as a local anchor institution. We remain committed to addressing ongoing health and community challenges which can only be met by working together in partnership.

Our Gloucestershire Population

Total population: 2021

645,076 people

49% male

51% female

Population distribution of Gloucestershire, 2021

Gloucester	Tewkesbury	Cheltenham
20%	**15%**	**18%**

Forest of Dean	Stroud	Cotswolds & Tetbury
14%	**19%**	**14%**

Broad age range

- 0-15 **18%**
- 16-64 **60%**
- 65+ **22%**

Pregnancy and birth

5486 Women giving birth

5571 Babies born

Unpaid carers

51863 **(8.5%)**
Of Gloucestershire's residents

Marriage and civil partnership

- **2%**
- **6%**
- **10%**
- **34%**
- **48%**

Widowed or surviving civil partnership partner

Separated but still legally married or still legally in a civil partnership

Divorced or civil partnership dissolved

Never married and never registered a civil partnership

Married or in a registered civil partnership

Our Gloucestershire Population

Household composition

30% One person household

19% Couples with no children

25% Couples with children

9% Lone parent family

17% Other households

Disability

16.8% of the population are disabled under the Equality Act (2010)

6.4% Of the population are not disabled but do have a long term physical or mental health condition(s)

Religion

49% Christian

41% No religion

6.2% Not answered

1.4% Muslim

1% Sikh

0.6% Hindu

0.5% Other religion

0.3% Buddhist

0.1% Jewish

Ethnic Groups

87.7% White British

5.4% White other

2.9% Asian, Asian British or Asian Welsh

2.2% Mixed or multiple ethnic groups

1.2% Black, Black British, Black Welsh

0.7% Other ethnic group

Who do we engage and involve

Our Engagement and Involvement Strategy outlines our commitment to actively engaging and involving people in shaping our plans to improve services and listen to what truly matters to our communities.

In Gloucestershire, we are part of the Integrated Care System, connecting NHS organisations, councils, Healthwatch, charities, and the community, voluntary, and social enterprise sector (third sector) with the shared aim of enhancing the health and well-being of local people.

By building community connections and working closely with our partners, we can better coordinate services and plan care in a way that improves population health and reduces inequalities among different groups.

Central to this effort is our approach to engaging and involving people. A cornerstone of this work is the co-designed ICS 'Working with People and Communities' strategy, further supported by the groundbreaking Memorandum of Understanding with VCS partners. This agreement solidifies our commitment to working together for the benefit of local people.

To facilitate this collaboration, we established 'Get Involved in Gloucestershire,' an online participation platform where people can share their views, experiences, and ideas about local health and care services.

We remain dedicated to working in partnership to make it easier for people to share their experiences and ensure we can listen to the voices from our vibrant and diverse communities.

Our service users and supporters

Patients, service users, carers and families are at the heart of all that we do. We need to continue to involve them as we strive to embed person-centred care across all our services.

Our Places + Communities

Understanding what matters most to our local communities is really important to us, particularly given the diverse rural and urban needs as well as specific community groups.

Our partnership with the Voluntary, Community and Social Enterprise Sector (VCSE) and Healthwatch helps provide vital insight and reach into groups with particular needs across our communities so that our services are accessible and responsive to all.

We are continually strengthening our ability to engage and involve local people to ensure that what matters to them is used to influence decision-making.

Our Partners

Vision: The Best Care for Everyone

Strategic Objective

Involved People 'Patients, the public and staff tell us that they feel involved in the planning, design and evaluation of our services

Our Service User + Supporters

We work closely with our partners across the 'One Gloucestershire' Integrated Care System (ICS) to join up health and care services for local people.

Patients, service users, carers and families are at the heart of all that we do. We need to continue to involve them as we strive to embed person-centred care across all our services.

Our Colleagues

We have a large workforce of some 9,000 people and over 450 volunteers, who live in our communities.

The Trust also has elected and appointed Governors, who provide valuable scrutiny and challenge and represent the local voice at Board level.

Our service users and supporters

There are lots of ways people presently share their experiences and are actively involved and engaged in shaping local health and care services in Gloucestershire, including:

- Elected and appointed Governors

- Trust Membership

- Get Involved section of our website:
  www.gloshospitals.nhs.uk/about-us/get-involved

- Get Involved in Gloucestershire
  getinvolved.glos.nhs.uk/

- Gloucestershire Voluntary and Community Sector Alliance

- Young Influencers
  www.gloshospitals.nhs.uk/about-us/get-involved/our-youth-group

- Online patient experience websites, including NHS Choices and Care Opinion
  www.careopinion.org.uk/services/rte

- NHS Friends and Family Test questions
  www.gloshospitals.nhs.uk/contact-us/friends-and-family-test/

- Patient Advice and Liaison Service
  www.gloshospitals.nhs.uk/contact-us/patient-advice-and-support/

- Directly with our complaints, concerns and customer service team

- Healthwatch Gloucestershire
  www.healthwatchgloucestershire.co.uk

- Engagement on social media

- Patient Stories

- Through engagement activities and events

- Attendance at Trust Board and Annual Members Meeting

We know that there is more we can do to increase opportunities for involvement and to ensure this reflects the diverse communities we serve. We continue to learn so we can be more innovative, and resourceful in how we engage people to improve experience for both patients and colleagues.

The impact of involvement and engagement over the last year

The Trust is actively engaged in a diverse number of projects, in partnership with local communities, and the impact of this work is tracked through our Community Engagement Tracker.

Our team used the Community Engagement Tracker to systematically monitor and analyse our community connections, and this helps us improve services, build relationships with stakeholders, and make evidence-based decisions on what local people have told us matter most to them and where together we can make a difference.

The Tracker focuses on connecting community members with Voluntary, Community, and Social Enterprise (VCSE) groups, building local relationships, and enhancing healthcare services based on community feedback.

From April 2024 to March 2023, the Community Engagement Team engaged with over XXXX people by participating in and attending XX community group events and activities. This work has increased access to VCSE services, improved attendance at health appointments, and enhanced access to healthcare information.

We measure success through engagement metrics and data analysis, using these insights to adapt our services to better meet the needs of local people and communities. Our commitment to improvement is driven by regularly reviewing feedback and supporting communities, all in alignment with the Trust's values to ensure meaningful engagement and quality improvement across the organisation.

At the heart of this impact and change, is the connections with our communities and partners, ensuring we are working together to address challenges, improve access and share learning.

Find out more here:

↗ **Community Engagement Tracker**

Case studies and impact

01 Domestic Abuse and Sexual Violence Consultation Network

Brief description:

Over the past year, the Community Engagement & Involvement Team has collaborated with the Domestic Abuse and Sexual Violence Consultation Officer from the Office of the Police and Crime Commissioner, a representative from Adult Social Care at Gloucestershire County Council, and the GDASS Health Independent Domestic Violence Advisor (HIDVA). This partnership, built on over a year of joint working, has been instrumental in deepening our understanding of the lived experiences of domestic abuse in Gloucestershire. As we prepare for the 16 Days of Action Against Domestic Violence in November 2025, we aim to bring together our shared learning in a way that creates lasting impact—particularly for women from minority backgrounds, whose experiences are too often overlooked.

Who did we speak to?

We listened to many women with lived experience of domestic abuse, with a strong focus on those facing multiple and intersecting barriers, including language, cultural expectations, and systemic gaps in care. Their stories and insights have shaped our work and reinforced the urgent need for more inclusive, trauma-informed support services.

What and how did we ask?

Through community conversations, targeted consultations, and online and in-person engagement, we invited women to share their experiences with accessing (or being denied) support. Our approach was rooted in listening, collaboration, and empathy—working with professionals across health, social care, and the voluntary sector to ensure we captured a complete and honest picture.

Domestic Abuse and Sexual Violence Consultation Network	Accessible Information Standard – Making Communication Inclusive		Young Influencer Development
Community Playlist for Dementia Awareness: Sounds of the Soul	Breast Cancer Awareness Event – Jewish Community	Update on Collaborative Community Engagement Work – Community Voices	Inclusive Language Guide: Communication that Reflects Our Values
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Bloodborne Viruses – Hepatitis C Screening	Engagement with Seldom-Heard Groups	Cancer Care Patient Feedback on the NHS Information Bus	Saluting Our Sisters Exhibition

01 Domestic Abuse and Sexual Violence Consultation Network

What did people tell us?

Many women spoke of the deep and lasting impact of trauma, particularly when compounded by cultural stigma and language barriers. One particularly powerful and heartbreaking story came from a woman from the Bangladeshi community who speaks little English and has been repeatedly failed by the system. Following the deaths by suicide of two of her children and years of domestic abuse, she has struggled to access the help she desperately needs. Interpreter costs have prevented meaningful support from mental health services and domestic abuse charities. Language barriers during police calls placed her in further danger, and health services lacked the cultural understanding or flexibility to meet her complex needs. She has little family and community support. Her story—and others like it—highlight a stark and urgent truth: local services are not working for everyone.

Highlighting the Need for Focused Health Inequalities Work:

The hospital's role in this partnership is essential. Stories like the one shared above make it clear that health inequalities are not abstract—they have real, often devastating consequences. Survivors of domestic violence from minority groups are falling through the cracks. Access to services cannot depend on English fluency or internet literacy. We want to ensure that Gloucestershire Hospitals ensure that interpreter services are consistently available and that clinical pathways account for trauma, cultural context, and socioeconomic barriers. As part of this partnership, our hospital is committed to being part of the solution—embedding equity into every level of patient care and advocating for system change to support the most vulnerable.

What did we do?

These experiences are helping us reshape how we work together. We now recognise that health services, especially hospitals, must play a central role in addressing the inequalities that survivors from minority groups face. Through this partnership, we are taking steps to ensure hospitals are more accessible, inclusive, and culturally sensitive. We are advocating for trauma-informed care with appropriate language support and are committed to removing the barriers that stop survivors from getting the care they need, when they need it.

→ **Find out more here:**
🔗 **Domestic Abuse and Sexual Violence Consultation**

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02 Accessible Information Standard – Making Communication Inclusive

Brief description:

The Accessible Information Standard (AIS), developed by NHS England, ensures that people with a disability, impairment or sensory loss receive information in a way they can understand. Gloucestershire Hospitals NHS Foundation Trust has taken significant steps to embed this standard, reducing health inequalities by improving how patients access and receive important healthcare information.

Who did we speak to?

We engaged with patients who have communication and accessibility needs, as well as carers, reception staff, and digital and patient experience teams. These audiences were essential in understanding the barriers faced and the practical steps needed to implement changes across the Trust.

What and how did we ask?

We gathered feedback through hospital-based interactions, conversations with patient groups, digital service assessments, and ongoing consultation with frontline teams. We also reviewed data from service requests, feedback to the Patient Advice and Liaison Service (PALS), and accessibility audits of patient materials and communications.

02 Accessible Information Standard – Making Communication Inclusive

What did people tell us?

Patients and carers told us that accessing hospital letters and information in suitable formats—such as large print, Braille, or Easy Read—is critical to feeling included and confident in their care. Many shared experiences of missing vital information due to inaccessible communication, which highlighted a clear health inequality.

What did we do?

Gloucestershire Hospitals NHS Foundation Trust launched a new initiative, led by the digital and patient experience teams, to ensure that all written communication—such as appointment letters and test results—is available in accessible formats. These include Large Print, Easy Read, and Braille versions. Once a need is identified, it is flagged in the patient's electronic health record, so it only needs to be requested once. The initiative follows the five key steps of the AIS: Identify, Record, Flag, Share, and Meet communication needs.

We have also made patient information leaflets available in accessible digital formats and worked to improve the accessibility of the Trust website, ensuring compatibility with screen readers and allowing content to be resized or read aloud. This has significantly reduced communication barriers and improved patients' overall experience.

> "The NHS is founded on a commitment to the principles of equal and equitable access to healthcare and this is something we take very seriously. We are constantly striving to ensure that our services and our communications to patients are accessible to everyone, and, as such, I am delighted that our teams have worked so hard to deliver this important step on our journey."
>
> Deborah Lee,
> Chief Executive

→ **Find out more here:**
⧉ **Visit our Accessibility Statement and AIS Information Page**

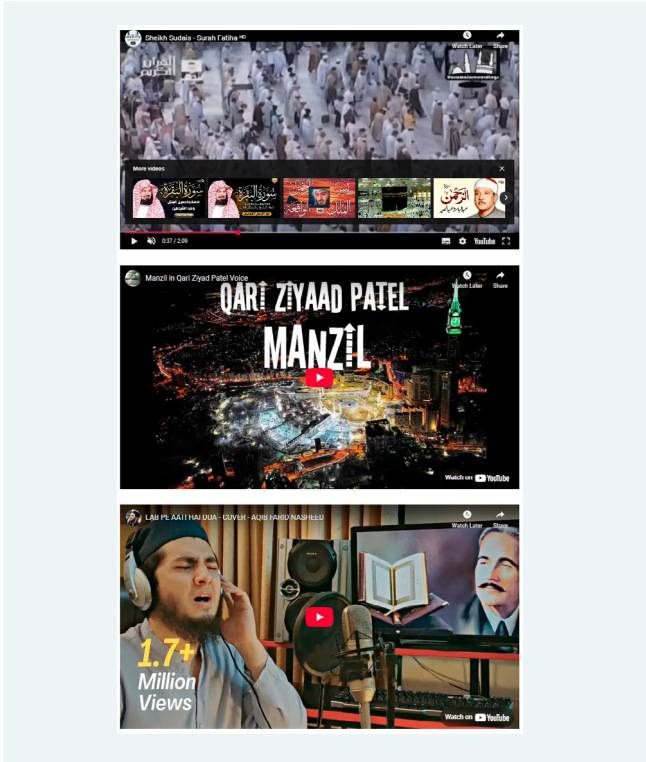|		
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03 Young Influencer Development

Brief description:

The Trust Young Influencers group enables the Trust to maintain meaningful dialogue with young people aged 14-22 years to ensure their voices are heard in our decision-making process. They meet monthly face to face or via teams and over the last year the group's membership has doubled. Together, they provide feedback to improve service provision across the Trust and collaborate with external organisations to build relationships and establish a wider reach in the community.

Who did we speak to?

In August 2024, the Young Influencers ran a stall at the No Child Left Behind family event in Cheltenham. Here they engaged over 150 children and young people to write or draw on a leaf what 'health' meant to them. The following month, the group created a Wellbeing Tree outside the Gloucester Hospital chapel. The tree trunk and branches represent the Trust, and the leaves represent the children the young people in the community it serves.

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03 Young Influencer Development

What did we do?
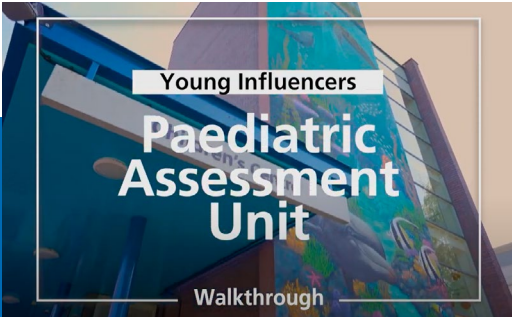
Over the last year, the Young Influencers have supported internal projects such as the redesigning of the children's and young people's outpatient department in Battledown, Cheltenham. They reviewed and provided back on the proposed designed as well as providing suggestions for colours, all of which were actioned by the artist.

To make the hospital feel safer and more accessible for young people, the group filmed a walk through of the Children's Emergency Department and the Paediatric Assessment Unit (PAU). This has also been shared with wider organisations such as the ICB SEND team.

The Young Influencers also use their voice to support wider projects. They participated in a workshop for the Gloucestershire Council Preparation for Adulthood team, offering valuable insights into 'What is exciting about adulthood? What are your concerns about adulthood? And What is important when preparing for adulthood?'

What did people tell us?

Young Influencer members participate because they understand their value and the impact they can have when given the opportunity. They are proud to represent the Trust and feel they are offered a safe space to speak openly and honestly:

[↗ **Watch our PAU walk through video here**](#)

[↗ **Watch our Young Influencer short demo here**](#)

04 Community Playlist for Dementia Awareness: Sounds of the Soul

Brief description:

"Sounds of the Soul" is a co-created, culturally sensitive musical playlist developed to support Muslim people living with dementia and their carers. This initiative uses spiritually significant sounds to enhance connection, identity, and emotional well-being for individuals affected by memory loss.

Who did we speak to?

We engaged with members of the Muslim community in Gloucester, including carers, the South Asian Women's Group, the Men's Group at the Friendship Café, and several individual contributors. We also consulted with Mufti Abdullah Patel, who endorsed the project.

What and how did we ask?

Conversations were initiated at the 2023 Dementia Education event at the Friendship Café. Follow-up engagement included group discussions and one-to-one consultations with community members and carers. We asked about the types of spiritual and cultural sounds that resonate personally and might be meaningful for someone living with dementia.

Sounds of the Soul
الأصوات الروحانية
સાઉન્ડસ ઑફ ધ સોલ
روح کی آوازیں

04 Community Playlist for Dementia Awareness: Sounds of the Soul

What did people tell us?

Community members expressed a strong interest in music and recitation as tools to reconnect with faith, family memories, and cultural identity. They shared personal favourites, such as specific Qur'anic recitations, nasheeds, and poems. There was clear enthusiasm for developing a resource grounded in lived experience and spiritual significance.

What did we do?

Together with Mindsong and the Gloucestershire Hospitals Engagement & Involvement team, we created a ten-track "Sounds of the Soul" playlist. It includes Qur'an recitations and vocal-only nasheeds chosen for their soothing and spiritually uplifting qualities. The playlist was endorsed by Mufti Abdullah Patel and launched for Dementia Action Week. It is now accessible via YouTube, Spotify, Mindsong's website, and multilingual printed materials for use in mosques, community centres, and care homes.

Find out more here:

→ **www.mindsong.org.uk**

→ **Watch the video**

05 Breast Cancer Awareness Event – Jewish Community

Brief description:

This collaborative project between Gloucestershire Hospitals NHS Foundation Trust (GHFT), the Engagement & Involvement Team, Patient Experience, and the ICB Insight Team is part of a broader effort to ensure that healthcare services are inclusive, culturally sensitive, and responsive to the needs of diverse communities in Gloucestershire.

The initiative began with an important conversation to understand the specific health and wellbeing needs of the Gloucestershire Jewish Community, including a meeting with Abigail Fisher, a community representative. That meeting led to a commitment to active, ongoing engagement with the community to ensure their voices are heard, and their concerns are addressed in a meaningful and sustainable way.

Who did we speak to?

Abigail Fisher
Representing the Orthodox Jewish community

Jenny
Community leader within the Cheltenham Hebrew Congregation

Broader Jewish community members through direct engagement
Event attendance, and feedback

Rabbi Anna Gerrard
Rabbi for the 3 Counties Liberal Jewish Community

The Gloucestershire Jewish community includes around 500 Orthodox Jews, with a significant number of elderly residents and visitors, especially in summer. The community is active through weekly services, social events, and virtual meetings.

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05 Breast Cancer Awareness Event – Jewish Community

We engaged with the community through:

▸ One-on-one discussions with leaders to identify gaps in care

▸ Event-based outreach, including educational health talks tailored to the community's cultural and religious context

▸ Feedback forms distributed at community events to capture views and priorities

▸ A focus on face-to-face trust-building sessions, including an upcoming coffee morning hosted by the community

▸ Specific questions focused on:

▸ Health education needs

▸ Perceptions of healthcare services

▸ Comfort and concerns during hospital admission

▸ Preferred ways to receive health information

What Did People Tell Us?

Key insights and needs shared by the community included:

▸ A desire for culturally appropriate and inclusive health education

▸ Concerns around genetic health risks, particularly in relation to breast cancer

▸ Interest in receiving targeted sessions on specific conditions, such as diabetes and dementia

▸ The importance of trust and familiarity when engaging with the NHS

▸ Need for reassurance that religious observance will be respected in care settings

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05 Breast Cancer Awareness Event – Jewish Community

What Did We Do?

Breast Cancer Awareness Session

Thank you to everyone who supported the Breast Cancer Awareness Talk for the Jewish community. The event was a success, with approximately 18 attendees and strong engagement throughout. It marked a significant milestone in building an ongoing relationship with the community.

The event was delivered in partnership between One Gloucestershire, Cheltenham Hebrew Congregation, GHFT, and the ICB. It was held at Sandford Education Centre, following a request for an evening session to accommodate working attendees. Refreshments were provided.

The session was structured in two parts:

▸ Breast Cancer in the Jewish Population – The Role of Genes

▸ Speaker: Mr James Bristol (GHFT)

▸ Breast Awareness and Screening Information Speaker: Jane Fide, Breast Care Nurse (GHFT)

Attendees were encouraged to ask questions throughout to ensure full understanding of the content. The session promoted open dialogue and allowed attendees to express concerns and share feedback in a safe, respectful environment.

Promotion and Community Involvement

A bespoke poster was created by NHS Gloucestershire ICB and circulated by the Chair of the Cheltenham Hebrew Congregation. The event was promoted across Orthodox and Liberal synagogues as a private event to encourage a comfortable and familiar atmosphere.

Feedback and Outcomes

▸ 16 attendees completed feedback forms, and the results have been compiled into a report to inform future planning.

▸ Feedback was overwhelmingly positive, with requests for further health education sessions on diabetes and dementia.

▸ Community leader Jenny has already been in contact to organise these follow-up events for the summer, showing a clear sign of trust and ongoing engagement.

05 Breast Cancer Awareness Event – Jewish Community

Next Steps

- Organising further health education sessions on diabetes and dementia in collaboration with the community

- Hosting a community coffee morning, facilitated by Abigail Fisher, where senior GHT representatives will be present to hear feedback and build relationships

- Continuing to gather feedback and assess health priorities through future events and informal engagement

- Exploring opportunities for co-designed services that reflect the religious and cultural needs of the Jewish population

Conclusion

This work represents a significant step forward in building meaningful, sustainable relationships with the Jewish community in Gloucestershire. It has helped open lines of communication, increased understanding, and laid the groundwork for ongoing, trust-based collaboration.

We are proud of the progress made and committed to ensuring our services continue to meet the diverse needs of all communities. As we move forward, we hope to replicate this model of engagement with other groups across the county.

Together, we are shaping a healthcare system where it's okay to ask, and it's okay to share your specific needs.

06 Update on Collaborative Community Engagement Work – Community Voices

Brief description:

As part of our commitment to listening, learning, and acting upon what matters most to our communities, we have undertaken a wide-ranging programme of engagement and involvement, placing particular emphasis on under represented groups across Gloucestershire. We recognise that each person's health needs are different, and we are committed to promoting equitable access to care by building trust and strengthening community relationships.

Who did we speak to?

Throughout the year, we engaged with a diverse range of communities and groups, including:

- The Hindu Community Group in Cheltenham
- Sahara Saheli and South Asian Elderly Women's Groups
- Active Gloucestershire's Walk & Talk participants
- Gloucestershire Action for Refugees and Asylum Seekers (GARAS)
- Communities in Cinderford and the Forest of Dean
- SAMS – South Asian Men's Support Group

What and how did we ask?

We created inclusive, culturally sensitive spaces to listen deeply to people's experiences and views on health, wellbeing, and access to care. Through wellness talks, community health sessions, walking groups, outreach initiatives, and co-designed events, we asked:

- What are the barriers to accessing health information and services?
- What kind of support feels meaningful and relevant?
- How can we better tailor health engagement to individual and community needs?

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06

Update on Collaborative Community Engagement Work – Community Voices

What did people tell us?

We heard powerful, honest feedback that shaped our understanding:

"Communities need to be able to reach out to local health organisations to ask for health education, to enable them to support their families. Support to navigate and connect the dots with confidence, this helps reduce anxiety and helps us understand the health advice being given."

Community Group Participant

"Health organisations sometimes feel that signposting is enough, but the support does not end there... McMillian was for me, community engagement supports the patient's confidence to navigate services... My support helped me accept the changes to my voice and understand how to enjoy my life again."

SAMS Group Participant, reflecting on cancer recovery

"This is a safe space to express ourselves... When I retired, I realised that I was the 'foreign minister' and my wife the 'home minister'. We now share more, and I feel better supported with home life and health decisions. This space helps us become better able to support each other."

SAMS Group Participant

People told us they wanted:

Support that recognises personal, cultural, and health-specific journeys.

Clear, compassionate guidance to navigate complex health systems.

Continued opportunities to co-design local services that reflect their voices and values.

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06 Update on Collaborative Community Engagement Work – Community Voices

What did we do?

In response, we:

▸ Delivered tailored wellness talks, women's health sessions, and walking groups to foster connection and increase health literacy.

▸ Partnered with GARAS to bring health advice directly to refugees and asylum seekers in trusted, safe settings.

▸ Supported the SAMS group in offering culturally appropriate peer support and specialist signposting for South Asian men navigating complex health diagnoses.

▸ Facilitated community events in the Forest of Dean and Cinderford to ensure rural and seldom-heard voices are part of local health conversations.

▸ Captured and honoured lived experience stories, which now guide our service development.

▸ Committed to co-designing future services alongside communities, with a focus on tools that empower local change and sustainability.

This work reinforces that engagement is not a one-off activity, but a continuous relationship built on trust, relevance, and action. Our thanks go to all the individuals and communities who generously shared their time and voices with us.

Together, we are building a more inclusive, responsive health system—where every person can say with confidence: "my wealth is my health."

☑ **Watch our Governors talk about their experience when they joined us at last year's Community Events**

Find out more here:

☑ **www.gloshospitals.nhs.uk/ get-involved**

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07 Inclusive Language Guide: Communication that Reflects Our Values

Brief description:

There is a power in words and language. At our Trust, this must reflect our values, beliefs, and the way we work together as a system. Language shapes experience and connection, and inclusive communication is essential to building psychological safety and mutual respect.

At Gloucestershire Hospitals NHS Foundation Trust, we understand the profound impact language has in building trust, connection, and inclusivity. Our communication must reflect our core values, fostering a workplace where everyone feels respected and valued.

In 2024, we proudly launched our first Inclusive Language Guide – a practical resource designed to help colleagues promote openness and understanding throughout our diverse workforce and communities. The guide supports improved communication, encourages honest dialogue, and helps prevent misunderstandings by celebrating cultural diversity and ensuring inclusivity in all interactions.

Who did we speak to?

We worked in collaboration with a wide range of internal and external partners, including diverse staff networks, patient representatives, local Integrated Care System (ICS) organisations, and equality specialists from Bradford District and Craven—who bring expertise in areas such as race, gender, LGBTQ+, and disability. The Trust's Equality, Diversity and Inclusion (EDI) Council played a central role in the review process.

What and how did we ask?

We circulated a draft version of the guide and invited feedback through targeted emails, virtual workshops, and group discussions. Stakeholders were asked to review the guide for accessibility, practical relevance, and inclusivity, especially in clinical and public-facing contexts.

What did people tell us?

Participants emphasised the need for the guide to include real-life examples, be easy to understand and apply, and support the use of non-biased, respectful language in everyday conversations. They also encouraged clarity on inclusive terminology and how to challenge language respectfully.

07 Inclusive Language Guide: Communication that Reflects Our Values

What did we do?

An early draft of the guide was submitted to the Trust's EDI Council for review and comment. Their insights informed several improvements to structure and tone. The guide was then shared with local ICS organisations for further review, with their feedback carefully considered to ensure the guide met the training needs of both clinical and non-clinical staff.

The final version was co-developed with our partners and reviewed thoroughly to ensure alignment with system-wide priorities. It is now embedded into staff induction programmes and communications training.

The Inclusive Language Guide has been well-received across the organisation and has become an essential reference point for staff, supporting communication that upholds dignity, safety, and equity in every interaction.

Inclusive Language Guide

Your reference guide

NHS Gloucestershire Hospitals NHS Foundation Trust

the Best Care for Everyone
care / listen / excel
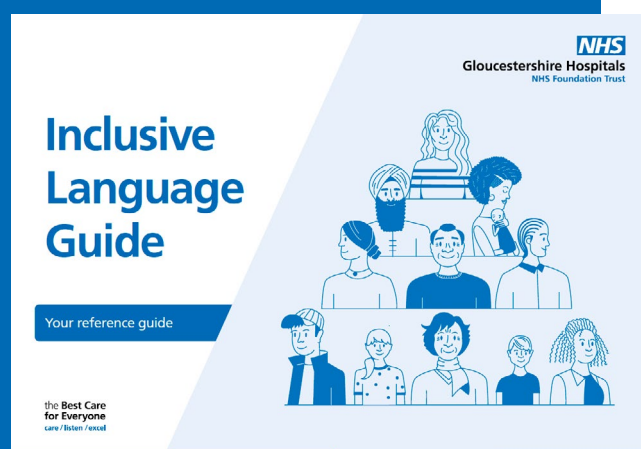
Find out more here:

 www.gloshospitals.nhs.uk/ inclusive-language-guide

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08 Introduction of the Patient Portal at Gloucestershire Hospitals

Brief description:

Introduced by Gloucestershire Hospitals, the NHS Patient Portal is to empower patients and improve the overall healthcare experience. This digital tool gives patients greater control by allowing them to access appointment letters, manage bookings, and communicate securely with care teams. The portal streamlines administrative processes and reduces reliance on paper letters, enhancing efficiency and sustainability.

It was developed to make healthcare more accessible, transparent, and user-friendly through technology patients already use, like smartphones or the NHS App. This is just the first step in a phased rollout, with more features planned to enhance patient engagement throughout 2025.

Who did we speak to?

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09 Recruitment Support for Migrant Communities

Brief description:

Please provide info

Who did we speak to?

We engaged with refugees, asylum seekers, and migrant communities, with a particular focus on those seeking employment opportunities within the NHS. This effort was supported through our collaboration with key partners, including the Gloucestershire Hospitals NHS Foundation Trust, the ICB's "We Want You" careers team, Gloucestershire Managed Services (GMS), and the Gloucestershire Action for Refugees and Asylum Seekers (GARAS).

What and how did we ask?

We sought to understand the specific needs and barriers faced by migrant communities in accessing NHS employment opportunities. This was done through direct engagement with individuals and groups via workshops and tailored events. We asked participants about their challenges in applying for jobs, including language barriers, lack of confidence, and understanding of the recruitment process within the NHS.

What did people tell us?

Participants expressed a strong desire for more tailored support in navigating NHS job applications, especially in relation to CV writing, application forms, and interview preparation. Many individuals, particularly those with foreign qualifications and work experience, shared challenges with having their skills and certifications recognized in the UK. There was also a consistent request for English language support and guidance on understanding NHS job roles and requirements. Additionally, the need for more opportunities to build confidence in the workplace and to integrate into local communities was frequently highlighted.

09 Recruitment Support for Migrant Communities

Who did we do?

To address these needs, we worked closely with the ICB's "We Want You" careers team, led by Charlie Presley, and GMS to provide practical support to migrant communities. A key initiative was the December and March "Applying for Success: Focus on HCSW Role" workshop, which was specifically designed for asylum seekers and refugees. The workshop covered vital application elements, such as CV writing and preparing supporting information, with a special focus on individuals who held overseas qualifications and were new to the UK workforce.

We also provided ongoing support through the tailored Walk & Talk event, organised in collaboration with GMS and Gloucestershire Hospitals Trust. This event aimed to help participants explore NHS roles, understand key recruitment processes, and build confidence in a supportive, engaging environment. The Walk & Talk provided a behind-the-scenes look at the GMS facilities, allowing participants to meet teams, ask questions, and gain an insight into daily hospital operations.

Moving forward, we are committed to continuing this partnership, ensuring sustained, practical support for migrant communities as they navigate the recruitment process. We will keep collaborating with GMS to offer additional opportunities for engagement, career development, and integration within the NHS workforce, ensuring that those facing barriers to employment are not left behind.

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10 FiveXMore Maternity Campaign and Stroud Community Engagement

Brief description:

Promoting equality, diversity, and inclusion (EDI) continues to be a key priority in creating a safer, more compassionate environment for staff, patients, and families within the Children's & Women's Division. Through a series of events and engagement activities, we have listened to our colleagues and communities to help shape a more inclusive culture and improve maternity care outcomes.
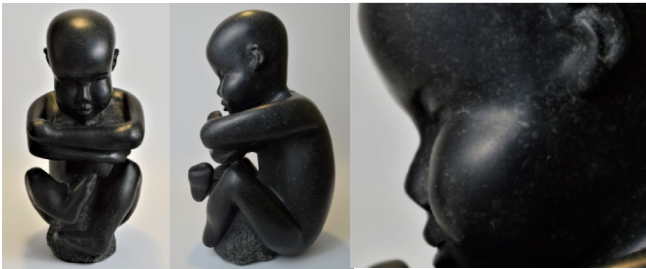
Who did we speak to?

We engaged with around 40 staff members from across the Children's & Women's Division during an in-person EDI workshop held on Monday 20 January at the Women's Centre, Gloucestershire Royal Hospital. We also collaborated with community organisations including the Stroud Motherhood Collective and Stroud Hospitals League of Friends to hear directly from mothers, birthing people, and families in the Stroud area via an online survey.

What and how did we ask?

At the EDI workshop, we facilitated a panel discussion with colleagues across the Trust, focusing on health literacy, communication barriers, and cultural perspectives in healthcare. We asked participants to reflect on how these factors affect patient experience and staff engagement.

In Stroud, we launched a co-designed online survey to find out what support matters most to local families during pregnancy and after birth. The survey was promoted through local networks and received 83 responses to date.

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10 FiveXMore Maternity Campaign and Stroud Community Engagement

What did people tell us?

Participants at the EDI workshop shared a range of experiences and insights. For example, we learned that cultural differences can significantly impact engagement with maternity care—some families may avoid antenatal clinics due to cultural or religious beliefs, while others may be unfamiliar with decision-making norms in the NHS. Internationally educated staff also reported challenges adapting to local expectations. The open dialogue generated rich discussions and valuable suggestions for improvement.

Survey respondents in Stroud highlighted the importance of accessible postnatal support, culturally appropriate care, and continuity during the perinatal journey.

What did we do?

We used the feedback from the EDI workshop to identify what's working well and where we can improve, particularly in communication and culturally competent care. As Lisa Stephens noted,

"I was pleased so many staff across the division not only attended but were so engaged in the session. The range of ideas that were shared was also impressive."

A highlight of the workshop was the introduction of a sculpture by Gloucester-based artist Deborah Harrison, inspired by the FiveXMore campaign, now on display at the Women's Centre. This piece helped spark meaningful conversations around Black maternal health, aligning with our broader work to tackle racial disparities.

Our Trust has partnered with Black Maternity Matters and the FiveXMore campaign to promote anti-racism learning among maternity staff. Staff involved in this collaboration are now applying their learning to inform inclusive, equitable maternity policies and practices. This is a vital step in improving outcomes for Black women and birthing people and fostering a more respectful and safe maternity experience.

In Stroud, we will use the survey responses to tailor interventions and support services that align with what families say they need most—ensuring community voice drives quality improvement.

Conclusion

Our EDI agenda is central to building the safety culture we all strive for. Events such as the January workshop have created a buzz of interest and innovation, with staff energized to lead positive change. By listening to staff and community voices—and responding meaningfully—we are actively shaping a more inclusive and equitable healthcare environment in the Children's & Women's Division.

www.gloshospitals.nhs.uk/improving-maternity-services

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11 Iftar & Fasting Friends Initiative

Brief description:

Ramadan 2025 was a time of reflection, compassion and unity for colleagues and patients across our Trust. Through our Iftar & Fasting Friends Initiative, we enhanced awareness, accommodation and celebration of Ramadan, with active engagement from leaders, chaplaincy, and our wider hospital community. The initiative supported inclusivity and understanding through practical adjustments, education, and meaningful shared experiences.

Who did we speak to?

We spoke with Muslim colleagues, non-Muslim allies, line managers, members of the chaplaincy team (notably Imam Atique Miah), attendees at the Iftar events, and Trust-wide teams engaged in event planning and diversity initiatives.

What and how did we ask?

We gathered feedback through post-event surveys, informal conversations at the Iftar events, direct staff testimonials, and engagement via email with participants and managers. We asked about the impact of the events, the value of shared experiences, and suggestions for future initiatives.

11 Iftar and Fasting Friends Initiative

What did people tell us?

Feedback was overwhelmingly positive and highlighted the emotional resonance and educational value of the initiative.

Participants also expressed deep appreciation for the inclusive approach, availability of prayer spaces, flexibility in working hours, and the opportunity to ask questions and learn in a safe, respectful space.

Key comments included:

"I found this a lovely event. It was wonderful to have the opportunity to share it with my Muslim colleagues and show my support for them in this way. I really hope the Trust continues to support these events."

"Brilliant event – please do it next year."

"I really enjoyed the event and the atmosphere of it, would really enjoy it again next year."

"It was amazing to learn about the personal experiences of those practicing Ramadan; what it means to them, their community and faith. It was an inspiring insight to how precious and important Ramadan is, beyond just fasting. It felt like we were adopted into the community for a brief moment and able to share in their joy of Ramadan."

11   Iftar and Fasting Friends Initiative

What did we do?

To support and celebrate Ramadan 2025, we implemented a multi-faceted engagement plan:

▸ Created awareness through visible communications and resources across both sites.

▸ Partnered with Imam Atique Miah to provide tailored guidance and educational outreach to line managers and teams.

▸ Offered flexible working arrangements and adapted meeting times to support fasting colleagues.

▸ Organised two inclusive Iftar events attended by 360 colleagues at Blue Spa and Fosters Restaurant, where halal and vegetarian meals were provided, and all faiths were welcomed.

▸ Launched the "Fasting Friends" initiative, where non-Muslim colleagues fasted in solidarity and donated their meal savings to the Cheltenham and Gloucester Hospital Charity, supporting the Big Space Cancer Appeal.

Fostered a welcoming and informed environment where colleagues could respectfully engage with the meaning of Ramadan through talks, dialogue, and shared experiences.

The initiative not only strengthened cultural understanding and team cohesion but also demonstrated our Trust's commitment to equity, compassion, and community care.

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12   Bloodborne Viruses – Hepatitis C Screening Initiative

Brief description:

In collaboration with the Trust's Clinical Bloodborne Virus Team and the ICB Insights Team, our Community Engagement Team has developed and implemented a comprehensive plan to raise awareness about Hepatitis C (Hep C) and promote screening within diverse communities. This initiative aims to address cultural barriers and enhance access to testing and treatment services.
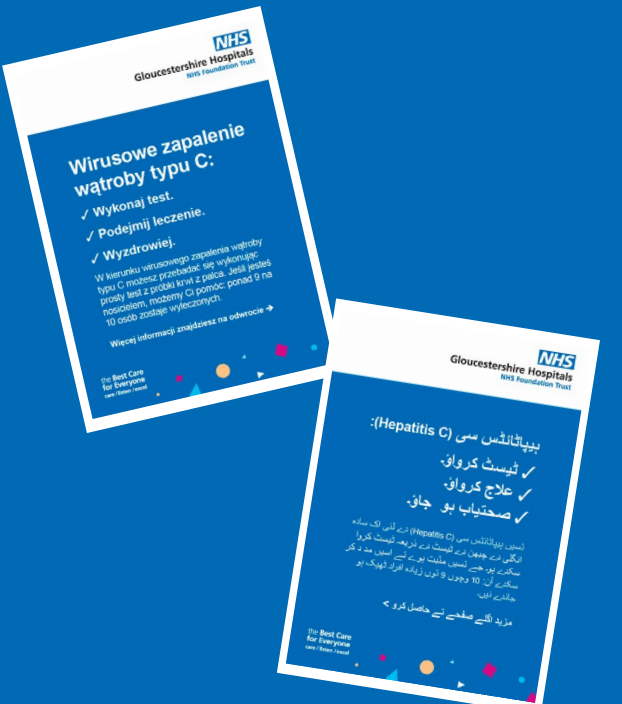
Who did we speak to?

> The Viral Hepatitis Nurse Specialist at the hospital

> The Service Development Manager (Countywide and Inclusion) at GHC, Co-Chair of the Race and Cultural Staff Network, and NHS Workforce Equality Standard Expert.

> Community members from Nigerian, Romanian (including Baltic nationalities), Egyptian, Ukrainian, and Polish backgrounds.

> The ICB Insights Team, who provided valuable data and analysis to inform our engagement strategies.

What and How Did We Ask?

> Collaborated closely with Trust's Clinical Bloodborne Virus Team to identify communities with higher prevalence of Hep C and discuss strategies for awareness and information dissemination.

> Engaged community group facilitators to leverage their connections with Ukrainian, Romanian, and Polish communities, seeking insights into effective communication channels and community meeting places.

> Worked closely with the ICB Insights Team to analyse data on Hep C prevalence and identify target communities for engagement.

> Developed a stakeholder map to identify key community connections for sharing health information.

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12 Bloodborne Viruses – Hepatitis C Screening Initiative

What Did People Tell Us?

- Community leaders and members expressed a need for culturally sensitive information and accessible testing services.

- The importance of translated materials and engagement through community events was highlighted.

- Identified specific risk factors prevalent in these communities, including:

  - Sharing drug paraphernalia (needles, spoons, straws, filters, water).

  - Receiving tattoos or piercings with non-sterile equipment.

  - Needle stick injuries.

  - Living with someone infected with Hep C.

  - Having lived on the streets or been incarcerated.

  - Sharing personal items like toothbrushes or razors.

  - Receiving a blood transfusion before 1991.

  - Being born to a mother with Hep C.

  - Undergoing medical or dental procedures in countries with high Hep C prevalence.

What Did We Do?

- Developed and distributed information sheets detailing testing advice and symptoms associated with Hep C, emphasizing the message: "Get tested, get treated, get cured!"

- Translated the Hep C information leaflet into Polish and launched it during the Polish Day Celebration, engaging with members of the local Polish community.

- Shared testing information sheets, including advice on testing and symptoms of Hep C.

- Continued collaboration with the Bloodborne Virus Team and the ICB Insights Team to understand and address cultural barriers preventing individuals from seeking support and treatment.

- Utilised the stakeholder map to identify and connect with key community figures and organizations for effective dissemination of information.

- This ongoing initiative underscores our commitment to inclusive healthcare outreach and the importance of community collaboration in public health efforts.

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13 Engagement with Seldom-Heard Groups

Brief description:

The Gloucestershire Hospitals Community Engagement Team participated in a series of Friendship Walks – a well-being initiative facilitated and organised by the Friendship Café Women's Well-being Group, in collaboration with The Cotswold Wardens and the National Forestry Commission.

These walks are designed to support women from seldom-heard and diverse communities, offering a safe and welcoming environment to connect, explore nature, and focus on their mental and physical well-being.

Inspired by the NHS 5 Steps to Well-being – Be active, Connect, Give to others, Keep learning, and Take notice – the walks also incorporate mindful photography and creative writing to encourage reflection and memory sharing.

Who did we speak to?

We engaged with women from a range of local community groups, many of whom face cultural or practical barriers to accessing nature and outdoor spaces. These included women from ethnically diverse backgrounds, many of whom are connected through the Friendship Café and other local support networks.

What and how did we ask?

We had informal, friendly conversations with participants during and after the walks, asking about their motivations for attending, their experiences during the walk, and how they felt it supported their well-being. We also gathered feedback on how the walks could be further developed to reach and benefit more women in the community.

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13 Engagement with Seldom-Heard Groups

What did people tell us?

Participants consistently described the Friendship Walks as a treasured opportunity to take time for themselves, relax, and feel rejuvenated. Many had never visited the locations before, such as the Asha Centre, Westonbirt Arboretum, and scenic Cotswold villages. They appreciated being more physically active in a social, non-judgemental setting. The chance to learn about nature, practice mindfulness, take photographs, and express themselves creatively through writing was particularly well-received. Women said the walks helped them feel more connected—to others, to nature, and to their own well-being. The popularity of the walks is growing, with many asking for more frequent or longer sessions.

What did we do?

We supported the promotion and celebration of the Friendship Walks, sharing participant feedback with the organisers and local health and well-being partners. Based on input received, we are exploring ways to help extend the walks to new locations and to introduce additional creative elements, such as themed photography or storytelling sessions. With participants' consent, we are also using their photos and written reflections to showcase the impact of the initiative, helping to inspire more women to get involved and to demonstrate the value of culturally sensitive, community-led well-being activities.

14 Cancer Care Patient Feedback on the NHS Information Bus

Brief description:

The NHS Information Bus Tour was conducted in January and February 2025 to engage with local communities across Gloucestershire about current and future cancer care services, especially regarding the planned new cancer build. This outreach was spearheaded by the Community Engagement & Involvement Team to capture patient feedback and identify service improvement opportunities.

Who did we speak to?

We engaged with over 448 individuals from a wide range of locations, including urban centres, rural communities, faith-based groups (e.g., Gloucester Muslim Committee and Hindu Temple attendees), and women's community groups at the Friendship Café. Minority ethnic communities, vulnerable groups, and the general public were all represented.

What and how did we ask?

Participants were invited to visit the NHS Information Bus at various community locations to share their experiences and views on cancer care. We used Virtual Reality (VR) goggles to offer an immersive preview of the planned cancer facility, enabling informed feedback on its design and accessibility. QR code-based forms and one-on-one conversations were used to gather responses in real time.

14 Cancer Care Patient Feedback on the NHS Information Bus

What did people tell us?

On staff and care quality:
Oncology staff were consistently praised for their dedication, professionalism, and compassionate care during treatment.

On accessibility:
Significant issues were raised regarding poor parking, limited public transport (especially from the Forest of Dean), and the withdrawal of local services like the FOD chemotherapy van. There were calls to reinstate mobile services and improve pharmacy access for those reliant on public transport.

On service equity and inclusion:
Concerns were expressed about how cancer services support marginalised groups. Feedback emphasised the need for clearer communication, resources in multiple languages, and support for homeless individuals and those with complex health needs. Faith-based needs, such as multi-faith prayer spaces and ablution facilities, were highlighted.

Digital innovation feedback:
The VR goggles received overwhelmingly positive responses and successfully increased engagement. Virtual consultations and online follow-ups were also encouraged to ease travel burdens.

On community communication and collaboration:
Several attendees were unaware of the new cancer build until the tour. There were suggestions to use local noticeboards, social media, and community contacts such as Coleford Health Centre's practice manager to improve information dissemination.

On service design:
Patients requested better multidisciplinary team (MDT) support, more efficient interdepartmental communication, and assurance that the new cancer build would address waiting times and treatment logistics.

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14 Cancer Care Patient Feedback on the NHS Information Bus

What did we do?

The Community Engagement & Involvement Team worked proactively with local groups, including minority and faith-based organisations, to ensure inclusive outreach. We used VR goggles to enhance the experience and encourage active feedback. Regular engagement sessions with local hubs and communities helped us stay informed on emerging issues and support continued dialogue. These insights are informing the planning of the new cancer build and service improvements, with a clear commitment to inclusivity and accessibility.

SPECIAL NOTES

The Community Engagement & Involvement Team remains committed to deepening ties with all community groups, using innovative tools like VR goggles to engage more effectively.

Strong collaboration with groups such as the Gloucester Muslim Committee and Friendship Café women's group helped surface unique community-specific health concerns.

Regular updates and partnerships with local community hubs are essential to understanding and responding to new and evolving health needs, especially among ethnically marginalised communities.

15 Saluting Our Sisters Exhibition

Brief description:

Saluting Our Sisters is a compelling exhibition that celebrates the achievements and contributions of Black and minority ethnic women in Gloucestershire. Developed collaboratively by local councils, NHS bodies, community groups, and the University of Gloucestershire, the exhibition was launched during Black History Month and has since been showcased at International Women's Day events and community celebrations in Cheltenham and Gloucester. Now live online via the Hundred Heroines gallery, the project aims to uplift untold stories and inspire future generations.

Who did we speak to?

We engaged with staff and community members across the One Gloucestershire Integrated Care System (ICS), including NHS organisations, voluntary and community sector partners, and local authorities.

What and how did we ask?

We launched a social media campaign across the ICS, inviting nominations of inspirational Black and ethnic minority women who have made a positive impact in their communities. The campaign called on individuals to recognise women whose contributions deserved celebration and wider recognition.

Domestic Abuse and Sexual Violence Consultation Network	Accessible Information Standard – Making Communication Inclusive	Young Influencer Development
Community Playlist for Dementia Awareness: Sounds of the Soul	Breast Cancer Awareness Event – Jewish Community	Update on Collaborative Community Engagement Work – Community Voices	Inclusive Language Guide: Communication that Reflects Our Values
Introduction of the Patient Portal at Gloucestershire Hospitals	Recruitment Support for Migrant Communities	FiveXMore Maternity Campaign and Stroud Community Engagement	Iftar & Fasting Friends Initiative
Bloodborne Viruses – Hepatitis C Screening	Engagement with Seldom-Heard Groups	Cancer Care Patient Feedback on the NHS Information Bus	Saluting Our Sisters Exhibition

15   Saluting Our Sisters Exhibition

Who did we speak to?

What did people tell us? We received a strong and heartfelt response from across the ICS. Many people took the opportunity to nominate colleagues, friends, and family members whose resilience, leadership, and service have shaped local communities. The responses reflected deep admiration and highlighted the need for such recognition.

→ **View the exhibition here:**
⬈ **Hundred Heroines**

What did we do?

We curated the Saluting Our Sisters exhibition using the nominations received, showcasing the stories of women who were recognised for their contributions. The exhibition has since been featured at high-profile events, including the Lives of Colour Black History Month event, the All Nations BHM celebration, and several International Women's Day events. It has been warmly welcomed by the community and remains available online via the Hundred Heroines gallery.

Arts Diverse-City is equally thrilled to support this project and looks forward to incorporating the exhibition in the upcoming International Women's Day event in March 2025.

Domestic Abuse and Sexual Violence Consultation Network	Accessible Information Standard – Making Communication Inclusive	Young Influencer Development
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Other ways we involve and engage

Over the last year we have continued to strengthen and develop the range of ways we are able to engage and work with local people and colleagues. As an NHS organisation we also have a number of established approaches to ensure the voice of local communities are represented and we publish this on our website and through our social media:

www.gloshospitals.nhs.uk/about-us/get-involved/

We have continued to build our connections with our NHS and voluntary partners across Gloucestershire. There is a clear benefit to local people in health and social care working together on engagement and involvement opportunities, helping us to have more meaningful conversations and ensuring our voluntary and community sector have an active role.

Other ways we involve and engage

6.1 Get Involved Gloucestershire

In 2021 NHS partners launched 'Get Involved in Gloucestershire' which is an online participation space for people to can share views, experiences and ideas about local health and care services.

The new digital platform will be a central point for the NHS and local people to find out and directly get involved in shaping local services. The experiences shared through the platform will help inform and influence the decisions local NHS organisations make.

Further information about Get Involved in Gloucestershire and free registration can be found here:

🔗 getinvolved.glos.nhs.uk

6.2 Governors

An important way local people can directly get involved with the Trust is as Member and staff through our Council of Governors. We have 22 public, staff and appointed governors who represent the views and interests of Trust members and the local community, to ensure our Trust reflects the needs of local people.

Our governors ensure we listen to the views of patients and people who live locally, along with our staff and other interested parties. They hold us accountable and ensure we can make improvements to our services, and the information we provide.

The Council of Governors meet six times a year to provide feedback on developments and decisions at our hospitals. These meetings are open to the public, who are welcome to attend.

Further information about Governors can be found here:

🔗 www.gloshospitals.nhs.uk/about-us/governors

6.3 Members

As a Foundation Trust, we are accountable to local people and we actively promote the benefits of becoming a member and how to stand for election as a governor.

Members are our staff, our patients and members of the public who either have a general interest in healthcare or are interested about a specific condition or speciality. Members are regularly invited to get actively involved with the Trust to develop services which will best suit the needs of local people.

For more information and to become a Member visit:

🔗 www.gloshospitals.nhs.uk/about-us/ get-involved/support-our-trust/join-our- foundation-trust/

🔗 Watch our Governors talk about their experience when they joined us at last year's Community Events ▶

Find out more here:

🔗 www.gloshospitals.nhs.uk/about-us/support- our-trust/join-our-foundation-trust/

Other ways we involve and engage

6.4 Patient Experience

Our patient experience matters to us. Our Trust's strategy has a commitment to create a culture where patients really are at the heart of everything we do and that a patient centred care is embedded across the Trust.

We know from international evidence that outstanding patient experience improves patient safety and clinical effectiveness and also improve the experience of NHS colleagues.

As a Trust we produce an Annual Patient Experience Report which focuses on all our patient experience initiatives, including Friends and Family, compliments, comments and complaints and projects that have happened across the organisation this year.

This can be read at:

🔗 www.gloshospitals.nhs.uk/about-us/reports-and-publications/reports/

6.5 People's Panel

As part of our One Gloucestershire approach to involvement, have supported the recruitment of more than 1000 local residents to join a People's Panel. The Panel is made up of individuals, whose anonymous feedback will be used at a county and a more local level to shape health and care services and support. The Panel includes people who live in priority areas of the county, the Core20, where underserved communities experience greater health inequalities than elsewhere in Gloucestershire.

6.6 Patient and colleague stories

Patient and colleague stories are regularly presented at the beginning of Trust Board meeting. The stories provide an example of the lived experience of patients and colleagues to highlight examples of excellence and where there are areas for improvement.

🔗 www.gloshospitals.nhs.uk/about-us/reports-and-publications/reports/

6.7 Our Annual Members Meeting

Our Annual Members Meeting is where the Trust shares key highlights and achievements, and reflect on the previous year's performance, and where we share some future developments planned for the year ahead.

You can watch Annual Members Meeting again at:

🔗 YouTube GlosHospitalsNHS

6.8 Healthwatch Gloucestershire

The Trust works closely with Healthwatch Gloucestershire (HWG) and they are actively involved in our work and plans, including attendance at Trust Board, Partnership Involvement Network and a number of service projects, including the Covid vaccination programme.

More information about Healthwatch can be found here:

🔗 www.healthwatchgloucestershire.co.uk/

Other ways we involve and engage

6.9 Maternity and Neonatal Voices Partnership

Gloucestershire Maternity and Neonatal Voices Partnership is made up of volunteers who represent the voice of women and families from all communities and cultures to inform improvements in local maternity care. The partnership is directly involved with the Trust's Maternity and Midwifery services and provides an important independent voice in shaping our services.

[⤴] www.glosmaternityvoices.nhs.uk/

6.11 Social Media

Social media continues to evolve and can bring closer involvement and engagement with a wider range of people than traditional approaches alone. The Trust has evolved its engagement and involvement, embracing face-to-face activity with social media, with a far wider reach. This includes our Facebook Live events, live streaming Q&A sessions with staff, and listening to individuals' experiences of services.

We have several social media channels that anyone can follow and these are outlined below:

Twitter:
[⤴] **www.twitter.com/gloshospitals**

Facebook:
[⤴] **https://www.facebook.com/gloshospitalsNHS**

YouTube:
[⤴] **www.youtube.com/c/GlosHospitalsNHS**

LinkedIn:
[⤴] **https://www.linkedin.com/company/gloucestershire-hospitals-nhs-foundation-trust/**

What will we be doing this year?

Over the past year, we have developed an engagement plan with our partners to ensure that together, we are able to attend as many key local events and celebrations, as well as being part of supporting community programmes.
We are always exploring new ways to connect with our communities to help gain a deeper understanding of priorities, ensuring what we all do remains responsive to local needs.

What will be doing this year?

1   **Maternity Improvement Journey**

      ⬈ Find out more here

2   **Support Trust Research Projects** to deliver PPI Engagement for Glaucoma Pathway, The REFRESH Study (Remote Evaluation and Frailty Reduction for Environmental Sustainability and Health) Decarbonising the health and social care system in Gloucestershire, and Transformative and disruptive innovations to reduce waiting lists and waiting times – Commissioned.

3   **Continue the Collaborative Partnership with Mindsong to create Playlist for other local Gloucester community groups.**

4   **Refugee Week 2025**

5   **Collaborative work to develop GHT Health Inequalities Strategy**

6   **LGBTQ+ Engagement and PRIDE Tour Public Engagement Development**

7   **Cultural Health Cancer Education & Careers Session, Cervical Screening Awareness Week Gynaecological Cancer Awareness Month**

8   **Develop and continue to work with community groups to support Migrant journey to NHS career,** to include GARAS, Cheltenham Welcomes Refugees and the newly established Homeward Horizon which is a refugee peer support group and GMS.

If you want to find out more about the activities mentioned above, make sure you join the 'Get Involved in Gloucestershire' ⬈ www.getinvolved.glos.nhs.uk platform where you can also share your views, experiences and ideas about local health and care services across the county.

You can also visit the Trust website to find out how to get involved in supporting the hospitals:

⬈ www.gloshospitals.nhs.uk/about-us/get-involved/

Engagement and Involvement Annual Review

Refugee Week

- Raft building Photos

FINANCE AND RESOURCES COMMITTEE AND SID ROLE
Jaki Meekings Davis

SENIOR INDEPENDENT DIRECTOR

- **Support to Chair, Sounding Board and intermediary with Governors, Board should usual channels fail. Annual appraisal of Chair and succession planning – in consultation with Lead Governor**

- **Designated Board Member for MHPS (Maintaining High Professional Standards) for doctors and dentists – reports to Board**

- **Designated Board Member for non-medical staff Disciplinary/Grievance scheme etc – reports to Board**

FINANCE AND RESOURCES COMMITTEE

- **Finance/Estates/Capital/Digital/GMS**
- **Annual Business Round – 18 months**
- **Monthly/Quarterly review points**
- **Rolling 3/5/20 years programme**
- **Covering governance, policies, systems, asset replacement, audit cycle, statutory reviews etc. etc.**

WHAT,S WORRYING ME?

- **Dilapidated estate**
- **Cash management and productivity/safety issues as a consequence**
- **'Mine Clearance' programme**
- **High-cost base of staffing**
- **CYBER CYBER CYBER**

WHAT ISN,T WORRYING ME

- **GHFT is largely 'in the pack'**
- **Relationship between GMS and the Trust**
- **Potential for efficiencies and savings in the new regime/geography**
- **Competent Executive**

INTERFACE WITH GOVERNORS

- **Recognise the complexity and history**

- **No silver bullets or linings**

- **Understand where GHFT is an outlier**

- **Don't be parochial - push for national and regional solutions**

- **Inform our plans through your insights and experience**

Council of Governors Update – June 2025

Overview of 2025 so far…

- **Empowering Young People**

Our core group of members is continuing to grow and diversify, with now nearly 30 Young People involved aged 14-21

- **Developing relationships**

We continue to strengthen links with the Children's Centre & Children's A&E as well as with Trust staff

- **Providing Feedback**

To various Trust departments

- **Strengthening Community**

Collaborating with community groups and outreaching in our local community

Developing Trust Relationships

- We now hold Young Influencer meetings within the Children's Centre to strengthen our relationship with that department

- The digital team joined us in February to film the first of our 'Open Conversations' about the holy month of Ramadan which was shared with Trust staff as well as GHC and the ICB

- Two of our Young Influencers spoke at the Trust Iftar event at Gloucester Hospital

- We organised a fundraising event involving staff

Providing feedback

- We conducted a review of the artwork in Children's A&E and provided feedback on the proposed designs for Battledown Outpatients in Cheltenham.

- We have been involved reviewing surveys for the Patient Experience Team about the Young People's to Adults transition.

- The Children's Department asked for our feedback on their Diabetes Type 1 workbook

- We participated in the Trauma & Orthopaedics discharge information review

Connecting the hospital to the community

- Our biggest project this year has been 'Roary' the lion, our sculpture for the Lions At Large sculpture trail

- We designed our lion to represent the many 'helping hands' of the NHS

- We held a sponsored relay at Gloucester Royal Hospital on 16th April, where we invited staff, volunteers, patients and families to support us by completing relay laps of the hospital and adding their finger prints to the lions mane

- We also took the lion around the hospital to engage as many people as possible

- He will represent the Young Influencers in the community this summer!

Looking forward

- We are attending the Refugee Week event in Gloucester on Saturday 21st June as well as Party in the Park, Cheltenham in August

- In the new academic year, we aim to continue to recruit more members and will look to re-elect our Co-Chairs

- We have an ongoing 'Celebration of Languages' project and we are currently gaining valuable feedback from staff and members of the community

- We aim to increase our collaboration with other community groups and organisations

- We want to increase our awareness across the Trust so that more staff & departments are able to come to us for our involvement and input in their projects

Governors Visits 2025

DATE	LOCATION
1. Tuesday 11 March 10am – 12pm	**Portering, (GMS, Gloucester)**
2. Tuesday 1 April 9am-11am	**Image Guided Interventional Surgery (IGIS) Hub (Gloucester)**
3. Tuesday 29 April 2pm-4pm	**Oncology Pain and End of Life (Cheltenham)**
4. Tuesday 13 May 10am-12pm	**Frailty Assessment Unit (Gloucester)**
5. Monday 19 May 10am- 12pm	**Smoking Cessation Inpatient Support (Gloucester)**
6. Tuesday 2 June 2pm – 4pm	**Integrated Discharge Hub & HAT Team (Gloucester)**

DATE	LOCATION
7. Wednesday 2 July 10am-12pm	**Hatherly Ward - Hyper Acute Stroke Ward (Cheltenham)**
8. Wednesday 13 August 2pm-4pm	**Newborn Intensive Care Unit (NICU) (Gloucester)**
9. Thursday 18 September 1pm – 3pm	**Estates (GMS) (Gloucester)**
10. Thursday 2 October 1.30pm – 3.30pm	**May Hill, Day Surgery Unit (Gloucester)**
11. Tuesday 4 November 10am -12pm	**Laboratories (Gloucester)**
12. Tuesday 2 December 10.30am – 12.30pm	**Spiritual Care – all faiths (Chapel, Cheltenham)**