Council of Governors

Thu 04 September 2025, 14:00 - 17:30

Lecture Hall, Sandford Education Centre, Cheltenham

Agenda

14:00 - 14:00
0 min

Agenda

📄 00_Agenda CoG - Public_September 2025 V6.pdf (2 pages)

14:00 - 14:00
0 min

1. Apologies for absence and quoracy check

14:00 - 14:00
0 min

2. Declarations of interest

14:00 - 14:00
0 min

3. Minutes of meeting held on 19 June 2025

📄 03_COG Public - 19 June 2025 V2.pdf (11 pages)

14:00 - 14:00
0 min

4. Matters arising

14:00 - 14:00
0 min

5. Chair's Update

Deborah Evans

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

14:00 - 14:00
0 min

6. Chief Executive's Briefing

Kevin McNamara

📄 06_CEO Report - Sept CoG FINAL 27 08 25.pdf (7 pages)

14:00 - 14:00
0 min

7. Governance

7.1. Non-Executive Director Appointment

📄 07a_Non-Executive Appointment S Smith GNC report.pdf (3 pages)

7.2. Governor Election

📄 07b_Governor Election Update.pdf (2 pages)

7.3. Governance and Nominations Committee Membership

14:00 - 14:00
0 min

8. Maternity Update

14:00 - 14:00
0 min

9. Equality, Diversity and Inclusion Report

Coral Boston

14:00 - 14:00
0 min

10. Update from the Charity

Richard Hastilow Smith

14:00 - 14:00
0 min

11. Non-Executive Director updates

Sally Moyle

14:00 - 14:00
0 min

12. Update on the year-end position

Michelle Hopton

14:00 - 14:00
0 min

13. Any other business

14:00 - 14:00
0 min

14. Governor's Log

Lisa Evans

14:00 - 14:00
0 min

15. Council of Governors Work Plan

📄 10_COG Charity update Sept 2025.pdf (22 pages)

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Council of Governors Public Meeting
14.00, Thursday 4 September 2025
Lecture Hall, 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)*			14.00
2	**Declarations of interest**			
3	**Minutes of meeting held on 19 June 2025**	Approval	Yes	
4	**Matters arising**	Information	No	
5	**Chair's update** *Deborah Evans, Chair*	Information	Yes	14.05
6	**Chief Executive's Briefing** *Kevin McNamara, Chief Executive*	Information	Yes	14.15
7	**Governance** • Non-Executive Director Appointment • Governor Election • Governance and Nominations Committee Membership	Approval Assurance Assurance	Yes Yes Verbal	14.30
8	**Maternity Update** *Matt Holdaway, Chief Nurse & Director of Quality*	Assurance	Yes	14.45
9	**Equality, Diversity and Inclusion Report** *Coral Boston, Equality, Diversity & Inclusion Lead*	Assurance	Yes	15.30
	BREAK (15 Minutes)			15.45
10	**Update from the Charity** *Richard Hastilow Smith, Associate Director, Cheltenham and Gloucester Hospitals Charity*	Assurance	Yes	16.00
11	**Non-Executive Director updates*:*** • ***Report from*** *Sally Moyle, Chair of the Charitable Funds Committee*	Assurance and Information	Yes	16.15
12	**Update on the year-end position** *Michelle Hopton, Deloitte*	Assurance	Yes	16.30
13	**Any other business**			16.40
INFORMATION ITEMS				
14	**Governor's Log** *Lisa Evans, Deputy Trust Secretary*	Information	Yes	
15	**Council of Governors Work Plan**	Information	Yes	
<u>Close by 5pm</u> **Date of next meeting: Thursday 4 December at 4pm (MS Teams)**				

	Date	Time	Details
Council of Governors Meetings 2025	Thursday 4 December	16.00 to 19.30	MS Teams

Governor Attendance during 2024/25

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

GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST
Minutes of the Council of Governors - Public Meeting
12.00, Thursday 19 June 2025
At Sandford Education Centre

Present	Deborah Evans	Trust Chair (Chair)
	Bryony Armstrong	Public Governor, Cotswold (from item 13)
	Helen Bown	Appointed Governor, Age UK Gloucestershire
	Douglas Butler	Public Governor, Cotswold
	Ian Craw	Public Governor, Tewkesbury (from item 6)
	Pat Eagle	Public Governor, Stroud
	Mike Ellis	Public Governor, Cheltenham
	Fiona Hodder	Public Governor, Gloucester
	Andrea Holder	Public Governor, Tewkesbury
	Emma Mawby	Public Governor, Gloucester
	Peter Mitchener	Public Governor, Cheltenham
	Asma Pandor	Staff Governor, Nursing/Midwifery Staff
	Olly Warner	Staff Governor, Other/Non-Clinical Staff
Attending	Warda Arshad	Young Influencer (item 13)
	Talitha Blake	Young Influencers Project Lead (item 13)
	James Brown	Director of Engagement, Involvement and Communications
	Vareta Bryan	Non-Executive Director
	Andrew Champness	Associate Non-Executive Director
	Suzie Cro,	Deputy Director of Quality
	Lisa Evans	Deputy Trust Secretary
	Millie Holmes	Corporate Governance Apprentice
	Raj Kakar Clayton	Associate Non-Executive Director
	Kevin McNamara	Chief Executive
	Jo Mason Higgins	Acting Associate Director of Safety
	Sally Moyle	Associate Non-Executive Director
	John Noble	Non-Executive Director
	Munai Noor	Young Influencer (item 13)
	Mark Pietroni	Deputy CEO, Director for Safety and Medical Director (from item 9)
	Debra Ritsperis	Head of Quality
	Kerry Rogers	Director of Integrated Governance
	Abigail Thomas	Young Influencer (item 13)
Observer	Cath Hill	Aqua (on Teams)
Apologies	Deborah Balkwill	Public Governor, Stroud
	Samantha Bostock	Staff Governor, Allied Health Professionals
	Amanda Naylor	Appointed Governor, Healthwatch
	Russell Peek	Staff Governor, Medical/Dental Staff
	John Cappock	Non-Executive Director
	Sam Foster	Non-Executive Director
	Marie-Annick Gournet	Non-Executive Director
	Kaye Law-Fox	Associate Non-Executive Director

Ref	Item
1	**Apologies**

	Apologies were noted as above.
2	**Declarations of Interest**
	The Chair declared an interest in item 7 on the agenda, re-appointment of the Chair. Andrea Holder declared an interest in item 7 regarding the Lead Governor item.
3	**Minutes of meeting held on 6 March 2024**
	The minutes of the meeting held on 6 March were approved as an accurate record.
4	**Matters arising**
	The updates to actions were noted.
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 March 2025. Governors noted that appraisals for all Non-Executive Director's had been completed. The Chair had also supported the Trust Secretary in arranging the inductions for new Non-Executive and Associate Non-Executive Directors.
	The Governors noted the visits attended by the Chair. The Chair had also continued to spend time with staff governors, including a morning with Russell Peek in neonatology, at handover. The Chair also observed a robot assisted laparoscopic prostatectomy with Bilgy Pelissery's team. The final visit would be with Asma Pandor, our specialist dementia nurse.
	The Chair had undertaken a number of ambassadorial events. She attended a service at Gloucester Cathedral to jointly celebrate International Nurses Day and International Midwives Day; contributions included a speech from Asma. Deborah had also undertaken work with Charities, she had opened the menopause café and had attended an NHS England visit regarding the People's Promise. Work was also taking place on diversity and inclusion, with all Non-Executives Directors and Executives leading on a specific area.
	Emma Mawby noted that Jaki Meekings Davis would be leaving the Trust next year and asked if there was a robust continuity process in place. The Chair reassured the Council that there was a plan; there was a high number of applications in the recent round of recruitment from candidates with a financial background. Human Resources colleagues had confirmed that if recruitment took place within six months these applications could be considered. If there were no suitable candidates the position would be advertised and a full recruitment process would be undertaken.
	Helen Bown noted that this was a time of significant change for the local authority, she asked if new Councillors received a briefing on Health. Kevin McNamara confirmed that all new Councillors undertook a full induction process, this included a visit to Trust sites. Events were also being arranged during the parliamentary recess for new Members of Parliament across the County.
6	**Chief Executive' Report**
	The report provided by the Chief Executive was taken as read.

	Kevin McNamara reported on the changes taking place across the system with the announcement regarding the abolition of NHS England. Integrated Care Boards were also being required to reduce running costs by 50%; the Council noted that Gloucestershire Integrated Care Board was small and this was challenging.

Kevin reported that all trusts and systems would be required to reduce their financial deficits and as part of this there was a target for all Trusts to reduce the growth in workforce that had taken place across the NHS since the pandemic in 'corporate and non-patient supporting roles' by 50% by the end of the year. This meant that this Trust needed to reduce 150 whole-time equivalent roles. A recruitment freeze was in place and work was well underway to identify options and to support staff. The need to ensure that clinical staff time was not taken up with admin was noted, along with the need to consider any safety implications.

The Council noted that colleagues in Phlebotomy had been on strike since March. Kevin reported that the Trust paid phlebotomists at band 2 in line with Gloucestershire Health and Care Trust, however they wanted an uplift to band 3. The Trust had been clear that a proper job evaluation process needed to take place, Unison had confirmed that they were willing to provide the required information and the Trust had offered to go through ACAS. The Council noted that bloods were currently going to the laboratories earlier in the day and there had been no reportable difference in error rates noted.

The challenge in Urgent and Emergency Care performance was noted. However, the Trust had recently been recognised as one of the most improved Trusts in reducing the number of patients waiting over 12 hours in the Emergency Department; progress was also reported in ambulance handover times. Long waits for elective care were also being reduced and Governors noted that following a Care Quality Commission inspection undertaken between 16 and 18 July to a number of medical services both hospitals were rated as 'Good'.

Emma Mawby reported on the recent supreme court ruling regarding the legal definition of a woman. Emma highlighted good work being carried out by the Patient Advice and Liaison Service at the Integrated Care Board. |
| 7 | **Governance Briefing**
   • **Re-appointment of the Chair**
The Chair's first term of office expired on 30 April. Following discussions at the Governance and Nominations Committee this was taken to the Council of Governors meeting in December 2024 for approval. That meeting was inquorate and the Corporate Governance Team undertook a virtual process of approval. The decision to re-appoint was approved unanimously.

The Council NOTED the reappointment of the Chair for a further three-year term from 1 May 2025 – 30 April 2028.

   • **Appointment of Vice Chair**

Mike Napier carried out the role of Vice Chair until the expiry of his term of office on 30 April 2025 and John Cappock had been undertaking the role on an interim basis. It was 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. |

The Council APPROVED the appointment of John Cappock as Vice-Chair with effect from 19 June 2025, until the end of his term as a Non-Executive Director.

- **Lead Governor**

At the Council of Governors meeting in December 2024 it was confirmed that Lead Governor elections would take place in early 2025. 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.

The election/nominations process commenced on 9 May 2025 with the deadline for nominations to be submitted on 23 May 2025. One nomination was received from Andrea Holder, to be endorsed by Governor colleagues. Accordingly, a full election process was not required.

The Council of Governors ENDORSED the re-appointment of Andrea Holder as Lead Governor.

- **Governor Election Update**

Elections were required in 2025 for six seats on our Council of Governors. These elections were 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, elections were to be held for a Nursing and Midwifery Staff Governor.

The Chair reported that she was keen for colleagues to share this message in their communities. An aspirant Governor event was being considered, along with 'a year in the life of a governor'. Corporate Governance and the Communications Team would consider providing an information sheet for Governors, for use at events etc. **ACTION**

It was also noted that the Council of Governors currently did not have an appointed governor from the Local Authority. It was reported that contact had been made with colleagues at the County Council who had confirmed that new councillors were going through an induction process and we would be notified in August once the appointment was confirmed.

The Governor Elections and Election timetable were NOTED.

- **Governance and Nominations Committee Membership**

There was one vacancy for a staff governor on the Governance and Nominations Committee, and staff Governors were encouraged to consider nominating themselves for appointment to this Committee. A call for nominations would be shared via email the following week, allowing one week for nominations to be submitted. Staff governors requiring further

	information were asked to contact ghn-tr.corporategovernance@nhs.net or to speak to governor colleagues on the Committee. The Council of Governors NOTED the report. • **Notice of Annual Members Meeting / Annual General Meeting** This meeting would take place on Tuesday 16 September at 3pm.
8	**Patient Experience Report** Katherine Holland provided a deep dive into the processes, insight data and learning through Friends and Family Test and Patient Advice and Liaison Service. This was as requested by the Quality and Performance Committee and presented at the March 2025 Committee meeting. The data used to undertake this review related to the period up to the end of December 2024. Katherine reported that a national survey run since 1985 showed a decline in satisfaction with the NHS. The Patient Advice and Liaison Service team consisted of 5.41 whole time equivalent band 4 advisors and 1 whole time equivalent band 6 Manager. The service was based at Gloucestershire Royal Hospital but covered all Trust sites and services. Governors noted the breakdown of activity during each quarter. Staff dealt with around 1700 contacts per quarter, working to locally set targets. Concerns, complaints and the Friends and Family Test were reviewed and the themes and subjects were aligned: • Communication with patient • Appointment Cancellations • Appointment availability • Delay or failure in treatment or procedure • Failure to provide adequate care Katherine reported that the number of cases was outpacing, what the team was able to respond to; this was a national trend which began post Covid. Governors noted that some concerns were complex and took much longer to resolve, however close to 300 cases were being closed per day. Katherine reported that 92% of patients provided a positive response, although some areas required additional work including the emergency department. Outpatients feedback remained consistently positive at around 94%. Work on nutrition and hydration was taking place. John Noble asked about use of digital processes. Katherine reported that the team could not move entirely to digital access to the service as it must remain accessible to all.
9	**Complaints Report** Mark Pietroni reported on the current position and the work being undertaken to improve this. Mark reported that similar themes, to those noted in the Patient Experience report were being seen. Jo Mason Higgins provided a summary of the action being taken to improve the Trust's complaint handling processes. The presentation described the significant progress made with

overdue responses, it set out how people could access complaint handling processes and how the team responded. The quality of responses, timeliness and learning from complaints was outlined. Jo also reported on work to improve efficiency which included the use of Artificial Intelligence and the work taking place on the new Complaint Handling Framework.

The previous decline in response rates was noted. Progress against the backlog was set out and showed that the team had reduced this from over 500, to less than 100. Timeliness of responses was not yet where the team would like it to be and the work taking place to achieve sustained improvement was highlighted. This included weekly touchpoint meetings, with agendas co-designed and consistent across the divisions. Governors noted that these meetings, along with other actions, were also being used to ensure learning from complaints.

Peter Mitchener commended the work on the backlog and asked when the backlog would be closed. Jo confirmed that she expected it to be completed by July. Mark Pietroni reported that he was looking to change the culture, noting that often people just wanted to talk through what had happened and receive reassurance. The use of Artificial Intelligence was welcomed.

Emma Mawby reported that in her work for another public organisation they undertook case reviews including, reviewing responses. Mark welcomed the input and agreed to consider how responses were evaluated, including the potential for Patient Participation Groups to review anonymised cases.

Raj Kakar Clayton asked how the wellbeing of staff in the department was managed? Jo Mason Higgins reassured Governors that there was support in place including regular team meetings and One to Ones. Jo reported that colleagues found it most difficult when they were unable to respond in a timely manner.

| 10 | **Health and Safety Update** |
| | Kerry Rogers provided the Council of Governors with the Health and Safety Framework, which outlined the strategic intent, impact and assurance and the improvement journey the Trust was on. Governors noted that accountability for health and safety sat with the Board and they 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. The report evaluated alignment to health and safety regulatory requirements and internal governance. It provided an overview 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 Governors noted that at its meeting in public in May 2025, the Board approved the assurance rating and compliance status as reported in the Annual Report. 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. The Governors noted that Gloucestershire Managed Services was a partner in this work and there would be robust oversight.

Helen Bown noted the risk around Fire Safety and asked what assurance there was that a plan was in place? Kevin McNamara reported that although this did not feature highly on the risk register it was an area of concern to him; this was a consequence of the Trust's

	aging estate. Close interaction with the Fire Service was taking place and Kerry Rogers and Will Cleary Gray were working to improve governance, pulling together training, testing and plans. It was noted that asbestos in the estate caused increasing difficulty for works taking place. The need for a decant ward was noted and Kevin reported that colleagues were looking at what work could be done at the same time in order to improve patient experience. It was agreed that a closed session of the Council would be arranged to further detail the Health and Safety work. **ACTION**
11	**Trust Strategy** Will Cleary Gray presented the first draft of the refreshed Trust strategy, which would go to the next board meeting on 10 July. Governors noted that a number of key activities still needed to inform the strategy including a review in light of the10 Year Health Plan, which was due to be published in June. Public engagement had taken place and the feedback from this was noted, along with the key challenges that the Trust needed to address. Will reported that the Trust's vision was 'To deliver the best care, every day, for everyone'. Governors noted that the Trust was in the top 10 of Trust's in terms of elective care but not for Urgent and Emergency Care; ambitions should be the same for both. Will also reported that there was more work to do around inequalities. He outlined the improvement work taking place, including work through the Improvement Academy, the Brilliant Basics work was also noted as a good way to engage with staff. Enablers for success included the digital, estates, research and innovation and green sustainability. The focus for improvement would include the strategic initiatives for the next 3 – 5 years. The break through objectives for the next 18 to 24 months were: • Avoidable harm – Urgent and Emergency Care – Eliminate 12 hour waits • Maternity Quality and Safety – Leadership and culture • Quality and Safety Compliance – Fire Safety • Financial Sustainability – increasing recurrent efficiencies Key next steps included engagement, review and final sign-off of the Trust Strategy which would take place at the Trust Board meeting on 11 September. The Governors discussed the report and Emma Mawby asked about languages, food and other population issues affecting heath inequalities. Will reported that there was a section in the report around inclusivity 'we are inclusive' was one of the Trust's values, Partnership with Purpose was a strategic aim and Health Inequalities was included as a golden thread in the emerging key priorities. Andrea Holder asked if any Trust members had engaged. James Brown reported that they were invited to respond but only a very limited number of responses was received.
12	**Engagement and Involvement Annual Review** James Brown and Juwairiyia Motola presented the first draft of the Trust's Engagement and Involvement Annual Review 2024-25, along with the and Community Engagement Tracker. It was reported that the Annual Review would be published to sit alongside the Annual Report and Quality Accounts. The review provided a summary, case studies, and activities over the

last year, as well as next steps. It would be used as part of the refreshed CQC framework and the expected NHS England framework for community and public engagement.

The Governors noted that:
- the annual review set out why engagement and involvement were important to the Trust and how we worked with local people, community groups, and partners over the last year.
- It set out who our local communities were and the challenges of health inequalities across the county.
- Engagement was a core element of the Care Quality Commission (CQC)'s well-led domain. The draft annual review had been shared with CQC as part of the Well-led review.
- The Trust had continued to develop and improve the Community Engagement Tracker, detailing the monthly activity undertaken, themes, and impact.
- The CQC had significantly changed the focus of much of its regulatory framework, with a primary focus on 'people and communities' and assessing how NHS organisations involved, engaged, and listened to local people in improving services.

Juwairiyia updated the Governors on the engagement work she had undertaken recently, this included 'Raft Building Week' a refugee event she had attended. Juwairiyia reported on some unpleasant comments directed at her and others involved in the project, which highlighted the need for continued focus on this area of work. On a more positive note, Juwairiyia spoke about attending Sri Lankan new year, where she received a warm welcome and lit a candle on behalf of the Trust.

Asma Pandor thanked Juwairiyia for highlighting these issues and reported that staff shared some difficult experiences with her.

James Brown thanked Governors who attended recent events, including the Gloucestershire Big Health Day.

13	**Update from the Young Influencers**
	Bryony Armstrong, Abigail Thomas, Munal Noor, Warda Arshad and Talitha Blake attended the Council of Governors to update on the work of the young influencers.
	Bryony reported that the group had grown to around 30 members. The group continued to strengthen links with the Children's Centre and Children's Emergency department, as well as with Trust staff. Collaboration outside of the Trust was also growing.
	Governors noted that the Young Influencers had attended Iftar events, undertaken work with the Charity on the Lions at Large project, reviewed artwork in the Children's Emergency Department and worked with the Patient Advice and Liaison Service to review surveys about the transition from children's to adult services. The events which Young Influencers were looking forward to attending in the next few months were noted.
	John Noble asked how the group was attracting more young people. Talitha highlighted the work taking place with schools. She added that there were 30 members of the groups, with around 15 engaged young people; she would like to see around 30 engaged members. Emma Mawby asked what the focus for the group was? Abigail reported that issues included vaping, domestic violence, careers and mental health. Helen Bown asked how the group would get

		boys involved? Bryony reported that the group was attending more male dominated events and Talitha added that the Young Influencers were hoping to promote the group at Boys schools.
	14	**Non-Executive Director updates***:* • ***Report of the Senior Independent Director and Chair of the Finance and Resources Committee***, Jaki Meekings Davis reported that she was the Chair of the Finance and Resources Committee; she highlighted the important work the board committees undertook on behalf of the Board. The reports received by the Finance and Resources Committee included the capital programme, the revenue programme and updates from Gloucestershire Managed Services, Estates and Digital. Performance reports received scrutiny and were challenged by the Non-Executive Directors. Jaki was also the Senior Independent Director and the work she undertook in that role included support to the Chair, working with Governors and, the Annual Appraisal of the Chair, in conjunction with the lead governor. She was the designated Board Member for Maintaining High Professional Standards for doctors and dentists and for non-medical staff Disciplinary/Grievance scheme; reports were presented to the board. Jaki outlined the areas of the Committee's work which most worried her. These included: • Dilapidated estate • Cash management/productivity and the consequential safety issues • Cost of staffing • Cyber Jaki also discussed the 'mine clearance' and noted that systems were now in place to monitor these areas. She noted the improved relationship with Gloucestershire Managed Services and talked about the interface with Governors. Ian Craw thanked Jaki for a clear, understandable and non-technical presentation.
	15	**Update from Governor Visits and Events attended** Andrea Holder reported on the programme of Non-Executive Director / Governor visits that had been put in place this year. She thanked those Governors who had attended and encouraged others to put their names forward. She reported that visits provided good learning for Governors and were welcomed by staff. She asked that evenings and weekends be considered in the programme for the following year. Mike Ellis welcomed the role of the Non-Executive Directors in these visits. It was agreed that the governor visit reports would be shared on Admin Control going forward for information. **ACTION** The Council asked that the programme of visits for 2026 be developed as soon as possible.
	16	**Any other business** An issue was raised regarding a short delay with a response to a 'contact a governor' query. This would be reviewed. **ACTION**

17	**Update from the Governors Nominations Committee:**
	• **Non-Executive Directors Appraisals and Fit and Proper Persons** *Deborah Evans, Chair*
	The Council had received a summary of the non-executive director appraisals for 2024/25. It was a national requirement, and good governance, for each non-Executive director to have an appraisal each year. These appraisals had all taken place in the three months prior to this meeting and were conducted by the Chair of the Trust who had sought feedback from Governors, Non-Executive and Executive Directors. Deborah outlined the process undertaken and the work of the Non-Executive Directors.
	Governors noted that under the Fit and Proper Person requirements (Health and Social Care Act 2008 (Regulated Activities Regulations) 2008, NHS Trusts were required to provide evidence to NHS England on an annual basis that the Trust had appropriate systems and processes in place to ensure that all new directors and existing directors were, and continued to be, fit for purpose and that no appointment met any of the 'unfitness' criteria set out in the regulations. The Trust Secretary and Corporate Governance team were undertaking those checks during June and had confirmed that all non-executive directors had completed their Declarations of Interests and Self-Attestation forms.
	The Governors NOTED the update.
	The Chair left the meeting and Jaki Meekings Davis took the Chair
	• **Chair Appraisal**
	Jaki Meekings Davis reported on the process undertaken for the Chair's Appraisal. Jaki had facilitated the process in her role as the Senior Independent Director. The Council noted that the self-evaluation and assessment feedback from the participant stakeholders had been received and collated, this included responses from seven governors.
	The Council noted the Chair's objectives and were pleased to NOTE that she had agreed to commit to a further three-year term.

Close 16.00

Actions/Decisions				
Item	**Action**	**Lead**	**Due Date**	**Update**
	June 2025			
7.4	**Governance Briefing** • **Governor Elections** Corporate Governance and the Comms Team to consider providing an information sheet for Governors, for use at events etc.	Lisa Evans	September	An information sheet and other useful information was provided was taken along to the stall held in the Atrium. The information sheet is available on Admin Control.

10	**Health and Safety Update** A closed session of the Council would be arranged to further detail the Health and Safety work.	Kerry Rogers	December	
15	**Update from Governor Visits and Events attended** The governor visit reports to be shared on Admin Control going forward for information.	Corp Gov	September	Complete.
16	**Any other business** The administration of the 'contact a governor' process would be reviewed.	Kerry Rogers	September	Review undertaken, no material issues found. CLOSED

	Governance Briefing • **Appointment of the Vice Chair**
7.2	The Council APPROVED the appointment of John Cappock as Vice-Chair with effect from 19 June 2025, until the end of his term as a Non-Executive Director.
7.3	• **Re-appointment of the Lead Governor** The Council of Governors ENDORSED the re-appointment of Andrea Holder as Lead Governor.

Report to Council of Governors

Date	4 September 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 June.

- Governor appointments

We have been going through our annual election cycle for governors to replace those who have left us or whose term of office has come to an end. They will be appointed by 30th September.

Gloucestershire County Council has informed us that their nominated stakeholder governor will be Dr Kate Usmar who is a councillor for Tewkesbury and a member of the cabinet with the brief for Adults Support and Independence. Kate is a member of the Health and Well Being Partnership and the Health and Well Being Board.

- Non-Executive Director appointment

We have a vacancy coming up for a Non-Executive Director when Jaki Meekings-Davis steps down in January 2026.

I am grateful to those governors who volunteered to join the focus group and appointment panel. Proposed appointments are approved by the Governors Governance and Nomination Committee and the Council of Governors.

- Visits and meetings

I have had a number of interesting visits and meetings since the June Council of Governors. These include:
  - Kevin and I met Councillor Lisa Spivey, leader of the Council and Jo Walker, her Chief Executive and talked about current issues and our partnership working.

  - I wanted to extend my understanding of life experiences of Gloucestershire residents who are members of the trans community and had an inspiring meeting with Alex, facilitated by Emma Mawby. Our Board has prioritised 6 development session to Equality, Diversity and Inclusion as a mean to improving our understanding and strengthening our leadership in this domain.

  - Our refurbishment and health and safety challenges are legion in the Trust. Top of the list has been improving fire safety and refurbishing the Tower Block at Gloucestershire Royal.

Kaye Law Fox and colleagues from Gloucestershire Managed Services took me on a Tower tour to review in detail the operational improvements which have already improved safety and the refurbishment programme that is to come

o Quality Improvement Academy graduation. Raj Kakar Clayton and I attended the graduation in July and hear presentations on hot debriefs, improving the experience of neurodivergent students on placement, increasing efficiency and reducing waits in Oral Soft Tissue clinics, and supporting vulnerable women in Emergency Departments among others. These are always impressive and I was particularly pleased, as Green champion, to hear about reducing blood tests in our Emergency Department, saving money and reducing our carbon footprint. As resident doctors rotate around the Region they take their innovative initiatives with them.

o I spent an afternoon with Karen Pudge visiting children and young people's services stating in the children's emergency department and then moving on to the Children's Centre. I was very impressed with the services and how the teams adapt to the very different needs of young children with cancer or respiratory problems and adolescents with mental health issues or eating disorders.

o James Brown and I hosted a visit of Matt Bishop MP which focussed on the emergency care pathway at Gloucestershire Royal. Matt is MP for the Forest of Dean and was previously a governor with us, so is a friend of the Trust.

o On 13th August we had a joint Governor / Non-Executive Director visit to Neonatal Intensive Care. This gave us useful insights to consider when the Board received a report on the themes arising from a review of neonatal deaths at the Trust.

o I met with Joanna Garrett who is the Maternity and Neonatal Independent Senior Advocate for the Trust. This is a national pilot scheme to explore the value of having a senior, independent figure who can support mothers and families who have experienced baby loss or traumatic births in a dialogue with the Trust about their experiences.

Risks or Concerns
None

Financial Implications
None

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

Recommendation
The Council of Governors is invited to note this report.

Enclosures
None

Chief Executive Report to Council of Governors – September 2025

1 Patient Experience

1.1 National Maternity Investigation

The Department of Health and Social Care has announced a rapid national investigation into NHS maternity and neonatal services with the aim of improving care and safety across the system. On 14 August it was confirmed that Baroness Valerie Amos will chair the independent investigation, which will review up to ten maternity and neonatal services while also examining the wider system. The work will consolidate learning from previous reviews into a unified set of national recommendations.

The ten services to be reviewed are yet to be announced but will be selected by Baroness Amos and her team alongside the development of the investigation's terms of reference. This process is being undertaken in partnership with families who have experience of maternity and neonatal care including those in Leeds, Sussex, Nottingham and other areas. This approach demonstrates a commitment to learning from lived experience with the ultimate aim of ensuring every woman and baby receives safe, high-quality and compassionate care.

This investigation is separate from the National Maternity and Neonatal Taskforce which will be chaired by the Secretary of State. We will continue to monitor developments closely and share further updates as they become available.

1.2 Maternity Health Needs Assessment

A maternity health needs assessment is underway with NHS Gloucestershire to inform proposals for the future of maternity services in the county.

Over the last few years there has been some important changes in several areas of care and the choice women and families want in maternity. Overall birth rates are down, whilst the number of women having an induction has been increasing in Gloucestershire with 38.68% in May 2025 compared to 30.80% in April 2022, which is in line with national figures.

There have also been changes in the number of spontaneous vaginal births, which have been decreasing over time, whilst the number of elective and emergency Caesarean sections have been increasing, both nationally and within Gloucestershire (45.27% in May 2025 compared to 34.99% in April 2022). The change in Caesarean rates has therefore required a change in the resource needed with an increase in obstetric consultant time and an increase in theatre sessions.

There have also been changes in national demographic trends, such as an increasing age of women giving birth, leading to more complexity. In addition, the evidence indicates that between 44.2% to 46.2% of pregnant women have multimorbidity (two or more long-term health conditions).

The health needs assessment involves a review of nationally available data and trends, and the evidence base for what works in terms of quality and safety. To further support the development of the needs assessment, the views of women and birthing people, their families, staff and community partners will also be included through surveys and engagement.

Once the national review and the local needs assessment process are complete, it will help in setting out ideas on how services could be developed. We are keen that any proposals for future service development are co-designed through meaningful engagement.

1.3   NHS 10-Year Health Plan

The NHS 10-Year Health Plan sets out a transformative vision for the future of healthcare in England, with clear implications for our Trust. At its core, the plan is structured around three major shifts: moving care from hospital to community; transitioning from analogue to digital systems; and shifting the focus from sickness to prevention. These shifts are designed to improve access, efficiency and outcomes across the health system.

The first shift, from hospital to community, aims to reduce pressure on acute services by expanding GP access, redesigning outpatient and diagnostic services and embedding neighbourhood health models. For Gloucestershire, this means a greater emphasis on GP-led, multiprofessional teams organised around population need, and the use of digital tools like the NHS App to enable patients to self-book into A&E and access triage remotely. Mental health emergency departments are also expected to be co-located with half of all Type 1 A&E units within five years, which may require reconfiguration of local urgent care pathways.

The second shift, from analogue to digital, envisions the NHS becoming the most digitally accessible health system in the world. The NHS App will become the primary interface for patients, offering AI-enabled advice, appointment booking, medication management and access to approved health apps. For Gloucestershire Hospitals, this will necessitate continued investment in digital infrastructure and integration of systems to support seamless, patient-centred care. The plan also introduces a 'HealthStore' to support innovation and collaboration with small and medium-sized enterprises (SMEs), which could open new opportunities for local partnerships.

The third shift, from sickness to prevention, reflects a growing recognition that too many people live in poor health for too long. The plan outlines a comprehensive prevention agenda, including expanded vaccination and screening programmes, mental health support for children and employment-focused care planning. In Gloucestershire, this aligns with the Trust's existing focus on health inequalities and population health, and will require deeper collaboration with local government and community partners to deliver integrated, preventative services.

Governance reforms are also central to the plan. Over 200 national bodies, including Healthwatch England and the Health Services Safety Investigations Body, will be abolished to reduce duplication and streamline oversight. The National Quality Board will be revitalised to lead a new national quality strategy, and Integrated Care Boards (ICBs) will be empowered as strategic commissioners with responsibility for population health outcomes. All NHS providers are expected to become Foundation Trusts by 2035, with the most mature organisations gaining greater autonomy. For Gloucestershire Hospitals, this means preparing for increased accountability, outcome-based funding and a more prominent role in shaping the local provider landscape.

Key recommendations include the introduction of multi-year budgets, value-based payment models and a simplified planning process. The Trust will need to align its strategic and financial planning with these national expectations, particularly in light of the requirement to deliver a 2% year-on-year productivity gain over the next three years. This will involve rethinking outpatient care, adopting technologies like ambient voice recognition and ensuring that resources are directed toward interventions that deliver the greatest value.

The NHS 10-Year Health Plan presents both a challenge and an opportunity for Gloucestershire Hospitals. It calls for bold action to modernise services, empower patients and deliver care that is more personalised, preventative and digitally enabled.

A detailed summary can be found here: NHS Providers - 10 Year Health Plan

1.4   Review of patient safety across the health and care landscape

The independent review of patient safety across the health and care landscape, led by Dr Penny Dash and published in July 2025, outlines a series of significant challenges and recommendations that have direct implications for hospital trusts.

The review identifies a fragmented and overly complex regulatory environment, with numerous bodies conducting inspections, audits, and issuing guidance, often in an uncoordinated manner. This has led to duplication of effort, confusion over responsibilities, and a diversion of clinical staff from frontline care, ultimately impacting the quality and safety of patient services.

One of the central challenges highlighted is the proliferation of regulatory bodies following the Francis public inquiry. The expansion of roles for organisations such as the Care Quality Commission (CQC), the Health Service Safety Investigation Body (HSSIB), and the Patient Safety Commissioner has created overlapping responsibilities and regulatory ambiguity. This complexity has made it difficult for trusts to navigate the system efficiently and has placed additional burdens on staff already stretched by operational demands.

To address these issues, the review recommends a series of reforms aimed at streamlining oversight and improving patient safety outcomes. Key among these is the revitalisation of the National Quality Board (NQB), which would be tasked with setting clear, robust and consistent priorities across the system. The NQB would serve as the central authority on quality, with other bodies feeding into its work, thereby reducing fragmentation and promoting coherence in regulatory expectations.

Another recommendation is for each NHS trust to appoint a senior executive responsible for patient experience. This role would ensure that patient-centred care is embedded at the highest level of leadership and that feedback mechanisms are responsive and effective. Additionally, the review calls for a more streamlined complaints process, enabling faster resolution and learning from incidents, which is essential for continuous improvement and maintaining public trust.

For our Trust, these recommendations signal a shift toward more agile and accountable governance structures. The Trust may need to reassess its internal processes to align with the proposed national strategy, including reviewing how patient experience is managed, how complaints are handled and how regulatory compliance is monitored. The emphasis on simplification and coherence offers an opportunity to reduce administrative burden and

refocus resources on direct patient care, but it also requires careful implementation and evaluation to ensure that safety standards are upheld and that the changes lead to tangible improvements in outcomes.

A detailed summary can be found here: NHS Providers - Dash Review

1.5   BMA Resident Doctors' industrial action

Between 25 and 30 July 2025, the Trust implemented a coordinated operational response to industrial action by Resident Doctors, organised by the British Medical Association. The five-day strike required significant adjustments to service delivery, with a focus on maintaining safe and effective patient care.

As part of the Trust's contingency planning, Cheltenham General Hospital's Emergency Department was temporarily reconfigured. From 8pm on 24 July, the department operated as a Minor Injury and Illness Unit during daytime hours and remained closed overnight. This arrangement continued until 8am on 30 July, when normal service resumed. The reconfiguration enabled emergency care staff to consolidate at Gloucestershire Royal Hospital, where 24/7 emergency services were maintained throughout the period.

Our hospitals care for around 2,000 outpatients and perform over 100 operations each day, and as a direct result of the five days of industrial action a total of 266 outpatients and 59 operations were cancelled. The services are working to reschedule affected patients quickly and staff worked really hard to minimise impact.

Looking ahead, it is likely that further industrial action will take place. Nationally, nurses may also go on strike in the coming months, with the Royal College of Nursing warning that action could continue into the winter if pay and working conditions are not addressed. The Trust will continue to monitor developments and prepare accordingly to ensure continuity of care.

1.6   IT disruption

On 22 July 2025, the Trust experienced a significant IT disruption due to a server failure at Cheltenham General Hospital. This incident triggered a Trust-wide Business Continuity Incident (BCI), which remained in place through the weekend and into the following week and coincided with planned industrial action by Resident Doctors, which necessitated further operational adjustments.

The disruption was an estates issue affecting core server and Trust-wide digital systems. Although many services were restored within 48 hours, intermittent issues persisted, particularly affecting EPR and some of the real-time data feeds and service dashboards.

The Trust's contingency plans were activated immediately to minimise disruption to patient care, and all departments were advised to revert to paper-based processes where necessary. We are grateful to all staff for their support and resilience in responding to the issue and a formal debrief and lessons learned review will be undertaken, with findings to be shared with Finance and Resources Committee to inform our approach to digital infrastructure resilience going forward.

1.7　　Sustainability Report 2024–25

The Trust has recently published its annual Sustainability Report that has highlighted a number of positive improvements including a 2.4% reduction in carbon emissions for the 2024–25 period, equivalent to the annual energy use of approximately 2,500 homes. This reflects continued progress towards the NHS's net zero target by 2040.

Key achievements include:

- A 3.5% reduction in waste and a 15% drop in associated carbon emissions, driven by improved waste segregation, reduced chemical waste, and expanded food waste recycling.
- Installation of an Entonox Processing Unit in maternity services, significantly reducing nitrous oxide emissions - previously contributing around 500 tonnes of CO_2 annually.
- A 9% reduction in anaesthetic gas-related emissions, equivalent to 90 return flights from London to New York.
- Over 180,000 online appointments, reducing patient travel and associated emissions.
- Estate improvements such as triple glazing of the Tower Block at Gloucestershire Royal Hospital, new solar panels and continued rollout of LED lighting across both main sites.

Planned initiatives for the coming year include electric vehicle feasibility studies, further water efficiency upgrades, reusable sharps bins and expansion of biodiversity and green spaces across hospital sites.

These efforts are aligned with the Trust's Green Plan and the broader NHS ambition to deliver sustainable healthcare and mitigate the health impacts of climate change. The full report is available on the website: Sustainability Report 2024–25

2.　　People, Culture and Leadership

2.1　　Report, Support and Learn

The Trust has launched a new reporting platform, *Report, Support and Learn*, designed to provide a safe, confidential and accessible route for colleagues to report inappropriate staff-to-staff behaviours. The system is well established across higher education and a number of other NHS and public sector organisations and can be used to report a wide variety of incidents such as bullying, harassment, sexual misconduct, discrimination and incivility. The system has been developed in response to longstanding concerns about the limitations of the Datix system, particularly around confidentiality and the ability to report concerns when a line manager is implicated.

Report, Support and Learn is accessible both on and off the hospital network, including via mobile devices, removing barriers to reporting. Staff can choose to submit reports anonymously or with contact details. Reports with contact details are reviewed by a dedicated team, working alongside HR, People Advisory, and Wellbeing services, using a structured screening framework and risk checklist.

This ensures that each report is triaged appropriately and assigned to the most suitable manager for follow-up. Importantly, managers only have access to reports specifically assigned to them, maintaining strict confidentiality and preventing broad visibility of sensitive information.

Anonymous reports, while not actionable on an individual basis, contribute to organisational learning. They are reviewed for any immediate risks and, if none are identified, are used to inform statistical analysis and proactive prevention work. This data is shared with HR Business Partners and the Equality, Diversity and Inclusion (EDI) team to identify trends and support targeted interventions and cultural change initiatives.

The system is a significant improvement over Datix for staff-to-staff concerns, addressing key issues around confidentiality and trust. It ensures that reports are not routed to implicated individuals and that information is shared strictly on a need-to-know basis. The platform supports the Trust's commitment to building a safe, inclusive and supportive working environment, where colleagues feel empowered to speak up and are assured that their concerns will be handled appropriately and sensitively.

2.2   NHS Oversight Framework

NHS England has published the NHS Oversight Framework for 2025/26, which sets out a refreshed approach to assessing the performance of NHS trusts, foundation trusts and Integrated Care Boards.

The framework introduces a more transparent and structured model for performance segmentation, with the aim of improving public accountability and ensuring targeted support for organisations that require it.

A key feature of the updated framework is the introduction of a national league table, which will rank organisations based on their delivery and financial performance. To be eligible for a segmentation score above level 3, organisations must demonstrate a breakeven or surplus financial position.

The assessment will consider a range of national priorities and contextual metrics, including financial sustainability, productivity and efforts to reduce health inequalities.

The segmentation outcomes will inform the level of oversight and intervention from NHS England, with the intention of supporting improvement where needed. The Trust will be assessed under this framework and its performance will be visible nationally. Work is already underway to ensure alignment with the expectations set out in the framework, particularly in relation to financial delivery, patient experience, leadership capability and system collaboration.

2.3   Leng Review

The Department of Health and Social Care has published the final report of the independent review into Physician Associate (PA) and Anaesthesia Associate (AA) roles, led by Professor Gillian Leng CBE.

The review was commissioned in response to concerns raised by patients and clinicians regarding the scope, safety, and regulation of these roles.

As a Trust, we have approximately 40 colleagues who are working as Physician Associates (PA), and we have been supporting them following the publication.

The review made immediate changes to deployment meaning that PAs currently working in primary care, emergency departments or any other setting may no longer triage patients and may not see undifferentiated patients.

Other key recommendations in the review include:

- Renaming the roles to "Physician Assistant" and "Physician Assistant in Anaesthesia" which was done with immediate effect;
- Strengthening supervision and governance arrangements, including formal training for supervising doctors;
- Establishing national curricula and clearer career pathways for PAs and AAs;
- Ensuring these roles support doctors and anaesthetists within multidisciplinary teams.

Locally, the Trust is reviewing its governance and supervision arrangements in light of the recommendations, and most of the review's proposals are already in place at the Trust, including recognition of advanced PA roles at Band 8a.

The Trust has confirmed that undifferentiated new patients arriving in the Emergency Department, Same-Day Emergency Care or Assessment areas should be reviewed and differentiated by an appropriately qualified clinician into a clinical pathway. They may then be seen by a PA or other member of the team. All care remains under the supervision of a consultant as before.

Further updates will follow as the Trust maps the recommendations against existing standard operating procedures, particularly in the Emergency Department.

Kevin McNamara
Chief Executive
27 August 2025

REPORT TO COUNCIL OF GOVERNORS

Date	4 September 2025
Title	**Non-Executive Director recruitment**
Author / Presenter Sponsoring Director /	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

In line with the Health and Social Care Act 2012 and any subsequent amendments, governors may appoint the Chair and Non-Executive Directors in accordance with decisions made by the Council of Governors.

At the Council of Governors meeting in June 2025, it was supported that the Trust progress to fill the vacancy which will be created by the decision of Jaki Meekings-Davis, Non-Executive Director, to not seek a second term of office. Jaki Meekings-Davis term of office will end on 1 February 2026.

As this recruitment would be taking place within six months of the previous non-executive director recruitment process (utilising the same role description) it was agreed that it would be appropriate to utilise the initial stages of that recruitment exercise to identify potential candidates for this vacancy. Retained applications were reviewed by Deborah Evans (Chair), and Andrea Holder (Lead Governor) and Paul Harrison (People and OD). One candidate, Mr Shawn Smith, was identified as being suitable to take forward for formal consideration and interview.

The stakeholder session and interview took place on 14 August 2025. Mr Shawn Smith was considered appointable, subject to the recommendation of both the Governance and Remuneration Committee and the Council of Governors.

The report provides an update on the recruitment process to include the recommendation of the recruitment panel and the recommendation of the Governance and Nominations Committee on 2 September 2025.

RECOMMENDATION

The Council is invited to:

APPROVE the recommendation of the Governance and Nominations Committee to appoint:
Shawn Smith as voting non-executive director from 5 January 2026 (or date to be agreed in January 2026) for a period of three years to 4 January 2029. Annual Remuneration of £15,361 in accordance with the remuneration of other NEDs.

NON-EXECUTIVE DIRECTOR RECRUITMENT UPDATE

1. Introduction

As per the Trust's Constitution (sections 8.12.1.5 and 9.9)It is for the Council of Governors at a general meeting of the council to appoint (or remove) the Chair and other Non-Executive Directors. As well as their appointment and removal powers, governors also determine the remuneration, allowances and other terms and conditions of the Chair and Non-Executive Directors, working with the committee responsible for nominations and remuneration.

This paper sets out the recruitment process and the decision of the Governance and Nominations Committee to recommend to the Council of Governors that it approve the appointment of Mr Shawn Smith.

2. Recruitment process and panel composition

The Committee agreed a process that included a review of the applications submitted in respect of a recruitment process that had been undertaken and concluded in February 2025 utilising the same role profile and advertisement. This was felt to be both a cost-efficient and expeditious approach.

It is important to note that this process was put in place recognising that if the candidates identified by this truncated process were not considered appointable on interview then there would be sufficient time to put in place a full recruitment exercise within the timeframe required (as set out below).

The applications were reviewed by the Chair and Lead Governor with input from Paul Harrison from People and OD recruitment team. The focus was on identifying candidates with a strong financial background and professional qualifications as the vacancy was arising because of the decision by the current Chair of the Finance and Resource Committee to not seek a second term of office (effective January/February 2026).

One candidate, Mr Shawn Smith, was identified as possessing the relevant financial expertise and current experience of board membership within the NHS. On enquiry by the Chair, the potential candidate indicated he would like to be considered for the position.

3. Selection interviews and feedback

Both stakeholder sessions and interview took place on 14th August 2025. The Stakeholder session was attended by the Director of Finance, the Chair of Gloucestershire Managed Services, senior operational and corporate managers and two governors. The collective feedback from that stakeholder session was provided to the interview panel by the deputy lead Governor and Trust Secretary, to ensure that any specific areas of exploration could be incorporated into the interview.

Prior to the interview the candidate had informal discussions with the Chair, Lead Governor, Chief Executive Officer and Director of Finance. As the Chief Executive Officer was on leave, he had provided feedback to the Chair in advance of the interviews which was supportive of the candidate.

The interview panel consisted of the Chair, Lead and Deputy Lead Governors, Director for People and Organisational Development with Professor Dame Jane Cummings, Vice-Chair

and Non-Executive Director of Gloucestershire Integrated Care Board, who sat as external assessor. Professor Dame Cummings had performed the same role at the interviews for non-executive directors appointed in May 2025.

The panel considered the candidate, Mr Shawn Smith to be appointable, noting both his private sector experience, his focus on risk and quality and his existing role as a Non-Executive Director of North Bristol NHS Trust. His focus on quality, patient care and the management of risk, including financial priorities, was evident to the interview panel.

Mr Smith is an experienced executive and Chartered Certified Accountant who has held board-level positions in the private sector (aerospace industry), social housing and most recently the NHS.

Mr Smith has confirmed that he would be delighted to accept the role of Non-Executive Directo, subject to formal appointment by the Council of Governors and satisfactory completion of pre-appointment checks

4. Recommendation

The Council is invited to APPROVE (subject to satisfactory completion of pre-appointment and Fit and Proper Person checks) the recommendation of the Governance and Nominations Committee to appoint Shawn Smith as a voting non-executive director from 5th January 2026 for a period of three years to 4th January 2029. Annual remuneration of £15,861 in accordance with the remuneration of other Non-Executive Directors.

Sarah Favell
Trust Secretary

Report to Council of Governors

Date	4 September 2025
Title	Governor Election Update
Author **Presenter / Sponsor**	Lisa Evans, Deputy 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

Elections have been taking place over the summer for six seats on our Council of Governors 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 are also be holding an election in the following staff constituency:

- Nursing and Midwifery Staff Governor

The Corporate Governance team, along with colleagues in the Communications Team, and with the support of Governors have undertaken work over the summer to publicise the vacancies; this campaign appears to have had some success. We achieved 2 candidates for the often hard to fill Forest of Dean constituency, and these candidates have been elected unopposed. There are competitive elections taking place in all other areas, with the exception of Out of County which unfortunately does remain vacant.

We have already made contact with the incoming Forest of Dean governors and they, along with

all new candidates have been invited to attend this meeting and the Annual Members Meeting.

The timetable for governor elections is set out below, which concludes with the declaration of results at the end of this month.

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.

Report to Council of Governors

Date	4 September 2025
Title	Annual Equality Report 2024/25
Author /Presenter **Sponsoring/ Director**	Coral Boston EDI Manager Dr Claire Radley Director for People & OD

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 paper presents the Annual Equality, Diversity, and Inclusion (ED&I) Report for 2024/2025 to the Board, providing assurance of the Trust's dedication to ED&I.

NHS Trusts are required to publish an annual Equality Report in compliance with the Public Sector Equality Duty. This report must be accessible for download from the Trust's webs

The report details:

- Context of our organisation – our mission, vision and values and how this links to the Equality
- Diversity & Inclusion (EDI) agenda
- Overview of legal and regulatory frameworks
- Summary of progress against our equality objectives in the last 12 months (March 24 - April 25)
- An overview of previous activities and planned activities for the year ahead to improve our services
- Patient experience.
- Colleagues experience and support

Future Plans: Our strategic approach for the coming year focuses on creating an inclusive environment where all members of the Trust feel valued, empowered, and actively involved in promoting equality, diversity, and inclusion. This is supported by a comprehensive development plan, aligned with the 6 High Impact Actions from the NHS England EDI Improvement Plan. The strategy includes clear goals and targeted actions aimed at addressing ongoing challenges, strengthening accountability, and building on the progress achieved so far.

The appendices of the report contain:

Equality Delivery System Report: An in-depth analysis of our performance against the Equality Delivery System (EDS) standards, providing a clear picture of our current standing and areas where we need to make improvements.

Gender Pay Gap and Ethnicity Pay Gap Report

WRES and WDES Reports: These reports present key indicators related to race and disability within our workforce. They include concise narratives that explain the data and outline our planned actions to address identified concerns, ensuring we are taking targeted steps to improve diversity and inclusion in these areas.

The report will be presented to the Board for assurance and is set to receive additional support from the communications team to ensure it is effectively communicated and accessible. This step is crucial for engaging with our stakeholders and ensuring transparency in our ED&I efforts. All reports will be available on the Trust website.

<u>Conclusion</u>

The Report highlights our significant achievements in 2024/25 and outlines our plans for the upcoming year to foster a culture where everyone feels a sense of ownership and shared responsibility for advancing equality, diversity, and inclusion.

Achievements in 2024/25: A detailed overview of the progress made in various areas of ED&I, showcasing the initiatives that have been successfully implemented and the positive impacts they have had on the Trust.

<u>Implications and Future Action Required</u>
This report will be published on the Trust's internet and shared with the Commissioners.

Recommendation
The Council of Governors are requested to RECEIVE the 2024/25 Equality Report for ASSURANCE.
Enclosures
N/A
Action/Decision Required

Impact upon strategic objectives (please tick relevant ones)			
Outstanding care	☐	Centres of excellence	☐
Compassionate workforce	X	Financial balance	☐
Quality improvement		Effective estate	☐
Care without boundaries	☐	Digital future	☐
Involved people	X	Driving research	☐

Impact Upon Corporate Risks	
None	
Regulatory and/or Legal Implications	
Publication of the Equality Report is mandatory	
Sustainability Impact	
N/A	
Equality Impact/ Patient Impact	
N/A	
Resource Implications	

Finance	☐	Information Management & Technology	☐
Human Resources	☐	Buildings	☐
Other	☐		

Action/Decision Required
ASSURANCE

COMMITTEE AND/OR TRUST LEADERSHIP TEAM (TLT) REVIEW DATES								
Audit & Assurance Committee	☐	MM/YY	**People & OD Committee**	06/25		Trust Leadership Team	☐	MM/YY
Estates & Facilities Committee	☐	MM/YY	**Quality & Performance Committee**	2025		**People & OD Delivery Group**	05/25	
Finance & Digital Committee	☐	MM/YY	Remuneration Committee	☐		**Equality & Diversity Steering Group 06/25**		

OUTCOME OF DISCUSSION FROM PREVIOUS COMMITTEES/TLT /MEETINGS

Equality Account

2024 – 2025

Contents

Introduction

This report reflects not just our compliance with the Equality Act 2010, but our ongoing commitment to recognising what we do well and where we need to improve. Both in how we support our patients and how we care for our people. It brings together the data required under the Public Sector Equality Duty and highlights the Equality, Diversity, and Inclusion (EDI) work we've been leading across our Trust.

Each year, we publish this report to share how we're doing and where we're heading. It allows us to track progress, compare data from previous years, and understand the real impact of our actions. Through this, we can identify where inequalities exist and take meaningful steps to support those who are underrepresented or disadvantaged. Ensuring everyone who works with or receives care from us can thrive.

As we look ahead to 2025–26, we have set clear EDI priorities focused on improving the day-to-day experience of our people.

These are:

▸ Recruitment and EDI

▸ Anti-discrimination

▸ Allyship and Leadership Practices

We know there's still work to do. We're committed to ensuring every staff member have the tools, confidence, and support to put EDI into practice in everything they do. Our goal is to build a culture where everyone feels they belong and where fairness, respect and inclusion are not just talked about, but genuinely lived.

Introduction

Over the last year, we've taken important steps forward. From strengthening our staff networks and delivering tailored training, to listening through national surveys, group discussions and one-to-one conversations, we've worked with purpose to support staff across our Trust.

EDI is part of who we are, not a separate project, but a value that runs through our teams, our decisions, and our future. We have collaborated across departments, connected with communities, and opened powerful conversations — sometimes within our own walls, and sometimes with our System partners.

We have challenged assumptions, elevated voices that need to be heard, and held ourselves accountable as leaders. Our focus on EDI is not just about meeting standards, it's about shaping a better, more compassionate organisation for everyone.

Coral Boston,

Equality, Diversity & Inclusion Manager

Executive Foreword

We have made considerable progress in our cultural journey this year, reflected in our improved staff survey results. Our collective efforts and dedication to create a more inclusive workplace are leading to improvements, but we also know there is much more to do. We continue to seek and reflect on feedback, engage with staff, patients and service-users with wide-ranging backgrounds and experiences, and focus on the issues that have the biggest impact. Undoubtedly, the more our staff feel able to be themselves at work, the better care they are able to provide.

This report highlights evidence of our commitment to Equality, Diversity, and Inclusion, describing the tangible steps we have taken and the progress we are making. It sets out our achievements and serves as a foundation for the exciting ambitions we have for the coming year.

Claire Radley,
Director for People & OD

# What do we mean by Equality, Diversity, and Inclusion

Equality

A culture that embraces a wide range of ideas, experiences, and practices can lead to an environment where differences are both respected and celebrated. This inclusivity benefits not only us as individuals but also the diverse communities we serve. By valuing and acknowledging various perspectives, we foster a richer and more dynamic workplace that promotes innovation and excellence in our work. This approach enhances our ability to address the unique needs of our community, ultimately creating stronger, more meaningful connections, leading to a better quality of life.

Diversity

Diversity is the fact that there are many different people in our workplaces and communities, many of whom have different backgrounds, social positions, and lifestyles. We encourage everyone to recognise, respect and value the differences between individuals within our workforce and amongst our service users.

Inclusion

Inclusion is the act of ensuring that all staff can access and enjoy the benefits of working for the Trust including, but not limited to, employment opportunities, flexible and agile working, training and development opportunities, team and Trust-wide activities and ensuring that no person or persons is excluded, especially those from disadvantaged groups ensuring a positive experience for all.
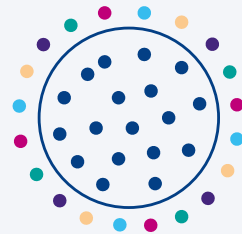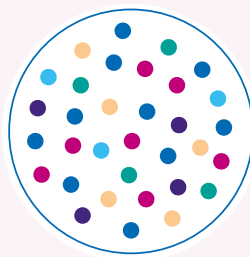
Exclusion
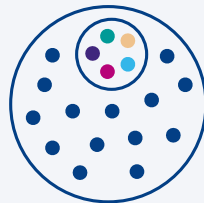
Integration
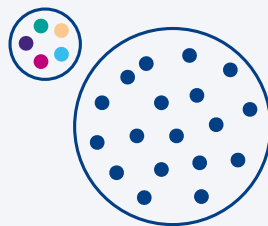
Segregation

Inclusion

The Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 introduced a general equality duty requiring organisations to have due regard in the exercising of their functions. These are to:

▶ Eliminate discrimination, harassment, and victimisation.

▶ Advance equality of opportunity between people who share a protected characteristic and people who do not.

▶ Foster good relations between people who share a protected characteristic and those who do not.

We are required to do this by:

▶ Removing or minimising disadvantages suffered by people due to their protected characteristic.

▶ Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

▶ Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

▶ The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include steps to take account of disabled person's disabilities.

▶ Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard to the need to tackle prejudice and promote understanding.

The Protected Characteristics covered by the Equality Act 2010 are:

 Age

 Disability

 Gender Reassignment

 Marriage and Civil partnership

 Pregnancy and Maternity

 Race

 Religion or Belief

 Sex

 Sexual Orientation

Progress made 2024/2025.

We have continued to support staff in the trust by carrying out a few activities.

Our key areas of focus for Equality, Diversity, and Inclusion (EDI) over the next 12 months are closely aligned with both our Trust Strategy and the national EDI Improvement Plan. We are committed to driving meaningful change by focusing on priority areas that will make a real difference to the experiences of our staff and the communities we serve.

Our priority objectives include ensuring equal opportunities in recruitment, career progression, and promotion for all. We are taking active steps to embed inclusion into our recruitment processes. One example being the introduction of Inclusion Champions on interview panels for roles at Band 8a and above. This is a significant step forward in our efforts to create fair and equitable processes at all levels of the organisation.

We continue to use national frameworks such as the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to better understand and address disparities. These reports, published alongside this document, provide valuable insights by comparing the experiences of Ethnic Minority and White staff through the WRES, and of disabled and non-disabled staff through the WDES.

We are using these insights not only to inform our planning but to hold ourselves accountable. They guide our actions and help us identify where we must do better. Our commitment is not just about meeting targets. It is about creating an inclusive culture and working towards levelling the playing field.

Progress on our objectives

In line with our 2024 Equality, Diversity, and Inclusion (EDI) objectives and informed by our EDI data, we have actively listened to our staff, collaborating on new initiatives, and addressing areas where we need to make improvements.

We regularly collect and review recruitment data to track progress, identify trends, and spot any gaps. This helps us take informed action and plan our next steps. Our ongoing analysis guides our strategy and ensures our recruitment is fair, open, and in line with our core EDI values.

EDI Development Plan

We shaped our actions by grounding them in rich data sources such as the National Staff Survey (NSS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), National Quarterly Pulse Survey (NQPS), Gender Pay Gap (GPG), Listening Events, Staff Engagement, Freedom to Speak Up themes (FTSU) and feedback from our Inclusion Network.

Our work has been carefully aligned with both local and national priorities, including the NHSE EDI Improvement Plan's High Impact Actions, the NHS People Plan, and the EDS22 Domains 2&3. By aligning our activity against each High Impact Action, we were able to carry out a gap analysis and identify where focused efforts were most needed. We also ensured that all our actions were linked to our Trust's Business Assurance Framework and risk registers, keeping accountability and transparency at the heart of what we do.

We have designed our actions to complement and strengthen ongoing work, including the Staff Experience Improvement Project (SEIP), The Well-Being Collective (TWBC), and a range of local and national learning opportunities.

Our priorities have been shaped by the needs we've identified. Setting clear timelines for delivery. We continue to encourage open, collaborative conversations at our Equality, Diversity, and Inclusion Steering Group, ensuring that we stay aligned, responsive, and passionate about creating a culture where every staff member feels seen, valued, and empowered.

Priority actions

- ‣ Recruitment and EDI Principles
- ‣ Anti-discrimination
- ‣ Allyship - Leadership practice

Trust EDI Objectives

- ‣ To provide staff with the knowledge, skills, and resources to empower them to incorporate EDI into our daily activities.
- ‣ To create and grow a culture of belonging for staff and imbed our anti-discrimination principles.
- ‣ To ensure that EDI is the cornerstone of all policies, processes and decision making for staff and patients.

Trust 8 overarching EDI Actions

- ‣ Action 1
  Board Requirements
- ‣ Action 2
  Internationally Educated staff.
- ‣ Action 3
  Training Requirements and Priorities
- ‣ Action 4
  EDI Team Actions
- ‣ Action 5
  EDI Principles within Recruitment Process
- ‣ Action 6
  Staff Experience Improvement Programme –
  Including Anti – Discrimination Workstream
- ‣ Action 7
  Patient EDI and Health Inequalities
- ‣ Action 8
  Divisional EDI Improvement Plans and Action Planning

Staff Experience Improvement Programme

Following the 2022 staff survey results, the Staff Experience Improvement Programme was established with support from the Board of Directors, to drive activity and improvement across three workstreams and continues each year with an analysis of the Staff Survey to direct the relevant workstreams.

The focus for 2024/2025:

▶ **Workstream 1**
Teamwork and Leadership (aligned to People Promise 7: We are a Team)

People Promise:
We are a team

▶ **Workstream 2**
Anti-discrimination (aligned to sub score Equality and Diversity, part of People Promise 1: We are Compassionate and Inclusive)
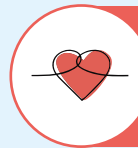
People Promise:
We are Compassionate and Inclusive

▶ **Workstream 3**
Building a Safe Speaking Up Culture (aligned to People Promise 3: We each have a voice that counts)

People Promise:
We each have a voice that counts

▶ **Workstream 4**
Restorative Just and Learning Culture

▶ **Workstream 5**
Colleague Communications and Engagement

▶ **Workstream 6**
People Promise Exemplar Programme

Principles for bringing about culture change in the Trust include:

- Change happens through relationships.

- Change happens when people can talk, think, and problem-solve together skilfully.

- Change only really happens when you work at a behavioural level.

- No change comes from stability.

- We can't work with what we're not talking about

- People own what they help to create.

- The process is as, if not more important, than the outcome

- Change will be sustained when we build internal capacity and capability.

The activities within the Anti-discrimination workstream identified the need for a mechanism for staff to feel safe and confident in reporting cases of anti-discrimination. As a result, the workstream worked through task and finish groups and identified the Report and Support platform was able to fulfil our needs. Forward looking into 2025/2026 the Report Support and Learn process will launch whereby managers will be supported in addressing reports of inappropriate behaviour through the Restorative Just and Learning Culture. This workstream has also established a task and finish to launch an anti-racism campaign.

Report, Support + Learn tool

Following the 2024 staff survey results, the priorities for 2025/2026 are:
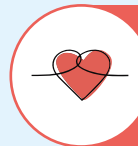
▶ **Workstream 1**
Teamwork Development (aligned to People Promise 7: We are a Team) – with the Leadership elements of this workstream moving into the business-as-usual activities, such as the new "Licence to Lead"

People Promise:
We are a team

▶ **Workstream 2**
Inappropriate Behaviours (aligned to sub score Equality and Diversity, part of People Promise 1: We are Compassionate and Inclusive) – this will continue to deliver the elements of the former Anti-Discrimination workstream, widening the scope to address all inappropriate behaviours such are discrimination, bullying, harassment, and sexual misconduct.

People Promise:
We are Compassionate and Inclusive

▶ **Workstream 3**
Building a Safe Speaking Up Culture (aligned to People Promise 3: We each have a voice that counts)

People Promise:
We each have a voice that counts

▶ **Workstream 4**
Restorative Just and Learning Culture

▶ **Workstream 5**
Colleague Communications and Engagement

▶ **Workstream 6**
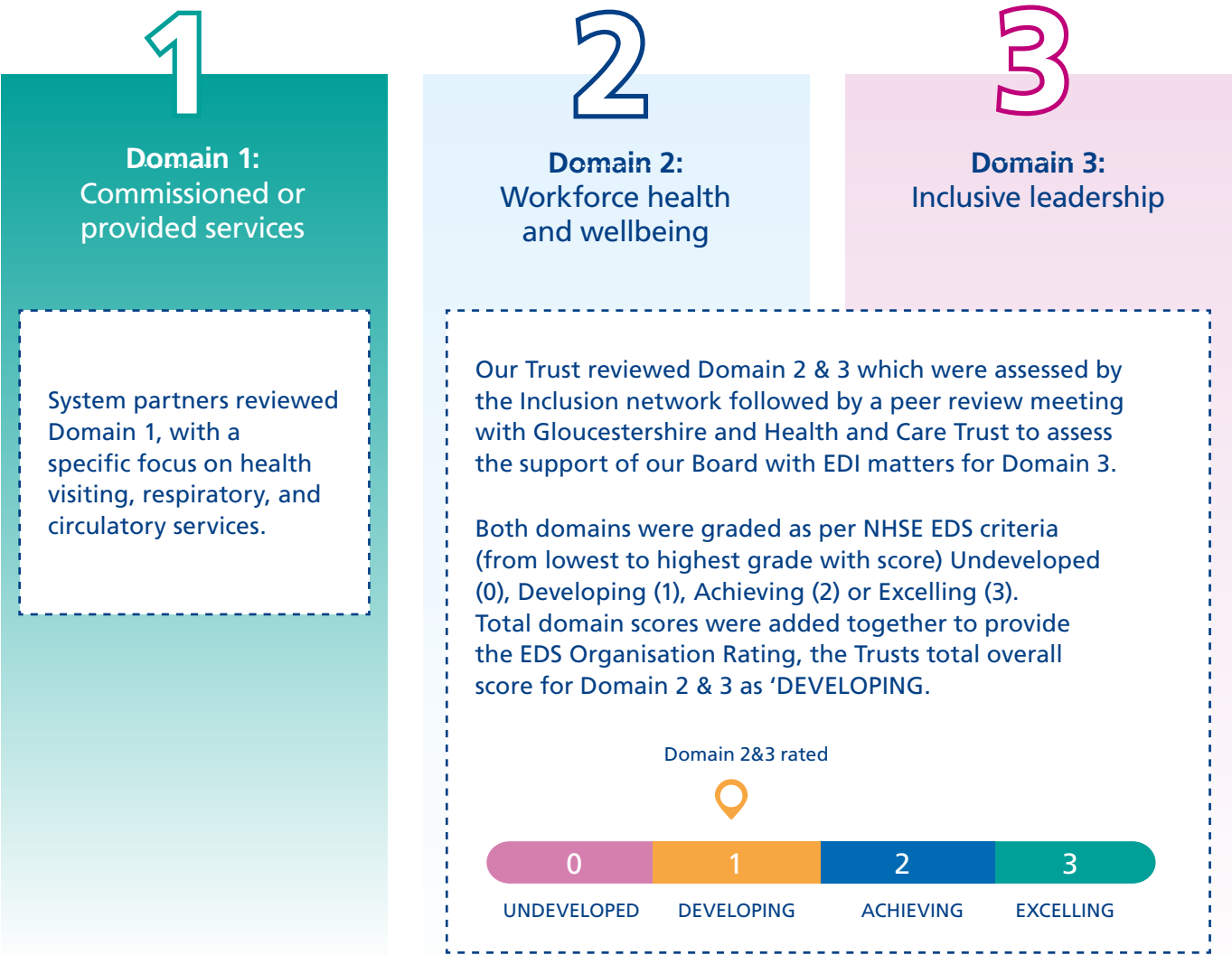People Promise Exemplar Programme

NHS Equality Delivery System

The Equality Delivery System (EDS) is a supportive framework developed by NHS England to help NHS organisations make meaningful improvements in equality, diversity, wellbeing, and inclusion for the benefit of both patients and staff. It also helps us respond to the needs of individuals and communities protected under the Equality Act 2010, while supporting us in meeting our Public Sector Equality Duties.

The EDS focuses on two key areas: the quality of services we commission or provide, and the health and wellbeing of our workforce. As an NHS provider organisation, completing the EDS is part of our standard responsibilities, and we are committed to engaging with this process thoughtfully. Each year, we produce and publish a summary of our progress and priorities around equality and inclusion.

As part of this work, we gather a wide range of evidence, which we then share with staff, peer reviewers, and local stakeholder volunteers for their insight and evaluation. This reflective and collaborative process takes place across three key domains:

1

Domain 1:
Commissioned or provided services

System partners reviewed Domain 1, with a specific focus on health visiting, respiratory, and circulatory services.

2

Domain 2:
Workforce health and wellbeing

3

Domain 3:
Inclusive leadership

Our Trust reviewed Domain 2 & 3 which were assessed by the Inclusion network followed by a peer review meeting with Gloucestershire and Health and Care Trust to assess the support of our Board with EDI matters for Domain 3.

Both domains were graded as per NHSE EDS criteria (from lowest to highest grade with score) Undeveloped (0), Developing (1), Achieving (2) or Excelling (3). Total domain scores were added together to provide the EDS Organisation Rating, the Trusts total overall score for Domain 2 & 3 as 'DEVELOPING.

Domain 2&3 rated

0	1	2	3
UNDEVELOPED	DEVELOPING	ACHIEVING	EXCELLING

We will continue to work towards making improvements in areas identified in EDS improvement action plans and we hope to see some improvement over the next year.

Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) consists of nine key indicators designed to assess and support progress in promoting equality for Black and Minority Ethnic (BME) staff within the workforce. It serves as a practical tool to help ensure that BME employees are treated fairly, with their skills recognised and nurtured. NHS organisations use the insights gained from WRES data to create and publish action plans aimed at driving improvement. By reviewing the indicators year on year, organisations can track their progress and meet the requirements of the NHS national contract. This also enables our Trust to compare our performance with other Trusts and healthcare bodies across the country.

WRES Indicators:

▶ 1 to 4 Workforce Indicators

▶ 5 to 8 Staff Survey Indicators

▶ 9 Board Representation Indicator

The report has the following key roles: To enable organisations to compare their performance with others in their region and those providing similar services, to encourage improvement by learning and sharing good practice. To provide a national picture of WRES in practice to staff, organisations, and the public on the developments in the workforce race equality agenda.

Key findings include:

- 22% of the Trusts staff are BME, which is an increase of 2% since 2024.

- The number of BME senior leaders (Band 8a+) has increased from 41 to 43, which equates to an increase of 0.4%. The highest percentage representation is in Band 8c, at 15.6%.

- The relative likelihood of White staff being appointed from shortlisting compared to BME staff has increased by 0.55 to 2.12.

- BME staff remain more likely to enter the formal disciplinary process than White staff (relative likelihood of 1.07). This figure is similar to what was reported in 2024.

- BME staff are more likely to access non-mandatory training and CPD than White staff (relative likelihood of 0.97). This has shifted marginally to be more equal, with White staff slightly more likely to access non-mandatory training than they were in 2024.

- 3.45% less BME staff reported experiencing harassment, bullying or abuse from patients, relatives, or the public since the 2023 staff survey. White staff also report experiencing a reduction.

- There has been a decrease in BME staff experiencing harassment, bullying or abuse from other staff members (27.98% in 2023 to now 26.7%), however BME staff still experience this more than White staff.

- There was an increase (of 1.45%) in both White and BME staff believing that the Trust provides equal opportunities for career progression and promotion.

- BME staff are still more likely than White staff to experience discrimination at work from a manager/team leader or other staff, although this has decreased to 16.95%. White staff have reported experiencing a small increase.

- Numbers of BME Total Board members have increased from 2 to 3 in 2025, which is a 5.89% increase.

Workforce Disability Equality Standard (WDES)

Our Disability Network continues to play a vital and valued role in supporting staff with disabilities and long-term health conditions. As a trusted voice within our organisation, the network has actively contributed to shaping how we embed the high-impact actions from the National EDI Improvement Plan into our day-to-day practices.

Through open dialogue, challenge, and collaboration, the network helps us to identify and address both direct and indirect forms of prejudice and discrimination. Whether in behaviours, policies, practices, or aspects of our organisational culture. Their insights are instrumental in helping us build a workplace where every member of staff feels seen, heard, and respected.

The Workforce Disability Equality Standard (WDES) is a set of ten specific measures which enable NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to develop and publish an action plan as part of the national contract. Year-on-year comparison enables NHS organisations to demonstrate progress against the indicators of disability equality. Additionally, it allows our Trust to benchmark ourselves on all Trusts and national healthcare organisations.

WDES Indicators:

▸ 1 to 3 Workforce Indicators

▸ 4 to 8 Staff Survey Indicators

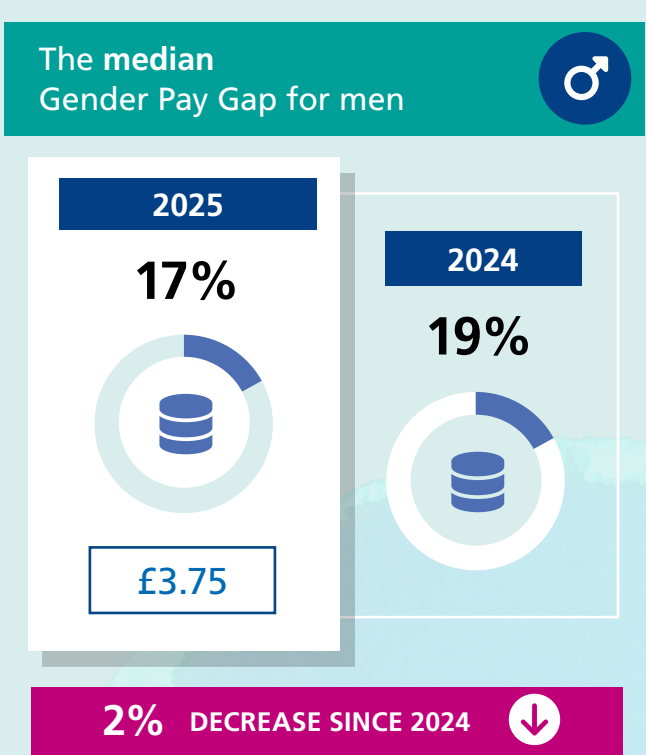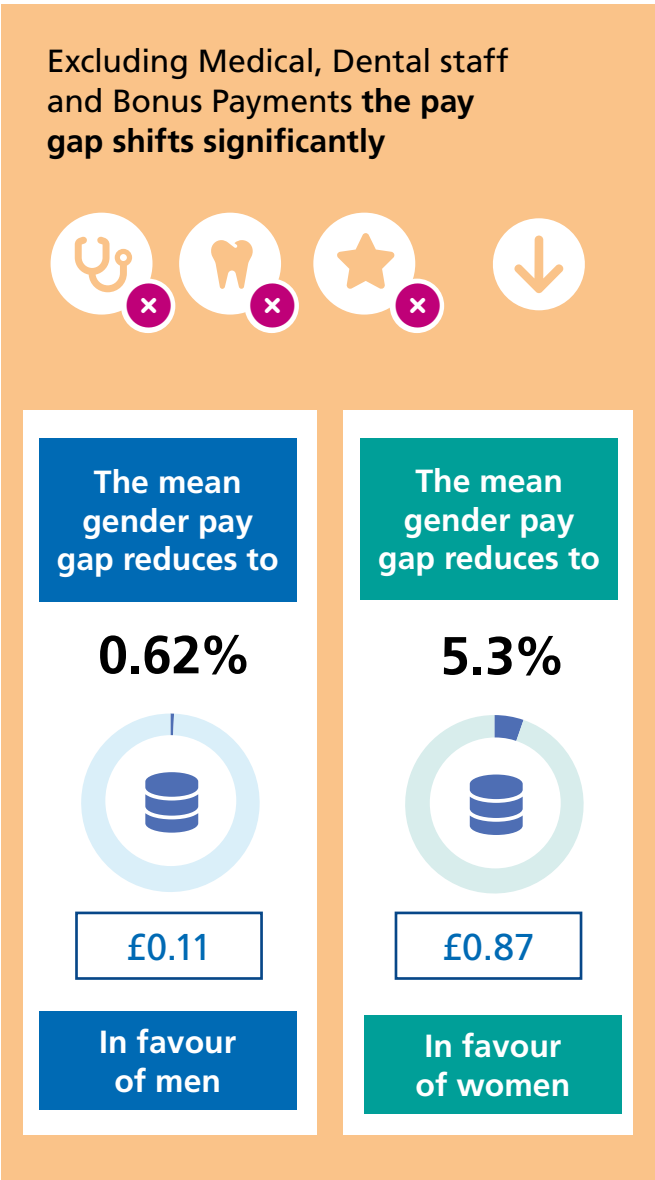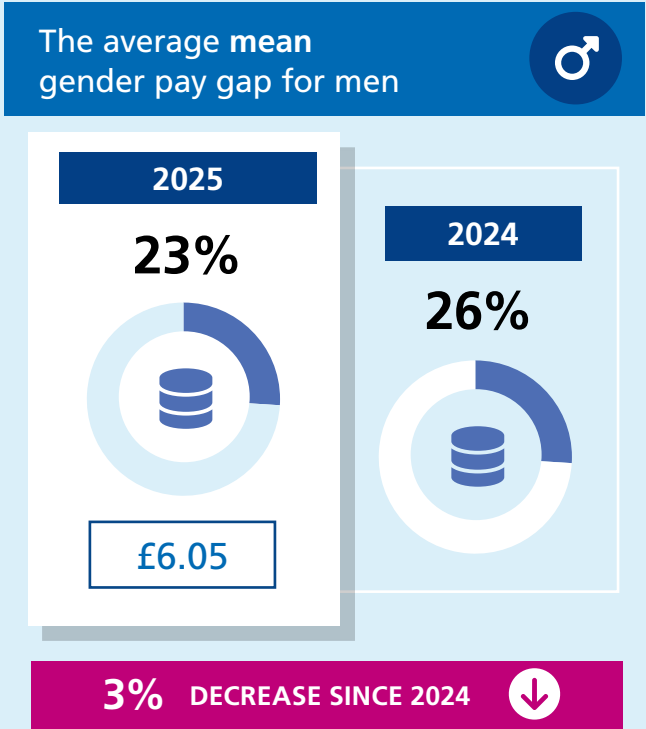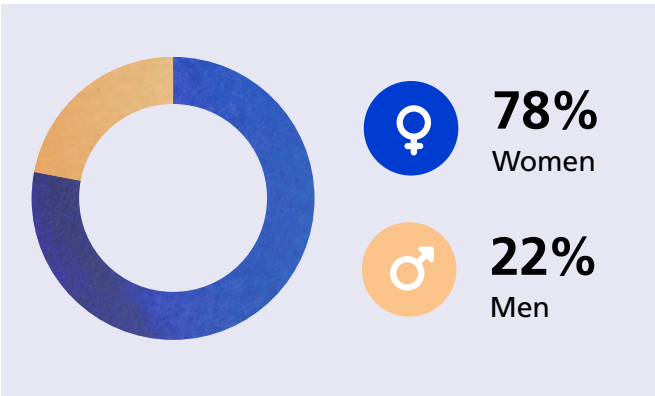▸ 9 Staff Survey Engagement Indicator

▸ 10 Board Representation Indicator

Key findings include:

- There has been a decrease of 25% of staff with an undeclared/unknown disability status. This demonstrates a large improvement in staff declaring their disability status.

- 4.92% of the Trusts staff have declared a disability, which is an increase of 1.35% since 2024.

- There has been an increase of 9 senior staff members (Band 8a+) declaring a disability, which is an increase of 1.91%. Band 9 has the highest representation of disabled staff at 14.29%.

- Non-disabled applicants are more likely to be appointed from shortlisting than disabled (relative likelihood of 1.37). This likelihood has shown a small decrease since 2024.

- Disabled staff are much more likely to enter the formal capability process than non-disabled (relative likelihood of 3.69), and this likelihood has shown a small increase since 2024.

- Disabled staff reported a decrease in experiencing harassment, bullying or abuse from patients (of 4.17%) since the 2023 staff survey.

- Both disabled and non-disabled staff reported a decrease in harassment, bullying or abuse from managers since 2023 (-1.44% and -0.77% respectively).

- There was a small reduction of 0.56% of disabled staff reporting experiences of harassment, bullying or abuse from staff.

- 50.8% of disabled staff said that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it. This is a 6.87% increase.

- There was a decrease (of 2.25%) in disabled staff reporting that they feel the Trust provides equal opportunities for career progression or promotion.

- The percentages of staff who felt pressure from their manager to come to work despite not feeling well enough has remained largely the same for both disabled and non-disabled staff (with a small 0.16% increase for disabled staff).

- 70.99% of disabled staff felt that the organisation had made reasonable adjustments to enable them to carry out their work. This is a small increase on 2023 results.

- There has been an increase of 1 board member declaring a disability since 2024.

Gender Pay Gap & Ethnicity Pay Gap

This is Gloucestershire Hospitals NHS Foundation Trust's (GHNHSFT) GPG Report, based on a workforce snapshot as of 31 March 2024. At that time, GHNHSFT employed 9192 staff, with a workforce composition of approximately 78.1% women and 21.9% men.

♀ 78% Women

♂ 22% Men

Excluding Medical, Dental staff and Bonus Payments **the pay gap shifts significantly**

The mean gender pay gap reduces to

0.62%

£0.11

In favour of men

The mean gender pay gap reduces to

5.3%

£0.87

In favour of women

The average mean gender pay gap for men ♂

2025
23%
£6.05

2024
26%

3% DECREASE SINCE 2024 ↓

The median Gender Pay Gap for men ♂

2025
17%
£3.75

2024
19%

2% DECREASE SINCE 2024 ↓

Gender Pay Gap & Ethnicity Pay Gap (continued)

When excluding Medical and Dental staff, the mean gender pay gap (GPG) reduces to 0.62% (£0.11) in favour of men, indicating near parity in average earnings, while the median GPG shifts to 5.3% in favour of women. This contrasts with the ongoing impact of Bonus payments which remain significant contributors to the gender pay gap within the Medical and Dental workforce.

Although the Trust previously operated annual local clinical excellence awards (LCEA) to reward consultants for exceptional contributions to patient care, this scheme was discontinued in 2020. The associated budget was subsequently distributed equally among all substantive consultants, regardless of their working hours. With the abolition of Clinical Excellence Awards (CEA) under the new consultant con-tract agreed in last year's pay negotiations, only a small number of consultants, fewer than 10 continue to receive national CEA. These high-value awards disproportionately affect the overall gender pay gap, particularly within the Medical and Dental staff group.

Nationally, the GPG has been gradually decreasing, falling by about a quarter over the past decade among full-time employees, reaching 7.7% in April 2023.

These regulations underpin the Public Sector Equality Duty and require relevant organisations to annually publish their gender pay gap by 30 March on their website and the designated Government website at:
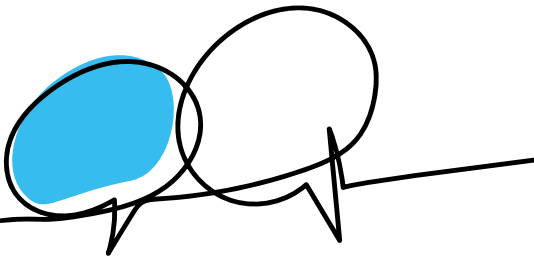
➔ www.gov.uk/genderpaygap

For the first time, the Trust also conducted an Ethnicity Pay Gap (EPG) analysis. As of 30 March 2024, 22% of staff identified as being from an Ethnic Minority back-ground. The mean EPG showed a 3.2% gap in favour of EM staff, with a median gap of 5.25% also in their favour. EM staff are more likely to undertake more unsocial shifts, such as Bank, lates, nights or weekends. Which could account for the pay gap.

While most bonus payments were awarded to White consultants (74%), EM consult-ants accounted for 23%, showing some progress in representation within senior clinical roles. These findings will help inform future actions to ensure fairness and transparency across all pay structures.
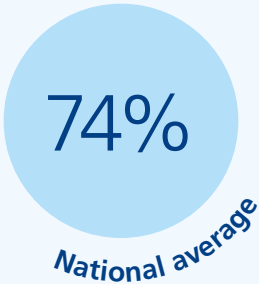
NHS National Staff Survey

There was a 65% response rate for the organisation in 2024, which is a positive outcome and can be attributed to the engagement programme, which was implemented in 2023, resulting in a Trust record response rate of 68%. The national average for other NHS Acute Trusts is 49% response rate which places us in the top 5 responding Acute and Acute Community Trusts.

The independent analysis by NHS England has noted a number of statistically significant improvements in each of the seven People Promise themes and the two themes. Although there have been improvements, including modest increases in the Net Promoter Scores, the Trust continues to trail behind national averages for the People Promise and staff engagement metrics.

There is still much to do as an organisation, despite the green shoots that show we are beginning to move in the right direction. We must not be complacent, with the focus on staff experience seen over the last two years continuing. There is an absolute commitment in creating the right culture to support this improvement.

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

65%

2023	2022
63%	63%

74%

National average

I would recommend my organisation as a place to work:

51%

2023	2022
46%	43%

61%

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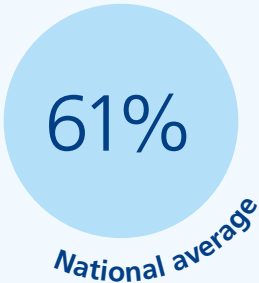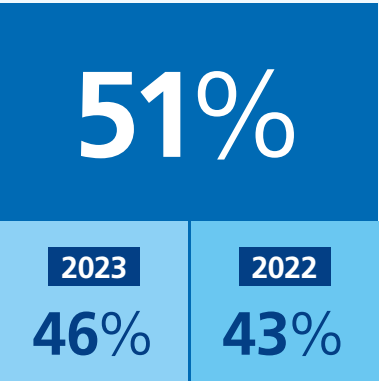
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation:

49%

2023	2022
46%	44%

62%

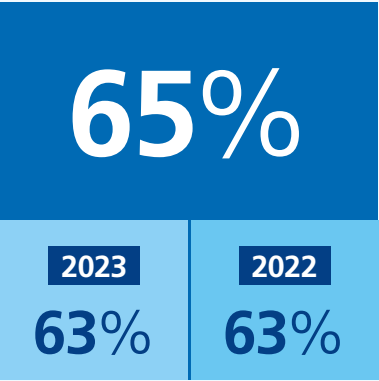*National average*
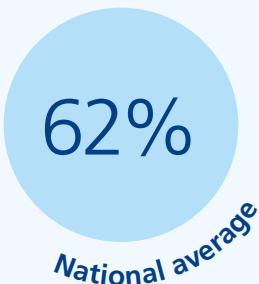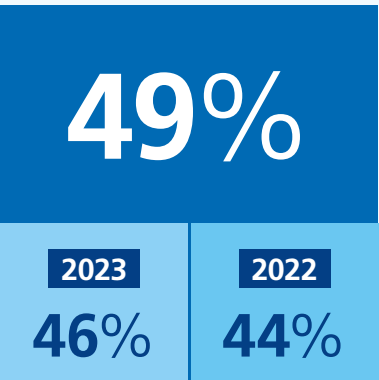
Recruitment

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1

Recruitment

This section identifies disparities of the likelihood of being appointed to a role based on identifying with a protected characteristic. A score of 1.0 means that there is no greater or lesser likelihood of someone being appointed over another. A score of more than 1.0 indicates a greater likelihood: the higher the score, the greater the likelihood.

Ethnicity

When comparing the data between White and Ethnic Minority groups, in line with our WRES submission our data indicates that White applicants are more likely to be appointed compared to BME applicants.

From application to appointment:

▶ White applicants are 15.78 times more likely to be appointed compared to Black Ethnic applicants, and 11.89 times more likely to be appointed compared to Asian Ethnic applicants.

▶ Asian Ethnic applicants are 1.33 times more likely to be appointed compared to Black Ethnic applicants.

From shortlisting to appointment:

▶ White applicants are 2.63 times more likely to be appointed compared to Black Ethnic applicants, and 1.92 times more likely to be appointed compared to Asian Ethnic applicants.

▶ Asian Ethnic applicants are 1.37 times more likely to be appointed compared to Black Ethnic applicants.

Disability

When comparing disabled and non-disabled applicants, in line with our WDES submission, the data indicates that disabled applicants are less likely to be appointed compared to non-disabled applicants. Applicants who have declared having a disability include those with mental health conditions, physical disabilities and impairments, and longstanding illness.

▶ From application to appointment, disabled applicants are 2.38 times more likely to be appointed compared to non-disabled applicants.

▶ From shortlisting to appointment, non-disabled applicants are 1.37 times more likely to be appointed compared to disabled applicants.

Gender

When comparing male and female applicants, the data indicates that females are more likely to be appointed than males. This may reflect that a large proportion of healthcare roles are historically filled by women.

▶ From application to appointment, female applicants are 2.16 times more likely to be appointed compared to males.

▶ From shortlisting to appointment, female applicants are 1.42 times more likely to be appointed compared to males.

Sexual Orientation

When comparing heterosexual and LGBTQ+ applicants, the data indicates a fair recruitment process for those who have declared their sexuality as heterosexual, non-disclosure, Gay or Lesbian, other sexual orientation and undisclosed. However, the data indicates a less equitable outcome for those who identify as bisexual. It is worth noting that the reliability of data for 'other sexual orientation' and 'undecided' is low due to very low number of applications for these groups.

From application to appointment, heterosexual applicants are:

▶ 1.86 times less likely to be appointed compared to Gay/ Lesbian applicants.

▶ 1.74 times less likely to be appointed than bisexual applicants.

▶ 2.96 times less likely to be appointed than 'other sexual orientation' applicants.

▶ Just as likely to be appointed than undecided applicants.

▶ 1.53 times less likely to be appointed than undisclosed applicants.

From shortlisting to appointment, heterosexual applicants are:

▶ 1.12 times more likely to be appointed compared to gay/ lesbian applicants.

▶ 1.27 times more likely to be appointed than bisexual applicants.

▶ 1.28 times more likely to be appointed than other orientated applicants.

▶ 2.05 times more likely to be appointed than undecided applicants.

▶ Just as likely to be appointed than undisclosed applicants.

Recruitment – EDI Focused Activity Summary

A range of targeted actions are underway to embed EDI across our recruitment processes. This includes the work of the EDI & Recruitment Task and Finish Group and ongoing positive action initiatives. Key developments include:

▶ JD/PS writing and interview training incorporating positive action principles.

▶ A review of medical recruitment processes and the Recruitment and Selection Policy

▶ Analysis of recruitment data by protected characteristics, with actions identified.

▶ Evaluation of TRAC system capabilities for capturing EDI data

▶ Planned implementation of Interview Skills Training in 2024/2025

▶ Review of the Inclusion Champion role

▶ Development of recruitment-focused eLearning

▶ Completion of Equality Impact Assessments (EIAs) across the recruitment journey, from advert to onboarding

2

Our Commitment to Equality, Diversity and Inclusion

Progress Made in 2024/25

Inclusion Champions

The trust introduced the role of the Inclusion Champion in 2022. Inclusion Champions are present on all Band 8a interview panels, with plans to review the potential for their involvement across other bands. Our focus includes actively promoting and implementing positive action to create a more inclusive and fair recruitment process. In the coming year there will be an even greater focus on our recruitment process to ensure there is diversity representation particularly in those bands where we have seen no or little progress over the past two years.

Language Guide

A new Inclusive language guide has been developed to ensure inclusive language is being used in all discussions and language adopted throughout. This guide has been extremely positive with surrounding organisation requesting to share our work.
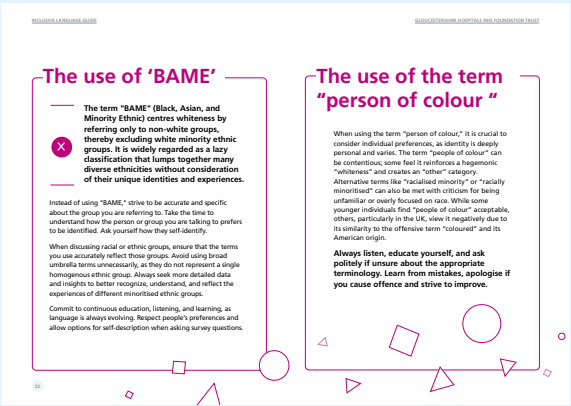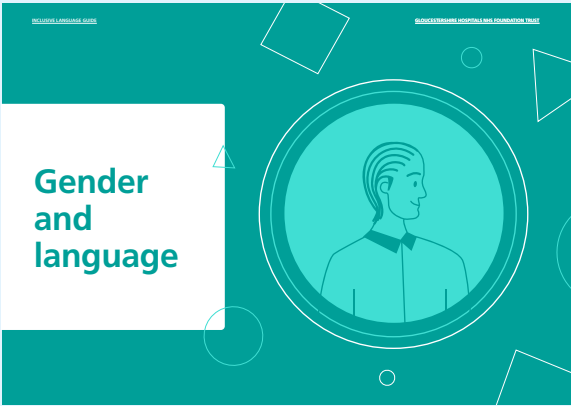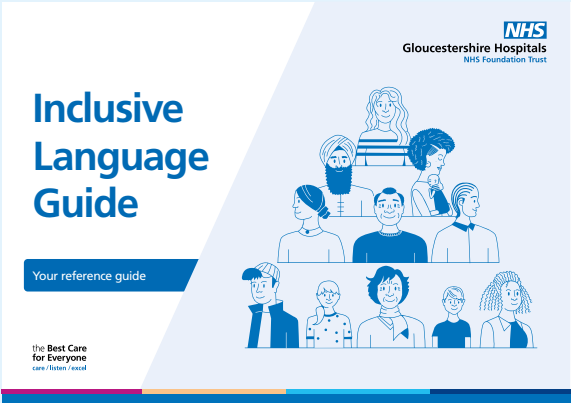
Inclusive Culture Workshops

As part of our ongoing commitment to creating a more inclusive organisation, we recently launched a pilot Cultural Awareness Programme. This initiative gave staff the opportunity to reflect, learn, and engage in open discussions on culture, identity, and belonging. The programme provided a safe and supportive space for meaningful conversations, helping to build understanding and strengthen connections across the organisation.

The session explored a wide range of topics, including culture, diversity, and inclusion; recognising and addressing bias; and understanding the legal frameworks that support inclusive practices.

Participants also engaged with concepts such as the Wheel of Power and Privilege, unconscious bias, and allyship. Developing a clearer sense of how these dynamics play out in the workplace.

By equipping staff with practical tools and real-world strategies, the workshop supported staff to take action in their own roles, challenge assumptions, and contribute to meaningful change.

 A key focus was also on building confidence to approach difficult conversations with empathy, curiosity, and kindness.

Leading For Inclusion Strategy Seminar

This year the Southwest ICB Leaders met for an all-day event to hear success stories share concerns and clarify what the strategic EDI priorities should be for the region. The seminar provided an opportunity to:

▸ Establish the right oversight for tracking progress and evaluating EDI delivery across the system.

▸ Define the requirements for EDI development in knowledge, skills, and behaviours, ensuring alignment before procurement.

▸ Explore how EDI priorities can enhance patient outcomes and better support our communities.

▸ Identify 2-3 key priorities on workforce inclusion and service delivery that align with our collective regional strategy.

Restorative, Just, and Learning Culture

Our Trust has embraced a Restorative, Just, and Learning Culture (RJLC) as a compassionate and constructive approach to responding to incidents. Rather than focusing on blame, this culture prioritises learning, support, fairness, and accountability to create a safer, more supportive working environment.

At the heart of RJLC is a commitment to:

▶ Learning from mistakes – recognising that errors can happen in any organisation, and using them as valuable opportunities to reflect, improve, and prevent recurrence.

▶ Supporting those affected – identifying who has been impacted by an incident and ensuring that they are given space to share their experiences, be heard, and receive the care and support they need.

▶ Repairing relationships – helping individuals and teams rebuild trust and restore working relationships that may have been harmed.

▶ Ensuring accountability – taking responsibility for actions in a fair, transparent, and proportionate way, using structured steps to guide the process when appropriate.

We have trained staff available to support teams in using this approach. They are there to guide conversations, provide reassurance, and help ensure that responses to incidents are handled in a way that is respectful, balanced, and focused on learning.

International Women's Day

To celebrate International Women's Day, we invited staff to nominate a woman within the Trust who has inspired them through her leadership, contributions, and unwavering commitment. We were humbled and uplifted by the overwhelming response, seeing 54 women in our Trust nominated. Each one recognised for making a meaningful impact in their unique way.

Building on this celebration, we are proud to announce the launch of our new Women's Network in April 2025. This network will provide a dedicated space for women across the Trust to connect, share experiences, advocate for gender equity, and empower one another to achieve their full potential. It will be a place where we can continue to elevate the voices of women, drive forward initiatives for equality, and ensure that our staff have the tools and support they need to succeed in their careers.

NHS Gloucestershire Hospitals NHS Foundation Trust

Join our new

Women's network

The Women's Network is here to celebrate, support and empower our colleagues at every stage of their careers.

By working together we can foster an inclusive and thriving workplace where everyone feels valued, connected and supported in achieving their ambitions.

Search
'Women's network' on the intranet to find out more

Or scan the QR code opposite with a smart phone

Black History Month Conference 2024: Reclaiming the Narrative

To mark Black History Month 2024, we held a powerful and transformative conference focused on this year's theme: 'Reclaiming the Narrative' The event was a pivotal moment for bringing staff together.

We were honoured to welcome an exceptional lineup of keynote speakers, including Dr. Claire Radley, Director for People; Patricia Miller, CEO of the Integrated Care Board (ICB); and Olga Leach-Walters, West Midlands Representative for the Royal College of Nursing (RCN). Their reflections on leadership, representation, and the systemic changes required to ensure ethnic minority voices are heard and valued were both insightful and inspiring.

Our CEO took the time to engage directly with attendees. His presence and willingness to listen, reflect, and explore actionable steps demonstrated a genuine commitment to addressing disparities.

Building on the momentum of the conference, we have already held two follow-up events, extended the conversation, and deepened the exploration of solutions. These sessions have allowed participants to delve into specific themes, shape future strategies, and continue the important work of promoting Equality, Diversity, and Inclusion.

Black History Month

In addition to the conference, staff enjoyed lively music and a delicious selection of Caribbean and African dishes in our restaurants. This event offered a chance to experience traditional, culturally rich food and celebrate our diverse heritage. Many African staff, joined by supportive allies, wore traditional clothing, adding colour, joy, and pride to the day.

The Blood Transfusion team also played an essential role during this event by raising awareness about the urgent need for more Black blood donors. Because certain blood types are more prevalent in Black communities, ensuring a diverse and inclusive pool of donors is crucial for life-saving matches. 33 new donors signed up on the day.

As part of the celebration, the community came together to honour the achievements of Black and minority ethnic women with the inspiring 'Saluting Our Sisters' exhibition. The exhibition celebrated the significant contributions of some of the women in our organisation, with several of them being honoured for their dedication, leadership, and impact.

Disability Conference

In December we held our first-ever disability conference. While attendance was modest, the event proved to be incredibly productive, offering a powerful platform for open and honest discussions about the challenges faced by staff with disabilities and long-term health conditions.

Staff courageously shared the barriers and highlighted the opportunities for improvement within our organisation.

As a direct result of these conversations, we are committed to reviewing and improving our current processes. Our priorities moving forward include:

▶ **Access to Work Funding**
We are simplifying the process for staff who require financial assistance through the Access to Work scheme, ensuring that they can access the support they need quickly and without unnecessary delays or complications.

▶ **Strengthening the Reasonable Adjustments Process**
We are working to make the implementation of reasonable adjustments in the workplace more efficient and effective, ensuring that staff can easily access the tools, adaptations, and accommodations they need to perform their roles to the best of their abilities.

▶ **Promoting Awareness and Advocacy**
We recognise that fostering a culture of awareness and ongoing conversation around disability and long-term health conditions is key. We are committed to ensuring that all staff feel comfortable discussing their needs, seeking the support they deserve, and advocating for positive change within the organisation.

Celebrating Ramadan Across the Trust

This year, the Trust proudly celebrated the holy month of Ramadan with two special events held on both sides of the organisation. These gatherings created an opportunity for staff to come together in the spirit of learning, reflection, and community.

Staff shared insights into the significance of Ramadan, highlighting its focus on spiritual growth, compassion, and self-discipline.

Both events saw a good turnout of staff members attending and showing their support. It was heartening to see staff of all backgrounds engaging in open conversations, asking questions, and learning more about the practices and values observed during Ramadan.

Christmas Celebration with Widden School

Once again, Widden Primary School visited the hospital to bring some festive cheer through carol singing. This year, their performance took place in the staff restaurant, as the children wanted to sing specifically for our hardworking hospital staff. It was a heartwarming and thoughtful gesture that was warmly received by all who attended.

The catering team in Fosters went above and beyond to make the children feel welcome, transforming the space into a delightful setting reminiscent of a festive afternoon tea. After the performance, the children were treated to drinks and cake, adding a special touch to the experience, and showing just how appreciated their efforts were.

More than just a festive visit, this was also a valuable opportunity for the children to engage with positive role models within the hospital setting. In line with the "See One, Be One" ethos, the visit gave the children a glimpse into the diverse and impactful roles within healthcare, inspiring them through meaningful interaction and appreciation.

Deaf Awareness Week

As part of Deaf Awareness Week, we were proud to celebrate the incredible work and contributions of Shananne Squire, one of our valued staff member who is Deaf.

To mark the occasion, we produced a vlog featuring Shananne, in which she shared her personal experiences and insights. The vlog also included contributions from two of our Executive Team members, Mark Pietroni, Director for Safety, Medical Director & Deputy Chief Executive and Kaye Law Fox, Chair of Gloucestershire Managed Services (GMS)

The experience was not just a celebration of Deaf Awareness, but also a demonstration of the impact that learning and embracing BSL can have in fostering a more inclusive and supportive environment.
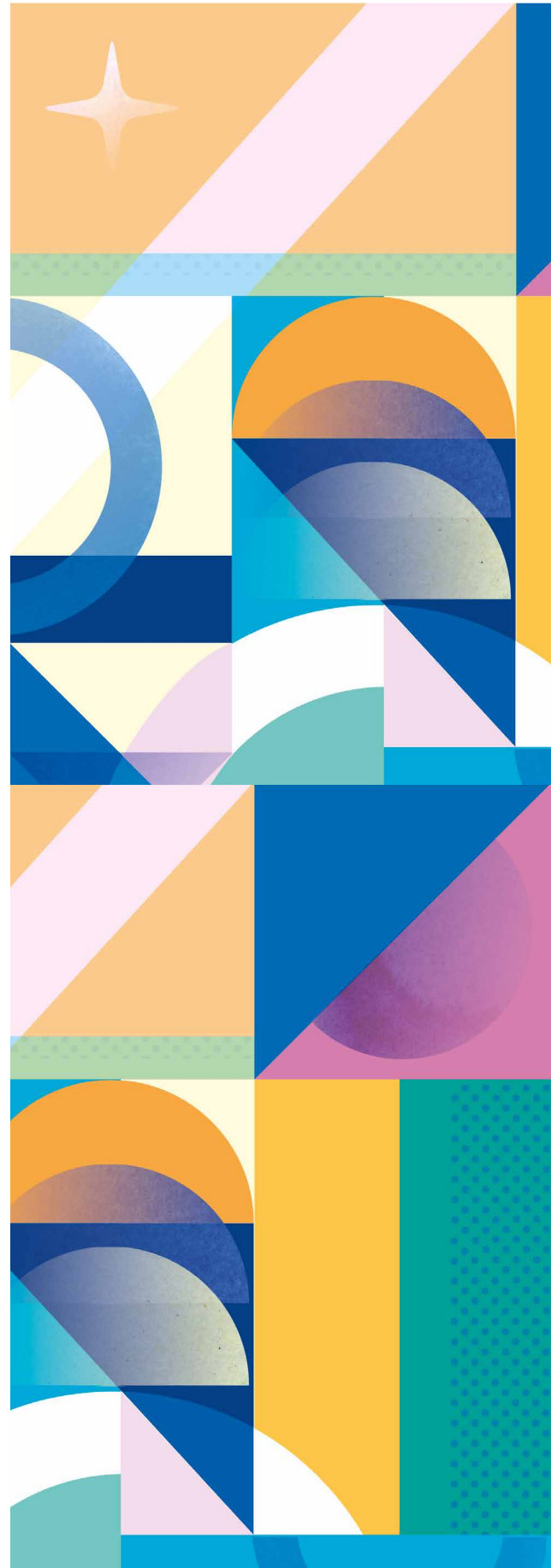
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For the Year ahead 2025/2026
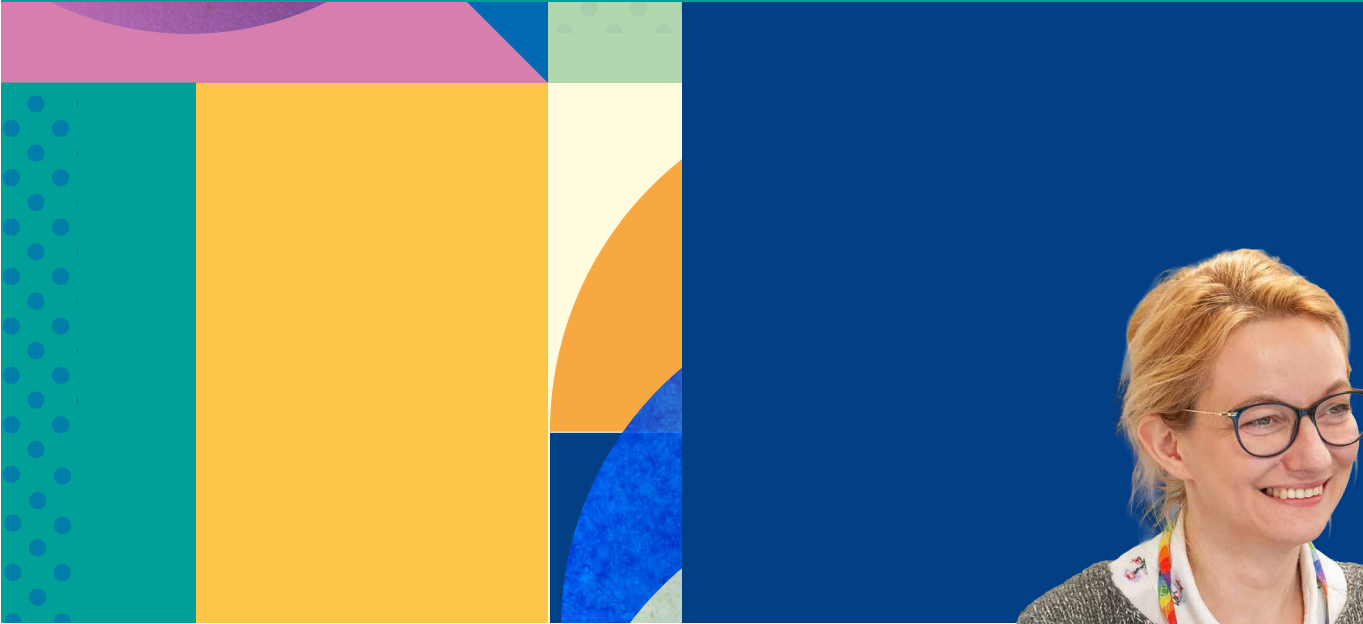
Equality Diversity & Inclusion Link Ambassadors

We will be introducing the role of equality, diversity, and inclusion Link Ambassador (EDILA) to increase awareness and engagement with EDI initiatives across all departments in the Trust. EDILA representatives will receive training and have regular touchpoints with the EDI Team throughout the year. The role also supports personal development by offering opportunities to attend key Trust meetings and contribute to inclusive practices within their areas.

Inclusion Champions

We are working to increase the number of Inclusion Champions taking part in interviews at Band 8A and above. As part of this, we're developing dedicated training to support more inclusive recruitment across the Trust.

The training will help staff build the awareness, confidence, and understanding they need to take part in recruitment panels. Inclusion Champions will play an important role in promoting fairness, challenging bias, and bringing a range of perspectives to the decision-making process.

EDI Interview Questions

We are creating a central bank of EDI interview questions to ensure consistent and inclusive recruitment across all roles. These questions will assess candidates' commitment to diversity, inclusive behaviours, and the values that guide their actions, helping embed EDI at every stage of the recruitment process.

EDI Board Development Programme

We are in the final stages of launching a potential 12–18-month EDI Board Development Programme. A structured initiative designed to strengthen inclusive leadership at board level. This programme will focus on deepening understanding of EDI principles, addressing systemic inequities, and embedding inclusive governance practices.

Once underway, it will support our Board in placing inclusion at the heart of strategic decision-making and organisational priorities. The programme will also connect closely with our Inclusion Network and ensure EDI activities are fully integrated across all areas of the Trust.

Reciprocal Mentoring Programme

There are plans to relaunch a further Reciprocal Mentoring Programme. This time, we're excited to broaden participation beyond our executive team to also include members of our senior leadership team and, for the first time, some of our medics.

Access to work Research Project

As part of our ongoing commitment to improving disability, we will be undertaking a research project aligned with the Access to Work. This project will involve benchmarking our current practices against those of other organisations, allowing us to identify areas of good practices and where we will need to make improvements in our disability support.

By exploring a wide range of external examples, we aim to gain a clearer understanding of what truly works. We will be working closely with our department managers to get a clearer picture of what the challenges are.

Training and Development

We plan to launch a range of training and development initiatives designed to empower our workforce and support career progression at every level. These initiatives include Interviewing with Impact, structured Managers Development Programme, and Inclusion Champion training.

Revised Job descriptions

We will launch a new co-designed job description template for each staff group across the Trust. The templates have been developed to reflect our current recruitment messaging, branding, and values.
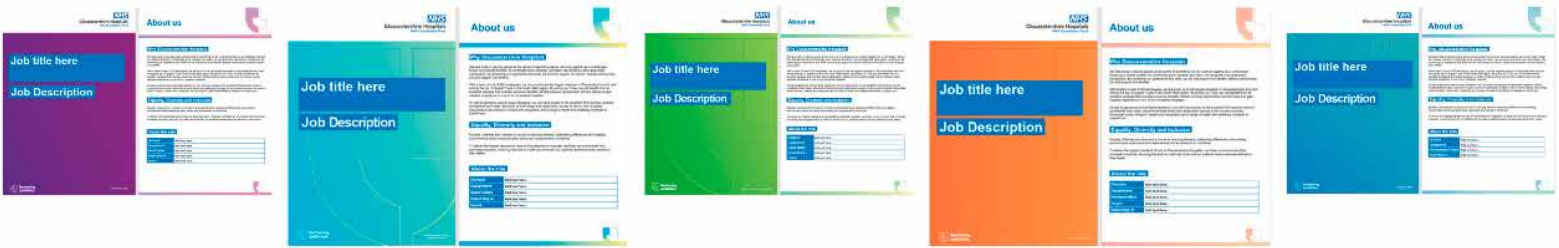
Podcast

To ensure we are engaging a broad range of our staff, we will be launching a new podcast series throughout the year. This is an exciting way to connect with more people across the organisation, offering flexibility for staff to listen whenever and wherever it suits them.

As part of this series, we'll be exploring important conversations such as disability, race etc. amplifying lived experiences, breaking down misconceptions, and opening dialogue across our teams in a more personal way.

Interviewing with Impact Workshops

We will be launching our Interviewing with Impact workshop. An initiative designed to give staff the tools, confidence, and support they need to shine in interviews.

Alongside this, the Equality, Diversity, and Inclusion team have been offering one-to-one interview coaching for staff who benefit from a little more personalised support.

➔ Click here to watch the Mental Health in Profile podcast series
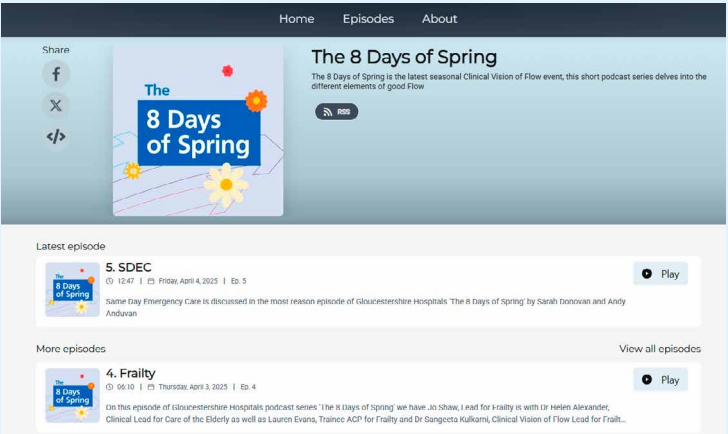
➔ Click here to watch the 8 Days of Spring podcast series

Education and Learning

Safe Learning Environment Charter and Partner

We are actively embedding the principles of the Safe Learning Environment Charter to support the development of a positive safety culture and continuous learning across all our learning environments.

Anti-discrimination Workstream

We are working to tackle all forms of discrimination, including those related to race, gender, disability, and sexual orientation. Our focus is on ensuring our policies are current and clearly support the raising of concerns around discriminatory behaviour. We're increasing awareness, delivering targeted training, and making it clear that discrimination will not be tolerated in any form.

We are also reviewing and improving how staff report staff-to-staff discriminatory behaviour, ensuring that the support offered afterwards is effective and compassionate. As part of this, we are embedding a Restorative, Just and Learning Culture to help us respond to incidents in a way that promotes accountability, learning, and meaningful change.

Report, Support and Learn

The Trust has recently invested in a reporting software that will enable colleagues to report events of staff-to-staff discrimination, bullying, harassment, sexual misconduct, and incivility.
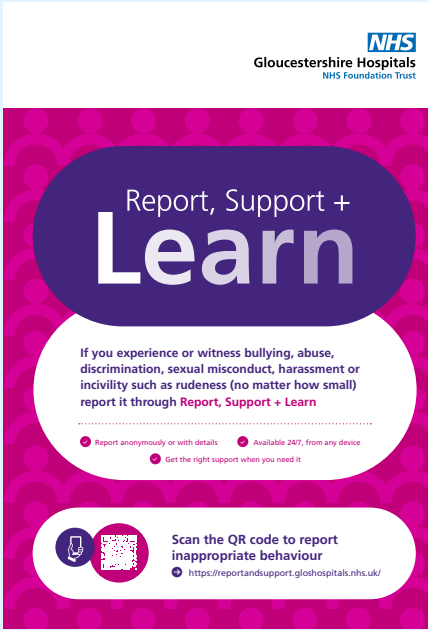
Sexual Safety Charter

We have signed up to the NHS Sexual Safety Charter, reaffirming our commitment to eliminating sexual misconduct across our organisation. As a result, we have brought our related initiatives together under the umbrella of the Inappropriate Behaviour Campaign, ensuring a more coordinated and visible approach. This campaign sets out clear standards and consequences for inappropriate behaviour, while also providing dedicated resources and support for those affected. Through this work, we are creating a safer, more respectful environment for all.

System Partnership

This summer, we will be hosting a System-wide Leadership Conference titled *Anti-Racist Leadership Practice in Action: Question, Learn, Practise, Transform.*

The conference is a response to staff requests for support in building the knowledge, skills, and behaviours needed to actively tackle racism and embed antiracist thinking into leadership and decision-making. The day will focus on helping participants critically reflect on their leadership experiences and better align their practices with antiracist values. The aim is to equip leaders with the tools to drive lasting change and to support others in doing the same.

We are also honoured to have Tracie Jolliff, the recognised lead for equity, inclusion, and system transformation, who will be joining us to share her expertise. Her insights will be a valuable part of the day's programme, helping to shape meaningful conversations and inspire action.

Staff Advice & Support Hub:

Within the Trust, we seek to understand and support staff wellbeing in three different ways:

1. How is the wellbeing of staff?

2. How do staff perceive the culture of wellbeing at the Trust?

3. What is staff usage and experience of the wellbeing support offer in place?

These three elements of wellbeing provide us the opportunity to determine what we know from available intelligence, and where the challenges are.

What we know

1   How is the wellbeing of staff?

It is important to acknowledge that available data is extracted from different sources, with varying quantities available. However, the available data sources do support the indication that there are significant concerns about the well-being of staff at the Trust.

▸ 'Anxiety, stress, depression, & other psychiatric illnesses' (S10) is year on year the highest absence reason and is on average double the amount of the next highest sickness reason.

▸ In 2024, 26,327 FTE days were lost due to S10; equating to £2,258,857 – based only on the national minimum wage of £11.44/hour during the reporting period.

▸ Also in 2024, combined MSK codes equate to 18,288 FTE days lost.

▸ In 2024, the NHS Staff Survey was completed by 5,522 staff at the Trust. Of those, there are…

- 41% of staff experiencing work-related stress (2,264 staff).

- 29.4% of staff experiencing work-related MSK issues (1,623 staff).

- 53.8% of staff reporting presenteeism behaviour (2,970 staff).

What this data does not tell us is what the causes are, and what the appropriate solutions might be. Variables which contribute to a person's wellbeing are incredibly broad, and concern both work and personal factors.

Staff Advice & Support Hub:

What we know

2 How do staff perceive the culture of wellbeing at the Trust?

Available data indicating staff attitudes to the wellbeing culture at the Trust, seems to suggest that a significant proportion of staff feel there are improvements needed in the Trust's culture of wellbeing, and the approach of line managers in supporting wellbeing.

▸ In 2024, the NHS Staff Survey was completed by 5,522 staff at the Trust. Of those, there are…

- 18.36% of staff do not feel the Trust takes positive action on health & wellbeing (1,022 staff).

- 13.6% of staff do not feel their line manager takes a positive interest in their health & wellbeing (759 staff).

Whilst a small sample size, the data available from the Trust's internal Wellbeing Survey identified trends in contributing factors to negative wellbeing in the workplace, and these fit with anecdotal feedback. There is an opportunity to utilise this survey again in 2025 to try to better understand this area and inform appropriate actions.

Staff Advice & Support Hub:

What we know

3

What is staff' usage and experience of the wellbeing support offer in place?

Given the prevalence of wellbeing issues in staff, usage of the available offer appears lower than would be anticipated. There is not currently an agreed standardised mechanism for reporting on uptake and impact data across the services which make up the wellbeing offer. Developing this, forms one of the key actions for 2025.

A summary of the wellbeing offers:

The workplace wellbeing offer is comprised of the following services:

▸ **Staff Advice and Support Hub:**
Available 9-5, Monday-Friday; providing support and signposting for issues relating to the physical or psychological wellbeing of staff. In 2024, there were 2,772 contacts from staff utilizing services provided by the Hub; such as 1:1 support, team awareness sessions, Menopause workshops, and manager training. The Hub also coordinates the Wellbeing Champion network.

▸ **Employee Assistance Programme (EAP) provided by VIVUP:**
Offering 24/7 'in-the-moment' support and 6x sessions of telephone counselling. In 2024, there were 212 contacts from staff utilizing these services.

▸ **Staff Psychology Service:**
The Staff Psychology Service offers 1:1 support for individuals and managers, trauma focused therapy for work related trauma, team interventions such as decompression groups, reflective practice and Compassion Focused away day support. The service provides specialised training such as 'Compassionate Resilience' workshops, 'Supporting Managers' workshops, hot and cold debrief training as well as bespoke teaching sessions for junior doctors and staff teams.

▸ **Occupational Health:**
As seen above in section 'Occupational Health'.

▸ **Other in-house support options:**
In addition to the support options already named, there are many roles across the Trust which directly support the wellbeing of staff; including Legacy Mentors, Professional Nurse Advocates, Professional Midwifery Advocates, Peer Support Advisors. Further, the work of the Library and Knowledge Service, and the Spiritual Care Team also contribute to the wellbeing offer.

Staff Advice & Support Hub:

Key progress in 2024

In 2024, the approach to workplace wellbeing at the Trust has progressed in multiple areas in line with the 2024 Wellbeing Strategic Action Plan; however, there are three specific areas where work has focused:

1. Opportunity to improve governance and accountability around workplace wellbeing; apparent through the absence of scheduled stakeholder meetings, and a single strategic plan.

   Progress in 2024 to address this included: Formation of Wellbeing Steering Group; design of Wellbeing Strategic Action Plan; identification of Divisional Wellbeing Leads; utilisation of multiple task-finish groups to promote collaboration.

2. Inconsistent staff awareness of the wellbeing offer; apparent through low uptake figures, anecdotal feedback, and Trust Wellbeing Survey data.

   Progress in 2024 to address this included: growing the network of Wellbeing Champions from 40 to 170; re-designing the wellbeing intranet site; creating a wellbeing booklet and wellbeing lanyard cards to enhance access for non-computer users; introducing weekly 'Wellbeing Wednesday' videos; walk-arounds to promote the offer; the launch of a 'Take a break' campaign, supported by Divisional pledges.

3. A need to enhance Manager skills in supporting wellbeing of employees; apparent from results from the 2023 NHS Staff Survey, and the Trust's internal Wellbeing Survey, which indicated a lack of satisfaction with managers supporting wellbeing.

   Progress in 2024 to address this included: Launch of manager training for supporting wellbeing, which has so far been delivered to 180 Managers, and evaluated to show positive impact; launch of 'Wellbeing Conversation guides'; launch of a suicide prevention toolkit; development of a Reasonable Adjustments Policy and Purple Passport resource; launch of Menopause guidance for managers.

In addition to these developments, other successes include the introduction of free weekly yoga sessions, recruitment to a Wellbeing Nurse role to deliver free physical health checks to staff to help address health inequalities, launch of an internal wellbeing survey to engage and learn from staff, delivery of wellbeing training and learning events, and collaboration with the ICS Health & Wellbeing Group.

Staff Advice & Support Hub:

Focus for 2025

1. Improve the use of data, KPIs and reporting, to support the three elements of wellbeing (staff wellbeing, perception of a wellbeing culture, and engagement and experience of the wellbeing offer).

   Planned activity for 2025: Re-design of the Trust annual Wellbeing Survey; developing wellbeing metrics and KPIs; exploring use of new impact measures to understand service-user satisfaction; seek to work with Divisional Tri's/Quad's to support them in identifying and delivering divisional wellbeing goals; identify a Trust-wide Wellbeing Guardian to provide a necessary two-way information path with the Board of Executives; ensure wellbeing data is effectively reported within appropriate forums.

2. Continued development of line managers, to build confidence and competence in supporting wellbeing.

   Planned activity for 2025: Embedding the evaluated wellbeing training content within the new Manager Development Programme; embedding wellbeing conversations within the new appraisal process; supporting Managers to identify and support wellbeing needs of staff, through the use of the new Report, Support and Learn system.

3. Enhancing utilisation of the wellbeing offer and understanding and addressing areas of inequity.

   Planned activity for 2025: Utilising task groups and the Inclusion Network to explore and understand variation of accessibility across different staff demographics; review of the provision of the physical and mental wellbeing support provided by external providers; introduction of free, onsite physical health checks, with emphasis on addressing health inequalities.

Staff Psychology Service

The Staff Psychology Service (SPS) was initially launched following the pandemic in October 2020. Then, it consisted of a six-month, 0.5 WTE 'Psychology Link Worker' role. In 2021-22, additional investment had been secured using the Charities Together funds combined with staff support vacancies in the Clinical Health Psychology team. To provide an integrated staff wellbeing agenda, the SPS became situated within the People & OD department and was delivered in partnership with existing health and wellbeing offers from the 2020 Hub and the Leadership & OD team. In 2023 the SPS was made substantive and moved back to sit under the professional line management of the Chief Psychological Professions Officer but maintains existing links to the wider People & OD wellbeing initiatives.

Current service provision:

▸ The SPS provides 1-to-1 trauma-focused support for individuals and consultations for managers.

▸ The service offers a range of team interventions such as psychological debriefs, compassion focused away day support and bespoke teaching sessions.

▸ In collaboration with the patient safety team, the team also deliver hot and cold debrief training.

▸ The service provides specialised training such as a 'Supporting Your Wellbeing' workshop and a 'Compassionate Resilience' workshop.

▸ In addition, the team offers weekly online mindfulness sessions available to anyone working within the Trust.

Across the last 12 months there has been a total of

1712

direct points of contact with staff who have accessed support from the SPS

Staff Psychology Service

1712 direct points of contact over the last 12 months includes:
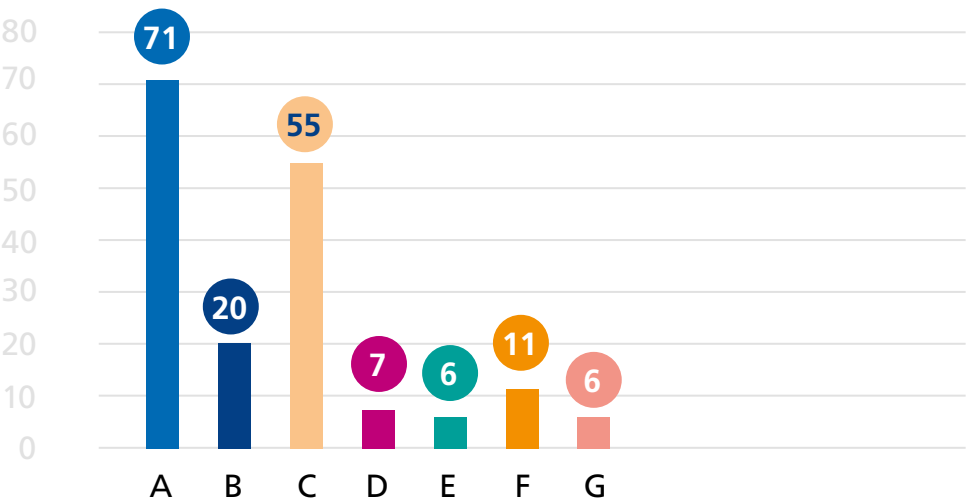
A.   71 staff self-referring for individual support, averaging 6 per month.

B.   20 reflective group sessions, with 138 staff in attendance

C.   55 compassion focused teaching sessions, with 849 staff in attendance

D.   7 Supporting Wellbeing workshops, with 63 staff in attendance

E.   6 Compassionate Resilience workshops, with 63 staff in attendance

F.   11 Hot debrief training sessions, with 127 staff in attendance.

G.   6 Cold debrief training sessions, 157 staff in attendance

Staff Psychology Service

Tree of Life Workshops

We had the privilege of participating in the Tree of Life workshops, led by the Staff Psychology Service, which provided a nurturing space for members of the network to reflect on and share their unique experiences and strengths. Rooted in a Zimbabwean healing tradition, the workshops used storytelling and creative drawings to guide each of them in creating their own "Tree of Life." These personal trees were then brought together to form a collective "forest," symbolising the strength they share in unity.

In the second session, they reflected on the challenges—the "storms"—that they had faced, such as racism and social unrest. Together, they discussed the ways in which they can remain true to their values while navigating these difficult experiences. These powerful conversations not only helped build resilience but also fostered a deep sense of connection and empowerment.

Through these workshops, they gained a renewed sense of strength and solidarity. It was a valuable opportunity to explore their personal journeys while supporting each other in a shared commitment to growth and inclusion.

The Inclusion Network

We are incredibly proud of the strength and growth of our Inclusion Network, which plays a central role in championing equity, diversity, and inclusion across our organisation. Currently, our network is made up of three vibrant and active subnetworks, each dedicated to amplifying the voices and experiences of staff from different backgrounds and communities:

> Over the past 12 months, our Inclusion Network has seen exceptional growth, with membership now exceeding 500 members.

Intranet:
We plan to refresh our intranet page to include more detailed information about the work we are currently doing, as well as our future plans.

We have also, created new Equality, Diversity, and Inclusion (EDI) leaflets, which are being distributed in staff areas to raise awareness and reinforce our commitment to EDI and what it represents.
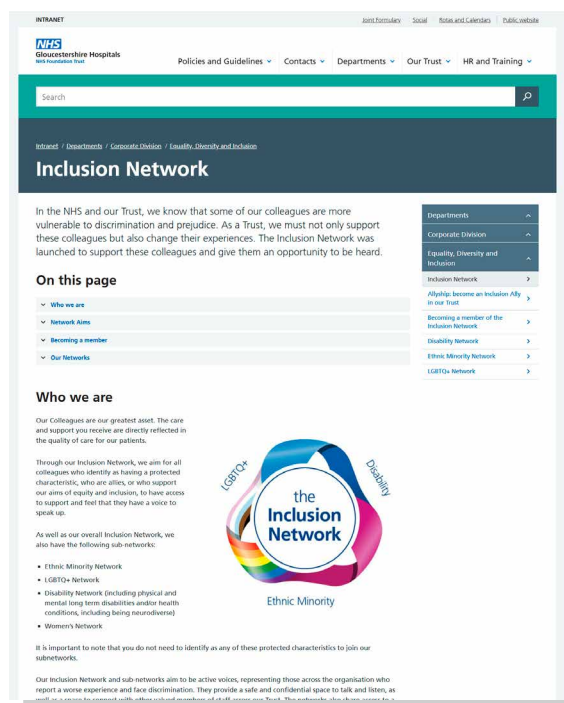
The Inclusion Network

Disability Network:
Advocating for staff with disabilities and long-term health conditions by promoting greater accessibility, reasonable workplace adjustments, and raising awareness of the barriers they may face.

LGBTQ+ Network:
Creating a safe, inclusive, and empowering space for Lesbian, Gay, Bisexual, Transgender, Queer, and other identities, while encouraging visibility, allyship, and meaningful conversations across the Trust.

We were thrilled to install a new rainbow pedestrian crossing at both Cheltenham General Hospital and Gloucester Royal Hospital to celebrate and show our support for the LGBTQ+ community. These vibrant crossings, reflecting the colours of the rainbow flag, stand as a visible symbol of solidarity with our LGBTQ+ staff, patients, and the wider public.

Ethnic Minority Network:
Driving forward race equality, improving representation, and fostering cultural awareness, with a clear focus on dismantling barriers and ensuring all ethnic minority staff are supported and valued.

Building on this momentum and the passion of our staff, we are thrilled to announce the launch of the women's subnetwork.

Spiritual Care Team (Chaplaincy)

The Spiritual Care team supports patients and their carers at some of life's most difficult points including End of Life and pregnancy Loss.   Support is provided in a sensitive, open, and confidential manner, seeking to help people reflect on their lives and find strength, comfort and meaning. Staff, either as individuals or as groups and departments, are also able to access the department's support. This is often in the context of bereavement where a staff group, perhaps unable to attend a colleague's funeral, are able to gather in a hospital chapel for a time of remembrance and storytelling.

The chapels and prayer rooms are an important aspect of the department's work, providing safe and quiet places of retreat. Many staff start or end their shifts by pausing in the chapels for prayer and reflection. And, like the chaplaincy service itself, these spaces remain open 24/7.

The team is increasingly diverse to reflect the religious and cultural profile of the county and has actively recruited new volunteers to fulfil this ambition. The volunteer team includes members of world faiths along with humanists and pagans. So, while most people in Gloucestershire would default to a basically Christian viewpoint, the team aims to be able to give appropriate support across the religious spectrum.

As well as delivering spiritual, religious, and pastoral care directly, the department is engaged in other initiatives across the trust: these include the programme to welcome international nurses, leading Schwarz Rounds and the organisation of seasonal events such as Remembrance Day.

Veterans and Armed Forces Work

The Armed Forces Covenant is a statement of the nation's moral obligation to the Armed Forces, ensuring fair treatment for those who serve or have served, and their families. This is a legal obligation on specific public bodies, including the NHS, to consider the principles of the Covenant when making decisions and providing services related to healthcare, education, and housing. The Armed Forces Act 2021 introduced this legal duty, making it a statutory obligation. This legal obligation means that when we have 'due regard' for Armed Forces personnel and their families when planning our services or implementing care for our patients.

We do this by identifying our Veterans, Serving and Armed Forces families on our patient administration system within our outpatient and in-patient settings. Our nursing in-patient documentation also identifies and reports Veteran and Armed Forces personnel. In 2025/6 we anticipate a new version of the General Practice information system passing the Armed Forces and Veteran status automatically through patient information systems. This means we will more accurately identify where our patients are in our system and be able to prevent disadvantage.

We have increased our training for Armed Forces Champions and have two champions in our Patient Advice and Liaison Service (PALS), who are the first point of contact for patient compliments and concerns. We had a lovely compliment from a Veteran who was most impressed with his care in the orthopaedic department after a significant motorbike crash with serious injuries. Our PALS champions might discuss more complex patients with our Armed Forces Lead and a referral to the Defence Medical Welfare Service was made for one of our patients, for complex care needs. Similarly, we have been able to signpost Armed Forces personnel who are struggling to find a dentist, orthodontist and options for a quick CT scan.

Veterans and Armed Forces Work

Although the Armed Forces Covenant is not legally binding for employees, we have set up an Armed Forces Network to improve both our patient and staff experience, by increasing awareness of Armed Forces needs and referral pathways. We work with ICB and GHC colleagues and have presentations from significant stakeholders such as the local RAF Association Lead, as our Veteran work can be focussed on the Army. One of our network colleagues presented to the NHS Employers Community Connect webinar, presenting on the mutual benefits of working in the NHS as an IT consultant and as an Army Reserve person in the Royal Wessex Yeomanry cavalry regiment. We use our X social media site @GlosAFA linked to our intranet and internet pages for advertising Armed Forces and Veteran events such as Armed Forces Breakfast Clubs and the Pop-Up Forces Hub in Gloucester city centre. We advertise significant events such as commemorating the Falklands War and signposting to the Royal British Legion assistance for justice for our LGBT Veterans who were dismissed from the Service due to the Armed Forces Act prior to January 2000.

Our new Chief Executive re-signed our pledge to the Armed Forces Covenant during Armed Forces week 2024, and led one of our two very popular Remembrance Services, please see the pictures on the previous page.

4

Patient and Carer Experience
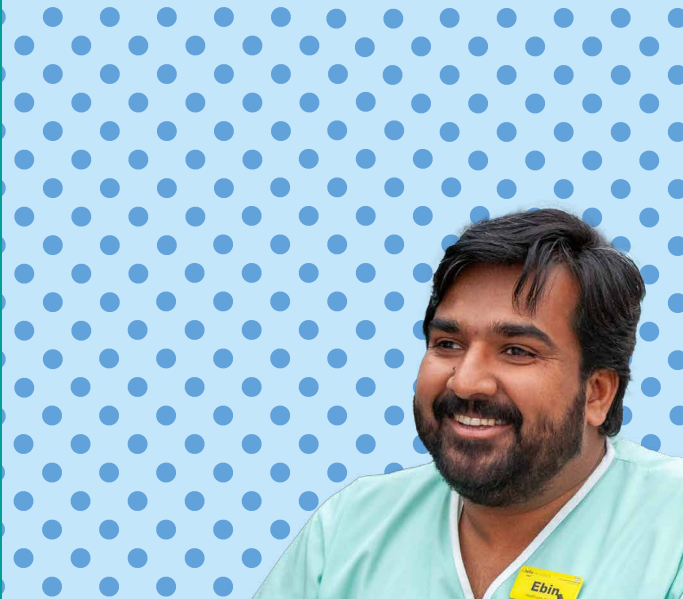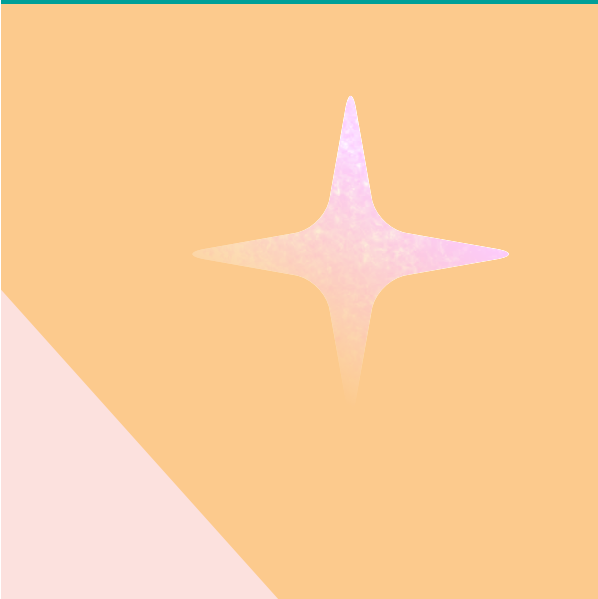
Executive Summary

This part of the report evaluates the effectiveness of Gloucestershire Hospitals NHS Foundation Trust in promoting equality, diversity, and inclusion (EDI) within patient and carer experiences.

Our organisation is committed to EDI, guided by legislation such as the Equality Act 2010 and the Accessible Information Standard, alongside frameworks like the Care Quality Commission (CQC) assessments. Our Trust actively collects demographic data through various avenues, including patient surveys and assessments, allowing us to understand the diverse needs of our patients better. However, challenges remain in capturing full demographic information, particularly regarding protected characteristic groups, which impacts our ability to identify and address health disparities effectively.

Feedback from patients and carers indicates that those with disabilities and long-term health conditions report lower satisfaction levels compared to those without. Additionally, our surveys reveal underrepresentation from patients in economically deprived areas. Where we have gaps, we utilise alternative methods to engage with these communities and understand their experiences.

Engagement initiatives, such as the Young Influencers Programme and the Accessibility Panel, have shown the importance of involving local communities and tailoring services to meet the needs of those using the services. This report also highlights several key projects aimed at improving patient and carer experiences, such as the introduction of accessibility maps and the integration of youth workers into our Children's Ward.

Looking ahead, we recognise the need to improve our data collection methods and increase insight capture to ensure all voices are heard. Planned improvements include the development of more accessible feedback channels and continuing to build on an already successful engagement programme. We use continuous evaluation and partnership working to build on work already done to increase the equity and inclusivity of our services.

Background

National policy and context

The NHS approach to promoting equality, diversity and inclusion in the delivery of its services to patients and carers is supported by several key pieces of legislation including:

- Equality Act 2010
- Public Sector Equality Duty
- Accessible Information Standard (2016)
- NHS Constitution

Additionally, the Care Quality Commission (CQC) assessment framework contains five key questions, each supported by quality statements. These quality statements are the commitments, we, as a provider, should meet. These quality statements are presented as 'we' statements and show what is needed to deliver high-quality, person-centred care.

To further support NHS organisations to meet their duty and to ensure we provide accessible services, NHS England have provided statutory guidance, 'Working in partnership with people and communities' (2022), which sets out the principles to enable effective partnership working.

Our Trust

Our Trust Electronic Patient Record enables our staff to capture demographic data about our patients; this enables us to understand who is using our services. Additionally, we utilise a health inequalities dashboard which enables us to have a picture of health disparities within Gloucestershire.

We collect demographic data within the CQC national patient survey programme to enable us to better understand experiences of patients within the protected characteristic groups. This is further supported by additional insight routes, such as Patient Led Assessments of the Care Environment, patients' stories, focus groups and 15 steps challenges.

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, this means that we do not always ask demographic questions on our survey's, this is following feedback from patients that they want to remain completely anonymous.

Our patients

The Equality Act 2010 expects us to collect demographic data of those using our services. It is important, however, that we understand the demographics of our patients, to enable us to identify potential inequalities, ensure the services we are providing meet the needs of our population, monitor any trends in those using our services and ensure we are providing a quality service.

Our patient data for 2024-2025 is presented in the following tables.

Chart 1
Inpatient demographics - sex

45%
55%

● Female   ● Male

Indeterminate (0%)

Chart 2
Outpatient demographics - sex

44%
56%

● Female   ● Male

Indeterminate (0%)
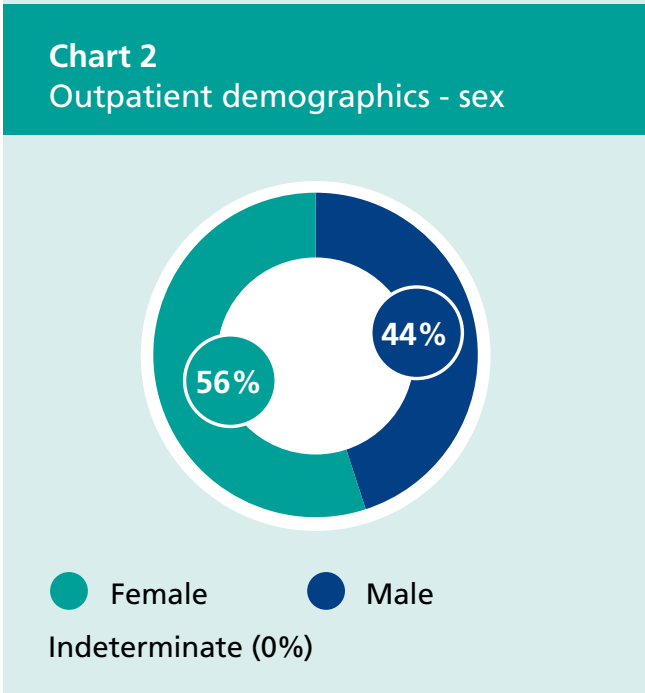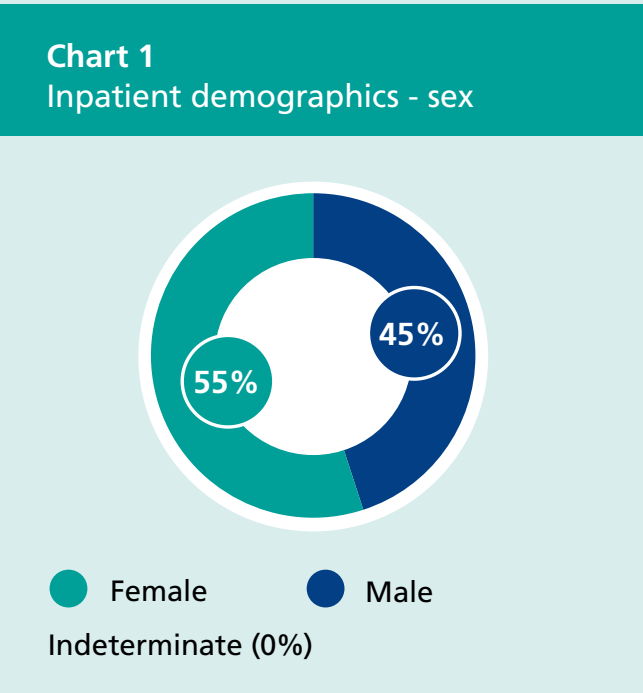
Chart 3
Patient demographic - age

Age Group	Outpatients	Inpatients	Total Patients
0 Years	2,271	2,787	5,058
01 to 05 Years	8,863	3,510	12,373
06 to 15 Years	16,750	6,081	22,831
16 to 40 Years	49,069	20,991	70,060
41 to 65 Years	73,187	26,118	99,305
66 to 80 Years	56,758	21,955	78,713
80+ Years	24,951	11,394	36,345

Chart 4
Patient demographic - ethnicity
(simplified categories but inpatient and outpatient attendances 2024/25)

Outpatient ethnicity

White	174,726
Not stated	22,214
Not known	19,436
Other	3,411
Mixed	2,845
Indian	2,007
Black African	897
Black Caribbean	765
Pakistani	427
Bangladeshi	389
Chinese	393

Inpatient ethnicity

White	73,409
Not stated	6,848
Not known	6,237
Other	1,757
Mixed	1,500
Indian	1,003
Black African	600
Black Caribbean	335
Pakistani	267
Bangladeshi	216
Chinese	127

The data for the remaining protected characteristic groups has very high proportions of either remaining blank or unknown.

Chart 5
Patient demographic - percentage of marriage and civil partnerships

Percentage of patients

Blank/ unknown · Married/ civil partner · Single · Other

● Inpatients   ● Outpatients
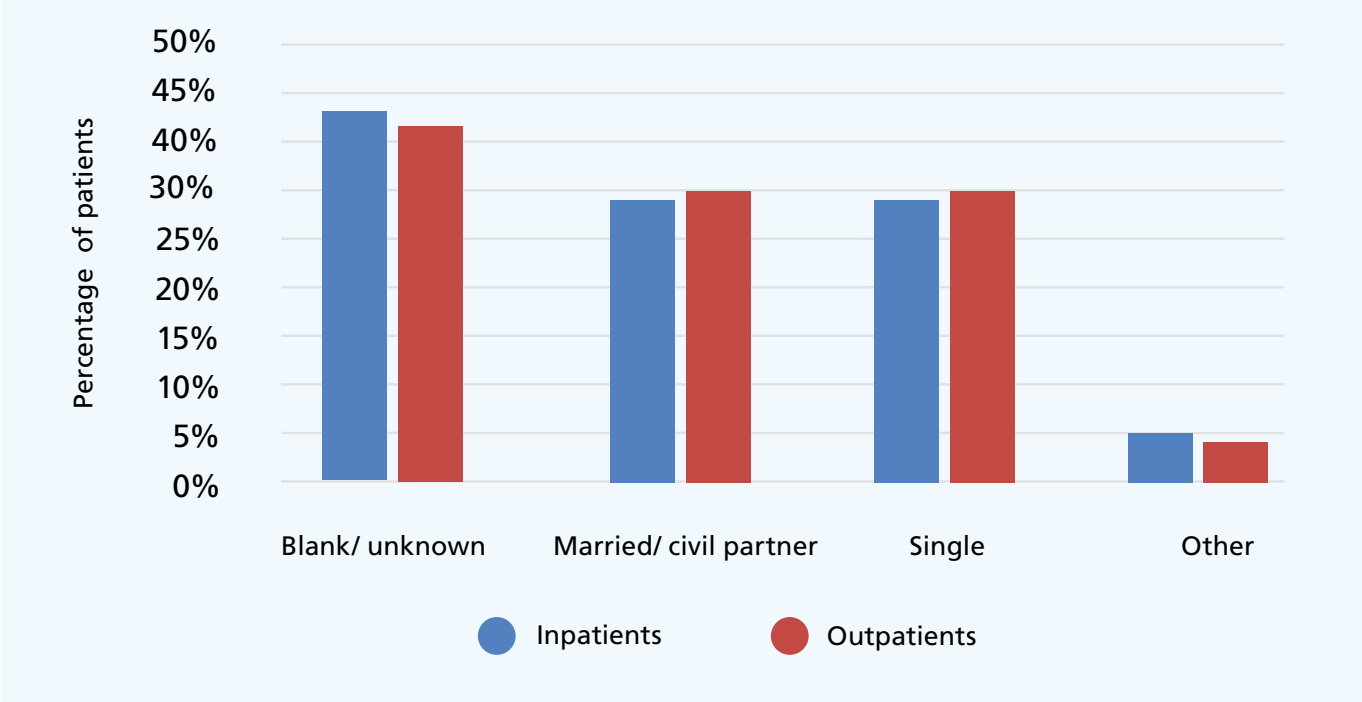
Chart 6
Patient demographic - percentage of religious belief

Percentage of patients

Unknown · Blank · Church of England · Not religious · Other

● Inpatients   ● Outpatients

Chart 7
Patient demographic - percentage of patients pregnant/ not pregnant
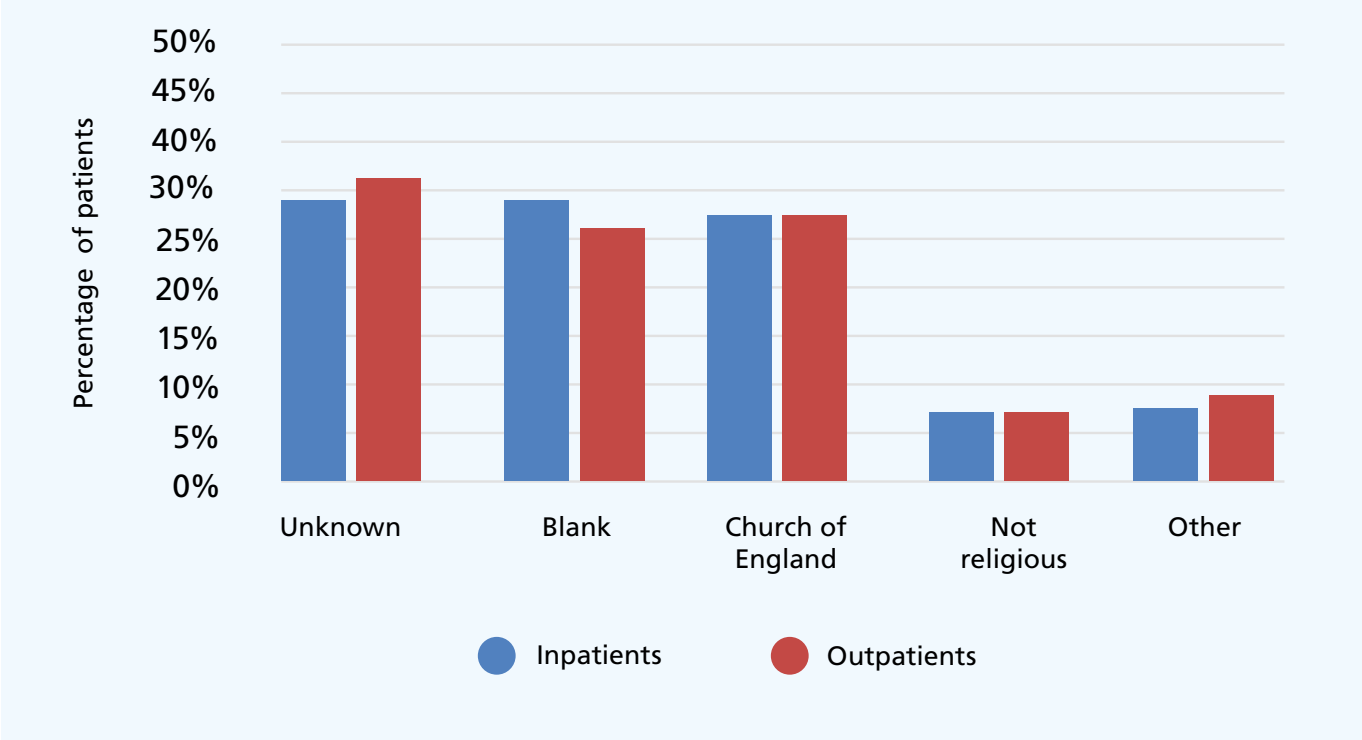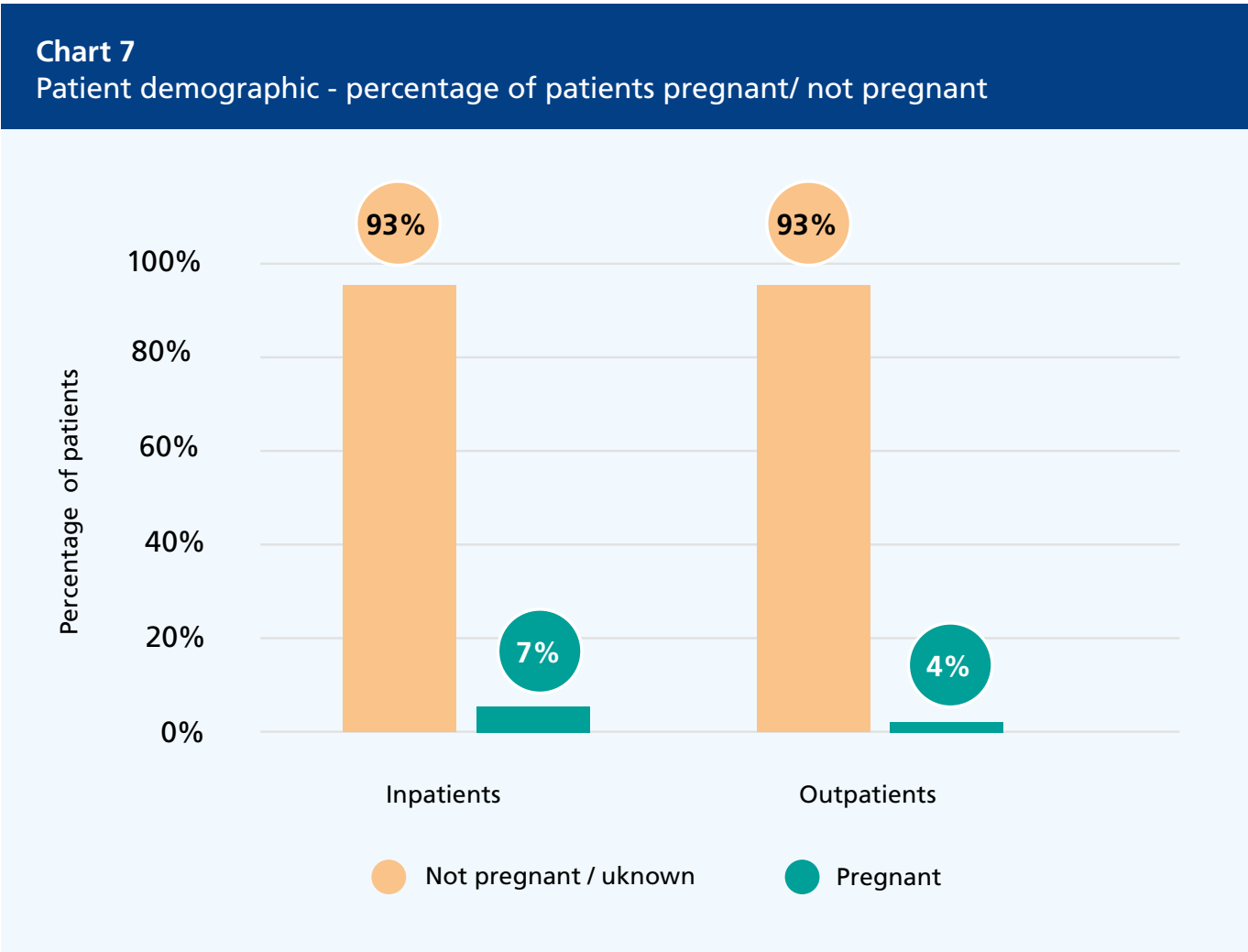
We can see from the data that there is a gap in our collection of demographic data against the protected characteristic groups as defined by the Equality Act 2010. This makes identifying whether we are providing appropriate services for the demographics of our patients more challenging.

Using Insight and Feedback –
CQC National Patient Survey Programme

The NHS Patient Survey Programme collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day case services and urgent and emergency care services. The programme is commissioned by the Care Quality Commission (CQC) and is used to build an understanding of the risk and quality of services in an area. Each survey survey's a sample of patients that meet the clear eligibility criteria. The results are standardised to account for differences in demographic profiles between Trusts.

National Adult Inpatient Survey 2023, results published 2024.

The following charts show the patient demographic of those that completed the survey:

1250 invited to take part

526 completed
74% urgent/emergency admission
26% planned admission

45% response rate
42% average response rate for all trusts
39% response rate for your trust last year

Ethnicity

White	94%
Mixed	1%
Asian or Asian British	2%
Black or Black British	1%
Arab or other ethnic group	1%
Not known	2%

Long-term conditions

79% of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").
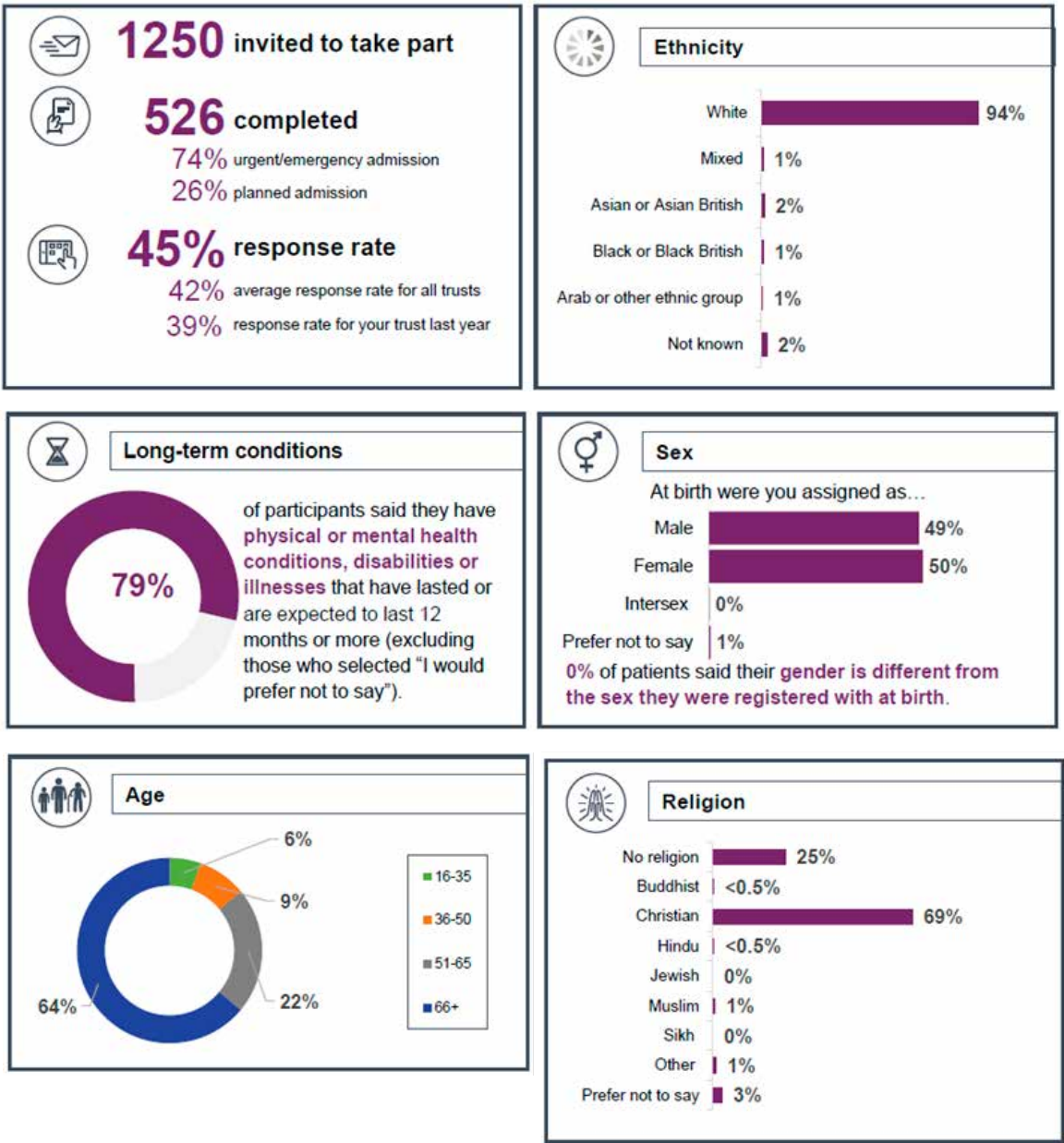
Sex

At birth were you assigned as…

Male	49%
Female	50%
Intersex	0%
Prefer not to say	1%

0% of patients said their **gender is different from the sex they were registered with at birth.**

Age

- 16-35: 6%
- 36-50: 9%
- 51-65: 22%
- 66+: 64%

Religion

No religion	25%
Buddhist	<0.5%
Christian	69%
Hindu	<0.5%
Jewish	0%
Muslim	1%
Sikh	0%
Other	1%
Prefer not to say	3%

Using Insight and Feedback – CQC National Patient Survey Programme

When looking at our results against protected characteristic, in some cases the number of responses is not high enough and therefore the results are suppressed. We can see, however, that have certain disabilities and long-term health conditions report a poorer experience to those with no long-term health condition. We can also see from the data that the majority of patients responding to the survey, report having a long-term health condition.
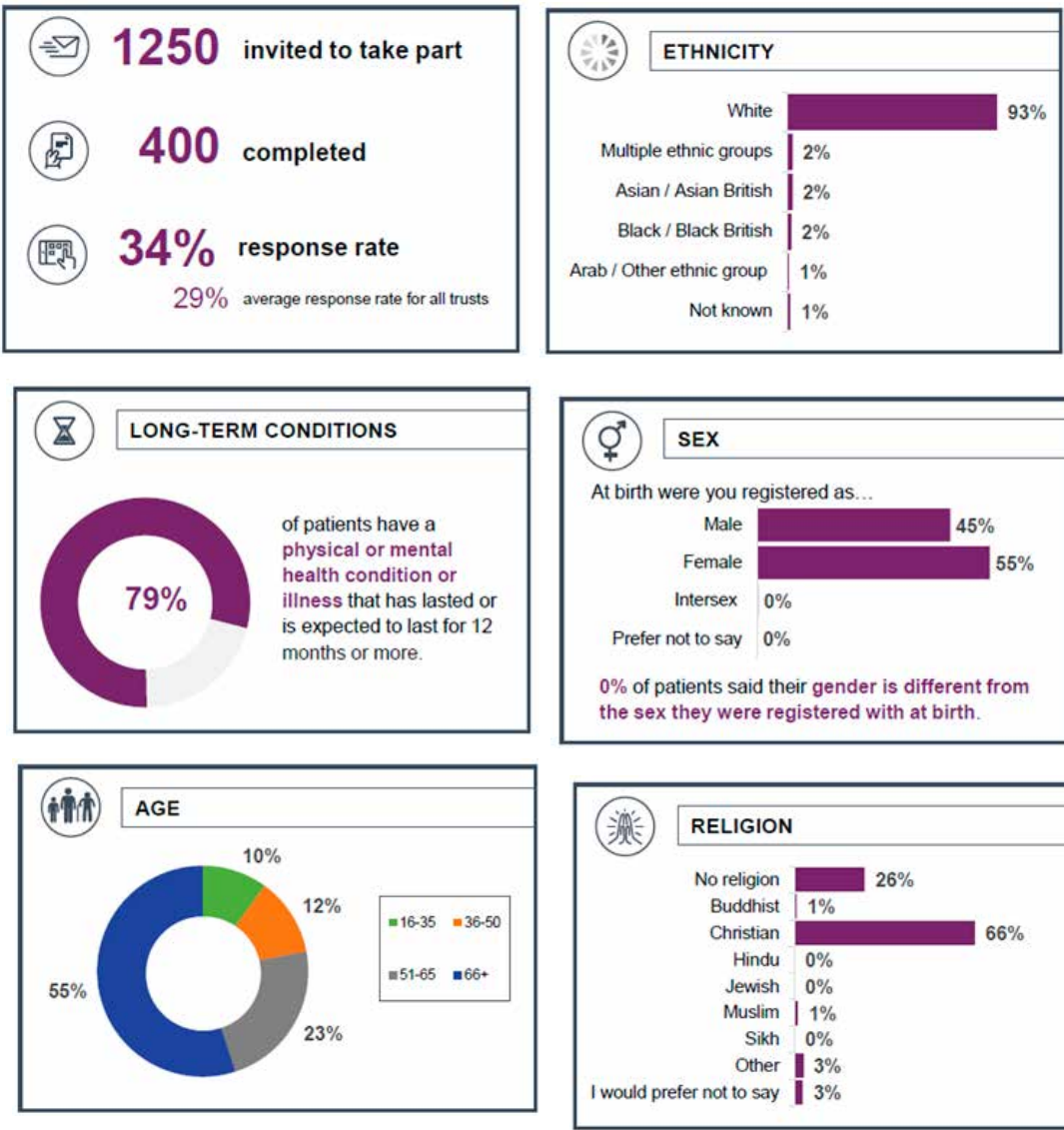
Further work with our Business Intelligence team has also reviewed the responses against deprivation deciles and we have identified that those patients living in areas with high deprivation are not responding to the survey. We therefore, need to ensure we have other options for patients in these areas to provide feedback should they wish.

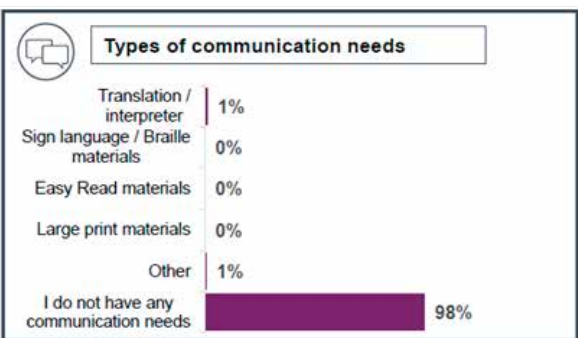# Using Insight and Feedback – CQC National Patient Survey Programme

National Urgent and Emergency Care Survey 2024, results published 2024

The following charts show the patient demographic of those that completed the survey:

1250 invited to take part

400 completed

34% response rate
29% average response rate for all trusts

ETHNICITY

White	93%
Multiple ethnic groups	2%
Asian / Asian British	2%
Black / Black British	2%
Arab / Other ethnic group	1%
Not known	1%

LONG-TERM CONDITIONS

79% of patients have a physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.

SEX

At birth were you registered as…

Male	45%
Female	55%
Intersex	0%
Prefer not to say	0%

0% of patients said their gender is different from the sex they were registered with at birth.

AGE

10% 16-35
12% 36-50
23% 51-65
55% 66+

RELIGION

No religion	26%
Buddhist	1%
Christian	66%
Hindu	0%
Jewish	0%
Muslim	1%
Sikh	0%
Other	3%
I would prefer not to say	3%

Much of the data for this survey is suppressed, however, we can see that similarly to the adult inpatient survey, we are not hearing from those patients that live in more deprived areas of the county.

National Maternity Survey 2024, results published 2024

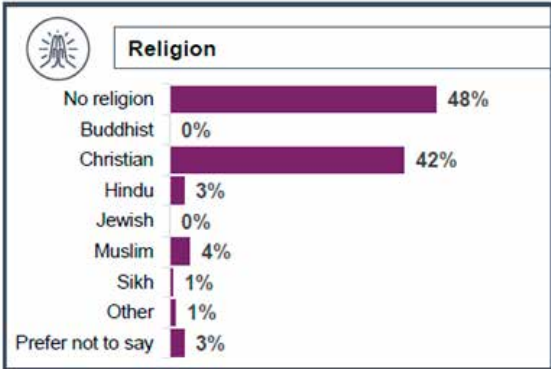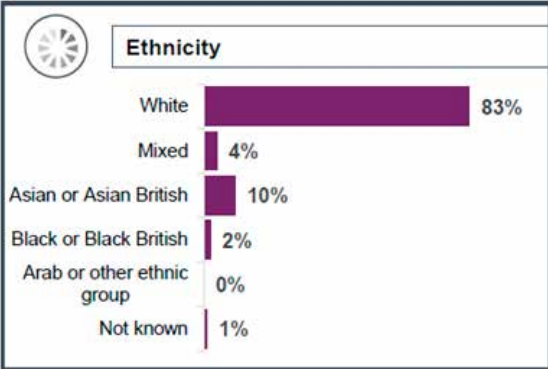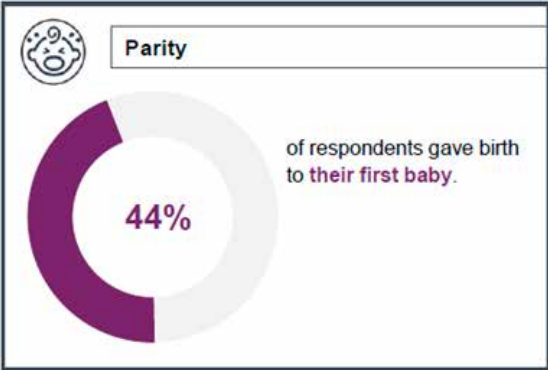**The following charts show the patient demographic of those that completed the survey:**

391 invited to take part

194 completed

50% response rate
41% average response rate for all trusts
53% response rate for your trust in 2023

Age
35 and over	39%
30-34	40%
25-29	15%
19-24	6%
16-18	0%

Parity
44% of respondents gave birth to **their first baby**.

Sexuality
Which of the following best describes your sexual orientation?
Heterosexual / straight	93%
Gay / lesbian	1%
Bisexual	4%
Other	1%
Prefer not to say	2%

Ethnicity
White	83%
Mixed	4%
Asian or Asian British	10%
Black or Black British	2%
Arab or other ethnic group	0%
Not known	1%

Religion
No religion	48%
Buddhist	0%
Christian	42%
Hindu	3%
Jewish	0%
Muslim	4%
Sikh	1%
Other	1%
Prefer not to say	3%

English as main language
87% of maternity service users have **English as their main language**.

Types of communication needs
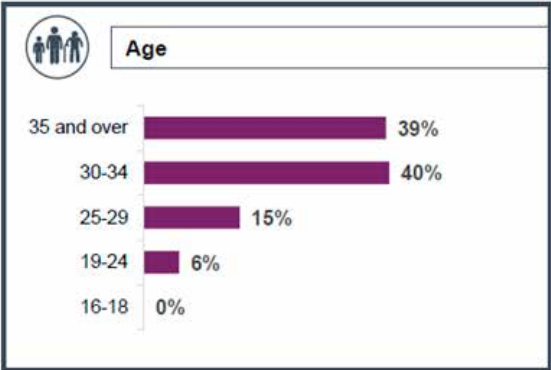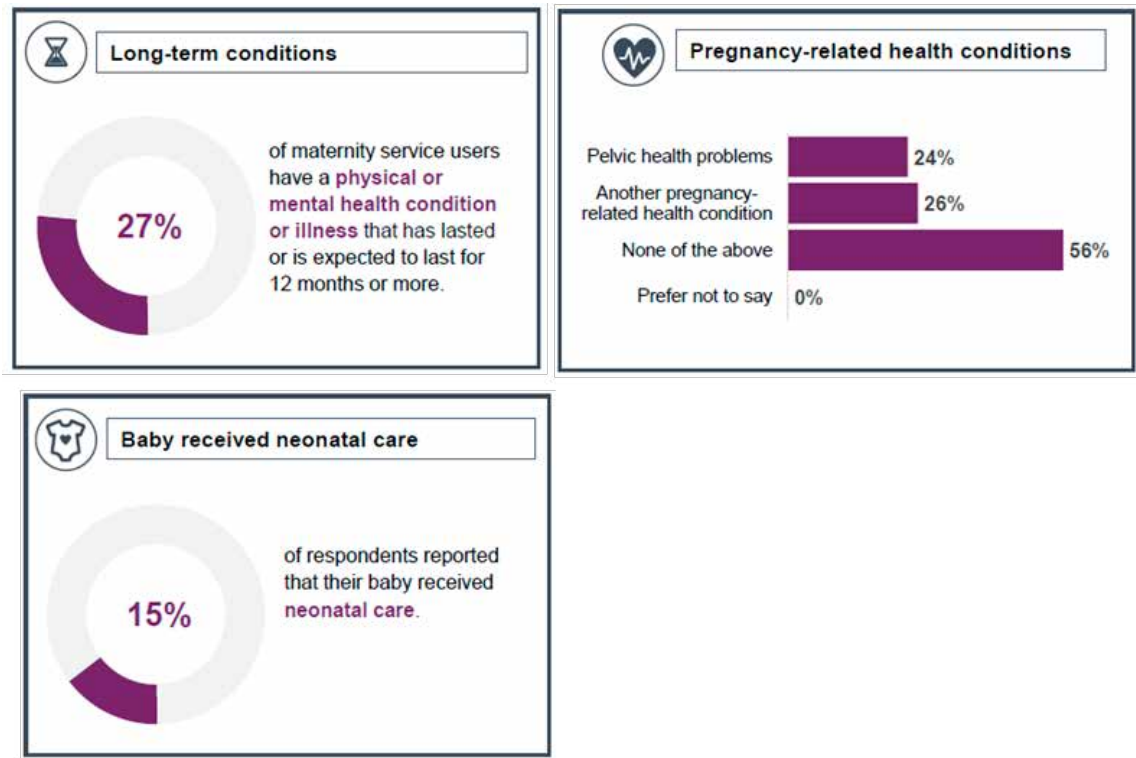|	
Translation / interpreter	1%
Sign language / Braille materials	0%
Easy Read materials	0%
Large print materials	0%
Other	1%
I do not have any communication needs	98%

National Maternity Survey 2024, results published 2024

The following charts show the patient demographic of those that completed the survey:

Long-term conditions

27%

of maternity service users have a **physical or mental health condition or illness** that has lasted or is expected to last for 12 months or more.

Pregnancy-related health conditions

Pelvic health problems	24%
Another pregnancy-related health condition	26%
None of the above	56%
Prefer not to say	0%

Baby received neonatal care

15%

of respondents reported that their baby received **neonatal care.**

Unfortunately, due to the numbers of responses against some of the protected characteristic groups being lower than the threshold for the data to be published, the data has been suppressed. This means we cannot compare and draw conclusions about the experiences of women within some of the protected characteristic groups, e.g. ethnicity. We can see that women who state that their ethnicity is other than White report a slightly above average experience. We can also see that women that report that they have a long-term health condition report a below average experience.

By identifying where experiences are less positive, we can begin to work with women to improve experiences.

Using Insight and Feedback – Patient Led Assessments of the Care Environment (PLACE)

Patient Led Assessments of the Care Environment (PLACE) involve local people as patient assessors working with staff assessors to assess our environments using defined criteria. As part of these assessments, we also review the extent to which the environment is able to support the care of those patients with dementia or with a disability. As an organisation we scored 64.92% for Dementia domain and 64.28% for the Disability domain. The national averages were 83.66% and 85.20% respectively.

Using Insight and Feedback – Equality Delivery System – Domain 1

The Equality Delivery System (EDS), an improvement framework and toolkit that is designed to assist organisations in assessing their performance and identifying future improvement actions to demonstrate they are meeting the requirements of the Public Sector Equality Duty (PSED).

Domain 1 – commissioned or provided services of the framework focusses on four outcomes:

1A – Patients (service users) have required levels of access to the service

1B – Individual patients (service user's) health needs are met

1C – When patients (service users) use the service, they are free from harm

1D – Patients (service users) report positive experiences of the service.

The service areas assessed for 2024/25 were Respiratory Services, Blood Pressure and Children's Mental Health and our assessment rating is 'Developing'. The action taken is to continue to build an understanding of our population and their health needs, through improvements in the quality of our data recording and robust use of Equality, Quality and Health Inequality Impact Assessments.

6

Engagement with people and communities

Through working with people and communities helps us to reduce health inequalities by understanding needs, developing solutions with them and to improve the services we provide as an organisation by focussing on what matters to those using our services.

Community engagement

Throughout 2024/25 we have worked with a number of local communities to better understand their needs and experiences. These include:

▶ Focussed engagement work with communities identified as high risk for hepatitis c. The development of culturally tailored awareness and screening programmes were produced with resources available in four additional languages, Romanian, Polish, Punjabi and Urdu.

▶ Philippines community - resulting in the development of a bowel cancer screening awareness film. This was then expanded to 10 further communities and a bowel cancer screening film was developed and made available in thirteen different languages.

▶ Jewish community – following a listening event with leaders in the community a breast cancer awareness session was delivered to the wider Jewish community. The aims of this session were agreed with the community and were to empower members of the community to start a conversation about breast cancer; to learn more about the services available and to share their experiences and ideas for how we can work together.

Young Influencers

The Young Influencer Programme has evolved into a cornerstone of our youth engagement approach. With 19 young people now regularly involved, this group plays a crucial role in bridging the gap between the Trust and younger demographics.

Their contributions go beyond internal Trust discussions—they have reviewed patient experience materials, co-produced educational resources, and led peer consultations. Highlights this year include:

▶ Providing qualitative feedback to the Gloucester City Council's Preparation for Adulthood Team

▶ Producing child-friendly video walkthroughs of our Paediatric Assessment Unit (PAU) and Emergency Department, now used in parent and Special Educational Needs and Disabilities (SEND) outreach.

▶ Partnering with Gloucester Council's Cultural Service Team to contribute to Refugee Week activities.
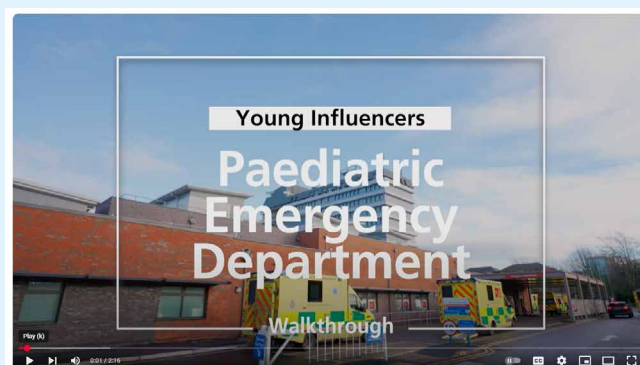
➡ Click here to watch the Young Influencers Paediatric Emergency Department Walk Through

Accessibility Panel

Our Accessibility Panel, made up of experts by experience, was developed 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 have successfully worked with us on a number of projects including:

▶   co-developing an Accessible Map

▶ providing unique insight to architects working on the designs for the new Gloucestershire Cancer build

▶ supporting the implementation of new signage to the GP out of hours service from the emergency department and the main Tower Block entrance

▶ reviewing the accessibility of our Emergency Department at Gloucestershire Royal Hospital resulting in accessible doors being installed and redesign of the waiting area in minors.

7

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. These projects are designed to respond to feedback. We work with experts by experience to coproduce and inform projects.

Accessibility Maps

These have been developed alongside our Accessibility Panel and in response to feedback that it would be helpful to know where Changing Places facilities, accessible toilets, chapel, prayer rooms, baby changing and disabled parking.

The map is currently available for our Gloucestershire Royal Hospital site only but will be expanded to include Cheltenham General in the coming year.


Youth Worker support on Children's Ward

In Gloucestershire we have seen an increase in mental health issues among young people as a result of a combination of factors. Through working with Young Gloucestershire, we have embarked on a partnership where Youth Workers are now an integrated role on the children's ward at Gloucestershire Royal Hospital.

The Youth Workers are specialised professionals that are equipped to offer essential support and guidance to young people aged 11-16 years who are admitted for their safety due to mental health concerns.

The initiative has led to a reduction in calls relating to violence and aggression and a reduction in the use of rapid sedation. Importantly, the initiative has also enabled more than 80 young people to feel heard and supported through personalised activities or simply just having a trusted ally through their journey.
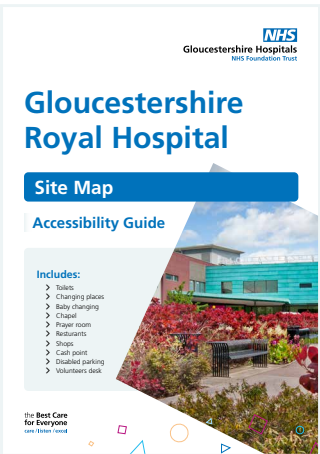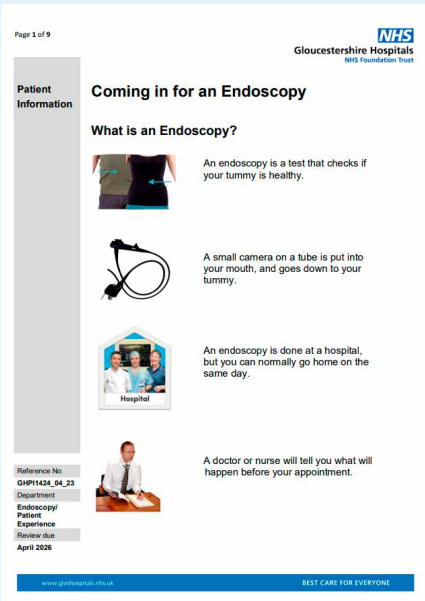
Wordskii on Wheels

Working alongside staff in Maternity, Physiotherapy, Endoscopy and Oncology and in conjunction with feedback through PALS, complaints and incidents of the some of the challenges of using telephones to support interpretation of spoken language. We embarked on a pilot of on demand video interpreting through our interpretation and translation provider, Word 360. This used devices called Wordskii on Wheels or WoWs. The challenges were more prevalent in maternity. During the trial period there has been increased use of interpreters and a reduction in the number of incidents related to accessing interpreters.

Easy Read information

Working alongside our partners at Inclusion Gloucestershire, we have increased the availability of our patient information in easy read format. We worked with experts by experience on prioritising which information was made available in easy read. It was agreed that we would start with our leaflets linked to some of our diagnostic services. Inclusion Gloucestershire translated the agreed leaflets, and they were reviewed by experts by experience. These are now accessible on our website.

Page 1 of 9

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Patient Information

Coming in for an Endoscopy

What is an Endoscopy?

An endoscopy is a test that checks if your tummy is healthy.

A small camera on a tube is put into your mouth, and goes down to your tummy.

An endoscopy is done at a hospital, but you can normally go home on the same day.

Hospital

A doctor or nurse will tell you what will happen before your appointment.

Reference No.
GHPI1424_04_23
Department
Endoscopy/
Patient
Experience
Review due
April 2026

www.gloshospitals.nhs.uk   BEST CARE FOR EVERYONE

Wordskii On Wheels

Communicate through an interpreter in seconds at the point of need

Arts in Trust

Our Arts in Trust team have continued to work with patients across several areas of the hospital. The installation of artwork in the children's emergency department during July 2024, has received positive feedback from children, young people, parents and staff. Thanks for having a welcome sign in multiple languages, consideration for the age ranges using the area, the distraction of pieces to support patients requiring investigation or treatment.

Further paediatric artwork is planned for the coming year, with neurodivergent sensitive art work being installed in Battledown.

A   Welcome sign incorporating our top languages

B   Spot the difference walls in the younger children area

C   Main focus piece designed to soften the environment and to support the wellbeing of our patients

D   Artwork along the corridor from children's ED through to radiology

E   Softening of the environment including some pieces of interest on the ceiling

Supporting equality, diversity and inclusion and reducing health inequalities

Black lives matter (anti-racist training)

In the UK, women, and babies racialised as Black experience notable disparities in maternal and neonatal health outcomes, marked by elevated mortality and stillbirth rates in comparison to their white counterparts. These disparities stem from systemic biases, structural racism, and the absence of racial literacy and anti-racist practices within healthcare systems. In collaboration with Black Mothers Matter, Representation Matters, BCohCo and the Health Innovation West of England, the Black Maternity Matters initiative was launched in 2022 to address these challenges. Our Maternity Service have commissioned the delivery of an improvement programme and are in the process of delivering anti-racist training for the perinatal teams and wider community staff.

The programme delivery includes:

▸ Adaptation and delivery of Black Maternity Matters Training

▸ Provision of Quality Improvement coaching and communities of practice

▸ Provision of learning resources

▸ Communications and marketing materials

▸ Post delivery impact evaluation

The programme we have commissioned aims to combat any issues we may have through targeted anti-racism education, peer support, and quality improvement for our perinatal team. In addition to our perinatal training, a senior leadership programme was launched across the South West in 2024, and our Obstetric Specialty Director attended this Leadership Programme.

As our staff receive anti-racism training, we will create a new set of values and behaviours which are inclusive, equitable and respectful of all people.

Supporting equality, diversity and inclusion and reducing health inequalities

Inclusive communication training

Following feedback to PALS about the poor experiences of patients with a learning disability and those who are neuro divergent and in response to our communication safety priority. We asked Inclusion Gloucestershire to deliver Inclusive Communication training to trust staff. As this training is co-delivered with an expert by experience the training is run in small groups.

The aims of the Inclusive Communication training were to:

▸ Build awareness and understanding of the importance of language.

▸ Feel more comfortable using inclusive language.

▸ Build awareness and understanding of the disabling barriers people face.

▸ Provide strategies that help people communicate and behave in a way that creates an inclusive experience.

▸ Increase confidence in communicating with people with a learning disability, Autism and who face disabling barriers.

▸ Increase understanding of inclusive practice and communication

The feedback from those attending the training was incredibly positive and we will look to provide further training.

Dementia and cultural awareness

Cultural awareness with regards to people with Dementia is incorporated into all our training delivered by our Admiral Nurse. It is identified that it is imperative for staff to focus on this when delivering care. This training is delivered to all clinical staff. Additionally, we have worked in collaboration with Gloucestershire Health and Care to deliver 'Dementia and Inclusive Communities CPD session'. The first session is planned for early 2025/26 with over 30 staff booked to attend. We will collate feedback and look to expand this training if valuable.

Our Engagement team have worked collaboratively with our South Asian elders' groups and carers on a community playlist called 'Sounds of the Soul'. It has been developed in order to provide culturally meaningful musical resource for Muslim individuals living with dementia.

Spiritual Care

Our Department of Spiritual Care maintains a 24/7 chaplaincy service across the organisation. This team is supported by around 80 volunteers from within the community. During 2024/ 25 the team made over 10,000 bedside visits to patients to provide spiritual care support.

The team supported religious celebrations and festivities through the year including the very successful community Iftar events at both Gloucestershire Royal and Cheltenham General Hospitals. This gave an opportunity for the community, both those observing Ramadan and those wanting to support staff and friends to come together to break their fast.

Patient Engagement Portal

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 and those patients that have a communication need where using the telephone or receiving a letter is not accessible. These benefits help to reduce disparities between patients and can improve satisfaction services.

We are looking to increase our understanding of patient's experiences of the patient engagement portal as next steps to the project.

8

Next steps

Enhance data collection.

There is opportunity for us to further improve and refine the collecting, triangulation and reporting of our data by protected characteristic. This will enable us to further engage with our people and communities. As a result, we will be able to seek to ensure the delivery of our services is right and any improvements or learning from best practice are implemented.

Improve insight capture

We also have a responsibility as an organisation to ensure that we are enable all 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 and look to include demographic questions. This work is planned to be implemented by July 2025.

Strengthen partnership working

We are looking to increase the accessibility of our site for our patients and improve our PLACE scores for Disability and Dementia. Additionally, we are also working to increase accessibility of our services through increased offer of interpreting, translation, and reasonable adjustments to aid communication.

Evaluation of initiatives

We will continuously monitor the effectiveness and impact of initiatives to improve EDI and reduce health inequalities. Utilising a quality improvement approach to projects will enable this approach.

9

Conclusion

Conclusion

Our annual report on equality, diversity and inclusion for patients and public highlights some of the work that has been undertaken by a variety of teams within the organisation to promote equality and to build an inclusive environment.

We have a commitment to improving data quality as this is crucial to understanding the diverse needs of our patient population. Where we have had better quality demographic data this has allowed us to see where there are disparities and seek to improve services.

Through engagement with our communities, we have been able to gain valuable insights, but also, importantly, been able to work in partnership to create services and initiatives that resonate with the communities we serve. Coproduction remains a key strategy for us as we have seen this approach ensures any improvement projects are effective and delivered sensitively.

Equality Account
2024 – 2025

Charity Plan and Budget 2025/26

Making Hospital Life Better

Annual plan: consolidation and delivery on priorities

- **The Big Space Cancer Appeal:** building on the launch to establish the appeal as a priority cause locally in the longer term through a continued programme of donor engagement, raising the funds needed to pay for GHNHSFT's future cancer vision.

- **Growing sustainable income and visibility:** focussed growth phase for sustainable income with continued growth of awareness and diversification of income.

- **Progressing other key areas** to improve the charity's systems and impact, including working with charity partners.

Strategy: understanding opportunities & setting our future direction

- **Impact:** Understanding the key areas of need and opportunity within GHNHSFT future strategy and work by other NHS charities regionally and nationally.

- **Widening income streams:** exploring and developing new income opportunities outside fundraising model established to date.

- **Strategic alliances:** partnership with the local healthcare and voluntary system to maximise impact, linking with improvement and partnerships work in the Trust.

- **Governance and future partnership with GHNHSFT:** planning the most effective and impactful future partnership model and systems, including staff structure & resource.

Annual plan and strategy process

The Big Space Cancer Appeal

£9.4M raised to date!

Lions at Large
The Pride of Gloucestershire Trail 2025

- Cheltenham and Gloucester

- 32 large lions

- 54 small lions

- Free fun family activity across the summer

PJ Crook

Abbeymead Rovers

GHNHSFT Young Influencers

Quedgeley Knit and Natter

The Mane Event

INSTALL:

10th July

TRAIL LIVE:

11th July – 14th September

DEINSTALL:

15th September

FAREWELL WEEKEND:

3rd – 5th October

AUCTION:

9th October

Lions at Large
The Pride of Gloucestershire Trail 2025

Highlights (so far!)

- Sticker book sell out! -3000 sold

- Over £10,000 raised in the pop-up shop

- Over 100,000 lions collected in the app

- Paint and Sip night sell out

Growing sustainable income and visibility

Growing sustainable income and visibility

- Prize draw income 2025/26 projected at over £250,000
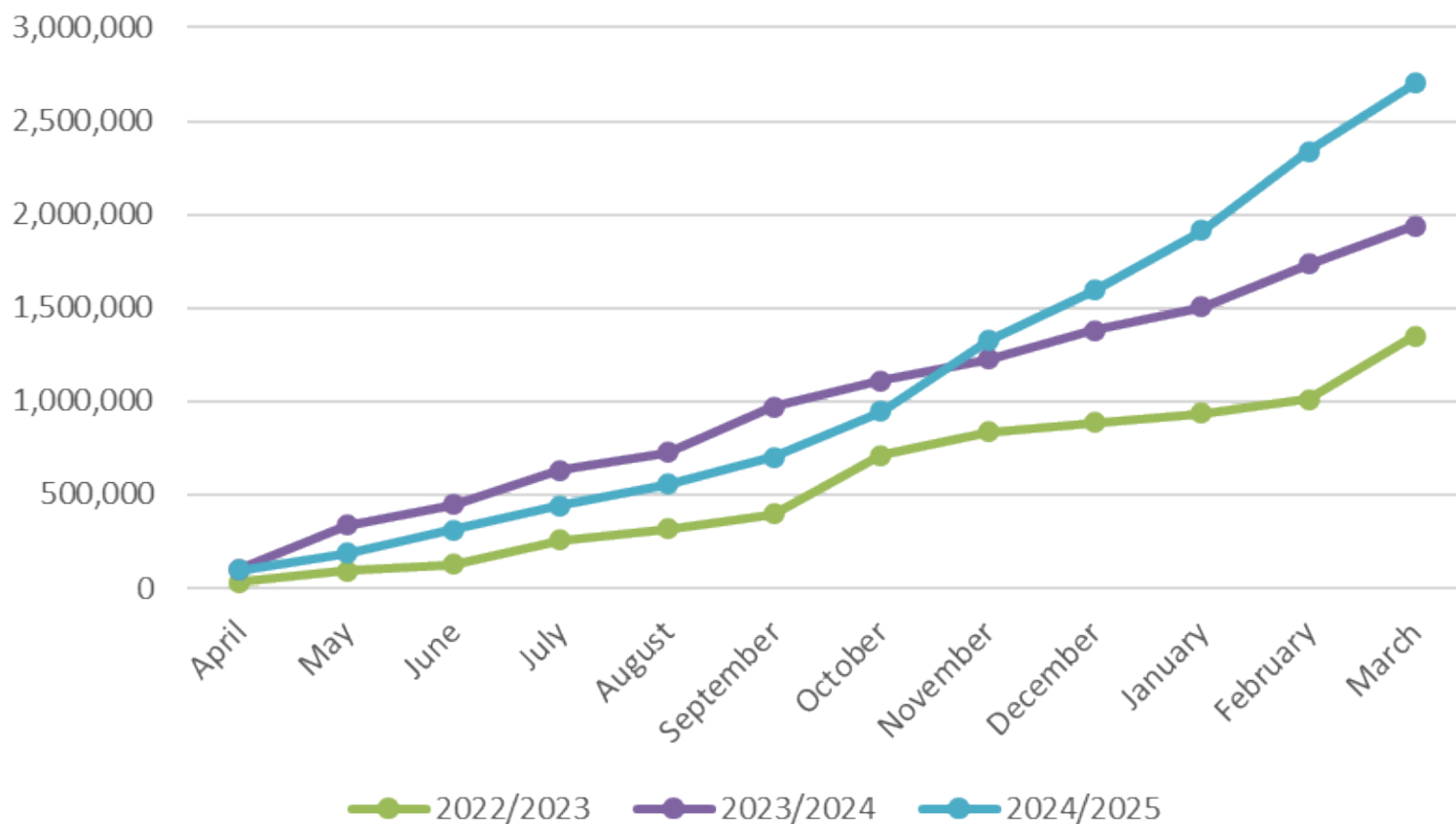
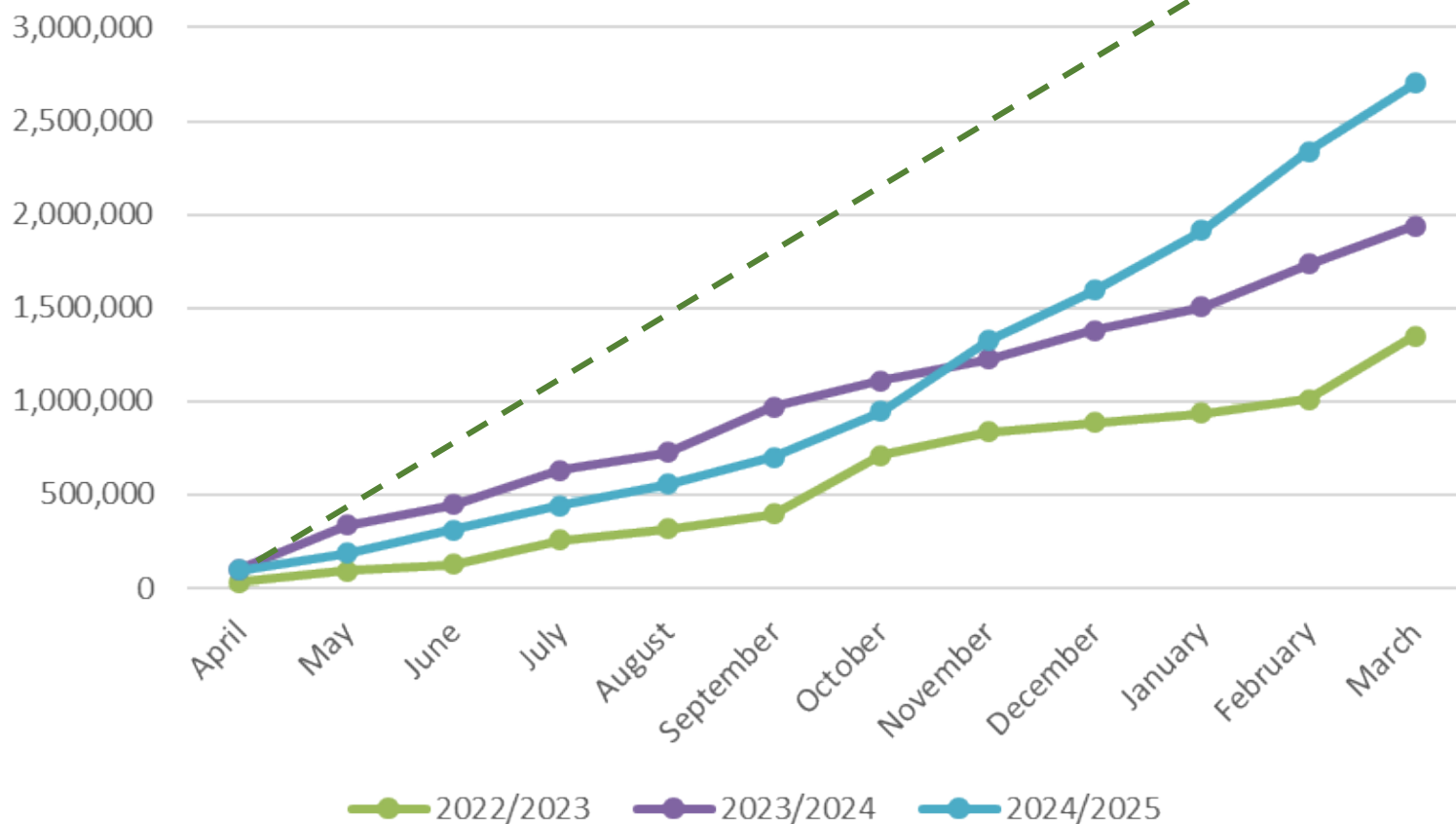- Gifts in Wills income 2024/25 = over £700,000

Strategy Development

GHNHSFT

Charity

Income to date

April - March cumulative income

Legend: 2022/2023, 2023/2024, 2024/2025

18

April - March cumulative income

£4M+ Projection 2025/26!

Legend: 2022/2023, 2023/2024, 2024/2025

Thank you!

Sally Moyle

Non-Executive Director

A bit about me …

- Registered Nurse –background in ED and ENP role

- HE Academic for 25 years

- Professional Doctorate in Higher Education

- Pro Vice Chancellor Health and Science/Associate Non-Exec Director

- Deputy Vice Chancellor (Academic) at University of Worcester

- Chair of Charitable funds committee

- Member of F&D

Charitable funds committee

Strengths

- People/vibrant team
- Leadership
- Strategic approach
- Big Space Appeal- huge success- 'Lions at Large'
- Good governance
- Grant making success.

Challenges

- Maintaining the success of the Big Space Appeal
- Alignment of strategic plan to Trust priorities.
- Sustainability

	£ Actual
Charitable Expenditure (by Programme)	
General Purposes	347,864
Medical	30,128
Womens and Childrens	161,868
Dignostics and Specialist	280,043
Surgical	183,679
Total Charitable Expenditure	**1,003,582**

Helping Hearts: A new ECG machine to improve care

"Our department would not routinely have their own ECG machine, but we identified that by having our own we could reduce delays, decrease wait times and improve the service flow to surgery. Many of our team were already trained to use this equipment so it was a great way to make use of their knowledge to support our patients."

"Without the need for additional appointments, it also helped to cut down on patient's travel time, parking and time spent at the hospital. We are incredibly grateful to the supporters of the hospitals charity for funding this equipment - Thank you!" Sheeba David, Trauma and Orthopaedics Outpatients Sister

Case Study – Supporting learning and innovation

Thanks to our generous supporters, a new high-tech haematology microscope has been funded to support local cancer patients.

"We are incredibly grateful to everyone who has donated to help make this advanced technology a reality. This modern microscope will greatly benefit our clinical staff, enhancing the accuracy of clinical result reporting and improving training. High-quality teaching in the Haematology Department is essential for supporting junior doctors, particularly registrar trainees on their pathway to become senior doctors in the speciality."

Josh Peett, General Manager of Oncology, Haematology, Palliative Care and Immunology

![Cheltenham Gloucester Hospitals Charity logo]

Case Study – Bringing Comfort and Calm: How charity-funded sensory aids are supporting patients

Being admitted to hospital can be a worrying time for anyone, but for patients with sensory challenges, the experience can be particularly overwhelming. The bright, clinical setting and unpredictable noise levels can heighten anxiety and discomfort.

To make these moments easier, the charity has funded a range of sensory aids designed to create a calmer, more supportive environment - for both patients and staff - helping to turn a difficult experience into one of greater comfort and care.

Case Study – Empowering Young Lives: Supporting children with epilepsy in Gloucestershire

Epilepsy is a neurological condition that affects the brain and can cause seizures, it can develop at any age, but most commonly in people over 60 or in childhood and in Gloucestershire there are approximately 500 children currently living with epilepsy.

Counselling support funded by donations to the charity helps children with epilepsy manage emotions, build confidence and develop coping strategies for stress, school and social challenges. It provides mental health and wellbeing support to reduce the risks of anxiety and depression.

Finance and resources committee

Strengths

- Joined up exec- full compliment /responsive

- Relationship with GMS

- Digital roadmap

Challenges

- Current financial position

- Position of Trust within new ICB structure/changes to NHSE

- Estates- backlog maintenance/space. Tower block

- Cyber

Smart objectives

NAME	OBJECTIVE 1-EDI	OBJECTIVE 2 - LEADERSHIP	OBJECTIVE 3- R&D	OBJECTIVE 4- PERSONAL DEVELOPMENT
Sally Moyle	Support CMO /HR recruitment team to review and develop new guidance and processes of consultant interviews to ensure panels and processes are inclusive and follow Trust values. Monitor implementation and impact of new practice.	Chair Trust charity committee. Understand relationship between Trust charity and Trust and ensure charity governance is followed as laid out in ToR. Liaise between Trust exec board and chair as required.	Support DCMO with development of research objectives and priorities. Liaising with University as required.	Gain understanding about the differing roles on the board. Support the Finance and Resource committee and chair as required.

Gloucestershire Hospitals NHS Foundation Trust

**2024/25 External Audit Presentation to the
Council of Governors – 4 September 2025**

Scope of work and approach
We have three key areas of responsibility under the Audit Code

Financial statements

We will conduct our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. The Group prepares its accounts under the Group Accounting Manual ("GAM") which is issued by the Department of Health and Social Care.

We are also required to issue separate group reporting to the NAO on the Group's separate return required for the purposes of its audit of the Whole of Government Accounts and departmental accounts.

Annual Report

We are required to consider the completeness of the disclosures in the Annual Governance Statement in meeting the relevant requirements and identify any inconsistencies between the disclosures and the information that we are aware of from our work on the financial statements and other work.

As part of our work we review the remuneration report and annual report and compare with other available information to ensure there are no material inconsistencies. We also review any reports from the Care Quality Commission, NHS England and other relevant regulatory bodies and any related action plans developed by the Group.

Value for Money

We are required to consider the arrangements that the Trust has made securing financial resilience and economy, efficiency and effectiveness in its use of resources, if we identify any significant weaknesses to make recommendations, and to provide a narrative commentary on arrangements.
To perform this work, we are required to:
- Obtain an understanding of the Trust's arrangements sufficient to support our risk assessment and commentary;
- Assess whether there are risks of a significant weakness in the Trust's arrangements, and perform additional procedures if a risk is identified. If a significant weakness is identified, we report this and an accompanying recommendation;
- Report in our audit opinion if we have reported any significant weaknesses; and
- Issue a narrative commentary in our Auditor's Annual Report on the arrangements in place.

Key Findings
Financial performance

Deficit	The Group made a deficit for the year of £28.9m (£13.8m in 2023/24).
	The Group's adjusted financial performance surplus was £0.1m (£0.5m deficit in 2023/24).
Cash Position	The Group's cash balance as at 31 March 2025 was £37.4m (£54.8m in 2023/24).
Cost Improvement Programme	In 2024/25, the total CIP efficiencies achieved was £37.4m (31 March 2024: £28.7m), of which £26.6m was on a non-recurrent basis (31 March 2024: £9.4m). Non-recurrent savings represent 71% of total efficiencies (31 March 2024: 33%).
	The Trust expect an adjusted breakeven position for 2025/26, with planned CIP targeted at £41.8m, which is higher than the achieved £37.4m in the current year. £16.6m of the efficiencies forecasted for 2025/26 relate to non-recurrent efficiencies, which represents 40% of total planned efficiencies for 2025/26.
	Of the £41.8m CIP targeted, high risk efficiencies are £20.7m and there are £7.8m unidentified savings per the M12 submission in April 2025. The identification, implementation and monitoring of CIP is a continuous and engaged process. The Finance & Resource Committee receive a monthly update on financial sustainability on both a divisional and systemwide basis.
NHS Oversight Framework	To provide an overview of the level and nature of support required across systems and target support capacity as effectively as possible, NHS England and NHS Improvement have allocated trusts and ICB's to one of four segments. A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).
	The Trust was rated as 3 in the current and prior year.

Key Findings
Audit Findings

Financial Statements	Recommendations were raised in relation to improving the quality of the financial statements and working papers produced to support the financial statements which were accepted by management. Whilst a few errors were identified through the audit process, overall, there has been an improvement in the volume of errors identified in comparison to the 2023/24 audit.
Annual Report (including AGS and Remuneration Report)	In the prior year recommendations were raised in relation to improving the timeliness and quality of the annual report which were accepted by management. An improvement in the quality of the annual report was noted in the current year, we will be working with management to agree a timetable for the annual report for FY26.
Controls	Several recommendations were raised related to control improvements as reported in our Final Report to the Audit & Assurance Committee dated 19 June 2025. Management has made good progress and is generally responsive to recommendations proposed by Deloitte. However, we have noted two out of ten control findings identified in previous year are yet to be addressed.
Value for Money (VFM)	We identified two significant weaknesses which were reported in our Final Report to the Audit & Assurance Committee dated 19 June 2025. These were in relation to: • **Financial sustainability** – CIP Targets and Non-Recurrent Savings - Total CIP has been increasing year-on-year, from £28.7m achieved in 2023-24, £37.4m achieved in 2024/25 and planned CIP of £41.8m for 2025/26. Within this, non-recurrent savings has also increased from £9.4m in 2023/24, to £26.6m in 2024/25. In 2024/25, non-recurrent savings represent 71% of total efficiencies (31 March 2024: 33%). The Trust expect £16.6m of the efficiencies forecasted for 2025/26 to be non-recurrent efficiencies, which represents 40% of total planned efficiencies. • Total CIP and non-recurrent savings are increasing and have historically been lower than the current year level, which increases the risk associated with achieving planned targets and identifying sustainable savings. Compared to other trusts we audit, the Trust has a relatively higher reliance on non-recurrent. The extent of reliance on non-recurrent efficiencies increases the level of savings required for next year. The increasing reliance on nonrecurrent savings implies shorter term planning, which can lead to unsustainable financial outcomes in the medium to long term

Key Findings
Audit Findings

Value for Money (VFM)	• **Governance – CQC inspections** - These weaknesses reflect the findings of the Care Quality Commission's (CQC) inspection reports issued in October 2022 and May 2024. The reports give an overall rating of "Requires Improvement" to the safe, responsive and well-led domains of the quality rating and maternity care services. Additionally, a recent CQC assessment carried out in January 2025 assessed 'Maternity' services as 'Inadequate' and 'Urgent & Emergency' services as 'Requires Improvement' within Gloucestershire Royal Hospital, including concerns over staffing, infection prevention and safe environment standards not being met. Although we have evidenced continued improvements, including monitoring of actions against the findings being made, CQC have not formally confirmed the rating over these services has changed. This was an improvement from the following year where four weaknesses were noted.
Audit Report	Our audit report was unmodified with the exception of reflecting the VFM significant weaknesses noted above.

Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to provide the Council of Governors of Gloucestershire Hospital NHS Foundation Trust with the key findings identified during the external audit of the Annual Report and Accounts for 2024/25 in line with the requirements of our terms of engagement.

Our report summarises the findings from our Final Report to the Audit & Assurance Committee dated 19 June 2025.

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

Use of this report

This report has been prepared for the Council of Governors of Gloucestershire Hospitals NHS Foundation Trust, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose. Except where required by law or regulation, it should not be made available to any other parties without our prior written consent.

What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to Gloucestershire Hospitals NHS Foundation Trust.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and the other procedures performed in fulfilling our audit plan.

Deloitte LLP

Bristol | 22 August 2025

Deloitte.

Report to Council of Governors	
Date	4 September 2025
Title	Governor's Log
Author /Sponsoring Director/Presenter	Lisa Evans, Deputy 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**	

Summary of Report

Purpose

This report updates the Council of Governors on the themes raised via the Governors' Log since the last meeting of the Council of Governors. One question has been received on the theme of 'Consultant clinic provision in the Community'; the response has been delayed due to annual leave over the summer. This has been chased up and an update will be provided if received before the meeting.

 Key issues to note

The Governor's Log is updated regularly and available to view at any time within the Governor Resource Centre on Admin Control.

Contact a Governor

With regard to the 'Contact a Governor' questions received to the Governors inbox, a review of has been undertaken and no material issues were found. A meeting has been set up to discuss, which will take place on Friday 26 September; Corporate Governance and 2 Governors will attend.

The Contact a Governor questions are available in the Governor Resource Centre.

Recommendation

That the report be noted.

Enclosures

Governors Log

Council of Governors – Work Plan for March 2025 – March 2026

Item	Owner(s) or function	March	June	September	December	March
STANDING ITEMS						
Apologies	Corporate Governance	x	x	x	x	x
Quoracy Check	Corporate Governance	x	x	x	x	x
Minutes	Corporate Governance	x	x	x	x	x
Matters Arising	Corporate Governance	x	x	x	x	x
Chairs Update	Chair	x	x	x	x	x
Report of the Chief Executive	Chief Executive	x	x	x	x	x
Updates from Non-Executive Directors	Non-Executives	x	x	x	x AAC	x
Feedback from Visits and Events	Governors	x	x	x	x	x
Any other business	Chair	x	x	x	x	x
AS REQUIRED						
Update from Governance and Nominations Committee	Director of Integrated Governance	x	x	x	x	x
Lead Governor Appointment	Trust Secretary		x		x (2026)	
OTHER ITEMS						
Governor Elections	Trust Secretary		x	x		
Governance & Nominations Committee Membership	Trust Secretary		x	x		
Update on the Constitution	Trust Secretary		x			
Notice of AMM	Trust Secretary		x			
Update from the Young Influencers	Chair of the Young Influencers		x	x	x	x
Engagement and Involvement Annual Review	Director of Engagement, Involvement & Communications		x			
Medium Term Plan	Director of Improvement Delivery				X March ?	

Item	Owner(s) or function	March	June	September	December	March
Update on the year-end position	DELOITTE			x		
Trust Strategy	Will Cleary-Gray		x		x	
Quality items						
Quality Account	Chief Nurse	x				
Patient Experience Report (Annual Report)	Katherine Holland, Head of Patient Experience		x			
Annual Complaints Report,	Jo Mason Higgins, Acting Associate Director of Safety (Investigation and Family Support)		x			
People Items						
Staff Survey - impact of interventions	Director for People and OD				x	
Equality, Diversity & Inclusion	Coral Boston, Equality, Diversity & Inclusion Lead			x		
Freedom to Speak Up - Annual Update	Louisa Hopkins, Lead Freedom to Speak Up Guardian				x	
INFORMATION ITEMS						
Update from the Charity	*Richard Hastilow Smith, Associate Director, Cheltenham and Gloucester Hospitals Charity*			x		
Feedback from Visits	Alan Dyke/Governors	x	x	x	x	x
Reports from Board Committee	Committee Chairs	x	x	x	x	x
Governors Log	Corporate Governance	x	x	x	x	x
Work Plan	Corporate Governance	x	x	x	x	x
OTHER REQUESTED ITEMS (REMOVE ONCE PRESENTED)						
Report from Asma in her role as Admiral Nurse						